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SETMA's Approach to MACRA and MIPS

Dr. James L. Holly

CEO, Southeast Texas Medical Associates, LLP
Adjunct Professor, Family & Community Medicine
UT Health San Antonio

www.jameshollymd.com



Conflict of Interest

Dr. Holly has no conflicts of interest to disclose.

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Learning Objective

1. To see the continuity between organizational focus and systems design before and after MACRA and MIPS
2. To describe how Southeast Texas Medical Associates' (SETMA) transformation between 1995 and 2005 prepared for MACRA and MIPS
3. To learn how to fulfill MACRA and MIPS without interfering with the patient/provider relationships
4. To demonstrate how to meet MIPS requirements with systems redesign
5. SETMA's complete tutorial for MIPS can be found in slides 48-83 which will not be covered in today's presentation

SETMA's Achievements

Accreditations - A Brief Summary of SETMA's Achievements, Advances, Awards and Accreditations

[Achievements which have Advanced SETMA: The Time-line, Philosophy and Principles which Underlie that Advancement](#)

[Awards and Achievements of Southeast Texas Medical Associates, LLP - 1995-2017](#)

SETMA's Work in Thinking About and Preparing for MACRA and MIPS

As SETMA began thinking about **Medicare Access and CHIPS Reauthorization Act of 2015 (MACRA)** and the **Merit-Based Incentive Plan System (MIPS)**, we reviewed our efforts to transform SETMA since 1995.

In 2016, SETMA received **CMS's Quality Resource and Utilization Report (QRUR)** on SETMA's performance on our work in 2014 which was compiled by CMS in 2015.

We analyzed that report and designed solutions for improving quality and cost.

This link provides an annotated summary of 24 articles that document this process.

<http://www.jameshollymd.com/Letters/complete-summary-and-annotated-list-of-all-24-articles-discussing-setmas-work>

Provider Training 10.18.16 -- MACRA & MIPS

<http://www.jameshollymd.com/Presentations/macra-and-mips-setma-tutorial-for-quality-improvement-metrics>

Slide Deck for SETMA Provider Meeting, October 18, 2016

<http://www.jameshollymd.com/Presentations/mips-quality-measures-summary-audit>

Slide Deck for Provider Meeting, October 18, 2016, Auditing Provider MIPS Performance

Complexity of MACRA & MIPS

To understand the complexity of this new program, review the following formula by which a provider's **Composite Performance Score** (CPS) will be calculated by CMS with the following eight factors:

CPS = [(quality performance category score x quality performance category weight) + (resource use performance category score x resource use performance category weight) + (CPIA performance category score x CPIA performance category weight) + (advancing care information performance category score x advancing care information performance category weight)] x 100.

1999 -- Practice & Systems Principles Part I

SETMA's preparation for MACRA and MIPS actually began in May, 1999 when we defined ten principles for electronic medical record and practice transformation.

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly

1999 -- Practice & Systems Principles Part II

6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

SETMA's Model of Care – Part I

It continued as SETMA defined a new 5-part **model of care**:

- 1. The tracking** of preventive care, screening care and quality standards for acute and chronic care. SETMA's design is such that tracking occurs simultaneously with the performing of excellent care by the entire healthcare team, including the healthcare provider, nurse, clerk, management, etc.
- 2. The auditing** of performance on the same standards either of the entire practice, of each individual clinic, or of each provider on a population, or on a panel of patients.
- 3. The statistical analyzing** of audit results by practice, clinic or provider. This includes analysis for ethnic disparities, and other discriminators such as age, gender, payer class, socio-economic groupings, education, frequency of visit, frequency of testing, etc. This exposes leverage points through which SETMA can improve care.

SETMA's Model of Care – Part II

4. **The public reporting** by provider's name of performance on hundreds of quality measures. This pressures providers to improve, and allows patients to know what is expected of them.
5. The design of **Quality Assessment and Permanence Improvement (QAPI) Initiatives** .

In this Model of Care, SETMA's design of the plan of care and the medical-home-coordination summary activates each patient, engaging them in their own healthcare, allowing them and even requiring them to share the decision making process with the healthcare provider.

We believe this is the best way to overcome provider and patient “treatment inertia.”

2005 -- The Future of Healthcare

SETMA believes that the key to the future of healthcare is an internalized ideal and a personal passion for excellence rather than reform which comes from external pressure. **Transformation is self-sustaining, generative and creative.** In this context, SETMA believes that efforts to transform healthcare may fail unless four strategies are employed, upon which SETMA depends in its transformative efforts:

- The **methodology** of healthcare must be electronic patient management (2000).
- The **content** and **standards** of healthcare delivery must be evidenced-based medicine (1995).
- The **structure** and **organization** of healthcare delivery must be patient-centered medical home (2009).
- The **payment methodology** of healthcare delivery must be that of capitation with additional reimbursement for proved quality performance and cost savings (1997).

2000-2017 -- SETMA's Preparation for MIPS

1. Began use of EMR (1998, voluntary)
2. Physician Consortium for Performance Improvement (PCPI, 2000, voluntary)
3. Healthcare Effectiveness Data and Information Set (HEDIS, 2002, voluntary)
4. National Quality Forum (NQF, 2004, voluntary)
5. Physician Quality Reporting Initiative (PQRI, 2006, participation voluntary, program required by *The 2006 Tax Relief and Health Care Act*)
6. Public Reporting by Provider Name on Performance on Quality metrics (2009, voluntary)
7. Data Analytics for Population Management (2009, voluntary)
8. Physician Quality Reporting System (PQRS, 2011, participation required, program required by 2010, *Affordable Care Act*)
9. Patient-Centered Medical Home (PC-MH, 2009, voluntary)
10. Meaningful Use I, II, & III (*American Recovery and Reinvestment Act* , 2011)

MACRA and MIPS

On this foundation, SETMA is prepared to respond to the fact that beginning in 2019, all physician payments from the Centers for Medicare and Medicaid (CMS) will be made on the basis of a new system called MACRA (Medicare Access and CHIP Reauthorization Act of 2015) and MIPS (Merit-Based Incentive Payment System).

The new payment mode will be based on a healthcare provider “composite performance score” (CPS). This score will be made up of the following percentages in the first year (note: these percentages are constantly changing):

1. quality (50%),
2. resource use (10%),
3. advanced care information (25%), and
4. clinical practice improvement activity (15%).

The Goal of MACRA and MIPS

The goal of CMS is to increase the focus on quality and value-based care. By the end of 2016, CMS plans to tie 30% of Medicare payments to alternative payment models and to tie 85% of fee-for-service payments to quality.

To do that, the Quality Payment Program has been created and has two branches. Clinicians will either participate in **MIPS** or an **APM** (Alternative Payment Model). Most clinicians will be subject to MIPS.

Clinicians will be excluded from MIPS if they:

1. meet a low volume threshold,
2. are in their first year of Medicare Part B Participation, or
3. if they participate in the other branch of the quality payment program, an advanced alternative payment model (APM).





What is MIPS?

MIPS is a single incentive program that streamlines three current programs within it:

1. the physician quality reporting system (PQRS),
2. Value Based Payment, and
3. the Medicare EHR incentive program for eligible professionals (Meaningful Use for EP).
4. The fourth component of MIPS is new to CMS: Clinical Practice Improvement Activities. It is not new, however, not new to practices accredited by NCQA, AAAHC, URAC and/or the Joint Commission for PC-MH:

