

Meaningful Use: Stage 1: Functional Measures Eligible Professionals (EPs)

What is Meaningful Use?

- American Recovery and Reinvestment Act of 2009/Health Information Technology for Economic and Clinical Health Information (ARRA/HITECH) Act, established programs under **Medicare and Medicaid** to provide incentive payments to eligible professionals who demonstrate “**meaningful use**” of certified electronic health record (EHR) technology.
- HITECH Act allocates 19 billion for the adoption, upgrade, and or implementation of EHR technology. These incentive programs (Medicare and Medicaid) are designed to support eligible professionals during health IT transition.

Simply, "meaningful use" means providers must demonstrate that they're using certified EHR technology in ways that can be measured in quality and in quantity.

Meaningful Use-Objectives

Meaningful Use is Using Certified EHR Technology to:

1. Improve Quality, Safety, Efficiency and Reduce Health Disparities:

Use of EHR

- Computerized order entry
- Electronic Prescribing/refill automation
- Record Problem list, medications, allergies, etc

2. Engage patients and families:

Patient portals and electronic copies of

- After Visit Summaries
- Educational material

3. Improve Care Coordination:

- Medication Reconciliation
- Exchange of Data with external Providers

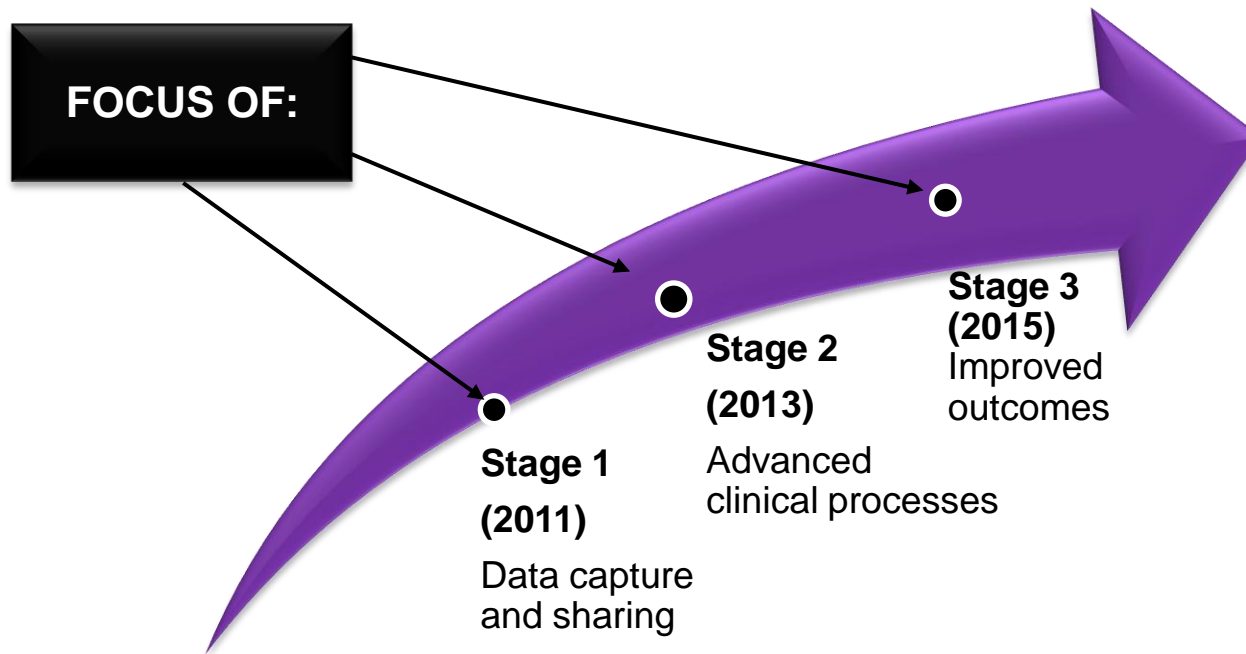
4. Improve Population and Public Health:

