Managing Clinical Quality Measures for Meaningful Use and PQRS Using the EHR Method

These tips will make it easier to qualify.

BY SETH FLAM, DO

There have been significant changes to the CMS quality reporting programs for 2014, but many podiatrists still feel that it's difficult for them to attest successfully for incentive payments. Most podiatrists wanted CMS to incorporate more foot and ankle-specific measures into the 2014 EHR standard—certainly it's unfair that there are not more, but there's some good news:

CMS Clinical Quality Measures and Reporting Programs are Now Aligned

In 2014, the Meaningful Use and PQRS CQMs have been aligned, and qualifying for both incentive payments is the same amount of work as just qualifying for Meaningful Use alone with regard to reporting quality measures. PQRS and Meaningful Use 2014 require that podiatrists submit nine measures, representing three of six National Quality Strategy (NQS) domains. The measures are aligned and the reporting is the same whether you are a Stage 1 or Stage 2 Meaningful Use Eligible Professional, but you must work with an EHR vendor whose software is certified to the 2014 Office of the National Coordinator (ONC) Meaningful Use standard.

Providers can report a unified file with all payers in a single submission to CMS, although the file evaluation has some subtle differences.

To help patients understand how elevated HbA1c can impact foot and ankle disease, use a patient education document.

There are Enough EHR Measures for Podiatrists to Meet the Standard

MediTouch has identified a method for podiatrists to meet the CQM requirements via the EHR method that streamlines the process, allowing DPM's to receive incentive payments and avoid penalties.

The obstacle that many podiatrists have encountered is finding 9 of the 64 measures that may apply to their specialty via the EHR method. Based on our collaboration with podiatrists, we believe that there are actually 10 measures that podiatrists can report successfully to meet the threshold for each program in such a way that the provider will not be excluded from incentive payment or penalized in either the PQRS or EHR incentive programs.

Reporting via EHR

The podiatry profession has been progressive in its adoption of EHRs and participation in the Meaningful Use program. Podiatrists must track 9 CQMs to participate in Meaningful Use this year, regardless of which Stage they are required to report. The CMS programs are aligned, and tracking different measures for PQRS would mean more work; therefore, many providers have decided to track

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the same measures for both programs. Our top 10 CQMs that are approved for both CMS programs that podiatrists may successfully report:

1) Use of High-Risk Medications in the Elderly

2) Preventive Care and Screening: Tobacco Use

3) Documentation of Current Medications in the Medical Record

4) Preventive Care and Screening: Body Mass Index

5) Closing the Referral Loop: Receipt of Specialist Report

6) Preventive Care and Screening: Influenza Immunization

7) Preventive Care and Screening Pneumonia Vaccination for Patients 65 Years and Older

8) Diabetes Mellitus Dilated Eye Exam in Diabetic Patient

9) Diabetes Mellitus Foot Exam

10) Percentage of Patients 18-75 Years of Age with Diabetes Who Had Hemoglobin A1c > 9.0% During the Measurement Period

Among these measures, obviously some are easier to incorporate into the podiatric practice than others. One of the measures that may be harder is the "Diabetes Mellitus Dilated Eye Exam in Diabetic Patient," since it may require a referral or gathering data from another provider. To help the patient understand the relationship between this data and your care, you can provide the patient with a patient education document (an example is at http://www.healthfusion.com/blog/2014/health-topics/pqrs/reporting-for-podiatry-pqrs/) that explains how getting a dilated eye exam can impact foot and ankle disease:

"Damage to the retina can be the first sign of blood vessel damage and

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TABLE 1:

CMS Program Comparisons

Meaningful Use Stage 1 and Stage 2	**PQRS**
Report Core and Menu Measures	No Additional Measures just CQMs
Report 9 CQMs from 3 Domains	Report 9 CQMs from 3 Domains
Reporting Period 90 days or quarterly	Reporting Period 1 year
Manual attestation available option	File submission only

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can give clues to damage to blood vessels in the foot and ankle. Blood vessel damage in the foot and ankle can lead to decreased blood flow and loss of sensation of the foot and ankle, which can increase the risk of ulcers and amputation."

Another measure that is more difficult in terms of compliance is #10, "Percentage of Patients 18-75 Years of Age with Diabetes Who Had Hemoglobin A1c > 9.0% During the Measurement Period." Again, this may require gathering test data from another provider or the patient, which may be more time-consuming than some of the other measures. To help patients understand how elevated HbA1c can impact foot and ankle disease, use a patient education document that explains:

"Elevated blood sugar levels cause a number of problems in feet and ankles including:

- Peripheral Neuropathy
- Peripheral Vascular Disease
- Foot Ulcers"

In the accompanying chart, you will see the rationale for each suggested measure, the relative ease of compliance, and whether the CQM aligns with a Meaningful Use Core Measure. You can also download free patient education documents (as mentioned above) that you can

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TABLE 2:

2014 CMS Program CQM Reporting Comparisons—Method

	Meaningful Use	PQRS
Report 9 Measures from 3 Domains	Yes	Yes
Select from the EHR 64 measures	Yes	Yes
Report all payers allowed	Yes	Yes
A single unified file type is allowed	Yes	Yes
Numerator must be at least 1 per measure	No	Yes
Must have at least one FFS Medicare	No	Yes
File must be created by 2014 Certified EHR	Yes	Yes

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CHART 1:
Our Top 10 Podiatry CQMs