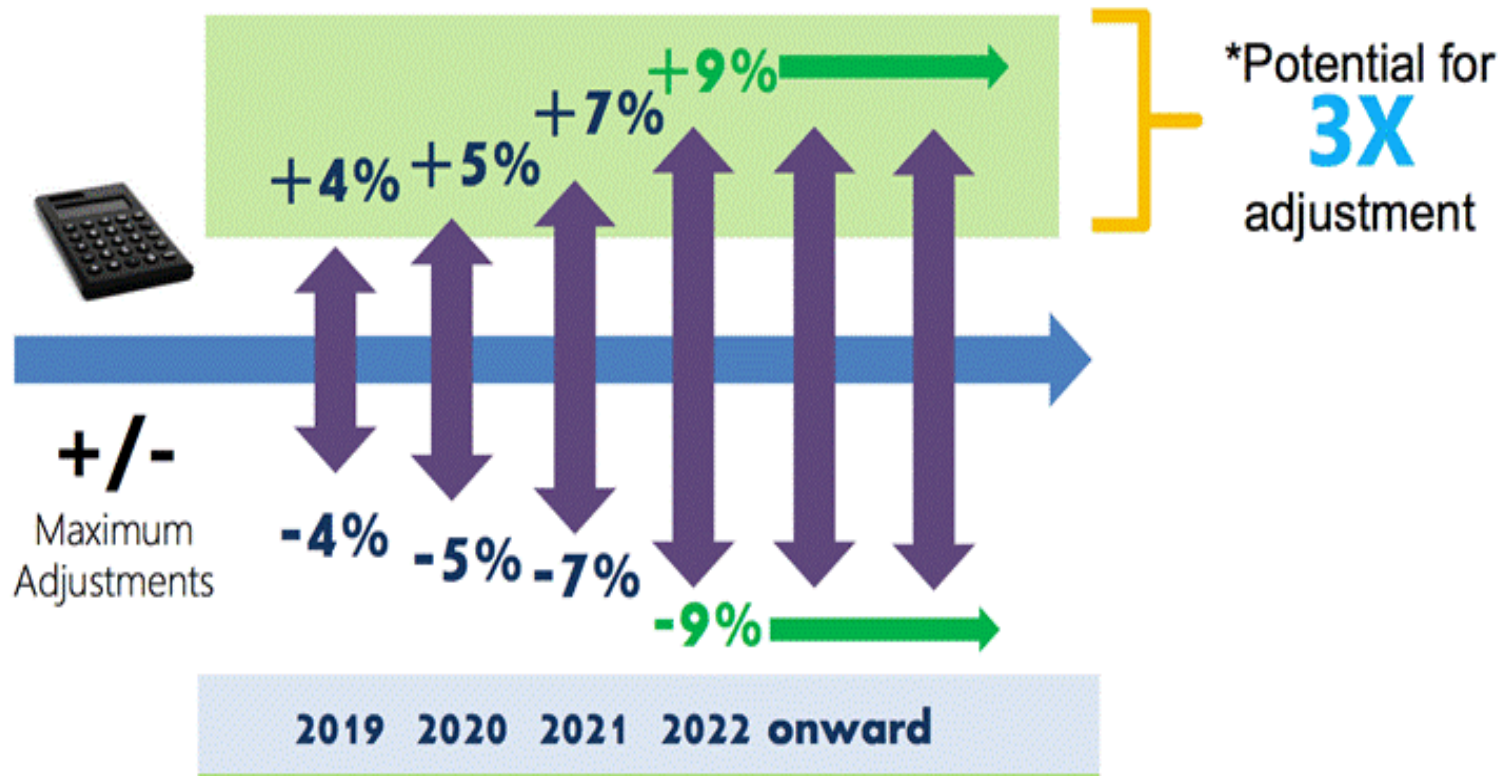
MACRA and MIPS

MIPS: Scoring System

Summary of MIPS Performance Categories		
Performance Category	Maximum Possible Points per Performance Category	Percentage of Overall MIPS Score (Performance Year 1 - 2017)
 <p>Quality: Clinicians choose six measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a crosscutting measure. Clinicians also can choose to report a specialty measure set.</p>	80 to 90 points depending on group size	50 percent
 <p>Advancing Care Information: Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.</p>	100 points	25 percent
 <p>Clinical Practice Improvement Activities: Clinicians can choose the activities best suited for their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn “full credit” in this category, and those participating in Advanced APMs will earn at least half credit.</p>	60 points	15 percent
 <p>Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.</p>	Average score of all cost measures that can be attributed	10 percent

MACRA and MIPS

Note: MIPS will be a **budget-neutral** program. Total upward and downward adjustments will be balanced so that the average change is 0%.



APMs

Advanced Alternative Payment Models (APMs) are defined by CMS as new approaches to paying for medical care through Medicare that incentivize quality and value. MACRA doesn't create new Advanced Alternative Payment Models. Just as MACRA created MIPS, a program to change the reimbursement model, that's the exact goal of MACRA under APMs as well; additional incentives for APM participation.

Although the majority of clinicians will be subject to MIPS, those that participate in Advanced Payment Models at a certain threshold, such as Accountable Care Organizations, will be excluded from the MIPS program. To be considered as an APM, at least 50% of the participating clinicians must use a certified EHR technology. This threshold increases to 75% after year one. The group must also base payment on quality measures comparable to those in the MIPS program.

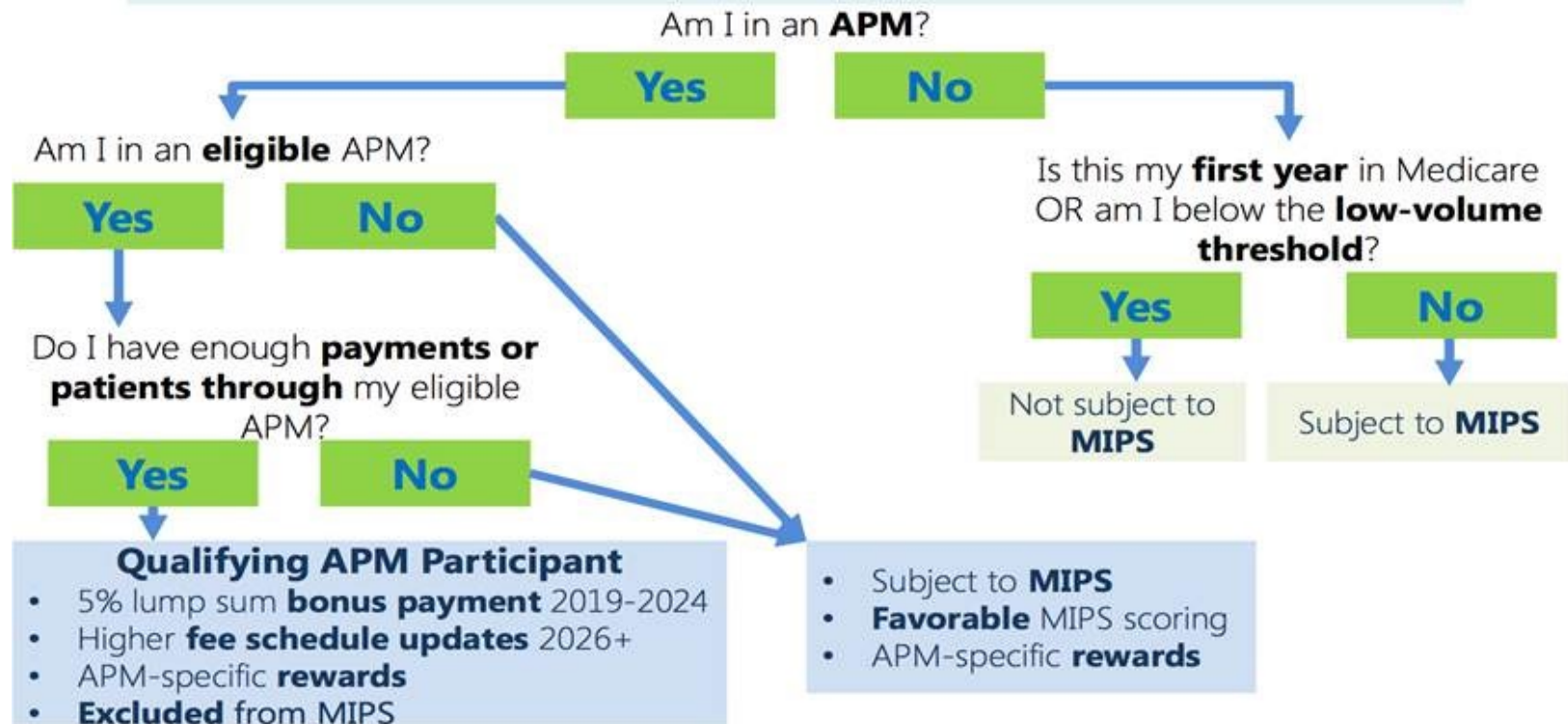
APMs

Finally, APM entities are required to bear more than nominal financial risk. Eligible Clinicians can become Qualifying APM Participants if a certain percent of their patients or payments are through an APM. QP's are eligible for a 5% lump sum bonus in years 2019 - 2024 and even higher in subsequent years. Only QP's are excluded from MIPS.

- Accountable Care Organization (ACP)
- Comprehensive Primary Care Plus (CPC+) program
- Others

APMs

How will MACRA affect me?



SETMA's Readiness for MIPS Fulfillment

Payment adjustment made up of four parts shown below.

- 1. Quality** - This will be gleaned from the Clinical Quality Measures (CQMs) that SETMA reports to CMS. CQM is the new PQRS. Measures are physician selected and SETMA has many good ones to report.
- 2. Advancing Care Information** - This is the next phase of Meaningful Use. All of SETMA providers meet these measures and will continue to do so.
- 3. Clinical Improvement Activities** - “Clinicians recognized as a Tier III Medical Home by NCQA earn full credit in this category.” SETMA is accredited for Patient-Centered Medical Home by NCQA at their highest level (Tier III) and by AAHC, URAC and the Joint Commission.
- 4. Cost** - This will be gleaned from claims data. There is nothing to do on our part for this until CMS's QRUR is received.

SETMA's Readiness Assessment

On October 6, 2016, SETMA discovered that the four categories defined by MIPS in 2015 correlate with the four strategies SETMA defined in 2000-2005 (see slide 9 above) for the transformation of our practice.

Early in our development, SETMA came to believe that the key to the future of healthcare transformation was an internalized ideal and a personal passion for excellence, rather than reform which comes from external pressure.

Transformation is self-sustaining, generative and creative. In this context, SETMA believes that efforts to transform healthcare may fail unless the four strategies described in slide 11 are employed.

SETMA's transformative efforts are dependent upon these four standards.

SETMA's Strategies and MIPS Categories

SETMA's Strategy	MIPS Category
1. Methodology of healthcare must be electronic patient management	MIPS Advancing Care Information (an extension of Meaningful Use with a certified EMR)
2. The content and standards of healthcare delivery must be evidenced-based medicine	MIPS Quality (an extension of PQRI/PQRS which in 2019 will become MIPS)
3. The structure and organization of healthcare delivery must be patient-centered medical home	MIPS Clinical Practice Improvement activities (This MIPS category is met fully by Level 3 NCQA PC-MH Recognition).
4. The payment methodology of healthcare delivery must be that of capitation with additional reimbursement for proved quality performance and cost savings	MIPS Cost (measured by risk adjusted expectations of cost of care and the actual cost of care per fee-for-service Medicare and Medicaid beneficiary)

Potential Hazards of MACRA & MIPS – Part I

The most difficult aspects of the new program are:

1. There is not an absolute standard against which healthcare providers will be measured.
2. Provider evaluation will always be a judgment made two years after the fact, i.e., you will practice and perform in 2017, in 2018 your performance will be aggregated, but it will be 2019 before you know where you stand.
3. The biggest problem with this moving target is that you have to assume that everyone's results mean the same performance. That is not necessarily the case.
4. It is possible that if everyone begins to perform at a high standard that the distribution would be very narrow.