- Electronic Reporting to Registries

5. Maintain Patient Privacy and Security:

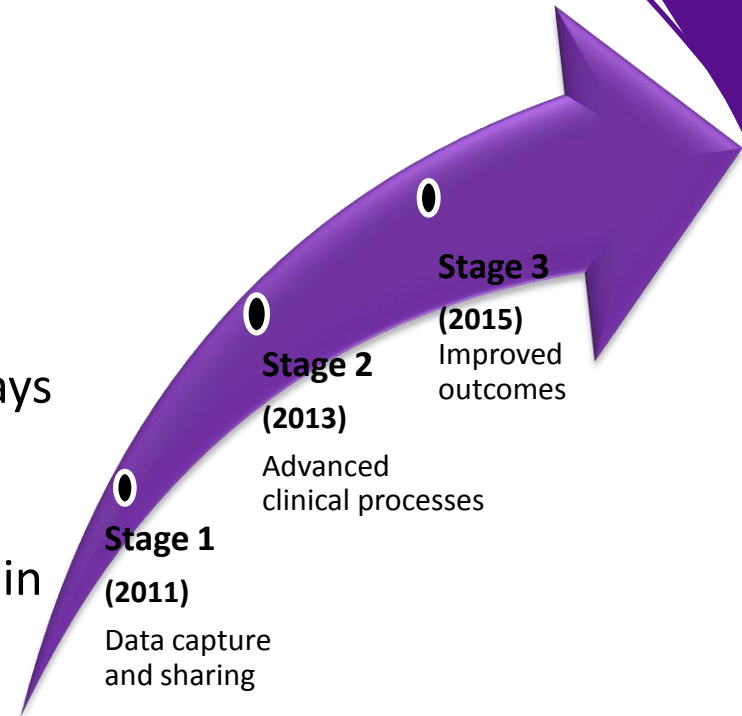
Stages of Meaningful Use: Medicare & Medicaid

- Graduated Approach: Implemented in **3 Stages**



Stage 1: Overview

- Stage 1 establishes the baseline for electronic data capture and information sharing
- For Stage 1: EPs Must Demonstrate:
 - ✓ **15 Core** Measures
 - ✓ **5 Menu** Measures from a list of 10
 - ✓ **6 Clinical Quality** Measures- (EPs) can attest to a maximum of 9 CQMs
- EHR Reporting Period **Medicare**: **90** consecutive days of Demonstrating Meaningful Use in Year One.
- EHR Reporting Period **Medicaid**: No data reported in first year. Attest **90** day data in Year **Two**

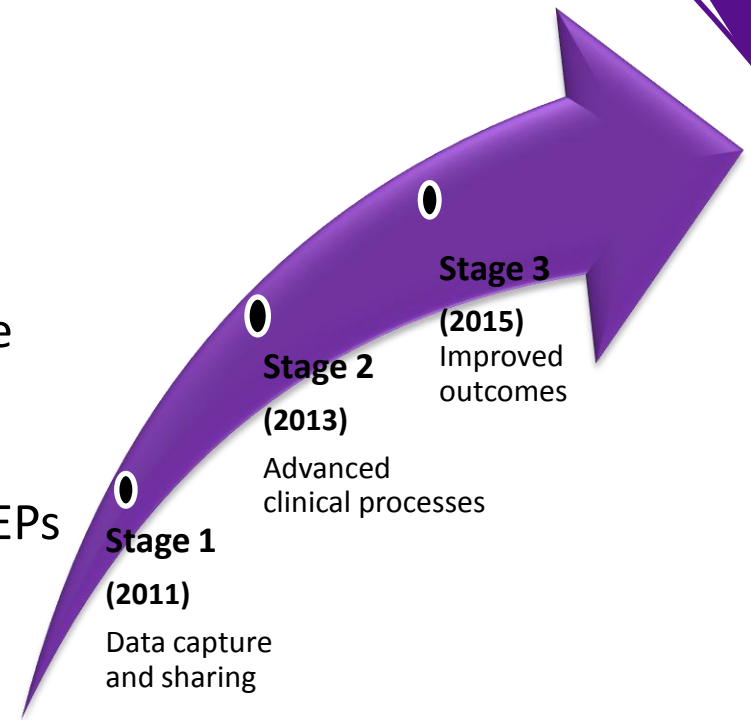


Stage I: Core Measures

Stage 1: Core Measures - Overview

Final Rule: §495.6(d) -Eligible professionals must complete 15 core measures, including: Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States

