CQIC Meaningful Use Learning Log A: Learning from practice performance assessment
(Category 1 CME Credits = 5)

General Instruction: This Meaningful Use Learning Log A form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Meaningful Use PI CME. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Meaningful Use Learning Log A to:
Gayla Bruner, RN, BSN, CCMEP
Office of Continuing Medical Education
9301 SW Freeway, Suite 470
Houston, Texas 77074
Office 713-448-5101
Fax 713-448-4542

Provider Name: _____   **Date of Learning Log Entry:** _____

Organization:_____   **e-mail:** _____

The PI CME module for Meaningful Use is based on the final rule for **Medicare and Medicaid Programs; Electronic Health Record Incentive Program** from the Centers for Medicare & Medicaid Services (CMS), HHS. (July 2011)

Only those items where baseline group and provider numbers can currently be obtained have been chosen for documentation and performance improvement. These include Core Measures 1, 3, 5, 6, 7, 8, 9, 11, 12, and 13. Core measures 2, 4, 10, 14, and 15 though important toward improved quality of care, pertain more toward functionality existent in the EHR and workflows with various third party health information entities and are therefore not included in the PI CME program for meaningful use. Note, however, all 15 Core Measures are required for the **Medicare and Medicaid Programs; Electronic Health Record Incentive Program**

Part 1: Please review your baseline performance data, review your individual and group goals, and complete the required fields below:

Performance Measure	Best Practice	Baseline		Performance Improvement Goals	
		Group	Provider	Group	Provider
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. (Core 1)	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.				
Maintain an up-to-date problem list of current and active diagnoses. (Core 3)	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.				
Maintain active medication list. (Core 5)	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.				
Maintain active medication allergy list. (Core 6)	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.				
Record patient demographics for all the following: sex, race, ethnicity, date of birth, and preferred language. (Core 7)	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data				
Record and chart changes in the following vital signs: Ht, Wt, BP, BMI, and plot/display growth charts for children 2-20 years. (Core 8)	More than 50 percent of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.				
Record smoking status for patients 13 years old or older. (Core 9)	More than 50 percent of all unique patients 13 years old or older seen by the EP have				

	smoking status recorded as structured data.				
Implement one clinical decision support rules relevant to specialty or high clinical priority along with the ability to track compliance with that rule. (Core 11)	Implement one clinical decision support rule.				
Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request. (Core 12)	more than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.				
Provide clinical summaries for patients for each office visit. (Core 13)	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days				

Part 2: Please complete the CQIC Meaningful Use PI CME Pre-test below (circle the best answer)

1. How many Core Measures are there for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program?
   a.) five
   b.) ten
   c.) fifteen
   d.) twenty

2. How many of the Core Measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program must be successfully met?
   a.) 50%
   b.) 70%
   c.) 85%
   d.) 100%

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3. How many Menu Measures are there for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program?
   a.) five
   b.) ten
   c.) fifteen
   d.) twenty

4. How many of the Menu Measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program must be successfully met?
   a.) 50%
   b.) 70%
   c.) 85%
   d.) 100%

5. True or False:
   Successfully meeting all of the required reporting measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program automatically guarantees improved quality of care:
   True   False

Part 3: Please review and confirm the quality improvement processes below you plan to implement (initial each process and enter an anticipated completion date).

1. What do you plan to do to reach the goals that you set up?

Process	Providers Initials	Anticipated Date
View the CQIC_38_Meaningful_Use_Stage_1_PI_CME.pptx and/or Video		
Receive training on the workflows and functionality of the CQIC Fall 2010 release		
Implement the workflows and functionality of the CQIC Fall 2010 release		

2. What will you change or do differently in your clinical practice?

Process	Providers Initials	Anticipated Date
Educate and train providers and staff prior to implementation of the CQIC Fall 2010 release		
Run reports designed to track performance with clinical quality measures on a regular basis		
Review the results of reports designed to track performance with clinical quality measures with providers on a regular basis		
Continuously reassess processes and workflows based on results of reporting		
Provide ongoing reeducation and retraining as dictated by results of reporting		

Congratulations! You have completed Stage A of the Meaningful Use Performance Improvement.
Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP

Please keep a copy for your records.

CQIC Meaningful Use Learning Log B: Learning from the application of PI to patient care
(Category 1 CME Credits = 5)

General Instruction: This Meaningful Use Learning Log B form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Meaningful Use PI CME. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Meaningful Use Learning Log B to:
Gayla Bruner, RN, BSN, CCMEP
Office of Continuing Medical Education
9301 SW Freeway, Suite 470
Houston, Texas 77074
Office 713-448-5101
Fax 713-448-4542

Provider Name: _____   **Date of Learning Log Entry:** _____

Organization:_____   **e-mail:** _____

Part 1: Please document the dates of completion of each step of the CQI Meaningful Use Process below:

Process	Providers Initials	Date Completed
Viewed the CQIC_38_Meaningful_Use_Stage_1_PI_CME.pptx and/or Video		
Received training on the workflows and functionality of the CQIC Fall 2010 release		
Implemented the workflows and functionality of the CQIC Fall 2010 release		

Part 2: Please rate the following items below related to the CQIC Meaningful Use CQI Process and provide additional comments that could be used to improve the process.

