

HIT News Brief:

Crosswalk of Quality Measures between AF4Q 3.0 Conditions/Procedures and the Meaningful Use of Health Information Technology

On July 13, 2010, the Centers for Medicare and Medicaid Services (CMS) released its final rule regarding [Stage One Meaningful Use](#) (MU) of health information technology (HIT). Under this rule, certain Medicaid and Medicare health care providers and hospitals may be eligible for [monetary incentives to adopt electronic health records](#) (EHRs) if they become “meaningful users” of HIT, as well as subject to penalties down the road if they don’t. The Stage One CMS rule delineates the requirements and specifications about who is eligible and what providers and hospitals need to do to achieve MU through the close of 2012.

Since the release of the final rule, numerous webinars, presentations and blogs have been generated to interpret and provide information about the nuts and bolts of MU. In addition, [Regional Extension Centers](#) have been funded via the [Office of the National Coordinator for Health Information Technology](#) (ONC) to assist eligible health care providers in becoming meaningful users of HIT. This HIT News Brief focuses on the components of the MU rule that relate directly to AF4Q.

Physicians and hospitals already face significant burdens in meeting multiple reporting requirements using various measures for a range of agencies and purposes (AF4Q, CMS/PQRI, P4P, MU, etc.). AF4Q Alliances may be able to assist in reducing that burden by selecting local quality improvement metrics related to AF4Q 3.0 conditions/procedures which also map to CMS MU measures given that 1) the time period for AF4Q 3.0 and Stage One MU overlap and 2) many providers and hospitals within Alliance catchment areas will be eligible to receive CMS incentives to adopt and meaningfully use EHRs.

Within the CMS rule, eligible providers (EPs) and eligible hospitals (EHs) have been presented with a list of *clinical quality measures* (CQMs) on which EPs and EHs must report to demonstrate the meaningful use of HIT. Many of the MU CQMs have direct relevance to AF4Q 3.0 conditions/procedures. EPs will be required to report on six CQMs – three *required* Core measures (substituting an *alternate* Core measure where necessary) and three *additional* measures. EHs will be required to report on 15 CQMs. The table below graphically outlines the AF4Q 3.0 condition/procedure areas juxtaposed with the National Quality Forum (NQF) measures that EPs and EHs will use to demonstrate MU, highlighted by *required*, *alternate* and *additional* CQMs. Related Physician Quality Reporting Initiative (PQRI) measures are also noted.

The following links provide more detailed descriptions about and the originating steward/developer of the 2010 [NQF-Endorsed Standards](#) and [PQRI Measures](#).

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The Health Information Technology Resource Center provides technical assistance to *Aligning Forces for Quality*, a national initiative of the Robert Wood Johnson Foundation.

CMS Meaningful Use/CQM Set for Eligible Providers :

AF4Q 3.0 Condition/Procedure Area	NQF Measure #	Related PQRI Measure #	MU CQM Status	Eligible Providers (Ambulatory) Clinical Quality Measures (CQMs)
Acute Myocardial Infarction (AMI)				
Angioplasty				
Arthroscopy				
Asthma	NQF 0001	PQRI 64	Additional	• Asthma Assessment
	NQF 0036			• Use of Appropriate Medications for Asthma
	NQF 0047	PQRI 53	Additional	• Asthma Pharmacologic Therapy
Cholecystectomy				
Chronic obstructive pulmonary disease (COPD)				
Colonoscopy	NQF 0034	PQRI 113	Additional	• Colorectal Cancer Screening
Community-Acquired Pneumonia (CAP)	NQF 0043	PQRI 111	Additional	• Pneumonia Vaccination Status for Older Adults
Congestive Heart Failure (HF)	NQF 0083	PQRI 8	Additional	• HF: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
	NQF 0081	PQRI 5	Additional	• HF: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for LVSD
	NQF 0084	PQRI 200	Additional	• HF: Warfarin Therapy Patients with Atrial Fibrillation
Coronary Artery Bypass Graft				
Coronary Artery Disease (CAD)	NQF 0067	PQRI 6	Additional	• CAD: Oral Antiplatelet Therapy Prescribed for Patients with CAD
	NQF 0070	PQRI 7	Additional	• CAD: Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
	NQF 0074	PQRI 197	Additional	• CAD: Drug Therapy for Lowering LDL-Cholesterol
	NQF 0068	PQRI 204	Additional	• IVD: Use of Aspirin or Another Anti-Thrombotic
	NQF 0073	PQRI 201	Additional	• IVD: Blood Pressure Management
	NQF 0075	PQRI 202 and 203	Additional	• IVD: Complete Lipid Panel and LDL Control
Depression	NQF 0105		Additional	• New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment
Diabetes Mellitus (DM)	NQF 0055	PQRI 117	Additional	• Diabetes: Eye exam
	NQF 0056	PQRI 163	Additional	• Diabetes: Foot exam
	NQF 0059	PQRI 1	Additional	• Diabetes: HbA1c Poor Control
	NQF 0061	PQRI 3	Additional	• Diabetes: Blood Pressure Management
	NQF 0062	PQRI 119	Additional	• Diabetes: Urine screening
	NQF 0064	PQRI 2	Additional	• Diabetes: Low Density Lipoprotein (LDL) Management and Control
	NQF 0088	PQRI 18	Additional	• Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

