SETMA Provider Meeting
October 18, 2016

SETMA's Merit-Based Incentive (MIPS) Quality Metric Tool Tutorial



- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) which authorized and required the Merit-Based Incentive Payment System MIPS) resulted in CMS producing the Annual **Quality and Resource Use Report** (**QRUR**) for each Taxpayer Identification Number receiving Medicare Fee-for-Service funds.
- As of this date, in addition to CMS' REI report done on SETMA in 2011 (see: http://www.setma.com/in-the-news/CMS-Medical-Home-Feedback-Report-Qualify-Cost), SETMA has received two QRURs:
 - the report for the first half of 2015 is found at http://www.setma.com/Letters/pdfs/cms-quality-resource-and-utilization-report-qrur-data-for-2015-for-setma.pdf.
 - the report for the full year 2015 is found at: http://www.setma.com/Letters/pdfs/cms-quality-resourceand-utilization-report-grur-data-for-2015-for-setma-final.pdf



• SETMA has completed an analysis of these reports and has designed tools for improving our cost and quality. Some of that analysis can be reviewed at: SETMA's http://www.setma.com/Letters/setmas-prescient-preparation-for-macra-and-mips-september-2016. This shows that SETMA has prepared well for this time with:

NCQA recognition as a Tier 3 Patient-Centered Medical Home from 2010-2019 which meets the MIPS Clinical Practice Improvement Activities requirement of MIPS.

A twenty-one-year use of a certified EMR meeting Meaningful Use standards and now the MIPS Advancing Care Information Systems (http://www.setma.com/Letters/macra-mips-where-does-setma-stand).



- SETMA has completed an analysis of these QRUR reports and has designed tools for improving our cost and quality. Some of that analysis can be reviewed at: http://www.setma.com/Letters/setmas-prescient-preparation-for-macra-and-mips-september-2016.
- These reviews show that SETMA has prepared well for this time with:

Pursuing quality standards by the development of a Model of Care which includes tracking, auditing, analyzing statistically, public reporting by provider name of quality performance and the designing of quality improvement with this data. (see http://www.setma.com/the-setma-way/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare

From this came SETMA's participation in PQRI (2007) and PQRS (2011) and now MIPS.

Being attentive to the cost of the care we deliver to all patients but particularly to Medicare Advantage beneficiaries and Medicare Fee-for-Service patients and Medicaid patients.



- As we use the Final 2015 data from the QRUR to design solutions to improved quality, SETMA has deployed the following MACRA/MIPS Quality Measure template. These templates identify:
 - 1. the metrics,
 - 2. gives their descriptions,
 - 3. identifies to whom they apply and
 - 4. shows you how to easily and efficiently meet each of them.
- If we all follow this easy tool, our MIPS quality performance with improve dramatically.



MIPS Tutorial

- Because MIPS will be so important to our practice going forward, the tool for the MIPS quality measures will appear in three places in the EMR, allowing you the convenience at performing these functions in your own workflow:
 - 1. AAA Home
 - Master GP
 - 3. The Plan Template
- The link will appear red if you have not been to it on the current encounter, or if you went to it, and left something undone which the tool indicates needs to be done. The following are templates which show you were the MIPS Quality Measures appear on each of these templates:



AAA Home

SSUTHEAST TELES Patien	Larry QTest	Sex M Age 106 Date of Birth 01/01/191 Patient has one or more alerts!	0 Full Co	de O View Alerts
Pre-Vist/Preventi	ve Screening	MIPS Quality Mea		Intensive Behavioral Therapy <u>Transtheoretical Model</u> Bridges to Excellence View
Preventive Care SETMA's LESS Initiative I Last Updated 08/20/2016 Preventing Diabetes I Last Updated // Preventing Hypertension I Smoking Cessation I	Template Suites Master GP T Pediatrics Nursing Home T Ophthalmology Physical Therapy	Disease Management Diabetes I Hypertension I Lipids I Acute Coronary Syn I Angina I	Last Updated 06/23/2016 09/15/2015 06/23/2016 //	Special Functions Lab Present T Lab Future T Lab Results T Hydration T Nutrition I Guidelines T Pain Management