- EPs are required to demonstrate **ALL** 15 core measures
- Attestation is via Yes/No Response or Percentage Based Reporting (numerator/denominator)
- Some core measures offer exclusions. However EPs must meet criteria and attest to the exclusion
- Exclusions do not count against a EPs attestation requirements.



Meaningful Use Stage 1:

Core Measures (EP must demonstrate all 15 measures)

Core Measure	Objective	Exclusion	Who Can Perform Measure	Attestation Type
1 Use CPOE	Use computerized provider order entry (CPOE) for medication. Entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. More than 30 percent of all unique seen by the EP have at least one medication order entered using CPOE.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.	MD, DO, NP, PA, RN, MA/FD	Numerator/Denominator
2 Drug-Drug & Drug-Allergy Check	For eligible professionals, Drug-Drug and Drug-Allergy Interaction Checking is enabled for the entire EHR reporting period.	None	NYU EPIC IT System functionality	Yes/No
3 ePrescribing	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.	MD, DO, NP, PA	Numerator/Denominator
4 Demographics	More than 50% of patients seen by the EP have demographics recorded as structured data. Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth	None	Front Desk	Numerator/Denominator
5 Problem List	Maintain an up-to-date problem list of current & active diagnoses for more than 80 percent of patients seen by the EP must have at least one entry or an indication that no problems are known for the patient recorded as structured data.	None	MD, DO, NP, PA, RN	Numerator/Denominator
6 Medication List	Maintain active medication list. More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	None	MD, DO, NP, PA, RN, MA	Numerator/Denominator

Meaningful Use Stage 1:

Core Measures (EP must demonstrate all 15 measures)

Core Measure	Objective	Exclusion	Who Can Perform Measure	Attestation Type
7 Medication Allergy List	Maintain active medication list for more than 80% of patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	None	MD, DO, NP, PA, RN, MA	Numerator/Denominator
8 Vital Signs	For more than 50% of all unique patients age 2 and over seen by the EP height, weight, and blood pressure are recorded as structured data. -Calculate and display body mass index (BMI) -Plot and display growth charts from children 2-20 years, including BMI	Any EP who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.	MD, DO, NP, PA, RN, MA	Numerator/Denominator
9 Smoking	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Any EP who sees no patients 13 years or older.	MD, DO, NP, PA, MA	Numerator/Denominator
10 CDS Rule	Implement one clinical decision support rule	None	NYU EPIC IT System functionality	Yes/No
11 CMS Quality	Successfully report to CMS (or, in the case of Medicaid EPs, the States) ambulatory clinical quality measures selected by CMS in the manner specified by CMS (or in the case of Medicaid EPs, the States).	None	NYU EPIC IT System functionality	Yes/No
12 Exchange Information	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	None	NYU EPIC IT Functionality Test	Yes/No

Meaningful Use Stage 1: Core Measures (EP must demonstrate all 15 measures)