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CMS Meaningful Use/CQM Set for Eligible Providers (continued):

AF4Q 3.0 Condition/Procedure Area	NQF Measure #	Related PQRI Measure #	MU CQM Status	Eligible Providers (Ambulatory) Clinical Quality Measures (CQMs)
Diabetes Mellitus (DM) (continued)	NQF 0089	PQRI 19	Additional	• Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
	NQF 0575		Additional	• Diabetes: HbA1c control (<8.0%)
Hypertension	NQF 0013		Core	• Hypertension: Blood Pressure Measurement
	NQF 0018		Additional	• Controlling High Blood Pressure
Hysterectomy				
Joint Replacement				
Pregnancy & Delivery	NQF 0012		Additional	• Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
	NQF 0014		Additional	• Prenatal Care: Anti-D Immune Globulin
Other (non-AF4Q 3.0 conditions)				
Adult Immunization	NQF 0041	PQRI 110	Alternate	• Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
Adult Weight	NQF 0421	PQRI 128	Core	• Adult Weight Screening and Follow-Up
Alcohol and Other Drugs	NQF 0004		Additional	• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
Cancer	NQF 0031		Additional	• Breast Cancer Screening
	NQF 0387	PQRI 71	Additional	• Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
	NQF 0032		Additional	• Cervical Cancer Screening
	NQF 0385	PQRI 72	Additional	• Oncology: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients
	NQF 0389	PQRI 102	Additional	• Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
Child/Adolescent Weight	NQF 0024		Alternate	• Weight Assessment and Counseling for Children and Adolescents
Child Immunization	NQF 0038		Alternate	• Childhood Immunization Status
Child Pharyngitis	NQF 0002	PQRI 66	Additional	• Appropriate testing for Children with Pharyngitis
Chlamydia	NQF 0033		Additional	• Chlamydia Screening for Women
Glaucoma	NQF 0086	PQRI 12	Additional	• Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
Low Back Pain	NQF 0052		Additional	• Low Back Pain: Use of Imaging Studies
Smoking/Tobacco Use	NQF 0027		Additional	• Smoking Cessation, Medical assistance: (a) Advising Smokers to Quit, (b) Discussing Smoking Cessation Medications, (c) Discussing Smoking Cessation Strategies
	NQF 0028 a and b	PQRI 114 and 115	Core	• Preventive Care and Screening Measure Pair: (a) Tobacco Use Assessment, (b) Tobacco Cessation Intervention

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CMS Meaningful Use/CQM Set for Eligible Hospitals :

AF4Q 3.0 Condition/Procedure Area	NQF Measure #	Related PQRI Measure #	MU CQM Status	Eligible Providers (Ambulatory) Clinical Quality Measures (CQMs)
Stroke	NQF 0371		Core	• Venous thromboembolism (VTE) prophylaxis within 24 hours of arrival
	NQF 0372		Core	• Intensive Care Unit VTE prophylaxis
	NQF 0373		Core	• Anticoagulation overlap therapy
	NQF 0374		Core	• Platelet therapy on unfractionated heparin
	NQF 0375		Core	• VTE discharge instructions
	NQF 0376		Core	• Incidence of potentially preventable VTE
	NQF 0435		Core	• Ischemic stroke: Discharge on Anti-thrombotics
	NQF 0436		Core	• Ischemic stroke: Anticoagulation for Arterial Fibrillation/flutter
	NQF 0437	PQRI 187	Core	• Ischemic stroke: Thrombolytic therapy for patients arriving within 2 hours of symptom onset
	NQF 0438	PQRI 31	Core	• Ischemic or hemorrhagic stroke: Antithrombotic Therapy by day 2
	NQF 0439		Core	• Ischemic stroke: Discharged on Statin Medication
	NQF 0440		Core	• Ischemic or hemorrhagic stroke: Stroke Education
	NQF 0441		Core	• Ischemic or hemorrhagic stroke: Rehabilitation Assessment
Emergency Department	NQF 0495		Core	• Emergency Department Throughput: admitted patients- Median time from ED arrival to ED departure for admitted patients
	NQF 0497		Core	• Emergency Department Throughput: admitted patients- Admission decision time to ED departure for admitted patients