

eClinicalWorks

ECLINICALWORKS MEANINGFUL USE CALCULATIONS

A guide to the calculations used by the eClinicalWorks software for Meaningful Use reporting on the MAQ Dashboard.



eClinicalWorks Meaningful Use Calculations

This document outlines the methods used in the eClinicalWorks application to calculate Meaningful Use compliance.

Core Measures

OBJ-304A: Computerized Provider Order Entry

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator for this measure are included in the numerator if a medication has been recorded in the Treatment section of the Progress Notes.

Exclusion

Providers are excluded from satisfying this measure if they have recorded less than 100 medications in the Treatment section of the Progress Notes during the reporting period.

OBJ-302A: Implement Drug-Drug and Drug-Allergy Interaction Checks

eClinicalWorks does not perform any calculations for this measure.

Drug interaction checking is always enabled for all eClinicalWorks users. No action is required to satisfy this measure. This measure is reported by self-attestation.

OBJ-302C: Maintain an Up-to-Date Problem List of Current and Active Diagnoses

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if:

- An ICD code has been recorded on the Problem List

OR

- The *No known problems* box is checked on the Problem List

OBJ-304B: Generate and Transmit Permissible Prescriptions Electronically

Denominator

Medications are included in the denominator if one of the following actions is taken on them:

- Printed
- Faxed
- Transmitted electronically

Note: The following medications are excluded from being included in the denominator:

- Duplicate medications (re-printed, re-faxed, re-transmitted, or printed and also transmitted)
- Non-permissible (controlled) medications

Numerator

Medications that satisfy the denominator are included in the numerator if they have been transmitted using e-Prescription.

Note: The following medications are excluded from being included in the numerator:

- Duplicate medications (re-printed, re-faxed, re-transmitted, or printed and also transmitted)
- Non-permissible (controlled) medications

Exclusion

Providers are excluded from satisfying this measure if they have recorded less than 100 medications on the Treatment window in the Progress Notes.

OBJ-302D: Maintain Active Medication List

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if:

- A medication has been recorded in the Current Medications section of the Progress Notes

OR

- The *Medication Verified* box is checked in the Current Medications section of the Progress Notes

OBJ-302E: Maintain Active Medication Allergy List

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if:

- An allergy has been recorded in the Allergies section of the Progress Notes
- OR**
- The *Allergies Verified* box is checked in the Allergies section of the Progress Notes

OBJ-304C: Record Demographics

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window
- AND NOT**
- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if all of the following information is recorded on the Patient Information window:

- Date of Birth
- Gender
- Language
- Race
- Ethnicity

OBJ-302F: Record and Chart Changes in Vital Signs

Denominator

Unique patients two years old or older are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window
- AND NOT**
- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if all of the following information is recorded in the Vitals section of the Progress Notes during the reporting period (this can be over multiple encounters):

- Height
- Weight
- Blood Pressure

IMPORTANT! These Vitals categories must be associated with the corresponding Vital Types (from EMR > Vitals > Configure Vitals) in order for patients to be counted in the numerator.

Exclusion

Providers are excluded from satisfying this measure if no encounters for patients over the age of 2 are created during the reporting period.

Note: Any provider who believes that all three Vitals (height, weight, and blood pressure) do not have any relevance to their scope of practice are also excluded from this measure. This exclusion is reported by self-attestation.

OBJ-302G: Record Smoking Status for Patients 13 Years Old or Older

Denominator

Unique patients thirteen years old or older are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients that satisfy the denominator are included in the numerator if their smoking status is recorded as Structured Data on the Progress Notes.

IMPORTANT! This local Structured Data item must be mapped to the *are you a:* community item in order for a patient to be included in the numerator.

For more information, refer to the *Meaningful Use Training Scenarios Guide*.

Exclusion

Providers are excluded from satisfying this measure if no encounters for patients over the age of 13 are created during the reporting period.

OBJ-304J: Clinical Quality Measures

eClinicalWorks does not perform any calculations for this measure.

The Clinical Quality Measures selected by the provider must be reported to CMS through self-attestation. Reporting on Clinical Quality Measures is available on the MAQ Dashboard.

Each measure has their own calculations. For more information, refer to the *Meaningful Use Training Scenarios Guide*.

OBJ-304E: Clinical Decision Support Rule

eClinicalWorks does not perform any calculations for this measure.

Providers must use one of the following methods to assist in decision making:

- Classic Alerts
- Registry Alerts
- CDSS Alerts

This measure is reported through self-attestation.