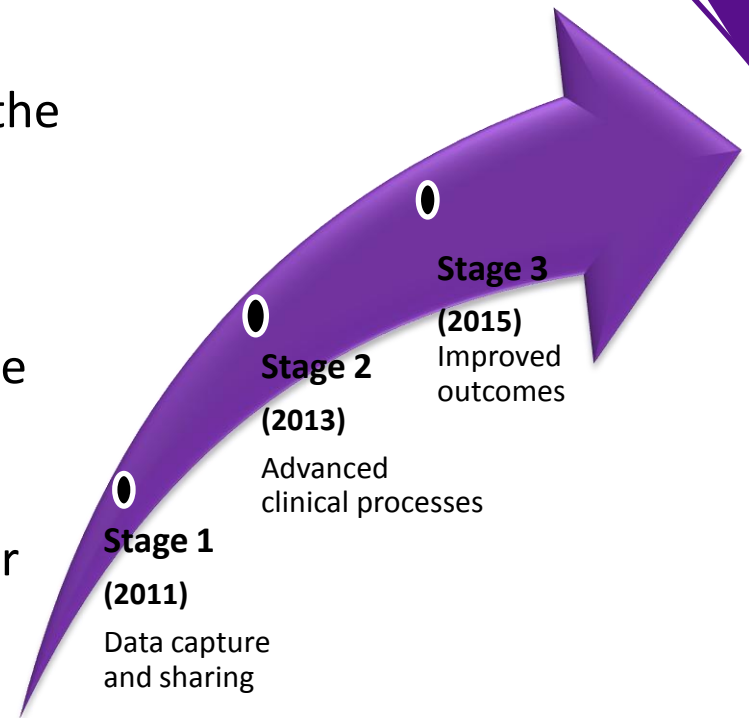
Core Measure	Objective	Exclusion	Who can Perform	Attestation Type
13 Electronic copy – Health Records	Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request. More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.	Front Desk	Numerator/Denominator
14 Clinical Summary	Clinical summaries provided to patients for more than 50% of all office visits within three business days.	Any EP who has no office visits during the EHR reporting period.	Front Desk	Numerator/Denominator
15 Privacy and Security	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	None	NYU EPIC IT System Functionality	Yes/No

Stage I: Menu Measures

Stage 1: Menu Measure-Overview

Final Rule §495.6(e) Complete five objectives out of 10 from menu set

- EPs are required to demonstrate **5** out of 10 of the measures. One of the 5 must be a public health measure
- Attestation is via Yes/No Response or Percentage Based Reporting (numerator/denominator)
- Some menu measures offer exclusions. However EPs must meet and attest to criteria



Meaningful Use Stage 1:

Menu Measures (EP must report on 5 out of an option of 10)

Menu Measure	Objective	Exclusion	Attestation Type
1 Drug-formulary	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.	Yes/No
2 Lab Results	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.	Numerator/Denominator
3 Patient Lists	Generate at least one report listing patients of the EP with a specific condition.	None	Yes/No
4 Patient-Specific Education	More than 10 % of all unique patients seen by the EP or admitted to the eligible are provided patient-specific education resources using EHR.	None	Numerator/Denominator
5 Medication Reconciliation	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	An EP who was not the recipient of any transitions of care during the EHR reporting period.	Numerator/Denominator
6 Transition of Care Record	The EP who transitions or refers their patient to another setting of care or provider provides a summary of care record for more than 50% of transitions of care and referrals.	An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.	Numerator/Denominator

Meaningful Use Stage 1:

Menu Measures (EP must report on 5 out of an option of 10)

Menu Measure	Objective	Exclusion	Attestation Type
7 Patient Reminders	More than 20% of patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.	Numerator/ Denominator
8 Timely Access to EHR	At least 10 % of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	Any EP that neither orders nor creates any of the information listed at 45 CFR 170.304(g) during the EHR reporting period.	Numerator/ Denominator
9 Syndromic Surveillance	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or EH submits such information have the capacity to receive the information electronically).	An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.	Yes/No
10 Immunizations	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.	Yes/No

Stage I: Clinical Quality Measures

Stage 1: Clinical Quality Measures- Overview

What is a CQM & Why is it Important?

- Quality Measure: a standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services
 - ❖A “**clinical quality measure (CQM)**” assesses the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in an optimal timeframe
- Measuring the quality of patient care helps to drive improvements in health care
 - ❖**CQMs** help identify areas that require improvement in care delivery, identify differences in care among various populations, and may improve care coordination between health care providers.