Master GP

NURS	E HISTORIES	HEALTH	QUIZES H	IPI ROS I	P.E. X-RAY ASSESS ype Facility	PLAN PROCS Payor	Home
Larry	QTest	106	Years M			Texan Plus Classic	Nursing
hief Complaints	Comment				PCP		Histories
					Pulse Pressure		Health
2		Pa	itient Goal Th	is Visit	Temp	1 1	Lab Results
					Pulse Resp		Questionnaires
5		MIP	S Quality N	leasures	Weight (lb)		HPI Chief
3					BMI Body Fat	38.9	System Review
Chronic Condition	ons	_	idd /	SUIT	BMR	4.05	Physical Exam
# Diagnosis		Hcc RxH	F 10 10 10 10 10 10 10 10 10 10 10 10 10	Crt 🔺	Cardiac Risk Ratio	09/26/2016	Radiology
0 Alzheimer dis	sease	_	Addressed	06/	Functional Assessment	02/12/2016	Assessment
0 Asbestosis		Y		03/	Pain Assessment	09/02/2015	

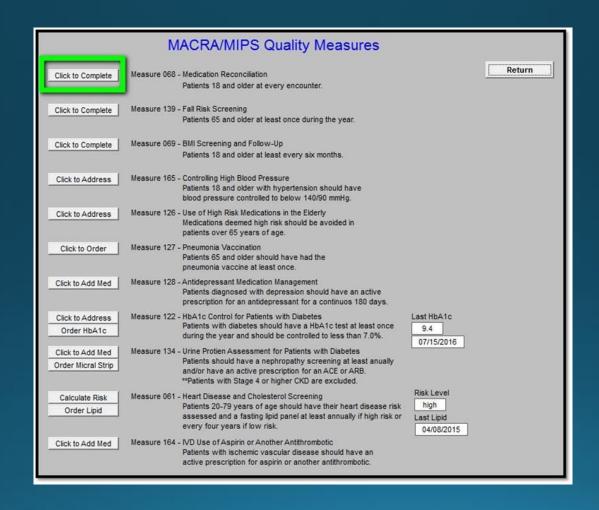


Plan

NURSE HISTORIES HEALTH	QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS	Home
Behavioral Injections Present Lab Endocrinology	Future Lab Procedures Radiology Eval & Mgmt Endocrinology Cardiac Procs Sutures Ultrasound	Master GP
Infectious	Oltrasound	Nursing
☐ All MIPS Quality Meas		Histories
Today i novicircui	Current an previous lab Medications reconciled Reconcile Reviewed OTC medications	Health
The state of the s	atient agrees with plan	Questionnaires
CALL COLD	Plan Topic(s)	HPI chief
# Diagnosis Description	Acute Care	System Review
- Diagnosis Description	Followup	Physical Exam
	Routine Interval Follow-up	Radiology
	Politiv-up	Assessment
	Pneumonia Vaccination Diet 1800 Cal ADA	Procedures
	Current Medication List Given to Pa Exercise Follow-Up Call Scheduled Superbill	
	Education/Instructions Superbill Plan Summary	Information Given



Medication Reconciliation





Medication Reconciliation

low to conduct a medication review: 📵		Panel Control: 🕞 Togg	gle 🕒 🗗 Cycle 😉
econciliation Type			•
fanual reconciliation: Manual medication	on reconciliation completed	Electronic reconciliation: Electronic	c Reconciliation
Medication Module			•
Double click grid to add/edit Medication Modu	ile.		
Medication Name	Sig Desc	Last Refilled	
Abilify 2 mg tablet	take 2.5 by oral route once	02/25/2016	
aspirin 81 mg tablet, delayed release	inject by Subcutaneous route once daily DM250.50	11	_
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	11	
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	11	
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	09/15/2014	
hydrocodone 10 mg-acetaminophen 300	take 1 tablet by oral route every 8 hours as needed	12/01/2015	_
			_

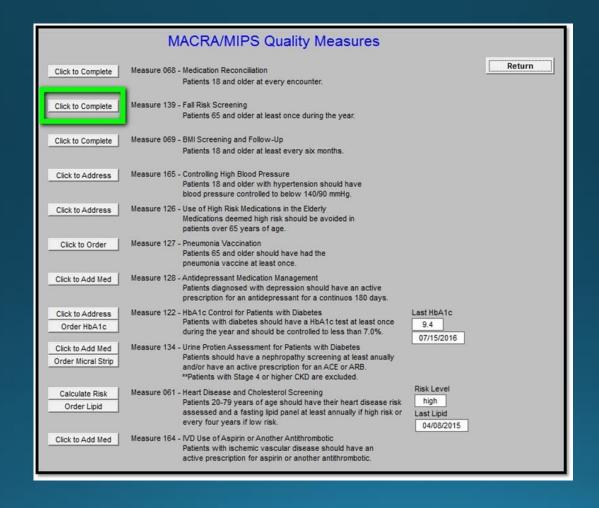


Fall Risk

- All of SETMA's providers and nurses are familiar with SETMA's Fall Risk Questionnaire. It is an important issue with the elderly or disabled. Be sure that as you measure the patient's risk that if they are at increased risk you address issue of safety with the patient or the patient's family.
- Clicking the button opens the template to complete a fall risk assessment. Use the Return button to go back when finished.