Potential Hazards of MACRA & MIPS – Part II

5. The possibility exists that a person could be performing at a 95% level and still be a standard deviation below the mean which could result in a penalty for a performance which everyone would consider excellent.
6. Larger organizations and/or duplicitous organizations (the two are not synonymous) can find or use methods which meet the standard without achieving the excellence of care implied by the measurement.
7. Organizations may focus on intentionally meeting a few metrics which could result in a high performance on an artificial metric without a significant improvement in care or outcomes. SETMA addressed this by making the fulfillment of quality metrics “incidental” to excellent care rather their being the “intention” of our model of care.

Core of SETMA's Principles Not Adopted by MACRA and MIPS

At the core of SETMA's four strategies is the belief that one or two quality metrics will have little impact upon the processes or the outcomes of healthcare delivery, and that they will do little to reflect quality outcomes in healthcare delivery.

In the Centers for Medicare and Medicaid Services (CMS) mandatory Physician Quality Reporting System (PQRS), which in 2011 replaced the voluntary Physicians Quality Reporting Initiative (PQRI) healthcare providers are required to report on nine quality metrics of the providers' choice, **but this requirement will be reduced to six quality metrics under MIPS in 2019.**

SETMA argues that this is a minimalist approach to providers quality reporting and is unlikely to change healthcare outcomes or quality.

Clusters and Galaxies

SETMA currently tracks over 200 quality metrics, but this number does not tell the whole story. SETMA employs two definitions in our use of quality metrics in our transformative approach to healthcare:

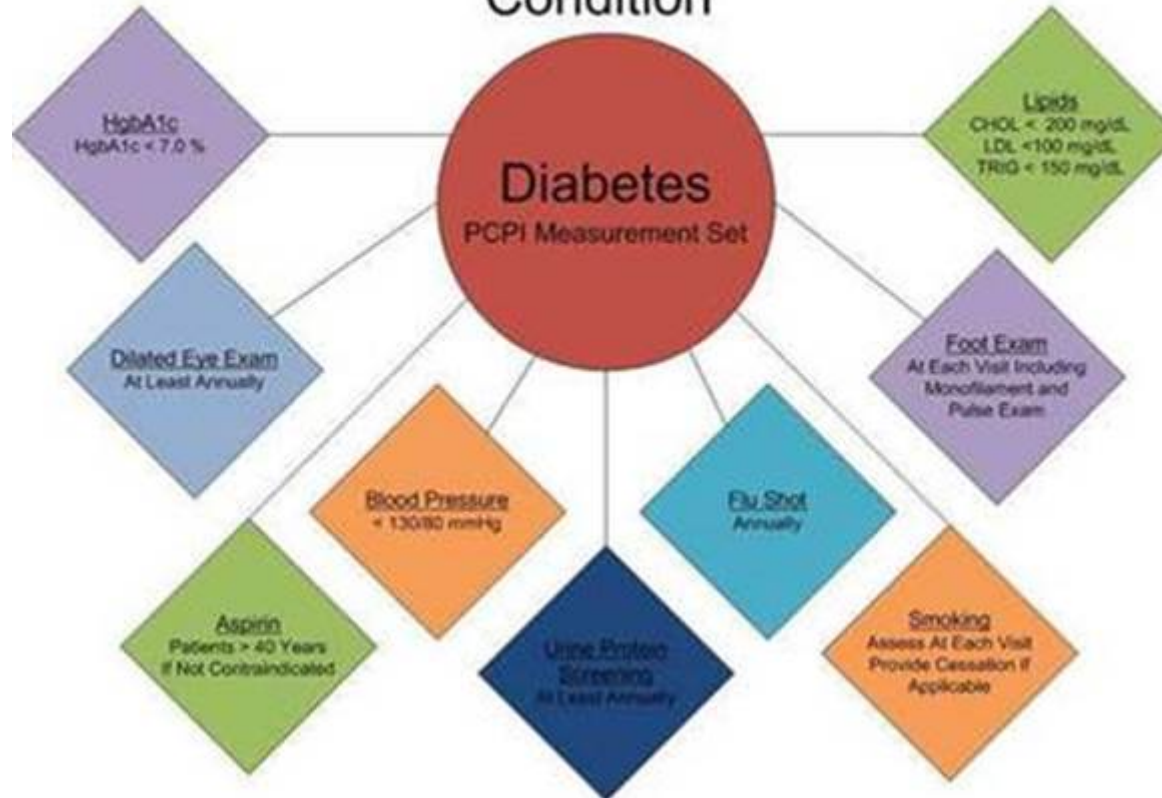
- A “**cluster**” is seven or more quality metrics tracked for a single condition, i.e., diabetes, hypertension, etc.
- A “**galaxy**” which is multiple clusters tracked in the care of the same patient, i.e., diabetes, hypertension, lipids, CHF, etc.

SETMA believes that fulfilling a single or a few quality metrics does not change outcomes, but fulfilling “clusters” and particularly “galaxies” of metrics, which are measurable by the provider at the point-of-care, can and will change outcomes.

In SETMA’s model, a single patient, at a single visit, for a single condition, will have eight or more quality metrics fulfilled, which **WILL** change the outcome of that patient’s treatment.

Clusters and Galaxies

A "Cluster" -- Multiple Metrics on a Single Condition



Clusters and Galaxies

But the “real” leverage comes when multiple “clusters” of quality metrics are measured in the care of a single patient who has multiple chronic conditions.

The following illustrates a “galaxy” of quality metrics.

A single patient, at a single visit, with multiple “clusters” involving multiple chronic conditions thus having 60 or more quality metrics fulfilled in his/her care, which WILL change the quality of outcomes and which will result in the improvement of the patient’s health. And, because of the improvement in care and health, the cost of that patient’s care will inevitably decrease as well.

(Remember that foundational to this concept is that the fulfillment of quality metrics is **incidental** to excellent care rather than being the **intention** of that care.)

Clusters and Galaxies

A "Galaxy" -- Multiple "Clusters" Tracked on a Single Patient at a Single Visit



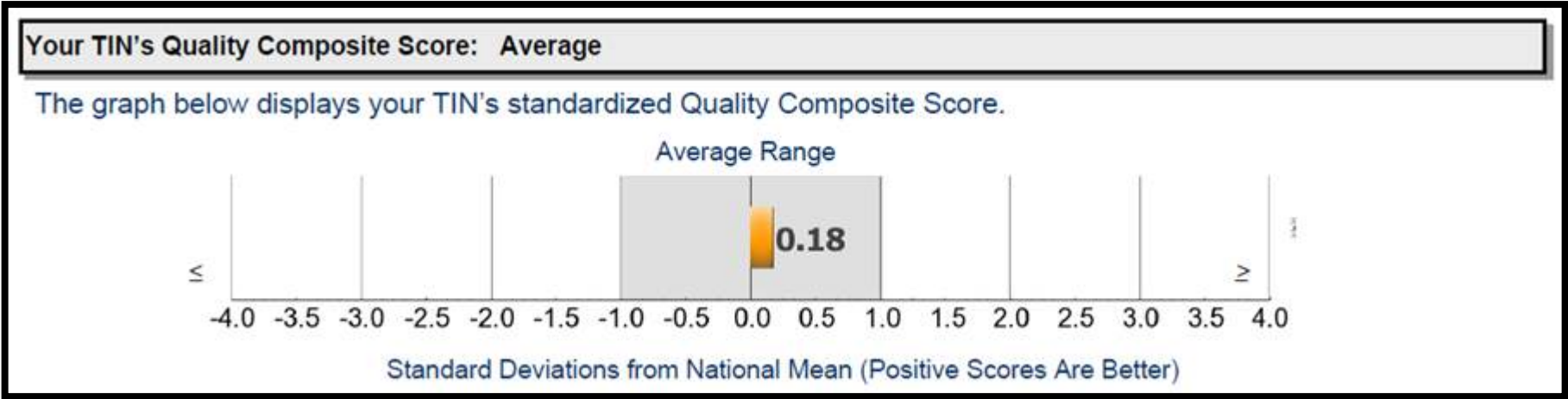
Quality and Cost (QRUR)

For 2015 PQRS, SETMA was required to report on 9 PQRS measures. In 2017, MIPS requires us to report on six measures.

From those measures a Quality and Cost score will be calculated to determine performance for MACRA and MIPS incentive payments. These calculations are contained in the **Quality Resource and Utilization Report (QRUR)**.

In 2016, SETMA received from CMS, our QRUR for performance in 2014 which was analyzed by CMS in 2015. In 2017, provider performance is being reporting to CMS. It will be analyzed in 2018 and payments for 2019 will be based on the results.

