

Meaningful Use Provisions Related to Tobacco

Background

Meaningful Use¹ describes the criteria health care providers must satisfy to qualify for incentives tied to adoption of electronic health records (EHR). The incentives will initially be Medicare and Medicaid bonuses paid to qualified health care professionals and facilities, followed by Medicare claims payment penalties to those that do not.

Meaningful Use will be implemented in three successively demanding stages. Final regulations for Stage One Meaningful Use Criteria were issued on July 13 2010 and will take effect in calendar year 2011. The criteria are likely to become the default industry standard for using electronic health records (EHRs).

Payments start in 2011 for professionals who comply with meaningful use criteria for at least 90 days. Eligible professionals can choose to get funded through Medicare (up to \$44,000) or Medicaid (up to \$63,750). The financial incentives (and disincentives over time) will drive use of EHRs but there are serious challenges associated with selecting and implementing an EHR. The major risks include failure to qualify for the bonus (and therefore less ability to cover the EHR's up-front costs) and inability to overcome workflow disruptions that typically accompanies EHR implementation.

What is an Eligible Professional?

Eligible professionals may not be hospital-based and must be licensed.

- For Medicare incentives licensed as a doctor of medicine, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor.
- For Medicaid incentives licensed as a physician, a certified nurse midwife, a nurse practitioner, or a physician assistant practicing in a federally qualified health center (FQHC) or rural health clinic (RHC) led by a physician assistant.

Stage 1 Meaningful Use Objectives and Quality Measures

There are 15 Core Objectives plus a menu set of 10 optional objectives. Stage 1 requires satisfying all 15 core objectives and 5 of 10 from the menu set. There are also three core Clinical Quality Measures that practitioners will be required to satisfy.

Meaningful Use Specific to Tobacco

- Core Objective #9: Record Smoking Status
 - More than 50 percent of all unique patients 13 years old or older seen by the practitioner or admitted to the eligible hospital's inpatient or emergency departments have smoking status recorded as structured data.
 - Frequency of updating this information is left to the provider. The information can be collected by any member of the medical staff.
- Tobacco use assessment and tobacco cessation intervention is one of three core Clinical Quality Measures that practitioners will be required to report.
 - If the denominator for one or more of the core measures is zero, practitioners will be required to report results for up to three alternate core measures.

¹ Included in the American Recovery and Reinvestment Act of 2009 (ARRA)



Core Clinical Quality Measure Group All Practitioners, Medicare and Medicaid (p. 288 of final regulation)

<i>NQF Measure & PQRI Implementation Numbers</i>	<i>Clinical Quality Measure Title</i>
NQF 0013	Title: Hypertension: Blood Pressure Measurement
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention
NQF 0421, PQRI 128	Title: Adult Weight Screening and Follow-up
	<i>Alternate Core Measures</i>
NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents
NQF 0041, PQRI 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
NQF 0038	Title: Childhood Immunization Status

Further Detail on the Tobacco Clinical Quality Measures

<i>NQF Measure # & PQR Implementation #</i>	<i>Clinical Quality Measure Title</i>	<i>Description</i>
NQF 0027 PQRI 115	Title: Smoking & Tobacco Use Cessation, Medical assistance: a. Advising Smokers & Tobacco Users to Quit, b. Discussing Smoking & Tobacco Use Cessation Medications, c. Discussing Smoking & Tobacco Use Cessation Strategies	Description: 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.
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Description: 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. 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.

For general information regarding the Ohio Cessation Benefits Team and cost-effective options for supporting tobacco cessation in Ohio, please contact Mari-jean Siehl at 614-644-1113 or mari-jean.siehl@odh.ohio.gov.

Ohio Cessation Benefits Team