Fall Risk





Fall Risk

Fall Risk Assess	
Last Updated/Reviewed 09/	26/2016
Check this box if you are unable to complete this assess	sment to due medical or other reasons.
Level of Consciousness/Mental Status Alert Disoriented Intermittent Confusion	2. History of Falls (In past 3 months) No Falls 1-2 Falls 3 or more Falls
3. Ambulation/Elimination Status ☐ Ambulatory/Continent ☐ Chair Bound (Requires restraints and assist with elimination) ☐ Ambulatory/Incontinent	4. Vision Status (With or without glasses) Adequate Poor Legally Blind
5. Gait/Balance	6. Systolic Blood Pressure (Between lying and standing) No noted drop Drop LESS THAN 20 mm Hg Drop MORE THAN 20 mm Hg 8. Predisposing Diseases None present 1-2 present 3 or more present Total Score 4 Past Scores Total score above 10 indicates HIGH
Change in medication or dosage in last five days (Automatically selected based on current med list)	



BMI Screening & Follow-Up

- BMI is an important measurement in a patient's care. Because we do it so automatically, we need to remind ourselves of how high BMIs above 30 increase patient risk for dementia, cancer, metabolic syndrome, diabetes and a host of other disorders. In addition to measuring the BMI, we must be taking steps along with SETMA LESS Initiative tool to encourage patients to moderate their eating, to increase their exercise and to lose weight.
- Opens the LESS Initiative template to complete BMI assessment and follow-up. Use the Return button to go back when finished.



BMI Screening & Follow-Up

	MACRA/MIPS Quality Measures	
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	Return
Click to Complete	Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.	
Click to Complete	Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.	
_ Click to Address	Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.	
_ Click to Address	Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.	
Click to Order	Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.	
Click to Add Med	Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuos 180 days.	
Click to Address Order HbA1c	Measure 122 - HbA1c Control for Patients with Diabetes Patients with diabetes should have a HbA1c test at least once during the year and should be controlled to less than 7.0%. Last HbA1c 9.4 07/15/2016	
Click to Add Med Order Micral Strip	Measure 134 - Urine Protien Assessment for Patients with Diabetes Patients should have a nephropathy screening at least anually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.	
Calculate Risk Order Lipid	Measure 061 - Heart Disease and Cholesterol Screening Patients 20-79 years of age should have their heart disease risk assessed and a fasting lipid panel at least annually if high risk or every four years if low risk. Risk Level high Last Lipid 04/08/2015	
Click to Add Med	Measure 164 - IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	



BMI Screening & Follow-Up

Last Updated 08/20/2016	SE	TMA's LESS	Initiative			
10-15% The bad news	decrease in weight, s is that more people s is that a person ca	even if a person is obes are at greater risk of dev an help decrease their risk	gher risk for developing diabetes, but e, decreases that risk significantly. veloping diabetes than think they are, but k without attaining their ideal body weight. at a higher risk for developing Diabetes.		Return	
If you lose 0	to 0 por Weight Management p Diabetes	unds, you will significantl	y reduce your risk of developing Diabetes. <u>e Diabetic Exercise Smoking Cessation escription?</u>	Yes • No	Information Preventing Diabetes Pre-diabetes SETMA's LESS Program Diabetic Risk Factors	12/16/2015
Family History of Hype 2. Is the patient overweigh BMI 38.9 Is the adiposity in the as indicated by the war (Males > 38" or Fema 40.00 inches	erlipidemia? It or obese? Body Fat % abdominal area, aist circumference?	• Yes C No	5. Are the patient's lipids abnormal? HDL 41 Triglycerides 77 Cholesterol 111 6. Non-Caucasian Race?	Yes © No		
)	oz Based on your age, b you have a risk of de	veloping diabetes. You m	rs (BMI or body fat), and the risk factors list ust lose weight, exercise, stop smoking and	l/or avoid		
Į.	exercise. We will co We will provide yo	entinue to monitor your blo	o maintain your weight loss through continui ood pressure, blood sugar and lipids on a re ing to help you stay on track towards health oment of diabetes.	gular basis.		