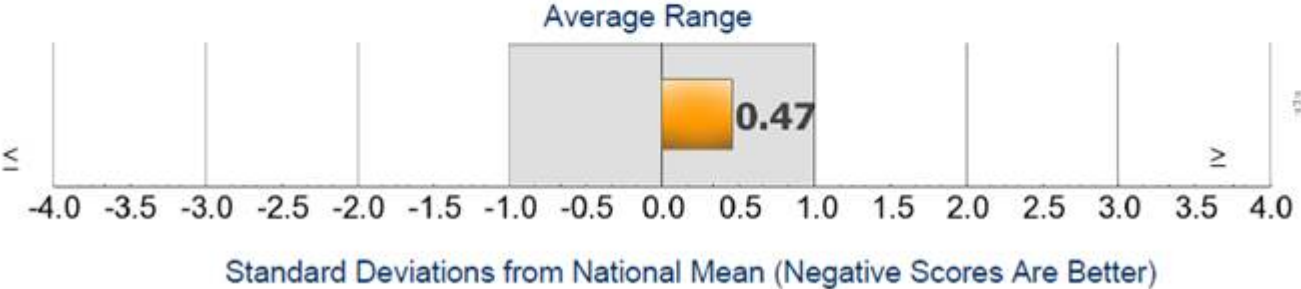
Quality and Cost (QRUR)



Quality and Cost (QRUR)

Your TIN's Cost Composite Score: Average

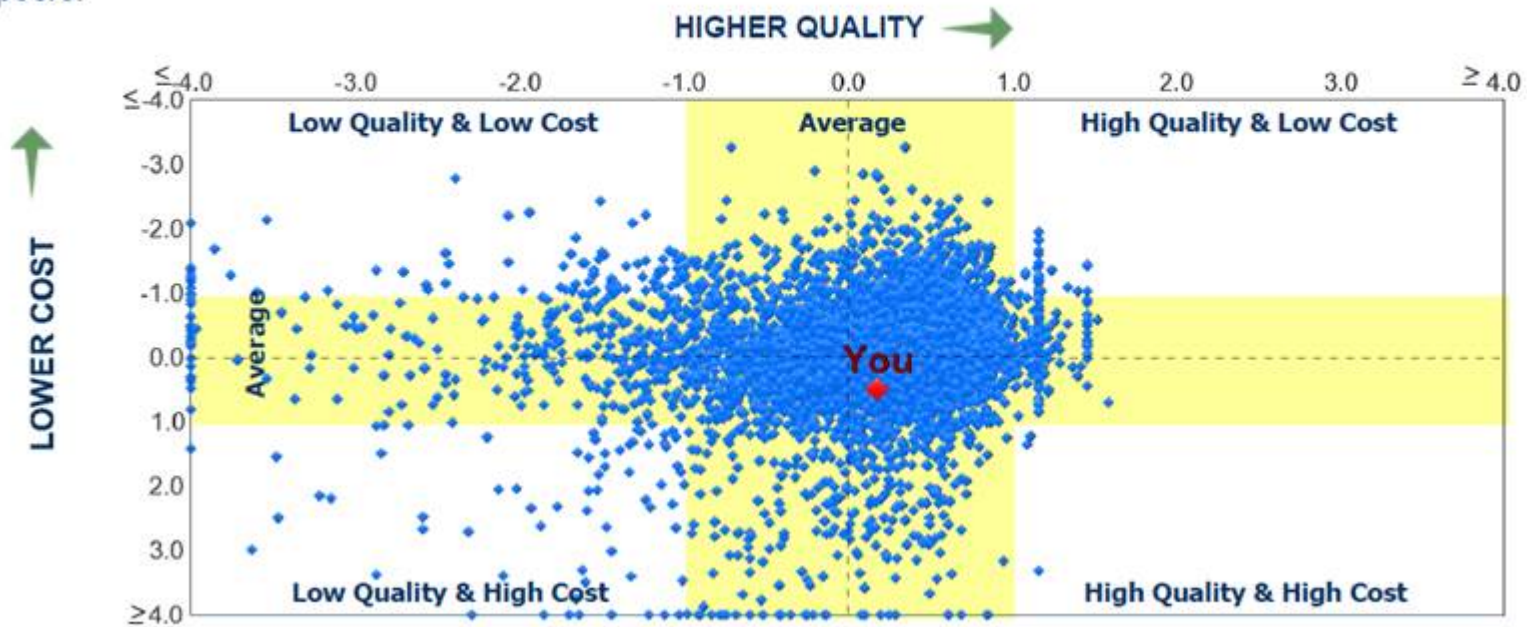
The graph below displays your TIN's standardized Cost Composite Score.



Quality and Cost (QRUR)

Your TIN's Performance: Average Quality, Average Cost

The scatter plot below displays your TIN's quality and cost performance ("You" diamond), relative to that of your peers.



Note: The scatter plot reflects the performance of a representative sample of your peers.

Quality and Cost (QRUR)

In 2014, SETMA's Chronic conditions Composite was excellent. Our Acute Conditions Composite was high.

Exhibit 5. CMS-Calculated Quality Outcome Measure Performance

Performance Category	Measure Number	Measure Name	Your TIN's Eligible Cases	Your TIN's Performance Rate	Benchmark Rate	Reference Range
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care Sensitive Conditions	CMS-1	Acute Conditions Composite	4,843	9.69	6.90	1.46 - 12.35
	-	Bacterial Pneumonia	4,843	13.59	9.96	1.23 - 18.68
	-	Urinary Tract Infection	4,843	10.47	7.02	0.00 - 14.77
	-	Dehydration	4,843	5.00	3.69	0.00 - 7.87
	CMS-2	Chronic Conditions Composite	2,831	51.04	54.56	28.73 - 80.39
	-	Diabetes (composite of 4 indicators)	1,910	17.44	17.98	0.00 - 38.09
	-	Chronic Obstructive Pulmonary Disease (COPD) or Asthma	1,033	70.39	76.29	28.54 - 124.04
Hospital Readmissions	-	Heart Failure	1,136	99.11	112.54	57.74 - 167.34
	CMS-3	All-Cause Hospital Readmissions	1,173	16.14%	15.32%	13.88 - 16.75

Quality and Cost (QRUR)

The three acute condition which make up the Acute Conditions Composite are related to patients who have pneumonia, UTI and dehydration.

SETMA has over 1400 nursing home patients. The most common reason for admissions in this population are: pneumonia, UTI, and dehydration.

While our numbers are still within one standard deviation, we have designed ways to improve these numbers.

Quality and Cost (QRUR)

Exhibit 9. Differences between Your TIN's Per Capita Costs and Mean Per Capita Costs among TINs with these Measures, by Service Category: Per Capita Costs for All Attributed Beneficiaries and Beneficiaries with Specific Conditions

Service Category	Amount by Which Your TIN's Costs Were Higher/(Lower) than Benchmark: Per Capita Costs for All Attributed Beneficiaries	Amount by Which Your TIN's Costs Were Higher/(Lower) than Benchmark: Per Capita Costs for Beneficiaries with Diabetes	Amount by Which Your TIN's Costs Were Higher/(Lower) than Benchmark: Per Capita Costs for Beneficiaries with Chronic Obstructive Pulmonary Disease	Amount by Which Your TIN's Costs Were Higher/(Lower) than Benchmark: Per Capita Costs for Beneficiaries with Coronary Artery Disease	Amount by Which Your TIN's Costs Were Higher/(Lower) than Benchmark: Per Capita Costs for Beneficiaries with Heart Failure
TOTAL PER CAPITA COSTS	\$2,473	\$3,075	\$4,580	\$4,610	\$2,893
Evaluation & Management Services Billed by Eligible Professionals in Your TIN*	(\$41)	(\$47)	(\$50)	(\$47)	(\$74)
Evaluation & Management Services Billed by Eligible Professionals in Other TINs*	(\$45)	(\$36)	\$7	(\$5)	\$56
Major Procedures Billed by Eligible Professionals in Your TIN*	(\$19)	(\$18)	(\$26)	(\$29)	(\$30)
Major Procedures Billed by Eligible Professionals in Other TINs*	(\$23)	(\$12)	(\$34)	(\$33)	(\$16)
Ambulatory/Minor Procedures Billed by Eligible Professionals in Your TIN*	(\$52)	(\$44)	(\$45)	(\$46)	(\$43)
Ambulatory/Minor Procedures Billed by Eligible Professionals in Other TINs*	(\$108)	(\$114)	(\$57)	(\$113)	(\$42)
Outpatient Physical, Occupational, or Speech and Language Pathology Therapy	(\$101)	(\$113)	(\$78)	(\$114)	(\$135)
Ancillary Services	(\$25)	(\$122)	(\$127)	\$60	\$65
Hospital Inpatient Services	(\$105)	(\$674)	(\$1,662)	(\$513)	(\$3,518)
Emergency Services Not Included in a Hospital Admission	\$53	\$84	\$102	\$112	\$57
Post-Acute Services	\$2,835	\$3,652	\$6,485	\$5,386	\$6,331
Hospice	\$573	\$725	\$767	\$729	\$1,003
All Other Services**	(\$469)	(\$207)	(\$702)	(\$776)	(\$761)

Quality and Cost (QRUR)

The services where SETMA's costs are higher are "Post Acute Care." This presents:

- Home Health
- LTAC
- In-Patient Rehabilitation
- Skilled Nursing

The good news is that these are not areas where physicians are increasing costs for their own benefit but all of these areas are for the benefit of the patient. We are discussing ways in which we can decrease these costs without compromising patient safety and quality of care.

SETMA's Implementation of MACRA and MIPS

SETMA has completed an analysis of these reports and has designed tools for improving our cost and quality. This shows that SETMA has prepared well for this time with:

1. NCQA recognition as a Tier 3 Patient-Centered Medical Home from 2010-2019 which meets the MIPS Clinical Practice Improvement Activities requirement of MIPS.
2. A nineteen-year use of a certified EMR meeting Meaningful Use standards and now the MIPS Advancing Care Information Systems ([MACRA MIPS Where Does SETMA Stand](#)).

