

♣ **Measure #124: Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)**

**2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY**

DESCRIPTION:

Documents whether provider has adopted and is using health information technology. To report this measure, the eligible professional must have adopted and be using a certified, Physician Quality Reporting System qualified or other acceptable EHR system

INSTRUCTIONS:

This measure is to be reported at each visit occurring during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by clinicians who have adopted and are using a certified, Physician Quality Reporting System qualified or other acceptable EHR system.

Measure Reporting via Claims:

CPT codes and HCPCS (D- or G-) codes are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT codes, HCPCS codes, and the appropriate numerator G-code. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT codes and HCPCS (D-or G-) codes are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure. If no G-code is reported this will count as a performance and reporting failure.

DENOMINATOR:

All patient encounters

Denominator Criteria (Eligible Cases):

Patient encounter during the reporting period (CPT or HCPCS): 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 92506, 92507, 92526, 92541, 92542, 92543, 92544, 92548, 92552, 92553, 92555, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92584, 92585, 92586, 92587, 92588, 92601, 92602, 92603, 92604, 92610, 92611, 92612, 92620, 92621, 92625, 92626, 92627, 92640, 95920, 96150, 96151, 96152, 97001, 97002, 97003, 97004, 97750, 97802, 97803, 97804, 98940, 98941, 98942, 99201, 99202, 99203,

99204, 99205, 99211, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0108, G0109, G0270, G0271

NUMERATOR:

Patient encounter documentation substantiates use of a certified, Physician Quality Reporting System qualified or other acceptable EHR system.

***NUMERATOR NOTE:** If an eligible professional does not use a qualified system to record the encounter, they should not report any G-code.*

Definitions:

Health Information Technology (HIT) – A system that incorporates both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

Authorized Testing and Certification Bodies (ATCB) – Review bodies that have been authorized to test and certify electronic health record (EHR) systems for compliance with the standards and certification criteria that were issued by the U.S. Department of Health and Human Services.

Certified or Qualified Electronic Health Record – A certified or qualified EHR can be any of the following:

- Certified by an ATCB
- Physician Quality Reporting System qualified* for EHR based reporting

Other Acceptable Systems

- Other systems that are not certified or Physician Quality Reporting System qualified as above must meet all of the following criteria:
 - Ability to manage a medication list
 - Ability to manage a problem list
 - Ability to manually enter or electronically receive, store and display laboratory results as discrete searchable data elements
 - Ability to meet basic privacy and security elements

*A list of qualified EHR Vendors for the 2011 Physician Quality Reporting System will be available on the Alternative Reporting Mechanisms section available from the navigation bar on the left side of the CMS Physician Quality Reporting website at <http://www.cms.gov/pqri>. Please visit this site periodically for updates and contact your EHR vendor to determine if they are planning to become qualified.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Encounter Documented Using a Certified, Physician Quality Reporting System Qualified or Other Acceptable EHR System

G8447: Patient encounter was documented using an EHR system that has been certified by an Authorized Testing and Certification Body (ATCB)

OR

G8448: Patient encounter was documented using a Physician Quality Reporting System qualified EHR or other acceptable systems

RATIONALE:

The widespread use of electronic health records (EHRs) in the United States is inevitable. EHRs will improve caregivers' decisions and patients' outcomes. Once patients experience the benefits of this technology, they will demand nothing less from their providers. Hundreds of thousands of physicians have already seen these benefits in their clinical practice. (Blumenthal et al, 2010)

Health care experts, policymakers, payers, and consumers consider health information technologies, such as electronic health records and computerized provider order entry, to be critical to transforming the health care industry. Information management is fundamental to health care delivery. Given the fragmented nature of health care, the large volume of transactions in the system, the need to integrate new scientific evidence into practice, and other complex information management activities, the limitations of paper-based information management are intuitively apparent.

Health care is growing increasingly complex, and most clinical research focuses on new approaches to diagnosis and treatment. In contrast, relatively little effort has been targeted at the perfection of operational systems, which are partly responsible for the well-documented problems with medical safety. Safe care now requires a degree of individualization that is becoming unimaginable without computerized decision support. Multiple studies now demonstrate that computer-based decision support can improve physicians' performance and, in some instances, patient outcomes. In the past decade, the risk of harm caused by medical care has received increasing scrutiny. The growing sophistication of computers and software should allow information technology to play a vital part in reducing that risk — by streamlining care, catching and correcting errors, assisting with decisions, and providing feedback on performance. Given the large potential risks and benefits as well as the costs involved, this article includes an analysis of what is known about the role and effect of information technology with respect to safety and considers the implications for medical care, research, and policy. (Bates et al, 2003)

The need for clinical information systems to provide high-quality, safe care is a well recognized fact. This need was well publicized by Dr. Ed Wagner in his "Chronic Care Model" as one of the key elements to provide high-quality care. To quote from the Improving Chronic Care Web site, "Effective chronic illness care is virtually impossible without information systems that assure ready access to key data on individual patients as well as populations of patients. A comprehensive clinical information system can enhance the care of individual patients by providing timely reminders about needed services and summarized data to track and plan care. At the practice population level, they identify groups of patients needing additional care, as well as facilitate performance monitoring and quality improvement efforts." To be able to take advantage of many of the more advanced applications of health information technology, the facility must first implement an EMR and use it to document patient encounters.