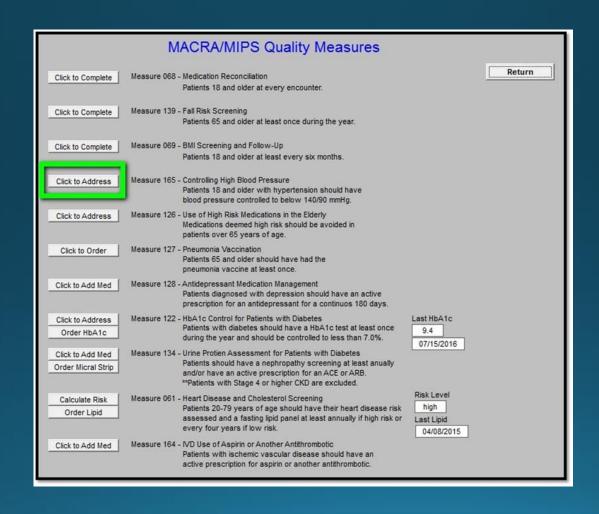


Blood Pressure Control

- The single most important metric in healthcare is for patients to control their blood pressure; even for patients with diabetes, controlling the blood pressure is more important even than controlling the blood sugar.
- Opens the hypertension suite of templates to address elevated blood pressure. Use the Return button to go back when finished



Blood Pressure Control





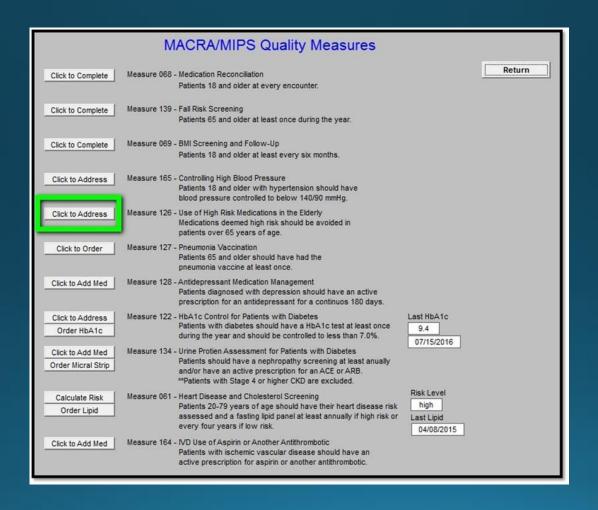
Blood Pressure Control

	1 Potiont La	rry QTest	Navigation
Hypertension Manage Guidelines	ement Patient La Ag		Return
Beginning Blood Pre	ssure Highest Bl	lood Pressure	
10/31/2012 153	91 10/31/2012	155 / 95	HPT and Diabetes
Vital Signs	Major Risk Factors		HPT and Depression
Time BP	Smoking status:	Calculate Assessment	HPT and the Elderly
Vital Signs	Unknown if ever smoked Tobacco use: Tobacco Usage	Blood Pressure Classification	HPT, Insulin Resistance
	unknown		Isolated Systolic HPT
Time Ht In Wt Lb BMI Pulse	Dyslipidemia	Recommended Follow-Up	HPT and Kidney Disease
	✓ <u>Diabetes Mellitus</u> Family Hx of CV Disease		Evaluation
<u> </u>	Male < 55	Risk Group	Diagnosis and Screening
Time Waist In Hip In Ratio	Female < 65	Treatment Based on Risk Assessment	Lifestyle Changes
	▼ Male		Treatment
	Postmenopausal Female Additional Risk Factors		HPT Plan
Body Fat 38.9 % Framingham Risk Scores	CHF		Physician Role
10-Year General Risk %	CAD TIA		Patient Information
10-Year Stroke Risk %	Stroke	1.18-1-	Click for Documents
Global Cardio Score 5.1 pts	Peripheral Vascular Disease	Lab Results	Physician Information Classification
Metabolic Syndrome - ● + ○	Renal Insufficiency Retinopathy	Labs Over Time	Risk Stratification
Vitals Over Time			



- Whether in the Medicare Advantage Stars Program, MIPS, HEDIS or other quality metric standards the decreasing use of potentially high risk medications in those over 65 is important. Please remember, going forward with MIPS, even if the patient begins the year on one or more of these medications, if you do not renew that medication in the reporting year, you meet this metric standard.
- Opens a pop-up which will list any active medications for the current patient which are deemed high risk. You must enter a response next to each medication. If you click the "Click to Stop" button, it will automatically stop that medication in the patient's chart. Click OK when done.