SETMA's Implementation of MACRA and MIPS

3. 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 [SETMA's Model of Care Patient-Centered Medical Home: The Future of Healthcare Innovation and Change](#)). From this came SETMA's participation in PQRI (2007) and PQRS (2011) and now MIPS.
4. 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.

SETMA's Implementation of MACRA and MIPS

As we use the Final 2015 date from the QRUR to design solutions to improved quality, SETMA has deployed the following MACRA/MIPS Quality Measure template. This templates identifies the metrics, gives their descriptions, identifies to whom they apply and shows you how to easily and efficiently meet each of them.

If we follow this easy tool, our MIPS quality performance with improve dramatically.

SETMA's Implementation of MACRA and MIPS

PDM NURSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS

Visit Type Facility Payor

Larry QTest 106 Years M PCP [] [] Texan Plus Classic

Chief Complaints [Comment](#)

1 []

2 []

3 []

4 []

5 []

6 []

Patient Goal This Visit

MIPS Quality Measures

BP [] / []

[Pulse Pressure](#) 0

Temp []

Pulse []

Resp []

Weight (lb) []

BMI []

Body Fat 38.9

BMR []

Cardiac Risk Ratio 1.05

Fall Risk Assessment 09/26/2016

Functional Assessment 02/12/2016

Pain Assessment 09/02/2015

Chronic Conditions

#	Diagnosis	Hcc	RxH	Last Addressed	Cre ▲
0	Alzheimer disease				06/
0	Asbestosis	Y			03/

Home

Nursing

Histories

Health

Lab Results

Questionnaires

HPI Chief

System Review

Physical Exam

Radiology

Assessment

SETMA's Implementation of MACRA and MIPS

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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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 - IV Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	

SETMA's Implementation of MACRA and MIPS

MACRA/MIPS Quality Measures

<input type="button" value="Click to Complete"/>	<p>Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.</p>	
<input style="border: 2px solid green;" type="button" value="Click to Complete"/>	<p>Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.</p>	
<input type="button" value="Click to Complete"/>	<p>Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.</p>	
<input type="button" value="Click to Address"/>	<p>Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.</p>	
<input type="button" value="Click to Address"/>	<p>Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.</p>	
<input type="button" value="Click to Order"/>	<p>Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.</p>	
<input type="button" value="Click to Add Med"/>	<p>Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.</p>	
<input type="button" value="Click to Address"/> <input type="button" value="Order HbA1c"/>	<p>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%.</p>	<p>Last HbA1c <input type="text" value="9.4"/> <input type="text" value="07/15/2016"/></p>
<input type="button" value="Click to Add Med"/> <input type="button" value="Order Micral Strip"/>	<p>Measure 134 - Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.</p>	
<input type="button" value="Calculate Risk"/> <input type="button" value="Order Lipid"/>	<p>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.</p>	<p>Risk Level <input type="text" value="high"/> Last Lipid <input type="text" value="04/08/2015"/></p>
<input type="button" value="Click to Add Med"/>	<p>Measure 164 - IV Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.</p>	

SETMA's Implementation of MACRA and MIPS

Fall Risk Assessment

Last Updated/Reviewed

Check this box if you are unable to complete this assessment to due medical or other reasons.

<p>1. Level of Consciousness/Mental Status</p> <p><input type="checkbox"/> Alert <input type="checkbox"/> Disoriented <input type="checkbox"/> Intermittent Confusion</p> <p>3. Ambulation/Elimination Status</p> <p><input type="checkbox"/> Ambulatory/Continent <input checked="" type="checkbox"/> Chair Bound (Requires restraints and assist with elimination) <input type="checkbox"/> Ambulatory/Incontinent</p> <p>5. Gait/Balance <input type="text" value="Instructions"/></p> <p><input type="checkbox"/> Gait/Balance Normal <input type="checkbox"/> Balance problem while standing <input type="checkbox"/> Balance Problem while walking <input type="checkbox"/> Decreased muscular coordination <input type="checkbox"/> Requires usage of assistive devices (i.e. cane, w/c, walker, furniture) <input type="checkbox"/> Jerking or unstable when making turns <input type="checkbox"/> Change in gait pattern when walking through the doorway</p> <p>7. Medications <input type="text" value="Instructions"/></p> <p><input type="checkbox"/> NONE of thee medication tatken currently or within last 7 days <input type="checkbox"/> Takes 1-2 of these medictions currently and/or within last 7 days <input checked="" type="checkbox"/> Takes 3-4 of these medicatons currently and/or within last 7 days <input type="checkbox"/> Change in medication or dosage in last five days <i>(Automatically selected based on current med list)</i></p>	<p>2. History of Falls (In past 3 months)</p> <p><input type="checkbox"/> No Falls <input checked="" type="checkbox"/> 1-2 Falls <input type="checkbox"/> 3 or more Falls</p> <p>4. Vision Status (With or without glasses)</p> <p><input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Legally Blind</p> <p>6. Systolic Blood Pressure (Between lying and standing)</p> <p><input type="checkbox"/> No noted drop <input type="checkbox"/> Drop LESS THAN 20 mm Hg <input type="checkbox"/> Drop MORE THAN 20 mm Hg</p> <p>8. Predisposing Diseases <input type="text" value="Instructions"/></p> <p><input type="checkbox"/> None present <input checked="" type="checkbox"/> 1-2 present <input type="checkbox"/> 3 or more present</p>
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Total Score

SETMA's Implementation of MACRA and MIPS

MACRA/MIPS Quality Measures

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

SETMA's Daily Audit of MIPS Performance

MIPS Quality Measures Summary

Listed below are the encounters from the previous day which (1) did not have the MIPS template accessed at all or (2) which had the MIPS template accessed but one or more measures were left outstanding or unaddressed.

Provider	MIPS Template Not Accessed (# of encounters)	1+ Measures Left Outstanding/Unaddressed (# of encounters)
Akhter, J	3	6
Anthony, J	0	2
Anwar, S	7	7
Aziz, M	0	2
Castro, M	1	1
Cox, R	1	8
Deiparine, C	0	0
Deiparine, J	14	2
Duncan, N	1	2
Feldschau, J	0	4
Foster, T	0	5
George, W	1	3
Green, E	0	3

Addendum

The following slides are the complete tutorial for MACRA/MIPS implementation in SETMA's EHR.

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

AAA Home

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: Patient's Code Status:

Home Phone: Date of Birth:

Work Phone: **Patient has one or more alerts!** [Click Here to View Alerts](#)

Cell Phone:

[Pre-Vist/Preventive Screening](#)

MIPS Quality Measures

[Intensive Behavioral Therapy Transtheoretical Model](#)

[Chronic Care Management](#)

[Bridges to Excellence View](#)

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions
SETMA's LESS Initiative <input type="text" value="I"/>	Master GP <input type="text" value="I"/>	Diabetes <input type="text" value="I"/>	<input type="text" value="06/23/2016"/>	Lab Present <input type="text" value="I"/>
Last Updated: <input type="text" value="08/20/2016"/>	Pediatrics	Hypertension <input type="text" value="I"/>	<input type="text" value="09/15/2015"/>	Lab Future <input type="text" value="I"/>
Preventing Diabetes <input type="text" value="I"/>	Nursing Home <input type="text" value="I"/>	Lipids <input type="text" value="I"/>	<input type="text" value="06/23/2016"/>	Lab Results <input type="text" value="I"/>
Last Updated: <input type="text" value="//"/>	Ophthalmology	Acute Coronary Syn <input type="text" value="I"/>	<input type="text" value="//"/>	Hydration <input type="text" value="I"/>
Preventing Hypertension <input type="text" value="I"/>	Physical Therapy	Angina <input type="text" value="I"/>	<input type="text" value="//"/>	Nutrition <input type="text" value="I"/>
Smoking Cessation <input type="text" value="I"/>			<input type="text" value="//"/>	Guidelines <input type="text" value="I"/>
			<input type="text" value="//"/>	Pain Management

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Master GP

The screenshot displays a medical software interface for a patient named Larry. The top navigation bar includes tabs for PDM, NURSE, HISTORIES, HEALTH, QUIZES, HPI, ROS, P.E., X-RAY, ASSESS, PLAN, and PROCS. Patient information includes Name (Larry), Visit Type (QTest), Age (106 Years), Sex (M), Facility, and Payor (Texan Plus Classic). The interface is divided into several sections: Chief Complaints (with a Comment link), Patient Goal This Visit (with a highlighted red button labeled 'MIPS Quality Measures'), Chronic Conditions (with Add and Sort buttons), and a table of conditions. On the right, there are vital signs (BP, Temp, Pulse, Resp, Weight, BMI, Body Fat, BMR, Cardiac Risk Ratio) and assessment dates (Fall Risk, Functional, Pain). A vertical sidebar on the far right contains navigation links: Home, Nursing, Histories, Health, Lab Results, Questionnaires, HPI Chief, System Review, Physical Exam, Radiology, and Assessment.

