AAP GPCI QIP
Using the EHR for quality improvement

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Disclosures

• I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Aims

Aim: 90% of practices have a system for reminding/recalling patients due/overdue for preventive services

Aim: 90% of practices plan for and accommodate patient’s special needs at office visits

Aim: 90% of patients in the registry have up-to-date health supervision visits

Aim: 100% of practices have a system to identify, follow, and provide care management
Donabedian – the basis for QI

- Structure
  - Facilities
  - Equipment
  - Staff

- Process
  - Policies
  - Procedures
  - Workflow

- Outcome
  - Results
  - Patient satisfaction
  - Cost
What is knowledge?

Data
- Collection

Information
- Aggregation

Knowledge
- Intelligence/Analysis

How to get from there to here?
ONCHIT/CMS Aim: Wed HIT – HIE – QI

Aim: Move physician groups toward full practice transformation & meaningful use

Health care today

Health care about 3 – 4 years

MU Stage 1 Structure
Basic Quality Improvement
Basic Technology

MU Stage 2 Process
Aggressive QI
Current State

MU Stage 3 Outcome
Patient Centered Medical Home
Full Implementation
Tools of the trade

Data
- Collection

Information
- Aggregate

Knowledge
- Intelligence

Data entry
- User interface
- Templates

Standards
- Op defs
- Templates

Analyzable
- Numeric?
- Templates
Tools of the trade

Data
- Collection

Information
- Aggregate

Knowledge

Data standards
- Op defs
- Templates

Interop
- Protocols
- Connect

Access
- Cloud
- Security

Intelligence
Tools of the trade

Data
  - Collection

Information
  - Aggregate

Knowledge
  - Intelligence

Approach
  - Stats
  - AI

Sharing
  - CPGs
  - Best practices

Application
  - Order sets
  - Templates
Getting from there to here

- Data
  - Collection

- Information
  - Aggregation

- Knowledge
  - Intelligence/Analysis

- Database management software (SQL)
- Vendor cooperation
- Collaboration with DB admins

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- Collaboration with DB admins
Getting from there to here

- Collection
- Aggregation
- Intelligence/Analysis
  - Data validation and formatting
  - Analysis software – depends on the data
Data is not knowledge.
In order to give up its knowledge,
Data must be TORTURED.
Statistics are the implements of torture
- Mikel Harry

"And this is the data we'll ignore."
MU 2 criteria relate to this direction

17 core objectives + 3 menu objectives OR

20 core objectives

Details at [http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2](http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2)
### Meaningful Use Stage 2 core requirements provide a bridge

**CPOE**
- eRx
- Demographics (including language and ethnicity)
- VS record and display
- Smoking status
- Clinical DSS for high priority conditions
- Med reconciliation
- Care summary for each transition of care
- Secure electronic messaging with patients

**Patient portal**
- Clinical summaries at each visit
- Labs as structured data
- Patient lists by condition and other parameters (e.g. ethnicity) for QI
- Patient specific reminders/educational materials
- Submit data to immunization registries
MU2 menu objectives

- Submit data to syndromic registries
- Submit data to cancer registries
- Submit data to other specialized registries
- Direct entry of notes into patient records
- Image storage
- Structured family history
Clinical quality measures (CQMs)

Not part of MU criteria in Stage 2, but all CEHRT will include ability to report CQMs

2014 – report on 9 CQMs (from list in the appendix)

Must include those from at least 3 of 6 National Quality Strategy Domains

- Patient/family engagement
- Patient safety
- Care coordination
- Population and public health
- Efficient use of healthcare resources
- Clinical process effectiveness

Medicaid EPs will report CQMs to state most likely using Quality Reporting Data Architecture Category 1 format (used for PQRS)
# MU2 and PCMH crosswalk