Pneumonia Vaccination

- The Automated Team and the SETMA Health Maintenance will already alert you to the fact that your patient needs a pneumonia immunization but this redundant opportunity makes sure that ALL of SETMA's patients get this important preventive medicine service.
- Makes notation of vaccination order on Plan section of chart.



Pneumonia Vaccination

	MACRA/MIPS Quality Measures	
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	Return
Click to Complete	Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.	
Click to Complete	Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.	
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Click to Add Med	Measure 164 - IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	



Pneumonia Vaccination

NURSE HISTORIES HEALT	H QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS	Home
Behavioral Injections Present Lab Endocrinology Rheumatology	Future Lab Procedures Radiology Eval & Mgmt Endocrinology Cardiac Procs Sutures Rheumatology Ultrasound	
Infectious		Nursing
☐ All SETMA Today I Reviewed: ☐	Current and previous lab Medications reconciled Re	Histories
Unspecified	Current and previous lab Current and previous x-rays Medications reconciled Re Reviewed OTC medications	The state of the s
Discussed plan with patient	Patient agrees with plan	Questionnaires
	Patient does not agree with plan Topic(s)	HPI chief
Acute Dx Add Sort # Diagnosis Description	Acute Care	System Review
- Diagnosis Description	Followup	Physical Exam
	Routine Interval Follow-up	Radiology
		Assessment
	Pneumonia Vaccination Dt 1800 Cal ADA	Procedures
	Follow-Up Call Scheduled Superbill	1
	Education/Instructions Plan Summary	Information Given
	Rx Sheet	
	Help Desk	Physician Consulted
- 2	Clinic Follow-Up Cal	1
•	Hospital Follow-Up C	all
	Chart Note - Now	
Chronic Dx Add Sort	Chart Note - Offlin	e Chart note sent back





- If a patient is diagnosed with depression, they should have an active medication prescription or at least the next 180 days (six months). This tool will alert you if your patient does not have such a prescription.
- Automatically opens medication module to add or edit medications related to depression. Click Close when done to return.

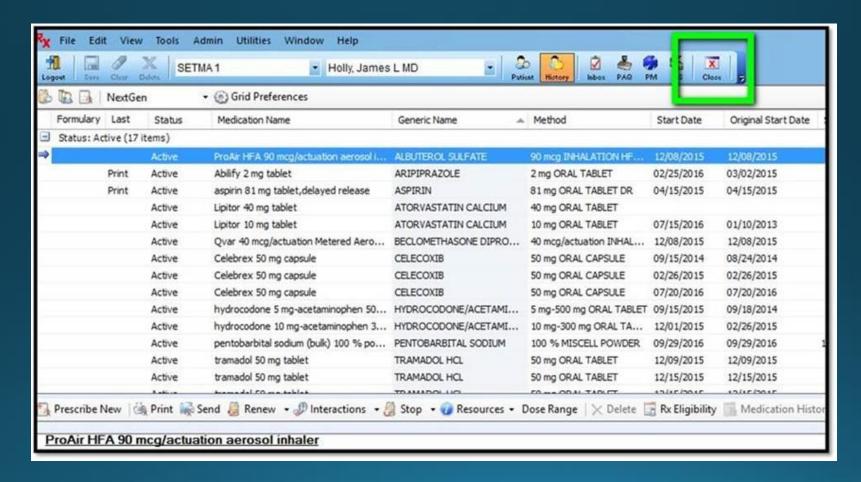




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Anti-Depressant Medication Management



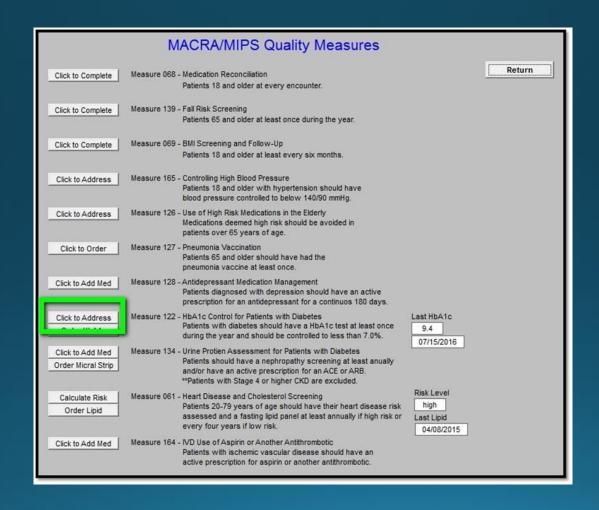


HbA1c Control

- The MIPS measure requires that a patient with diabetes have at least one HgbA1c annually. If the value is 7.0% or less, that is all that is needed. If the value is above 7.0%, you need to see the patient again after a change in medication or treatment recommendations and repeat the A1c.
- The button opens the Diabetes suite of templates to address elevated HbA1c control. Use the Return button to go back when finished.