#	Diagnosis	Hcc	RxH	Last Addressed	Cre
0	Alzheimer disease				06/
0	Asbestosis	Y			03/

Assessment	Date
Fall Risk Assessment	09/26/2016
Functional Assessment	02/12/2016
Pain Assessment	09/02/2015

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Plan

The screenshot displays a medical software interface with the following elements:

- Navigation Bar:** PDM, NURSE, HISTORIES, HEALTH, QUIZES, HPI, ROS, P.E., X-RAY, ASSESS, PLAN, PROCS
- Patient Information:** Name: Larry, Visit Type: QTest, Age: 106 Years, Sex: M, Facility: [blank], Payor: Texan Plus Classic
- Chief Complaints:** A list of 6 text input fields, with a [Comment](#) link.
- Patient Goal This Visit:** A text input field containing the text **MIPS Quality Measures**, which is highlighted with a green rectangular box.
- Vital Signs:** BP [blank], Pulse Pressure 0, Temp [blank], Pulse [blank], Resp [blank], Weight (lb) [blank], BMI [blank], Body Fat 38.9, BMR [blank], Cardiac Risk Ratio 1.05
- Chronic Conditions Table:**

#	Diagnosis	Hcc	RxH	Last Addressed	Cre
0	Alzheimer disease				06/
0	Asbestosis	Y			03/
- Assessments Table:**

Fall Risk Assessment	09/26/2016
Functional Assessment	02/12/2016
Pain Assessment	09/02/2015
- Right Sidebar:** Home, Nursing, Histories, Health, Lab Results, Questionnaires, HPI Chief, System Review, Physical Exam, Radiology, Assessment

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

The measures we are using for MIPS are listed on the following template. In order to meet the measure which the MIPS tool indicates is not done, you simply click the button to the left of the measures name, number and description:

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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Click the button opens the template which allows you to complete a medication reconciliation. Use the Save & Close button to return.

The screenshot shows a 'Medication Review' window with the following sections:

- How to conduct a medication review:** Includes a help icon.
- Panel Control:** Includes 'Toggle', 'Cycle', and other navigation icons.
- Reconciliation Type:** Features a 'Manual reconciliation' checkbox (unchecked) labeled 'Manual medication reconciliation completed' and an 'Electronic reconciliation' button labeled 'Electronic Reconciliation'.
- Medication Module:** Includes a grid for adding/editing medication modules. Below the grid is a table of existing medications.
- Medication Review:** Includes a 'Save & Close' button (highlighted with a green box) and a 'Cancel' button.

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	//
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	//
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	//
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

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

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.

MACRA/MIPS Quality Measures

<input type="button" value="Click to Complete"/>	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	<input type="button" value="Return"/>
<input style="border: 2px solid green;" type="button" value="Click to Complete"/>	Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.	
<input type="button" value="Click to Complete"/>	Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.	
<input type="button" value="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.	
<input type="button" value="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.	
<input type="button" value="Click to Order"/>	Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.	
<input type="button" value="Click to Add Med"/>	Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.	
<input type="button" value="Click to Address"/> <input type="button" value="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 <input type="text" value="9.4"/> <input type="text" value="07/15/2016"/>
<input type="button" value="Click to Add Med"/> <input type="button" value="Order Micral Strip"/>	Measure 134 - Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. <small>**Patients with Stage 4 or higher CKD are excluded.</small>	
<input type="button" value="Calculate Risk"/> <input type="button" value="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 <input type="text" value="high"/> Last Lipid <input type="text" value="04/08/2015"/>
<input type="button" value="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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Clicking the button opens the template to complete a fall risk assessment. Use the Return button to go back when finished.

Fall Risk Assessment

Last Updated/Reviewed

Check this box if you are unable to complete this assessment to due medical or other reasons.

<p>1. Level of Consciousness/Mental Status</p> <p><input type="checkbox"/> Alert <input type="checkbox"/> Disoriented <input type="checkbox"/> Intermittent Confusion</p> <p>3. Ambulation/Elimination Status</p> <p><input type="checkbox"/> Ambulatory/Continent <input checked="" type="checkbox"/> Chair Bound (Requires restraints and assist with elimination) <input type="checkbox"/> Ambulatory/Incontinent</p> <p>5. Gait/Balance <input type="button" value="Instructions"/></p> <p><input type="checkbox"/> Gait/Balance Normal <input type="checkbox"/> Balance problem while standing <input type="checkbox"/> Balance Problem while walking <input type="checkbox"/> Decreased muscular coordination <input type="checkbox"/> Requires usage of assistive devices (i.e. cane, w/c, walker, furniture) <input type="checkbox"/> Jerking or unstable when making turns <input type="checkbox"/> Change in gait pattern when walking through the doorway</p> <p>7. Medications <input type="button" value="Instructions"/></p> <p><input type="checkbox"/> NONE of thee medication tatken currently or within last 7 days <input type="checkbox"/> Takes 1-2 of these medictions currently and/or within last 7 days <input checked="" type="checkbox"/> Takes 3-4 of these medicatons currently and/or within last 7 days <input type="checkbox"/> Change in medication or dosage in last five days <i>(Automatically selected based on current med list)</i></p>	<p>2. History of Falls (In past 3 months)</p> <p><input type="checkbox"/> No Falls <input checked="" type="checkbox"/> 1-2 Falls <input type="checkbox"/> 3 or more Falls</p> <p>4. Vision Status (With or without glasses)</p> <p><input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Legally Blind</p> <p>6. Systolic Blood Pressure (Between lying and standing)</p> <p><input type="checkbox"/> No noted drop <input type="checkbox"/> Drop LESS THAN 20 mm Hg <input type="checkbox"/> Drop MORE THAN 20 mm Hg</p> <p>8. Predisposing Diseases <input type="button" value="Instructions"/></p> <p><input type="checkbox"/> None present <input checked="" type="checkbox"/> 1-2 present <input type="checkbox"/> 3 or more present</p>
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Total Score

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

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.

MACRA/MIPS Quality Measures

Action	Measure ID - Description	Additional Info
Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	
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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the LESS Initiative template to complete BMI assessment and follow-up. Use the Return button to go back when finished

Last Updated 08/20/2016

SETMA's LESS Initiative

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

You are 0 pounds overweight which places you at a higher risk for developing Diabetes.

If you lose 0 to 0 pounds, you will significantly reduce your risk of developing Diabetes.

[Return](#)

Information
[Preventing Diabetes](#)
[Pre-diabetes](#)
[SETMA's LESS Program](#)
[Diabetic Risk Factors](#)

12/16/2015

[Limitations](#) [Weight Management](#) [Exercise](#) [CHF Exercise](#) [Diabetic Exercise](#) [Smoking Cessation](#)

Elements of Preventing Diabetes

1. Family History

Family History of Type II Diabetes? Yes No
Family History of Hypertension? Yes No
Family History of Hyperlipidemia? Yes No

2. Is the patient overweight or obese? Yes No
BMI 38.9 Body Fat %
Is the adiposity in the abdominal area, as indicated by the waist circumference? Yes No
(Males > 38" or Females > 35")
40.00 inches

3. Did the patient have a low birth weight? Yes No
(< 5 lbs 5 oz)
lbs oz

4. Is the patient's BP elevated? Yes No
(> 130/80 mmHg)
/ mmHg

5. Are the patient's lipids abnormal? Yes No
HDL 41
Triglycerides 77
Cholesterol 111

6. Non-Caucasian Race? Yes No
Caucasian

[Which Exercise Prescription?](#)

[Calculate Conclusion](#)

Based on your age, body composition indicators (BMI or body fat), and the risk factors listed above you have a risk of developing diabetes. You must lose weight, exercise, stop smoking and/or avoid inhaling other people's smoke, and you need to maintain your weight loss through continuing to exercise. We will continue to monitor your blood pressure, blood sugar and lipids on a regular basis.

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.
 We will monitor you annually for the development of diabetes.

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Blood Pressure -- 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.

MACRA/MIPS Quality Measures

Return

Click to Complete	<p>Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.</p>	
Click to Complete	<p>Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.</p>	
Click to Complete	<p>Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.</p>	
Click to Address	<p>Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.</p>	
Click to Address	<p>Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.</p>	
Click to Order	<p>Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.</p>	
Click to Add Med	<p>Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.</p>	
Click to Address Order HbA1c	<p>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%.</p>	<p>Last HbA1c 9.4 07/15/2016</p>
Click to Add Med Order Micral Strip	<p>Measure 134 - Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.</p>	
Calculate Risk Order Lipid	<p>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.</p>	<p>Risk Level high Last Lipid 04/08/2015</p>
Click to Add Med	<p>Measure 164 - IV Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.</p>	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the hypertension suite of templates to address elevated blood pressure. Use the Return button to go back when finished.

Hypertension Management
[Guidelines](#)

Patient: Larry QTest
Age: 106 Sex: M

Beginning Blood Pressure: 10/31/2012 153 / 91
Highest Blood Pressure: 10/31/2012 155 / 95

Vital Signs

Time	BP

Major Risk Factors

Smoking status: Unknown if ever smoked
Tobacco use: [Tobacco Usage](#) unknown

[Dyslipidemia](#)
 [Diabetes Mellitus](#)

Family Hx of CV Disease
 Male < 55
 Female < 65

Sex
 Male
 Postmenopausal Female

Additional Risk Factors

CHF
 CAD
 TIA
 Stroke
 Peripheral Vascular Disease
 Renal Insufficiency
 Retinopathy

Body Fat: 38.9 %
[Framingham Risk Scores](#)
10-Year General Risk: %
10-Year Stroke Risk: %
Global Cardio Score: 5.1 pts
[Metabolic Syndrome](#) - +

[Vitals Over Time](#)

Navigation

Return

HPT and Diabetes
HPT and Depression
HPT and the Elderly
HPT, Insulin Resistance
Isolated Systolic HPT
HPT and Kidney Disease
Evaluation
Diagnosis and Screening
Lifestyle Changes
Treatment
HPT Plan
Physician Role

Patient Information
[Click for Documents](#)

Physician Information
[Classification](#)
[Risk Stratification](#)

Calculate Assessment
Blood Pressure Classification
Recommended Follow-Up
Risk Group
Treatment Based on Risk Assessment
Lab Results
Labs Over Time

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

High Risk Medications - 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.