## NCQA gives practices credit for achieving MU

<table>
<thead>
<tr>
<th>Category</th>
<th>MU2 Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy</td>
<td>Protect EHRs/secure electronic messaging</td>
</tr>
<tr>
<td>Using patient information</td>
<td>Record and chart vital signs</td>
</tr>
<tr>
<td></td>
<td>Record smoking status</td>
</tr>
<tr>
<td></td>
<td>Imaging results/ info accessible through EHR</td>
</tr>
<tr>
<td></td>
<td>Clinical lab-test results in EHR as structured data</td>
</tr>
<tr>
<td></td>
<td>Generate lists of patients by conditions</td>
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<td>Surveillance data to public health agencies</td>
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<tr>
<td>Patient Education/Self Care</td>
<td>Clinical summaries to patients for each visit</td>
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<td></td>
<td>Let patients view online, download, transmit health information w/in 4 business days</td>
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<tr>
<td></td>
<td>ID patients for preventive/follow-up reminders</td>
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<tr>
<td></td>
<td>Use EHR to ID/provide patient-specific education</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Summary record for each transition or referral</td>
</tr>
<tr>
<td></td>
<td>Med reconciliation from other provider/setting</td>
</tr>
<tr>
<td>Medication Management</td>
<td>Electronic Rx &amp; CPOE for meds, lab &amp; radiology</td>
</tr>
<tr>
<td>Decision Support</td>
<td>Use clinical decision support to improve performance on high-priority health condition</td>
</tr>
<tr>
<td>Disparities</td>
<td>Record demographics as structured data</td>
</tr>
<tr>
<td>Reporting</td>
<td>Report clinical quality measures to CMS</td>
</tr>
<tr>
<td></td>
<td>Electronic data to immunization registries</td>
</tr>
</tbody>
</table>

Outcomes – the Triple Aim

Improving the patient experience of care (including quality and satisfaction)

Reducing the per capita cost of health care

Improving the health of populations
Implementation of clinical guidelines into EHR through documentation templates and order sets

- Evaluation of practice patterns based on variance from standardized care plans in CPGs
- Order sets used to define process
- Decision support systems to remind practitioners of needed care
- Measurement and improvement of economic and quality outcomes
What resources are available?

**Vendor resources**
- Data aggregation – data marts (registries)
- Cloud based EHR vendors vs. client-server
- Custom programming on data set

**Software resources**
- Stat software – SAS, SPSS, MiniTab, etc.
- BI software – Cognos, Crystal Reports, Business Objects, etc.
- Excel and add-ins – QI macros, StatPlus, etc.

**Partnerships**
- Other practices
- AAP
- Payers
- Universities
What should you do Monday?

Decide what you need

- What stage is your data management system?
- What resources do you currently have?
- Gaps?

Talk to your vendor

- Willingness to work with you to perform aggregation and even analyses
- What do they want in return?
- Do they have other installations that have similar needs?

Determine what resources are in your area

- Other practices?
- Analysts?
- Payers?
- Universities?
- Grants?
"I'm glad to finally find someone who doesn't think my ideas are weird."
Appendix: MU 2 Objectives
## Medicaid MU requirements

<table>
<thead>
<tr>
<th>First year</th>
<th>Subsequent years</th>
<th>2014 only</th>
</tr>
</thead>
</table>
| • EPs demonstrate MU for a 90-day EHR reporting period | • EPs demonstrate MU for a full calendar year EHR reporting period | • All providers regardless of MU stage are only required to demonstrate MU for three-month EHR reporting period  
• 3-month reporting period is not fixed  
• Variance in 2014 so that all providers upgrading to 2014 CEHRT will have time to implement their new systems |
MU 2 Core Objectives

• Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

• Generate and transmit permissible prescriptions electronically (eRx).

• Record the following demographics: preferred language, sex, race, ethnicity, date of birth.

• Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.

• Record smoking status for patients 13 years old or older.

• Use clinical decision support to improve performance on high-priority health conditions.

• Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

• Provide clinical summaries for patients for each office visit.

• Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.
MU 2 Core Objectives

• Incorporate clinical lab-test results into Certified EHR Technology as structured data.

• Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.

• Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.

• Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

• The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

• The EP who transitions a patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral.

• Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

• Use secure electronic messaging to communicate with patients on relevant health information.
MU 2 Menu Objectives

• Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.

• Record electronic notes in patient records.

• Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

• Record patient family health history as structured data.

• Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.

• Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.
MU – Stage 2 expectations

• Future Stages will expand upon Stage 1 criteria.
  – Stage 1 menu set will be transitioned into core set for Stage 2
• Measures may have higher thresholds
• Greater emphasis on health information exchange across institutional boundaries
• Two types of percentage-based measures are included to address the burden of demonstrating MU
  – Denominator is all patients seen or admitted during the EHR reporting period
    • The denominator is all patients regardless of whether their records are kept using certified EHR technology
  – Denominator is actions or subsets of patients seen or admitted during the EHR reporting period
    • The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology
Appendix: CQMs 2014
Note: pediatric measures starred
<table>
<thead>
<tr>
<th>EP CQMs - 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</strong></td>
</tr>
<tr>
<td><strong>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</strong></td>
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<tr>
<td><strong>Anti-depressant Medication Management</strong></td>
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<tr>
<td><strong>Appropriate Testing for Children with Pharyngitis</strong></td>
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<tr>
<td><strong>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</strong></td>
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<tr>
<td><strong>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</strong></td>
</tr>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
</tr>
<tr>
<td><strong>Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen</strong></td>
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</tbody>
</table>
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery  

Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures  

Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

Cervical Cancer Screening  

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment  

Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Childhood Immunization Status  

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Children Who Have Dental Decay or Cavities  

Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Chlamydia Screening for Women  

Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Closing the referral loop: receipt of specialist report  

Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the
<table>
<thead>
<tr>
<th>EP CQMs – 2014 (cont.)</th>
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<tbody>
<tr>
<td><strong>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients</strong></td>
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<td><strong>Colorectal Cancer Screening</strong></td>
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<tr>
<td><strong>Controlling High Blood Pressure</strong></td>
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<tr>
<td><strong>Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</strong></td>
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<tr>
<td><strong>Dementia: Cognitive Assessment</strong></td>
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<tr>
<td><strong>Depression Remission at Twelve Months</strong></td>
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<tr>
<td><strong>Depression Utilization of the PHQ-9 Tool</strong></td>
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<tr>
<td><strong>Diabetes: Eye Exam</strong></td>
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<tr>
<td>EP CQMs – 2014 (cont.)</td>
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<tr>
<td><strong>Diabetes: Foot Exam</strong></td>
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<tr>
<td><strong>Diabetes: Hemoglobin A1c Poor Control</strong></td>
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<tr>
<td><strong>Diabetes: Low Density Lipoprotein (LDL) Management</strong></td>
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<tr>
<td><strong>Diabetes: Urine Protein Screening</strong></td>
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<tr>
<td><strong>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</strong></td>
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<tr>
<td><strong>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</strong></td>
</tr>
<tr>
<td><strong>Documentation of Current Medications in the Medical Record</strong></td>
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<tr>
<td><strong>Falls: Screening for Future Fall Risk</strong></td>
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<tr>
<td>EP CQMs – 2014 (cont.)</td>
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<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Functional Status Assessment for Complex Chronic Conditions</strong></td>
</tr>
<tr>
<td>Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments</td>
</tr>
<tr>
<td><strong>Functional Status Assessment for Hip Replacement</strong></td>
</tr>
<tr>
<td>Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments</td>
</tr>
<tr>
<td><strong>Functional Status Assessment for Knee Replacement</strong></td>
</tr>
<tr>
<td>Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments</td>
</tr>
<tr>
<td><strong>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</strong></td>
</tr>
<tr>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge</td>
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<tr>
<td><strong>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</strong></td>
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<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge</td>
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<tr>
<td><strong>Hemoglobin A1c Test for Pediatric Patients</strong></td>
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<tr>
<td>Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period</td>
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<tr>
<td><strong>HIV/AIDS: Medical Visit</strong></td>
</tr>
<tr>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit</td>
</tr>
<tr>
<td><strong>HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) prophylaxis</strong></td>
</tr>
<tr>
<td>Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis</td>
</tr>
<tr>
<td>EP CQMs – 2014 (cont.)</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td><strong>HIV/AIDS: RNA Control for Patients with HIV</strong></td>
</tr>
<tr>
<td><strong>Hypertension: Improvement in Blood Pressure</strong></td>
</tr>
<tr>
<td><strong>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</strong></td>
</tr>
<tr>
<td><strong>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</strong></td>
</tr>
<tr>
<td><strong>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</strong></td>
</tr>
<tr>
<td><strong>Major Depressive Disorder (MDD): Suicide Risk Assessment</strong></td>
</tr>
<tr>
<td><strong>Maternal Depression Screening</strong></td>
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<tr>
<td><strong>Oncology: Medical and Radiation - Pain Intensity Quantified</strong></td>
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</tbody>
</table>
## EP CQMs – 2014 (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pneumonia Vaccination Status for Older Adults</strong></td>
<td>Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</td>
</tr>
<tr>
<td><strong>Pregnant women that had HBsAg testing</strong></td>
<td>This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</strong></td>
<td>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</strong></td>
<td>Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters. Normal Parameters: Age 65 years and older BMI =&gt; 23 and &lt; 30 Age 18 - 64 years BMI =&gt; 18.5 and &lt; 25</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed</strong></td>
<td>Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Influenza Immunization</strong></td>
<td>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)</strong></td>
<td>Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</strong></td>
<td>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.</td>
</tr>
<tr>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>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</td>
</tr>
<tr>
<td>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</td>
<td>Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.</td>
</tr>
<tr>
<td>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months</td>
</tr>
<tr>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer</td>
</tr>
<tr>
<td>Use of Appropriate Medications for Asthma</td>
<td>Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.</td>
</tr>
<tr>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</td>
</tr>
</tbody>
</table>
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity.
Additional resources

MU Stage 2 Overview tipsheet


Core measure set


Pediatric core measures