HbA1c Control





HbA1c Control

Diabete	s Mana	neme	nt	Dia	betes Si	nce Patient	Larry		QTest		
C Type I Type I			THE RESERVE AND ADDRESS OF THE PARTY OF THE	Month 0			Age	106	Sex	М	Navigation
Joslin Treat Diagnostic Criteria			Evidenced-Bas	The state of the state of	ž		-	ency of s Weekl	_		Return
Adherence Dental Care Dilated Eye Exam Flu Shot	02/01/2011 06/27/2012 09/30/2015 04/30/2013	Smok	ing status Unknow o Usage unknow	vn		Most Recent	9.	7 (07/15/201 09/21/201	16	Diabetic History Eye Exam
Foot Exam Monofilament HgbA1C Pneumovax Urinalysis	04/30/2013 04/30/2013 07/15/2016 04/19/2013 04/04/2012	<u>Fram</u> 10- 10-	ngham Risk Score Year General Risk Year Stroke Risk bal Cardio Score	S	%	eAG Mean Plasma C-Peptide	Slucose	3	11	Insulin	Nasopharynx Cardio Exam Foot Exam
Aspirin Statin Vital Signs	C Yes C N	0 Weig	ht Management L	ipids Man nmunizatio		Fructosamine Cholesterol LDL HDL	111 155 41		04/08/201 09/13/201 04/08/201	13	Neurological Exam Complications/Education Initiating Insulin
	Wt Lb BMI	Pulse		in Req	38.9	Triglycerides Trig/HDL Ratio	77		04/08/201	15	Insulin Pump Lifestyle Changes
Time Waist In	Hip In	Ratio		BMR Chest 5	52.00	Fasting Insulin	136 13		09/18/201 09/18/201	- 1	Diabetes Plan

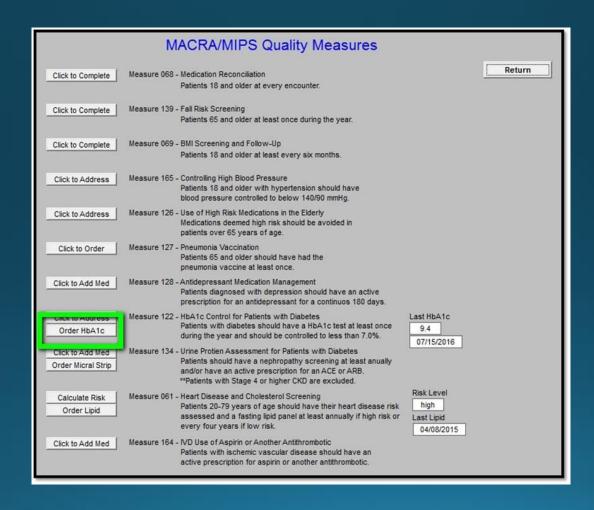


Order HbA1c

• "Order HbA1c" automatically creates a lab order for a Glycohemoglobin from the main template. The patient's Diabetes diagnosis code is automatically associated with the test. No other steps are required other than sending the patient to the lab.



Order HbA1c





Urine Protein Assessment

- The Nephrology metric has two parts for patients with diabetes - one is that the patient is on an ACE or ARB and the other is that they have a urine sample for albuminuria annually.
- Automatically opens medication module to add or edit medications related to nephropathy. Click Close when done to return.