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 continuous 180 days.

[Click to Address](#) 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](#) Measure 134 - Urine Protein Assessment for Patients with Diabetes
Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Risk Level**
high
Last Lipid
04/08/2015

[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.

[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.

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the follow 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.

Use of High Risk Medications in the Elderly

You must enter an action for each medication listed.

High Risk Medication	Action Taken
ZOLPIDEM TARTRATE	Click to Stop Medication Changed
ZALEPLON	Click to Stop Medication Stopped
	Click to Stop
	Click to Stop
	Click to Stop

OK Cancel

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the follow 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.

Use of High Risk Medications in the Elderly

You must enter an action for each medication listed.

High Risk Medication		Action Taken
ZOLPIDEM TARTRATE	Click to Stop	Medication Changed
ZALEPLON	Click to Stop	Medication Stopped
	Click to Stop	
	Click to Stop	
	Click to Stop	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the follow 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.

Use of High Risk Medications in the Elderly

You must enter an action for each medication listed.

High Risk Medication		Action Taken
ZOLPIDEM TARTRATE	Click to Stop	Medication Changed
ZALEPLON	Click to Stop	Medication Stopped
	Click to Stop	
	Click to Stop	
	Click to Stop	

OK Cancel

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the follow 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.

Use of High Risk Medications in the Elderly

You must enter an action for each medication

High Risk Medication	Action Taken
ZOLPIDEM TARTRATE	Click to Stop Medication
ZALEPLON	Click to Stop Medication
	Click to Stop
	Click to Stop
	Click to Stop

OK Cancel

HEDIS Drugaction X

**Medication Changed
Medication Stopped
Reviewed; Must be Continued**

Close

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Opens the follow 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.

Use of High Risk Medications in the Elderly

You must enter an action for each medication listed.

High Risk Medication		Action Taken
ZOLPIDEM TARTRATE	Click to Stop	Medication Changed
ZALEPLON	Click to Stop	Medication Stopped
	Click to Stop	
	Click to Stop	
	Click to Stop	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Pneumonia Vaccine - 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.

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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Makes notation of vaccination order on Plan section of chart.

The screenshot displays a medical chart interface with a top navigation bar containing tabs: PLAN, NURSE, HISTORIES, HEALTH, QUIZES, HPI, ROS, P.E., X-RAY, ASSESS, PLAN, and PROCS. The PLAN tab is active. Below the navigation bar, there are several sections:

- Behavioral**: Injections, Present Lab, Future Lab, Procedures, Radiology, Eval & Mgmt, Endocrinology, Cardiac Procs, Sutures, Ultrasound, Rheumatology, Infectious.
- Checkboxes**:
 - All
 - SETMA
 - Unspecified
 - Discussed plan with patient
 - Current and previous lab
 - Current and previous x-rays
 - Patient agrees with plan
 - Patient does not agree with plan
 - Medications reconciled
 - Reviewed OTC medications
 - Teach back performed
- Today I Reviewed:** Reconcile (button)
- Acute Dx**: Add, Sort buttons. A table with columns # and Diagnosis Description.
- Plan**: A list of items. The item "Pneumonia Vaccination" is highlighted with a red rectangular box.
- Follow-Up**: Acute Care Followup, Routine Interval Follow-up, Diet, Exercise.
- Education/Instructions**: A list of text boxes.
- Buttons**: Superbill, Plan Summary, Rx Sheet, Help Desk, Clinic Follow-Up Call, Hospital Follow-Up Call, Chart Note - Now, Chart Note - Offline.
- Information Given**: Information Given, Physician Consulted, Chart note sent back.

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Anti-Depressant Medication - 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.

MACRA/MIPS Quality Measures

[Return](#)

Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	
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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Automatically opens medication module to add or edit medications related to depression. Click Close when done to return.

Formulary	Last	Status	Medication Name	Generic Name	Method	Start Date	Original Start Date
		Active	ProAir HFA 90 mcg/actuation aerosol i...	ALBUTEROL SULFATE	90 mcg INHALATION HF...	12/08/2015	12/08/2015
Print		Active	Abilify 2 mg tablet	ARIPIPIRAZOLE	2 mg ORAL TABLET	02/25/2016	03/02/2015
Print		Active	aspirin 81 mg tablet,delayed release	ASPIRIN	81 mg ORAL TABLET DR	04/15/2015	04/15/2015
		Active	Lipitor 40 mg tablet	ATORVASTATIN CALCIUM	40 mg ORAL TABLET		
		Active	Lipitor 10 mg tablet	ATORVASTATIN CALCIUM	10 mg ORAL TABLET	07/15/2016	01/10/2013
		Active	Qvar 40 mcg/actuation Metered Aero...	BECLOMETHASONE DIPRO...	40 mcg/actuation INHAL...	12/08/2015	12/08/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	09/15/2014	08/24/2014
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	02/26/2015	02/26/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	07/20/2016	07/20/2016
		Active	hydrocodone 5 mg-acetaminophen 50...	HYDROCODONE/ACETAMI...	5 mg-500 mg ORAL TABLET	09/15/2015	09/18/2014
		Active	hydrocodone 10 mg-acetaminophen 3...	HYDROCODONE/ACETAMI...	10 mg-300 mg ORAL TA...	12/01/2015	02/26/2015
		Active	pentobarbital sodium (bulk) 100 % po...	PENTOBARBITAL SODIUM	100 % MISCELL POWDER	09/29/2016	09/29/2016
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/09/2015	12/09/2015
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/15/2015	12/15/2015

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Hgb A1c - 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

MACRA/MIPS Quality Measures

Measure ID	Measure Description	Action	Additional Info
Measure 068	Medication Reconciliation Patients 18 and older at every encounter.	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 Complete	
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 Address	
Measure 127	Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.	Click to Order	
Measure 128	Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.	Click to Add Med	
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%.	Click to Address	Last HbA1c 9.4 07/15/2016
Measure 134	Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.	Click to Add Med Order Micral Strip	
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.	Calculate Risk Order Lipid	Risk Level high Last Lipid 04/08/2015
Measure 164	IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	Click to Add Med	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

The above button opens the Diabetes suite of templates to address elevated HbA1c control. Use the Return button to go back when finished.

Diabetes Management

Diabetes Since: Patient **Larry** QTest
 Type Type I Type II GDM Pre-Diabetes Other
 Month Year Age Sex

[Joslin Treatment Goals](#) [Imp Diabetes Concepts](#)
[Diagnostic Criteria](#) [Screening Criteria](#) [Evidenced-Based Recs](#)

Current Frequency of SMBG:

Adherence
[Dental Care](#) [Smoker](#)
 Dilated Eye Exam Smoking status: Unknown if ever smokec
 Flu Shot [Tobacco Usage](#)
 Foot Exam [Metabolic Syndrome](#) + -
 Monofilament [Framingham Risk Scores](#)
 HgbA1C 10-Year General Risk %
 Pneumovax 10-Year Stroke Risk %
 Urinalysis Global Cardio Score pts
 Aspirin Yes No [Weight Management](#) [Lipids Management](#)
 Statin Yes No [HPT Management](#) [Immunizations](#)

Vital Signs

Time	Ht In	Wt Lb	BMI	Pulse

Vital Signs

Body Fat %	38.9
Protein Req	
BMR	
Chest	52.00

Most Recent Labs

Lab	Value	Date
HgA1C	9.4	07/15/2016
Previous	6.7	09/21/2015
	5.7	06/15/2015
eAG	223	
Mean Plasma Glucose	257.3	Insulin
C-Peptide	/ /	
Fructosamine	/ /	
Cholesterol	111	04/08/2015
LDL	155	09/13/2013
HDL	41	04/08/2015
Triglycerides	77	04/08/2015
Trig/HDL Ratio	1.88	
Glucose	85	04/04/2012
Fasting	136	09/18/2013
Insulin	13	09/18/2013

Navigation

- Return** (highlighted)
- Diabetic History
- Eye Exam
- Nasopharynx
- Cardio Exam
- Foot Exam
- Neurological Exam
- Complications/Education
- Initiating Insulin
- Insulin Pump
- Lifestyle Changes
- Diabetes Plan

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

“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.

MACRA/MIPS Quality Measures

Action	Measure Description	Additional Info
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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

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.

Measure ID	Measure Description	Action	Additional Info
Measure 068	Medication Reconciliation Patients 18 and older at every encounter.	Click to Complete	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 Complete	
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 Address	
Measure 127	Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.	Click to Order	
Measure 128	Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.	Click to Add Med	
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%.	Click to Address Order HbA1c	Last HbA1c 9.4 07/15/2016
Measure 134	Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.	Click to Add Med	
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.	Calculate Risk Order Lipid	Risk Level high Last Lipid 04/08/2015
Measure 164	IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.	Click to Add Med	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Automatically opens medication module to add or edit medications related to nephropathy. Click Close when done to return.

