

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

**2012 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, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0108, G0109, G0270, G0271, G0402, G0438, G0439

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 2012 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. 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)

An unprecedented federal effort is under way to boost the adoption of EHRs and spur innovation in health care delivery. Buntin et al. (2011) conducted a recent literature search on health information technology to determine its effect on outcomes, including quality, efficiency, and provider satisfaction, and found ninety-two (92) percent of the recent articles reached conclusions that were positive overall. They also found that the benefits of technology are beginning to emerge in smaller practices and organizations, as well as in large organizations that were early adopters.

Health IT is a vital tool in achieving the goals of health care reform to increase health care access, improve care delivery systems, engage in culturally competent outreach and education, and enhance workforce development and training. The first national survey of federally funded community health centers shows that although 26% reported some electronic health record (EHR) capacity and 13% have the minimal set of EHR functionalities, the centers serving the most poor and uninsured patients were less likely to have a functional EHR system. Community health centers, free clinics and other safety net organizations aim to deliver evidence-based, patient-centered, culturally competent, efficient, high quality health care to underserved populations. Electronic health records can help the health delivery system achieve those goals (Custudio et al. 2009).

EHR systems have the potential to revolutionize quality improvement (QI) methods by enhancing quality measurement and integrating multiple proven QI strategies. A recent study was conducted by Persell et al. (2011) to implement and evaluate the multifaceted QI intervention using EHR tools to improve quality measurement, make point-of-care reminders more accurate, and provide more valid and responsive clinician feedback for sixteen (16) chronic disease and preventive service measures. Results of the study revealed that during the year after the intervention performance improved significantly for fourteen (14) of the measures, and led to the conclusion that implementation of a multifaceted QI intervention using EHR tools to improve quality measurement and the accuracy and timeliness of clinician feedback improved performance and/or accelerated the rate of improvement for multiple measures simultaneously.