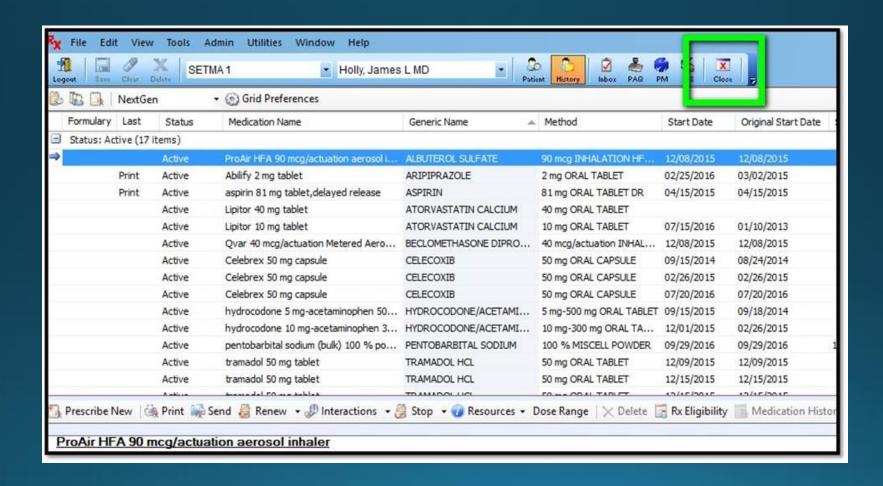


Urine Protein Assessment

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Urine Protein Assessment



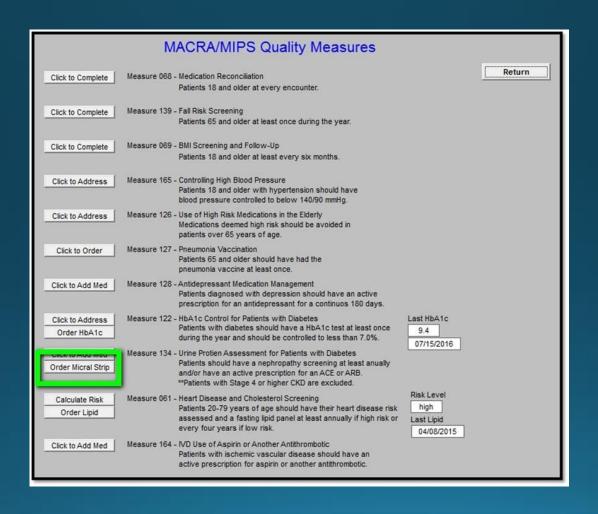


Order Micral Strip

• "Order Micral Strip" automatically creates a lab order for a Micral Strip from the main template. The patient's Diabetes diagnosis code is automatically associated with the test. No other steps are required other than sending the patient to the lab.



Order Micral Strip



Heart Disease & Cholesterol Screening



- Patients within the below indicated age ranges should have their heart risk calculated and have an annual lipid test.
- The Heart Risk can be done easily by using SETMA's Framingham Heart Study Risk Calculators.

Heart Disease & Cholesterol Screening



	MACRA/MIPS Quality Measures	
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	Return
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Framingham Heart Study Last Updated/Reviewed 05	Return	
General Cardiovascular Disease, 10-Year Risk Real Heart Age 56 years WHAT IF?	Relative Heart Ag 18 Total Risk >30 % >80 ye	90
All Elements To Goa Overall 20% Improvemen Blood Pressure To Goa Lipids To Goa Smoking Cessation (if applicable	t 13 15.6 64 >80 16 16 25.3 76	
Global Cardiovascular Risk Score Total Points WHAT IF?	5.1 A score above 4 indicates increased risk of a cardiovascular ev	ent.
Overall 20% Improvemen Blood Pressure To Goa Lipids To Goa HgbA1c To Goa Smoking Cessation (if applicable	4.1 4.4 1 2.2	

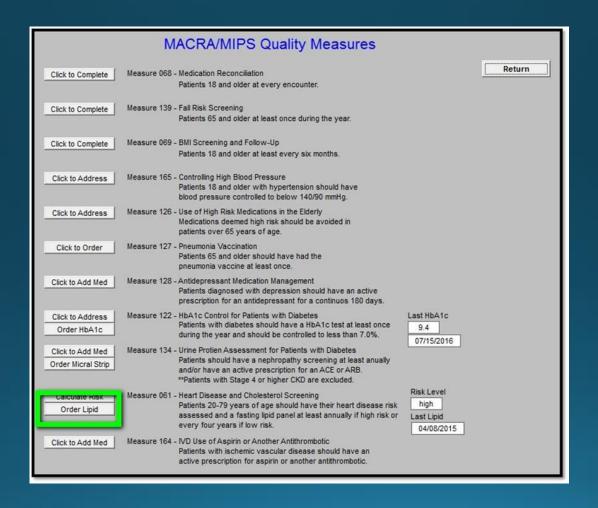


Order Lipid

• "Order Lipid" automatically creates a lab order for a Lipid Panel on the main lab template. No other steps are required other than sending the patient to the lab.



