New Hampshire Tobacco Helpline
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Meaningful Use and Clinical Quality Measures

Tobacco Specific Measures and the Potential Impact for Quitlines

Meaningful Use in NH

Meaningful Use (MU) is critically important to New Hampshire's tobacco cessation efforts. The meaningful use of electronic health records (EHRs) is designed to *incent* and *motivate* clinicians and healthcare systems to identify patients who use tobacco and to provide them with **evidence-based treatment**.

As EHR Incentive Programs move forward in NH, referring **tobacco dependent patients** to proactive cessation quitlines will change from a paper fax to an **electronic referral** (e-referral). E-referrals from providers to QuitWorks-NH and electronic feedback reports from QuitWorks-NH (QuitWorksNH.org) to the referring provider results in comprehensive tobacco dependence treatment and strengthens partnerships between clinical practice and public health services.

Background

Meaningful Use is an incentive program that allows eligible providers and hospitals to earn incentive payments by meeting specific electronic health record criteria and standards that are set by the Centers for Medicare & Medicaid Services (CMS). Separate incentive programs exist for Medicare and for Medicaid. The Medicare program is administered by CMS. The Medicaid program is administered by states.

The goal of MU is to accelerate the adoption of EHR by providers in order to improve health care in the United States. Increased and improved use of the EHR has the potential to provide clinicians with greater access to information needed to diagnose health problems and improve outcomes, and can empower patients to take a more active role in their health. The American Recovery and Reinvestment Act of 2009 (ARRA) established the Health Information Technology for Economic and Clinical Health (HITECH) Act. MU came out of regulations from the HITECH Act, which provided the Department of Health & Human Services (HHS) with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology.

Eligibility

Eligible providers are those recognized by CMS and include: Doctors of Medicine or Osteopathy, Doctors of Dental Surgery or Dental Medicine, Doctors of Podiatric Medicine, Doctors of Optometry, and Chiropractors. Eligible hospitals are those recognized by Medicare or Medicaid, including critical access hospitals (CAH). Providers and hospitals must choose to participate in either the Medicare incentive program **or** the Medicaid incentive program.

Incentives

The maximum incentive for eligible providers under Medicare is $44,000 over a five-year period. The maximum incentive for eligible providers under Medicaid is $63,750 over a six–year period. Hospitals can receive up to $2 to $6 million over the same time period. A 10% bonus is available under Medicare for providers that participate from Health Professional Shortage Areas (HPSAs). Maximum incentives are earned by enrolling early and meeting criteria at each

stage. Payment reductions will occur for hospitals that do not demonstrate meaningful use by 2015. To receive an EHR incentive payment, providers have to show that they are "meaningfully using" their EHRs by meeting thresholds for a number of objectives. For Medicare, clinicians and hospitals not registered for the Incentive Program after 2014 will not be able to participate; the last year to receive an incentive payment from the Medicare program is 2016. For Medicaid, participants must register by 2016, and the last year to receive incentive payment is 2021.

Three Stages

Meaningful Use (MU) objectives and measures will evolve in three stages over the next five years. The first stage (2011-2012) focuses on *capturing and sharing data* in the electronic health record. The second stage (2014) focuses on *advancing clinical processes*. The third stage (2016) focuses on *improving health care quality and outcomes*. Participating clinicians and hospitals can receive incentives throughout the various stages, based on meeting different criteria outlined as part of each stage. All providers begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting the Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years. Eligible professionals participate in the program on the calendar years, while eligible hospitals and CAHs participate according to the federal fiscal year.

<table>
<tr><td colspan="4">Meaningful Use Core Measure: Stage 1, 2 and 3-Eligible Professionals (EPs) Outpatient and Inpatient Tobacco Core Objective Record Smoking Status</td></tr>
<tr><td></td><td colspan="2"></td><td></td></tr>
<tr><td></td><td colspan="2">Stage 1 (Required) 2011-2012</td><td>Stage 2 (Recommended) 2014</td><td>Stage 3 (Open for public Comment)-Rulemaking: 2016</td></tr>
<tr><td></td><td colspan="2">Data capture and sharing</td><td>Advance clinical processes</td><td>Improved outcomes</td></tr>
<tr><td>Objective</td><td colspan="3">Record smoking status for patients 13 years old or older.</td></tr>
<tr><td>Measure</td><td>More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</td><td>More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</td><td rowspan="6"></td></tr>
<tr><td>Exclusion</td><td colspan="2">Any EP (Eligible Provider) that neither sees nor admits any patients 13 years old or older.</td></tr>
<tr><td>Denominator</td><td colspan="2">Number of unique patients age 13 or older seen by the EP during the EHR reporting period.</td></tr>
<tr><td>Numerator</td><td colspan="2">The number of patients in the denominator with smoking status recorded as structured data.</td></tr>
<tr><td>Smoking Status SNOMED CT codes</td><td colspan="2">Smoking status must be coded in one of the following SNOMED CT codes:

1) Current every day smoker. 449868002
2) Current some day smoker. 428041000124106
3) Former smoker. 8517006
4) Never smoker. 266919005
5) Smoker, current status unknown. 77176002
6) Unknown if ever smoked. 266927001
7) Heavy tobacco smoker. 428071000124103
8) Light tobacco smoker. 428061000124105</td></tr>
</table>

2014 Clinical Quality Measures (CQMs)

In addition to meeting the core and menu objectives, eligible professionals, eligible hospitals and CAHs are also **required to report on clinical quality measures** (CQM) **in order to demonstrate meaningful use**. Beginning in 2014, all providers regardless of their stage of meaningful use will report on CQMs in the same way. The CQM, which are part of MU, also include a core measure related to smoking. NQF0028 is the core CQM for tobacco use.

- Eligible professionals must report on 9 out of 64 total CQMs
- Eligible hospitals and CAHs must report on all 16 out of 29 total clinical quality measures

Outpatient Tobacco Clinical Quality Measure (CQM)

CMS eMeasure ID & CQM Number	**CQM Title & Description** Stage 1: Required Stage 2: Recommended-EPs should report on these recommended CQMs if they are representative of their clinical practice and patient population.
CMS138v1 **NQF 0028**	**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.

Content Source:

Center for Medicaid Services, Electronic Health Records Incentive Programs:
http://www.cms.gov/EHRIncentivePrograms [Accessed: 1.4.2012]
Office of the National Coordinator for Health Information Technology: http://healthit.hhs.gov/ [Accessed: 1.4.2012]