EHR Measures That May Apply to Podiatry	Rationale	Ease of Compliance	Aligns with Meaningful Use Core Measure
Use of High-Risk Medications in the Elderly Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	Provider prescribes pain medication that could be considered high risk medication	Easy, the system looks at the medication list and determines numerator value for provider	No
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	All physicians of any specialty should discourage smoking	Easy, add to your intake form and have staff document in the Social History Module, provide smoking cessation encouragement and educational materials in printed form.	Yes
Documentation of Current Medications in the Medical Record Description: Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. This must be done at every visit.	All physicians of any specialty should document the patient's medications	Easy, add to your intake form and have staff document on the Medication List, review and reconcile medications especially at transitions of care	Yes
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current reporting period documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current reporting period Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 185 and < 25. Must be done from actual measurements, not patient-reported numbers; differs slightly from Meaningful Use requirement.	For patients with certain diseases of the foot and ankle an elevated BMI will influence their health and in many cases the success of any surgical interventions you provide to the patient	Easy, have staff document height and weight and provide educational materials in printed form, document accordingly in the chart.	Yes
Closing the referral loop: receipt of specialist report Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred	All physicians of any specialty should document the results of an referral for consultation they order	Easy, have staff tie each order for a consult with the consult result	No
Preventive Care and Screening Influenza Immunization	Provider performs surgical interventions and overall patient health could impact recovery	Easy, add to your intake form and have staff document in the Immunization Module, provider is not required to administer the vaccine just record status. Note: Information must be collected for two different time frames: Jan-Mar and Oct-Dec.	No
Preventive Care and Screening Pneumonia Vaccination for Patients 65 Years and Older	Provider performs surgical interventions and overall patient health could impact recovery	Easy, add to your intake form and have staff document in the Immunization Module, provider is not required to administer the vaccine just record status.	No
Diabetes Mellitus Dilated Eye Exam in Diabetic Patient	Provider is involved either directly or peripherally with patient's diabetic care and should remind patients about comprehensive diabetic care including eye exam results	Harder, may require referral or gathering data from another provider.	No
Diabetes Mellitus Foot Exam	Provider is the expert on physical exam of the diabetic foot	Easy, core to the podiatric profession	No
Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Provider is involved either directly or peripherally with patient's diabetic care and diabetic control may influence the treatement and recovery of certain foot and ankle diseases	Harder, may require gathering test data from another provider.	No

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use to comply with the requirements where needed.

In addition to the above captioned measures, for those podiatrists who record blood pressure values, CMS measure #165 entitled "Controlling High Blood Pressure" would also be an easy one to report.

What Are the Requirements for Denominator and Numerator?

Keep in mind that for PQRS, program providers must report measures where the denominator and numerator for each measure is at least one.

About the Denominator

For the CQMs listed above, you need to have at least one diabetic patient and at least one patient who is 65 years or older. It's probable that every podiatrist will have patients who meet the denominator.

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Important Facts about PQRS and Meaningful Use

1) There are 64 Clinical Quality Measures (CQMs) that are included in the Meaningful Use and PQRS EHR program for years 2014-2016.

2) Providers are required to report 9 CQMs from 3 different National Quality Strategy (NQS) domains and they can be the same for both programs.

3) There are many more measures approved for PQRS that are not part of the EHR program.

4) Reporting PQRS measures that are outside of the 64 approved EHR program measures does not help meet the Meaningful Use 2014-2016 CQM requirement.

5) Aligning your CQMs for both programs reduces the total number of CQMs you need to report to CMS.

6) This year, PQRS reporting is for one year and Meaningful Use is 3 months.

7) Next year, PQRS and Meaningful Use reporting is for a full year for both programs.

8) Only EHR vendors whose technology is certified to the 2014 Meaningful Use standard can facilitate reporting via the EHR method. •

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About the Numerator

For recording the numerator, most of the measures are easily met by adding a few new fields to your practice's intake form and training your staff to assist in the collection and recording of certain data in the EHR. Some measures require physician attention, but they are not time-consuming tasks. It is best for the provider to record as many numerator values as possible. The provider does not need to be perfect, since meeting the threshold equals a numerator of just 1 or greater, even if the denominator is much higher.

How to Report Your Data to CMS

The PQRS reporting period is one year for 2014, while the reporting period for Meaningful Use is only 90 days. You can report Meaningful Use CQMs & PQRS together, but the Meaningful Use incentive money will arrive in 2015. The MU incentive would come in spring 2015, and the PQRS incentive would arrive around September 2015. However, if you report separately, the MU incentive would arrive 6-8 weeks after attestation as usual, and the PQRS incentive would arrive around September 2015.

For Meaningful Use, CMS offers manual attestation for CQM reporting, but for PQRS, reporting manually is not allowed; only file-based reporting is permitted. To report on your data, be sure to ask your EHR vendor if they are Meaningful Use 2014 certified and if they can export your data in a "QRDA file," to be uploaded to CMS in early 2015.

Conclusion for EHR Users

1) With the alignment of the Meaningful Use and PQRS programs, it makes sense to report via the EHR method.

2) Be sure your EHR vendor is Meaningful Use 2014 certified and able to provide the CMS-compliant QRDA file.

3) On the accompanying chart, review the measures that may fit best for your podiatry practice.

4) Prepare to make minor workflow changes and train your staff to collect the data required to meet at least 9 of the CQMs.

5) Track your data as required in your EHR for the full year.

6) At the end of the year, have your vendor prepare a QRDA file suitable for upload to CMS in 2015. **PM**

Dr. Seth Flam is one of the founders of HealthFusion and serves as the company's CEO and President. He is board certified and is one of the creative forces behind MediTouch EHR.