



Health Information Technology (HIT) Guide for the Delta Rural Hospital Performance Improvement (RHPI) Program

Meaningful Use Stage One Clinical Quality Measures for Eligible Hospitals and Critical Access Hospitals

**Prepared for: Delta Rural Hospital Performance Improvement Program by the
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Medicare and Medicaid Electronic Health Record Incentive Program Overview

The Medicare Electronic Health Record (EHR) Incentive Program

- The Medicare EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that demonstrate meaningful use of certified EHR technology.
 - Participation can begin as early as 2011.
 - Incentive payments for eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors, beginning with a \$2 million base payment.
 - Incentive payments for CAH are based on depreciation cost.
 - For 2015 and later, Medicare eligible professionals, eligible hospitals, and CAHs that do not successfully demonstrate meaningful use will have a negative payment adjustment in their Medicare reimbursement.

The Medicaid EHR Incentive Program

- The Medicaid EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years.
 - The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories and may begin as early as 2011, [depending on the state](#).
 - Eligible hospital incentive payments may begin as early as 2011, depending on when the state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. Hospital payments are based on a number of factors, beginning with a \$2 million base payment.
 - There are no penalty payment adjustments under the Medicaid EHR Incentive Program.

The criteria for meaningful use will be staged in three steps over the course of the next five years.

- Stage 1 (2011 and 2012) sets the baseline for electronic data capture and information sharing.
- Stage 2 (expected to be implemented in 2013) and Stage 3 (expected to be implemented in 2015) will continue to expand on this baseline and be developed through future rule making.

Meaningful Use Stage One Clinical Quality Measures

What are "Clinical Quality Measures"?

Clinical quality measures have been defined as measures of processes, experience, and/or outcomes of patient care, observations or treatment that relate to one or more of the Institute of Medicine (IOM) domains of health care quality (e.g., effective, safe, efficient, patient-centered, equitable and timely).

To demonstrate meaningful use successfully, eligible professionals, eligible hospitals, and CAHs are required also to report clinical quality measures specific to eligible professionals or eligible hospitals and CAHs.

- Eligible professionals must report on six total clinical quality measures: three required core measures (substituting alternate core measures where necessary) and three additional measures (selected from a set of 38 clinical quality measures).
- Eligible hospitals and CAHs must report on all 15 of their clinical quality measures. This guide will focus on the requirements of eligible hospitals and CAHs.

In order to report quality measures from an EHR, electronic specifications must be developed that include the data elements, logic, and definitions for that measure in a format that can be captured or stored in the EHR so that the data can be sent or shared electronically with other entities in a structured, standardized format, and unaltered. These electronic specifications are derived from certified EHRs. As part of the criteria for satisfying meaningful use, clinical quality measures results (numerators, denominators, and exclusions) must be reported to the Center for Medicare and Medicaid Services (CMS). Specific details regarding the reporting of the electronic specifications for eligible professionals and eligible hospitals and CAHs are described below.

Each electronic specification contains four main components:

1. Measure Overview/Description - This contains the measure title, description, number, measurement period, measure steward, and other relevant information to the measure.
2. Measure Logic - This contains the population criteria and measure logic for the numerator, denominator, and exclusion categories. The measure logic contains the algorithm used to calculate performance.
3. Measure Code Lists - This contains all of the codes pertaining to the measure.
4. QDS Elements - This lists and describes each Quality Data Set (QDS) data element associated with the measure. The QDS is a model of information that contains the standard element, the quality data element, and the data flow attributes. It is a way to describe clinical concepts in a standardized format so individuals (e.g., providers, researchers, measure developers) monitoring clinical performance and outcomes can clearly and concisely communicate necessary information. The QDS model also describes information in a manner that allows EHR and other clinical electronic system vendors to unambiguously interpret the data and clearly locate the data required.