OBJ-304F: Electronic Copy of Health Information

Denominator

Unique patients are included in the denominator if they clicked one of the following links on the Patient Portal:

- Request your PHR
- PHR - Complete Report

Numerator

Patients in the denominator are included in the numerator if their PHR loads successfully after they click one of the links to request it.

IMPORTANT! Your practice must enable Patient Health Records (PHRs) for the Patient Portal. For more information, refer to the *Meaningful Use Training Scenarios Guide*.

Exclusion

Providers with no requests from patients for an electronic copy of their health information during the reporting period are excluded from satisfying this measure.

OBJ-304H: Provide Clinical Summaries for Patients for Each Office Visit

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients in the denominator are included in the numerator if:

- They have been web-enabled from the Patient Information window within three business days of their encounter

IMPORTANT! Your practice must enable Visit Summaries for the Patient Portal. For more information, refer to the *Meaningful Use Training Scenarios Guide*.

OR

- The *Print Visit Summary* option is selected from one of the following areas:
 - ◆ Print drop-down list on the Progress Notes
 - ◆ Right-click on an appointment

Exclusion

Providers with no appointments recorded during the reporting period are excluded from satisfying this measure.

OBJ-304I: Exchange Key Clinical Information

eClinicalWorks does not perform any calculations for this measure.

Providers must perform at least one test of their ability to exchange key clinical information (such as Problem Lists, medication lists, allergies, test results, etc.). This measure is reported through self-attestation.

OBJ-302O-W: Protect Electronic Health Information

eClinicalWorks does not perform any calculations for this measure.

Providers must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1). Providers must then implement security updates and correct security deficiencies as necessary. This measure is reported through self-attestation.

Menu Set Measures

OBJ-302B: Implement Drug Formulary Checks

eClinicalWorks does not perform any calculations for this measure.

Providers must enable drug formulary checking capabilities and access at least one internal or external formulary during the reporting period. This measure is reported through self-attestation.

Exclusion

Providers are excluded from this measure if they have recorded less than 100 medications in the Treatment section of the Progress Notes during the reporting period.

OBJ-302H: Clinical Lab Test Results

Denominator

Lab tests are included in the denominator if the Result Date is within the reporting period.

Note: Labs in the Microbiology category are excluded from this calculation.

IMPORTANT! A lab is only considered to be ordered for your patient if you are listed as the Ordering Provider.

Numerator

Labs that are included in the denominator are also included in the numerator if:

- Results have been entered in the yellow row on the Lab Results window
- AND**
- The Received box has been checked on the Lab Results window.

Exclusion

Providers are excluded from this measure if they have not ordered any tests with results that are either in a positive/negative or numeric format during the reporting period.

OBJ-302I: Patient Lists

eClinicalWorks does not perform any calculations for this measure.

Providers must generate at least one report listing their patients with a specific condition. This measure is reported through self-attestation.

OBJ-304D: Patient Reminders

Denominator

Unique patients are included in the denominator if they:

- Are 5 years old or younger **OR** 65 years old or older
 - AND**
 - ◆ Have ever had an appointment with you
 - OR**
 - ◆ Have you listed as their PCP on the Patient Information window
 - OR**
 - ◆ Have you listed as their Rendering Provider on the Patient Information window

Numerator

Patients in the denominator are included in the numerator if they are sent one of the following types of reminders:

- Letter using a template where Follow Ups, Health Maintenance, or Preventive Care has been selected from the Category drop-down list

The screenshot shows a dialog box titled "Update Letter Template". It contains the following fields and controls:

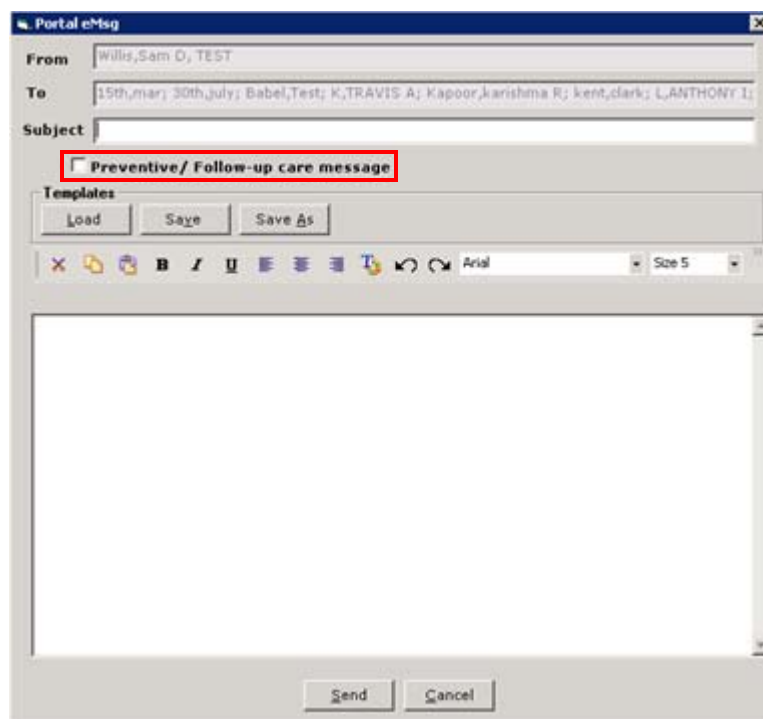
- File Name:** A text box containing "ReminderDueLetter.doc".
- Custom Name:** A text box containing "ReminderDueLetter".
- Category:** A dropdown menu with "Follow Ups" selected. The dropdown is highlighted with a red border.
- Description:** An empty text box.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

OR

- Voice/text message using a template where Health Maintenance has been selected from the Category drop-down list

OR

- eMessage from the Patient Portal with the *Preventive/Follow-up care message* box checked



Exclusion

Providers are excluded from this measure if they do not have any patients 5 years old or younger or 65 years old or older.

OBJ-304G: Provide Patients with Timely Electronic Access

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients in the denominator are included in the numerator if they have been web-enabled from the Patient Information window on or before the appointment date, or within four business days of the appointment date.

OBJ-302M: Patient-Specific Education Resources

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients in the denominator are included in the numerator if one of the following options is selected from the Treatment section of the Progress Notes:

- Printing Rx education (Treatment window > Education drop-down list > Rx Education option > Print button)

OR

- Printing patient education via Krames, Adam, or Healthwise (Treatment window > Education drop-down list > Patient Education option > Print button)

OR

- Opening custom patient education (Treatment window > Education drop-down list > Custom Education option > Open button)

OR

- Ordering patient education as a part of an Order Set (Order Set window > Patient Education section > open education by clicking the PDF icon)

OR

- Publishing patient education via Krames, Adam, or Healthwise to the Patient Portal (Treatment window > Education drop-down list > Patient Education option > Publish to Portal check box)

OBJ-302J: Medication Reconciliation

Denominator

Unique patients are included in the denominator if:

- An appointment has been created for them during the reporting period with the *Transition of Care* box checked from the Resource Scheduling, Provider Schedule, or Office Visits window

AND NOT

- ◆ A visit type or visit code with the exclusion flag enabled has been selected for this appointment

Note: Telephone encounters are not counted as appointments. Patients with only Telephone Encounters are not included in the denominator for this measure.

Numerator

Patients in the denominator are included in the numerator if the *Medication Verified* box is checked in the Current Medications section of the Progress Notes.

Exclusion

Providers are excluded from this measure if they do not transfer any patients to another setting or refer any patients to another provider during the reporting period.

OBJ-304I: Summary Care Record

Denominator

Referrals are included in the denominator if one of the following actions is performed on them during the reporting period:

- Printed in any manner
- Faxed in any manner
- Transmitted in any manner through the P2P Portal

Note: Referrals are only counted for a provider if they are listed as the *Referral From Provider* on the referral.

Numerator

Referrals in the denominator are included in the numerator if one of the following actions is performed on them during the reporting period:

- Printed with attachments
- Faxed with attachments
- Transmitted through the P2P Portal with attachments

Exclusion

Providers are excluded from this measure if they do not transfer any patients to another setting or refer any patients to another provider during the reporting period.

OBJ-302K: Submit Electronic Data to Immunization Registries

eClinicalWorks does not perform any calculations for this measure.

To satisfy this measure, users must perform at least one test of their ability to submit electronic data to immunization agencies and provide a follow-up submission if the test was successful (unless none of the immunization agencies to which you submit such information has the capacity to receive the information electronically).

This measure is reported by self-attestation.

Exclusion

Providers that do not perform any immunizations during the reporting period are excluded from this measure.

OBJ-302L: Syndromic Surveillance Data

eClinicalWorks does not perform any calculations for this measure.

To satisfy this measure, users must perform at least one test of their ability to provide electronic syndromic surveillance data to public health agencies and provide a follow-up submission if the test was successful (unless none of the public health agencies to which you submit such information has the capacity to receive the information electronically).

This measure is reported by self-attestation.