Order Lipid





IVD and Antithrombotic Use

- Patients with Ischemic Vascular Disease should be on aspirin or other anti-thrombotic.
- Automatically opens medication module to add or edit medications related to nephropathy. Click Close when done to return.

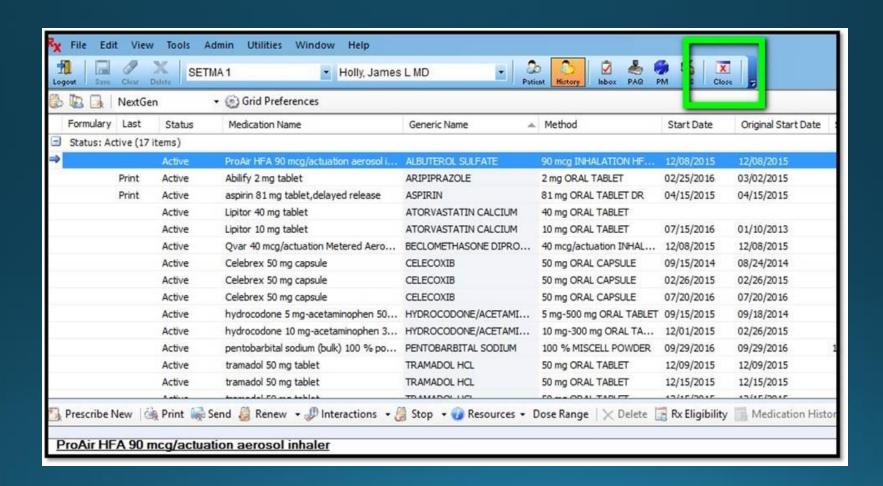


IVD and Antithrombotic Use

	MACRA/MIPS Quality Measures	
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	Return
Click to Complete	Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.	
Click to Complete	Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.	
Click to Address	Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.	
Click to Address	Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.	
Click to Order	Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.	
Click to Add Med	Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuos 180 days.	
Click to Address Order HbA1c	Measure 122 - HbA1c Control for Patients with Diabetes Patients with diabetes should have a HbA1c test at least once during the year and should be controlled to less than 7.0%.	Last HbA1c 9.4 07/15/2016
Click to Add Med Order Micral Strip	Measure 134 - Urine Protien Assessment for Patients with Diabetes Patients should have a nephropathy screening at least anually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.	0/13/2016
Calculate Risk Order Lipid	Measure 061 - Heart Disease and Cholesterol Screening Patients 20-79 years of age should have their heart disease risk assessed and a fasting lipid panel at least annually if high risk or every four years if low risk.	Risk Level high Last Lipid 04/08/2015
Click to Add Med	Measure 164 - IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	OTIONEO10



IVD and Antithrombotic Use





When Finished

 The Return button will take you back to either AAA Home, Master GP or the Plan, depending on which template you accessed it from.

	MACRA/MIPS Quality Measures	
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	Return
Click to Complete	Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.	
Click to Complete	Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.	
Click to Address	Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.	
Click to Address	Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.	
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Click to Add Med	Measure 164 - IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	



Color Coding

	M	ACRA/MIPS Quality Measures		
Click to Complete	Measure 068 -	Medication Reconciliation Patients 18 and older at every encounter.		Return
	Measure 139 -	- Fall Risk Screening Patients 65 and older at least once during the year.		
Click to Complete	Measure 069 -	- BMI Screening and Follow-Up Patients 18 and older at least every six months.		
Click to Address	Measure 165	Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.		
Click to Address	Measure 126	Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.		
Click to Order	Measure 127 - Ordered	Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.		
Click to Add Med	Measure 128 -	Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuos 180 days.		
Click to Address	Measure 122 -	HbA1c Control for Patients with Diabetes	Last HbA1c	
Order HbA1c	Ordered	Patients with diabetes should have a HbA1c test at least once during the year and should be controlled to less than 7.0%.	9.4	
Click to Add Med	Measure 134 -	- Urine Protien Assessment for Patients with Diabetes	07/15/2016	
Order Micral Strip	Ordered	Patients should have a nephropathy screening at least anually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.		
Calculate Risk	Measure 061 -	Heart Disease and Cholesterol Screening Patients 20-79 years of age should have their heart disease risk assessed and a fasting lipid panel at least annually if high risk or every four years if low risk.	Risk Level	
Order Lipid	Ordered		high Last Lipid 04/08/2015	
Click to Add Med	Measure 164	- IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	,	



Conclusion

 With our preparation and tools, MACRA and MIPS should just be another part of our continuous improvement plans and efforts.