CBE ID

0490

Title

The Ability to use Health Information Technology to Perform Care Management at the Point of Care

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Spring 2008

Removal Date

Mon, 05/07/2012 - 20:00

Initial Endorsement

Thu, 08/28/2008 - 20:00

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Documents the extent to which a provider uses a certified/qualified electronic health record (EHR) system capable of enhancing care management at the point of care. To qualify, the facility must have implemented processes within their EHR for disease management that incorporate the principles of care management at the point of care which include:
a. The ability to identify specific patients by diagnosis or medication use
b. The capacity to present alerts to the clinician for disease management, preventive services and wellness
c. The ability to provide support for standard care plans, practice guidelines, and protocol

1.7 Measure Type

Structure

1.9 Care Setting

Ambulatory Care: Clinic, Other

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

Patient encounter documented on a certified/qualified electronic health record capable of enhancing care management at the point of care. To qualify, the facility must have implemented processes within their EHR for disease management that incorporate the principles of care management at the point of care.The system shall have the ability, at the point of clinical decision making, to identify patient specific suggestions/reminders, screening tests/exams, and other preventive service in support of disease management, routine preventive and wellness patient care standards. The system shall have the ability to provide access to the standard care plan, protocol and practice guideline documents when requested at the time of the clinical encounter. These documents may reside within the system or be provided through links to external sources.

1.15 Denominator

All patient encounters

1.20 Types of Data Sources

Other

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

Exclusions

None

Risk Adjustment

No risk adjustment or risk stratification

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

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