Reporting Period

The reporting period for the EHR Incentive Program using a certified EHR is any continuous 90 day period during the first payment year. In continuous years, the hospital will be reporting the entire year. Please note that although the measure specifications assume a full calendar year you should only calculate the denominator and numerator from the first day of the 90 day reporting period to the last day of the 90 day reporting period.

Important Dates

- October 1, 2010 – Reporting year begins for eligible hospitals and CAHs.
- January 3, 2011 – Registration for the Medicare EHR Incentive Program begins.
- January 3, 2011 – For Medicaid providers, states may launch their programs if they so choose.

- April 2011 – Attestation for the Medicare EHR Incentive Program begins.
- May 2011 – EHR Incentive Payments expected to begin.
- July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program.
- September 30, 2011 – Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
- November 30, 2011 – Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year (FY) 2011.

[Meaningful Use Stage One Clinical Quality Measures \(COMs\) for Eligible Hospitals and CAHs \(Page 105, Table 10\)](#)

Please note that eligible hospitals and CAHs must report all of the following 15 CQMs.

Measure National Quality Forum (NQF) 0495: Emergency Department (ED) - 1	
Title	Emergency Department Throughput – admitted patients median time from ED arrival to ED departure for admitted patients
Description	Median time from ED arrival to time of departure from emergency room for patients admitted to the facility from the ED.

Measure NQF 0497: Emergency Department (ED) – 2	
Title	Emergency Department Throughput – admitted patients. Admission decision time to ED departure time for admitted patients.
Description	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

Measure NQF 0435: Stroke - 2	
Title	Ischemic stroke – Discharge on antithrombotics.
Description	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

Measure NQF 0436: Stroke - 3	
Title	Ischemic stroke – Anticoagulation for atrial fibrillation/flutter
Description	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

Measure NQF 0437: Stroke – 4	
Title	Ischemic stroke – Thrombolytic therapy for patients arriving within two hours of symptom

	onset.
Description	Acute ischemic stroke patients who arrive at this hospital within two hours of time last known well and for whom intravenous tissue type plasminogen activator (IV tPA) was initiated at this hospital within three hours of time last known well.

Measure NQF 0438: Stroke – 5	
Title	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day two
Description	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.

Measure NQF 0439: Stroke – 6	
Title	Ischemic stroke – Discharge on statins.
Description	Ischemic stroke patients with low-density lipoprotein (LDL) greater than or equal to 100 mg/dL or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.

Measure NQF 0440 – Stroke 8	
Title	Ischemic or hemorrhagic stroke – Stroke education.
Description	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Measure NQF 0441: Stroke - 10	
Title	Ischemic or hemorrhagic stroke – Rehabilitation assessment
Description	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.

Measure NQF 0371: Venous Thromboembolism (VTE)	
Title	Venous Thromboembolism (VTE) prophylaxis within 24 hours of arrival
Description	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that state the day of or the day after hospital admission.

Measure NQF 0371: Venous Thromboembolism – 2	
Title	Intensive Care Unit VTE prophylaxis
Description	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that state the day of or the day after ICU admission (or transfer).

Measure NQF 0373: Venous Thromboembolism – 3	
Title	Anticoagulation overlap therapy
Description	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.

Measure NQF 0374: Venous Thromboembolism – 4	
Title	Platelet monitoring on unfractionated heparin
Description	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) unfractionated heparin (UFH) therapy dosages and had their platelet counts monitored using defined parameters such as a nomogram or protocol.

Measure NQF 0375: Venous Thromboembolism – 5	
Title	VTE discharge instructions.
Description	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instruction that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.

Measure NQF 0376: Venous Thromboembolism – 6	
Title	Incidence of potentially preventable VTE
Description	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.

Additional Resources

[Health Information Technology Regional Extension Centers \(RECs\)](#)

[The Official Web Site for the Medicare and Medicaid Electronic Health Records \(EHR\) Incentive Programs](#)

[The Office of the National Coordinator for Health Information Technology](#)

[U.S. Department of Health and Human Services Health Resources and Services Administration \(HRSA\)
Health Information Technology](#)