Stage 1: Clinical Quality Measures- Overview

- The EP will report on six total measures, with three measures selected from the “**core set/alternate core set**”, and three measure selected from the “**additional set.**” It is possible to report on a total of nine
- If the “core set” has “0” in the denominator the EP must select from the alternate core measures. It is possible to report zero in the denominator for all six (core & alt core), the EP must also report three from the “additional set.”
- If the EP reports “0” in the denominator for the three “additional” clinical quality measures, then the EP must then attest that all forty-four clinical quality measures (**comprised of the sum total of the six “core set” and “alternate core set” measures, plus the thirty-eight “additional set” measures**) as calculated by the certified EHR technology each have a value of “0” in the denominator.
- There are no percentage thresholds for clinical quality measures.

“Core set”	“Alternate core set”
<p>An EP must report on these three core set measures, unless they are not appropriate to their patient population.</p> <ul style="list-style-type: none"> ■ NQF 0013: Hypertension: Blood Pressure Management ■ NQF 0028: Preventative Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention; and ■ NQF 0421/PQRI 128: Adult Weight Screening and Follow-up 	<p>If an EP can not report on core set measures, they must report on three alternate core measures:</p> <ul style="list-style-type: none"> ■ NQF 0041/PQRI 110: Preventative Care and Screening: Influenza Immunization for Patients ≥50 Years Old ■ NQF 0024: Weight Assessment and Counseling for Children and Adolescents ■ NQF 0038: Childhood Immunization Status
<p>In sum, an EP must report on three total core measures (substituting alternate core measures where necessary).</p>	

AND

“Additional set”
<ul style="list-style-type: none"> ■ Plus an EP must select three additional measures from a set of 38 quality measures that was included in the original proposed rule.
<p>An EP must choose three additional measures from the “additional set.”</p>

Stage 1: Clinical Quality Measures-Overview

EPs will select to report on 3 of 38 “additional set” quality measures appropriate to their patient population.

“Additional set” Meaningful Use quality measures — EPs

- Diabetes: Hemoglobin A1c Poor Control
- Diabetes: LDL Control
- Diabetes: BP Management
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetic Care
- Diabetes: Eye Exam
- Diabetes: Urine Screening
- Diabetes: Foot Exam
- Diabetes: Hemoglobin A1c Control (<8.0%)
- Asthma Pharmacologic Therapy
- Asthma Assessment
- Use of Appropriate Medication for Asthma
- Appropriate Testing for Children with Pharyngitis
- Breast Cancer Screening
- Oncology Breast Cancer: Hormone Therapy
- Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- Prenatal Care: Anti-D Immune Globulin
- Prenatal Care: Screen for HIV
- Adult Weight Screening and Follow-up
- Weight Assessment and Counseling for Children and Adolescents
- Coronary Artery Disease: Drug Therapy
- Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
- Heart Failure: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) for Left Ventricular systolic Dysfunction
- CAD: Beta-blocker therapy for CAD Patients with prior MI
- Ischemic Vascular Disease: Blood Pressure Management
- Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
- Ischemic Vascular Disease: Complete Lipid Panel and LDL Control
- Hypertension: BP Management
- Controlling High Blood Pressure
- Preventive Care and Screening Measure Pair
 - Tobacco Use Assessment
 - Tobacco Cessation Intervention
- Smoking and Tobacco Cessation, Medical Assistance
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
- Pneumonia Vaccination Status for Older Adults
- Cervical Cancer Screening
- Chlamydia Screening for Women
- Childhood Immunization Status
- Low Back Pain: Use of Imaging Studies

Clinical Quality Measures— Detail “Additional Set”

Title	Description
Diabetes: Hemoglobin A1c Poor Control	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%
Diabetes: Low Density Lipoprotein (LDL)	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)
Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy
Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.
Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Clinical Quality Measures— Detail “Additional Set”

Title	Description
Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.
Diabetes: Eye Exam	Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.
Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
Diabetes: Foot Exam	The percentage of patients aged 18 – 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.
Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.
Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.
Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer
Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Clinical Quality Measures— “Additional Set” Detail

Title

Description

Use of Appropriate Medications for Asthma

Description: Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Low Back Pain: Use of Imaging Studies

Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Clinical Quality Measures— “Additional Set” Detail

Title	Description
Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C < 100 mg/dL.
Diabetes: Hemoglobin A1c Control (<8.0%)	Description: The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c < 8.0%.