The screenshot displays the SETMA software interface. The top menu bar includes File, Edit, View, Tools, Admin, Utilities, Window, and Help. The toolbar contains icons for Logout, Save, Clear, Delete, Patient, History, Inbox, PAQ, PM, and a highlighted 'Close' button. The main window shows a medication list with columns for Formulary, Last, Status, Medication Name, Generic Name, Method, Start Date, and Original Start Date. The list is titled 'Status: Active (17 items)'. The first row is highlighted in blue and shows 'ProAir HFA 90 mcg/actuation aerosol i...' with generic name 'ALBUTEROL SULFATE'. Other rows include 'Abilify 2 mg tablet', 'aspirin 81 mg tablet, delayed release', 'Lipitor 40 mg tablet', 'Lipitor 10 mg tablet', 'Qvar 40 mcg/actuation Metered Aero...', 'Celebrex 50 mg capsule', 'hydrocodone 5 mg-acetaminophen 50...', 'hydrocodone 10 mg-acetaminophen 3...', 'pentobarbital sodium (bulk) 100 % po...', and 'tramadol 50 mg tablet'. The bottom of the window shows a toolbar with buttons for Prescribe New, Print, Send, Renew, Interactions, Stop, Resources, Dose Range, Delete, Rx Eligibility, and Medication History. The text 'ProAir HFA 90 mcg/actuation aerosol inhaler' is visible at the bottom of the window.

Formulary	Last	Status	Medication Name	Generic Name	Method	Start Date	Original Start Date
		Active	ProAir HFA 90 mcg/actuation aerosol i...	ALBUTEROL SULFATE	90 mcg INHALATION HF...	12/08/2015	12/08/2015
	Print	Active	Abilify 2 mg tablet	ARIPIPIRAZOLE	2 mg ORAL TABLET	02/25/2016	03/02/2015
	Print	Active	aspirin 81 mg tablet, delayed release	ASPIRIN	81 mg ORAL TABLET DR	04/15/2015	04/15/2015
		Active	Lipitor 40 mg tablet	ATORVASTATIN CALCIUM	40 mg ORAL TABLET		
		Active	Lipitor 10 mg tablet	ATORVASTATIN CALCIUM	10 mg ORAL TABLET	07/15/2016	01/10/2013
		Active	Qvar 40 mcg/actuation Metered Aero...	BECLOMETHASONE DIPRO...	40 mcg/actuation INHAL...	12/08/2015	12/08/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	09/15/2014	08/24/2014
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	02/26/2015	02/26/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	07/20/2016	07/20/2016
		Active	hydrocodone 5 mg-acetaminophen 50...	HYDROCODONE/ACETAMI...	5 mg-500 mg ORAL TABLET	09/15/2015	09/18/2014
		Active	hydrocodone 10 mg-acetaminophen 3...	HYDROCODONE/ACETAMI...	10 mg-300 mg ORAL TA...	12/01/2015	02/26/2015
		Active	pentobarbital sodium (bulk) 100 % po...	PENTOBARBITAL SODIUM	100 % MISCELL POWDER	09/29/2016	09/29/2016
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/09/2015	12/09/2015
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/15/2015	12/15/2015

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

“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.

MACRA/MIPS Quality Measures

[Return](#)

Click to Complete	Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.	
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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Heart Risk and Cholesterol Screening - Patients within the below indicated age ranges should have their heart risk calculated and have an annual lipid test.

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 continuous 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 Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually 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.	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

The Heart Risk can be done easily by using SETMA’s Framingham Heart Study Risk Calculators

Framingham Heart Study Risk Calculators

Return

Last Updated/Reviewed

General Cardiovascular Disease, 10-Year Risk Total Points Total Risk % Relative Heart Age years

Real Heart Age years

WHAT IF?

All Elements To Goal	<input type="text" value="12"/>	<input type="text" value="13.2"/>	<input type="text" value="60"/>
Overall 20% Improvement	<input type="text" value="13"/>	<input type="text" value="15.6"/>	<input type="text" value="64"/>
Blood Pressure To Goal	<input type="text" value="18"/>	<input type="text" value=">30"/>	<input type="text" value=">80"/>
Lipids To Goal	<input type="text" value="16"/>	<input type="text" value="25.3"/>	<input type="text" value="76"/>
Smoking Cessation (if applicable)	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

Global Cardiovascular Risk Score Total Points

A score above 4 indicates increased risk of a cardiovascular event.

WHAT IF?

Overall 20% Improvement	<input type="text" value="1.5"/>
Blood Pressure To Goal	<input type="text" value="4.1"/>
Lipids To Goal	<input type="text" value="4.4"/>
HgbA1c To Goal	<input type="text" value="2.2"/>
Smoking Cessation (if applicable)	<input type="text" value="0.0"/>

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

“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.

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 continuous 180 days.

[Click to Address](#) 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%. [Order HbA1c](#) Last HbA1c: 9.4, 07/15/2016

[Click to Add Med](#) Measure 134 - Urine Protein Assessment for Patients with Diabetes
Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. [Order Micral Strip](#) **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. [Order Lipid](#) 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.

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

Patients with Ischemic Vascular Disease should be on aspirin or other anti-thrombotic.

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 continuous 180 days.

[Click to Address](#) 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

[Order HbA1c](#)

[Click to Add Med](#) Measure 134 - Urine Protein Assessment for Patients with Diabetes
Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded. Last Lipid
04/08/2015

[Order Micral Strip](#)

[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
high

[Order Lipid](#)

[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.

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Automatically opens medication module to add or edit medications related to nephropathy. Click Close when done to return.

The screenshot displays the SETMA medication management interface. The top menu bar includes File, Edit, View, Tools, Admin, Utilities, Window, and Help. The patient name is 'Holly, James L MD'. A 'Close' button is highlighted with a green box. The main area shows a table of active medications with columns for Formulary, Last, Status, Medication Name, Generic Name, Method, Start Date, and Original Start Date. The first row is highlighted in blue.

Formulary	Last	Status	Medication Name	Generic Name	Method	Start Date	Original Start Date
		Active	ProAir HFA 90 mcg/actuation aerosol inh...	ALBUTEROL SULFATE	90 mcg INHALATION HF...	12/08/2015	12/08/2015
Print		Active	Abilify 2 mg tablet	ARIPIRAZOLE	2 mg ORAL TABLET	02/25/2016	03/02/2015
Print		Active	aspirin 81 mg tablet, delayed release	ASPIRIN	81 mg ORAL TABLET DR	04/15/2015	04/15/2015
		Active	Lipitor 40 mg tablet	ATORVASTATIN CALCIUM	40 mg ORAL TABLET		
		Active	Lipitor 10 mg tablet	ATORVASTATIN CALCIUM	10 mg ORAL TABLET	07/15/2016	01/10/2013
		Active	Qvar 40 mcg/actuation Metered Aero...	BECLOMETHASONE DIPRO...	40 mcg/actuation INHAL...	12/08/2015	12/08/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	09/15/2014	08/24/2014
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	02/26/2015	02/26/2015
		Active	Celebrex 50 mg capsule	CELECOXIB	50 mg ORAL CAPSULE	07/20/2016	07/20/2016
		Active	hydrocodone 5 mg-acetaminophen 50...	HYDROCODONE/ACETAMI...	5 mg-500 mg ORAL TABLET	09/15/2015	09/18/2014
		Active	hydrocodone 10 mg-acetaminophen 3...	HYDROCODONE/ACETAMI...	10 mg-300 mg ORAL TA...	12/01/2015	02/26/2015
		Active	pentobarbital sodium (bulk) 100 % po...	PENTOBARBITAL SODIUM	100 % MISCELL POWDER	09/29/2016	09/29/2016
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/09/2015	12/09/2015
		Active	tramadol 50 mg tablet	TRAMADOL HCL	50 mg ORAL TABLET	12/15/2015	12/15/2015

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

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

Return

Click to Complete	<p>Measure 068 - Medication Reconciliation Patients 18 and older at every encounter.</p>	
Click to Complete	<p>Measure 139 - Fall Risk Screening Patients 65 and older at least once during the year.</p>	
Click to Complete	<p>Measure 069 - BMI Screening and Follow-Up Patients 18 and older at least every six months.</p>	
Click to Address	<p>Measure 165 - Controlling High Blood Pressure Patients 18 and older with hypertension should have blood pressure controlled to below 140/90 mmHg.</p>	
Click to Address	<p>Measure 126 - Use of High Risk Medications in the Elderly Medications deemed high risk should be avoided in patients over 65 years of age.</p>	
Click to Order	<p>Measure 127 - Pneumonia Vaccination Patients 65 and older should have had the pneumonia vaccine at least once.</p>	
Click to Add Med	<p>Measure 128 - Antidepressant Medication Management Patients diagnosed with depression should have an active prescription for an antidepressant for a continuous 180 days.</p>	
Click to Address	<p>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%.</p>	<p>Last HbA1c 9.4 07/15/2016</p>
Order HbA1c		
Click to Add Med	<p>Measure 134 - Urine Protein Assessment for Patients with Diabetes Patients should have a nephropathy screening at least annually and/or have an active prescription for an ACE or ARB. **Patients with Stage 4 or higher CKD are excluded.</p>	
Order Micral Strip		
Calculate Risk	<p>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.</p>	<p>Risk Level high Last Lipid 04/08/2015</p>
Order Lipid		
Click to Add Med	<p>Measure 164 - IVD Use of Aspirin or Another Antithrombotic Patients with ischemic vascular disease should have an active prescription for aspirin or another antithrombotic.</p>	

Addendum – Tutorial for SETMA’s MACRA and MIPS Implementation

With color coding.

MACRA/MIPS Quality Measures

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