Process	Rating	Comments
How would you rate the quality of the <u>information</u> provided in the CQIC_38_Meaningful_Use_Stage_1_PI_CME.pptx and/or Video?	Poor Fair Good Excellent	
How would you rate the quality of the training on the workflows and functionality of the CQIC Fall 2010 release?	Poor Fair Good Excellent	
How would you rate the quality (not actual results) of the reports designed to track performance with clinical quality measures?	Poor Fair Good Excellent	
Do you feel that reviewing the results of the reports designed to track performance with clinical quality measures on a regular basis is …?	Waste of time Somewhat useful Useful Very useful	
How much reeducation or retraining did you need after the initial sessions?	None (0%) Not much (10%) Some (20-25%) A lot (>25%)	

Part 3: Please complete the CQIC Meaningful Use/PI CME Post-test below (circle <u>the best</u> answer)
1. How many Core Measures are there for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program?
   a.) five
   b.) ten
   c.) fifteen

d.) twenty

2. How many of the Core Measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program must be successfully met?
    a.) 50%
    b.) 70%
    c.) 85%
    d.) 100%

3. How many Menu Measures are there for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program?
    a.) five
    b.) ten
    c.) fifteen
    d.) twenty

4. How many of the Menu Measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program must be successfully met?
    a.) 50%
    b.) 70%
    c.) 85%
    d.) 100%

5. True of False:
    Successfully meeting all of the required reporting measures for the Medicare and Medicaid Programs; Electronic Health Record Incentive Program automatically guarantees improved quality of care:
    True   False

**Congratulations! You have completed Stage B of the CQIC Meaningful Use Performance Improvement.
Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP**

Please keep a copy for your records.

CQIC Meaningful Use Learning Log C: Learning from practice performance assessment
(Category 1 CME Credits = 5)

General Instruction: This Meaningful Use Learning Log C form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Meaningful Use PI CME. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Meaningful Use Learning Log A to:
Gayla Bruner, RN, BSN, CCMEP
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Provider Name: _____   **Date of Learning Log Entry:** _____

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The PI CME module for Meaningful Use is based on the final rule for **Medicare and Medicaid Programs; Electronic Health Record Incentive Program** from the Centers for Medicare & Medicaid Services (CMS), HHS. (July 2011)

Only those items where baseline group and provider numbers can currently be obtained have been chosen for documentation and performance improvement. These include Core Measures 1, 3, 5, 6, 7, 8, 9, 11, 12, and 13. Core measures 2, 4, 10, 14, and 15 though important toward improved quality of care, pertain more toward functionality existent in the EHR and workflows with various third party health information entities and are therefore not included in the PI CME program for meaningful use. Note, however, all 15 Core Measures are required for the **Medicare and Medicaid Programs; Electronic Health Record Incentive Program**

Part 1: Please review your post CQIC Meaningful Use/PI CME performance data, review your individual and group goals, and complete the required fields below:

Performance Measure	Best Practice	Baseline		Performance Improvement Goals ("Met" or "Not Met")	
		Group	Provider	Group	Provider
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. (Core 1)	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.				
Maintain an up-to-date problem list of current and active diagnoses. (Core 3)	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.				
Maintain active medication list. (Core 5)	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.				
Maintain active medication allergy list. (Core 6)	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.				
Record patient demographics for all the following: sex, race, ethnicity, date of birth, and preferred language. (Core 7)	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data				
Record and chart changes in the following vital signs: Ht, Wt, BP, BMI, and plot/display growth charts for children 2-20 years. (Core 8)	More than 50 percent of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.				
Record smoking status for patients 13 years old or older. (Core 9)	More than 50 percent of all unique patients 13 years old or older seen by the EP have				

	smoking status recorded as structured data.				
Implement one clinical decision support rules relevant to specialty or high clinical priority along with the ability to track compliance with that rule. (Core 11)	Implement one clinical decision support rule.				
Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request. (Core 12)	more than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.				
Provide clinical summaries for patients for each office visit. (Core 13)	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days				

Part 2: Please answer the questions, in detail, below:

1. Identify at least one area for future improvement in the current or future process of "meaningful use" CQI:

2. Identify at least one additional "gap" in patient care or workflow for future improvement:

Part 3: Please complete the questions below:

1. After completing the Stage 1 Meaningful Use PI CME, the likelihood that you would participate in a Stage 2 Meaningful Use PI CME (if available) is:
   a.) unlikely   b.) somewhat likely   c.) very likely   d.) definitely

2. List other CQIC Performance Improvement CME programs that you are aware of :

3. List other CQIC Performance Improvement CME programs that you plan to participate in:

4. List other CQIC Performance Improvement CME programs that you would like to see:

Congratulations! You have completed Stage C of the Meaningful Use Performance Improvement.
Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP
Please keep a copy for your records.

Part 4: Please initial to confirm submission of Stages A, B, and C of the Meaningful Use Performance Improvement below to qualify for an additional 5 Category 1 CME Credits:

Stage	Category 1 CME Credits	Completed & Submitted
A: Learning from practice performance assessment	5	
B: Learning from the application of PI to patient care	5	
C: Learning from the evaluation of the PI effort	5	
Successfully completed Stages A, B, and C	5	
Total Category 1 CME Credits Earned:	20	

Congratulations! You have completed Stages A, B, & C of the Meaningful Use Performance Improvement.
Be sure and self-report additional Category 1 CME: 5 Hours to the AMA or AAFP
(Total = 20 Hours)
Please keep a copy for your records.