UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

Executive Summary

UDS 2012	Meaningful Use Stage 1 Objectives	PCMH (NCQA)
	15 Core Objectives	
Yes	1. Record Patient Demographics	2A
	2. Record Vital Signs and Chart Changes	2B
	3. Maintain Up-to-date Problem List of Current and Active Diagnoses	2B
	4. Maintain Active Medication List	2B
	5. Maintain Active Medication Allergy List	2B
Yes	6. Record Smoking Status	2B
	7. Provide Patients with Clinical Summaries	1C
	8. Electronic Copy of Health Information	1C
	9. Generate and Transmit Permissible Prescriptions Electronically (eRx)	3E
	10. Computerized Provider Order Entry (CPOE)	3E
	11. Implement Drug-Drug and Drug-Allergy Interaction Checks	3E
	12. Implement Ability to Exchange Key Clinical Information	5B, 5C
	13. Implement Clinical Decision Support and Track Compliance	3A
	14. Implement Systems to Protect Privacy and Security of Patient Data in EHR	Overarching Requirement
	15. Report Clinical Quality Measures	6F

	10 Menu Objectives	PCMH (NCQA)
	1. Implement Drug Formulary Checks	3E
	2. Incorporate Clinical Lab Test Results into EHR	5A
	3. Generate Lists of Patients by Condition	2D
	4. Use EHR to Identify Patient-Specific education Resources	4A
	5. Perform Medication Reconciliation	3D
	6. Provide Summary of Care Record	5B, 5C
	7. Submission of Electronic Immunization Data to Registry/Information Systems	6F
	8. Submission of Electronic Syndromic Surveillance Data	6F
	9. Send Reminders to Patients	2D
	10. Timely Electronic Access to Health Information	1C

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2012	Meaningful Use Stage 1 Objectives	PCMH (NCQA)
	Core	
	1. NQF 0041	
Yes	2. NQF 0024	
Yes	3. NQF 0038	
	Alternate Core	
	1. NQF 0421	
	2. NQF 0013	
Yes	3. NQF 0028	
	Menu CQM	
	1. NQF 0001	
	2. NQF 0002	
	3. NQF 0004	
	4. NQF 0012	
	5. NQF 0014	
Yes	6. NQF 0018	
Yes	7. NQF 0027	
	8. NQF 0031	
Yes	9. NQF 0032	
	10. NQF 0033	
Yes	11. NQF 0034	
Yes	12. NQF 0036	
	13. NQF 0043	
	14. NQF 0047	
	15. NQF 0052	
	16. NQF 0055	
	17. NQF 0056	
	18. NQF 0059	
	19. NQF 0061	
	20. NQF 0062	
	21. NQF 0064	
	22. NQF 0067	
Yes	23. NQF 0068	
	24. NQF 0070	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2012	Meaningful Use Stage 1 Objectives	PCMH (NCQA)
	25. NQF 0073	
Yes	26. NQF 0074	
	27. NQF 0075	
	28. NQF 0081	
	29. NQF 0083	
	30. NQF 0084	
	31. NQF 0086	
	32. NQF 0088	
	33. NQF 0089	
	34. NQF 0105	
	35. NQF 0385	
	36. NQF 0387	
	37. NQF 0389	
Yes	38. NQF 0575	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

Detailed Description

UDS 2011	Stage 1 MU	PCMH (NCQA)
		Overarching Requirement
	Core Objectives 14 - **Implement Systems to Protect Privacy and Security of Patient Data in the EHR**: Conduct/review a security risk analysis; implement security updates as necessary and correct security deficiencies	In the PCMH 2011 on-line application a practice provides the name and number of the software the practice uses in the PCMH 2011 application and attest to implementing the required security risk analysis needed and correction of security deficiencies. • To meet the federal Core and Menu Meaningful Use requirements, practice must perform the designated factors (Core and Menu) using a certified EHR that has undergone a security risk analysis. • U.S. Department of Health & Human Services, Health Information Privacy Web site link: http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html
		1A: Access During Office Hours *Must Pass*
		The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for: 1. Providing same-day appointments - Critical Factor 2. Providing timely clinical advice by telephone during office hours 3. Providing timely clinical advice by secure electronic messages during office hours 4. Documenting clinical advice in the medical record.
		1B: After Hours Access
		The practice has a written process and defined standards, and demonstrates that it monitors performance against the standards for: 1. Providing access to routine and urgent-care appointments outside regular business hours 2. Providing continuity of medical record information for care and advice when the office is not open 3. Providing timely clinical advice by telephone when the office is not open- Critical Factor 4. Providing timely clinical advice using a secure, interactive electronic system when the office is not open 5. Documenting after-hours clinical advice in patient records.

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		1C: Electronic Access
	Core Objectives 7 - **Provide Patients with Clinical Summaries**: For each office visit to patients within 3 business days 8 - **Electronic Copy of Health Information**: Upon request, including diagnostic test results, problem list, medication list, and medication allergies Menu Objectives 10 - **Timely Electronic Access to Health Information**: Including lab results, problem list, medication list, medication allergies – within 4 days of being updated in the EHR	The practice provides the following information and services to patients and families through a secure electronic system. 1. More than 50 percent of patients who request an electronic copy of their health information (e.g., problem list, diagnoses, diagnostic test results, medication lists, allergies) receive it within three business days 2. At least 10 percent of patients have electronic access to their current health information (including lab results, problem list, medication lists, and allergies) within four business days of when the information is available to the practice 3. Clinical summaries are provided to patients for more than 50 percent of office visits within three business days 4. Two-way communication between patients/families and the practice 5. Request for appointments or prescription refills 6. Request for referrals or test results
		1D: Continuity
		The practice provides continuity of care for patients/families by: 1. Expecting patients/families to select a personal clinician 2. Documenting the patient's/family's choice of clinician 3. Monitoring the percentage of patient visits with a selected clinician or team.
		1E: Medical Home Responsibilities
		The practice has a process and materials that it provides patients/families on the role of the medical home, which include the following. 1. The practice is responsible for coordinating patient care across multiple settings 2. Instructions on obtaining care and clinical advice during office hours and when the office is closed 3. The practice functions most effectively as a medical home if patients/families provide a complete medical history and information about care obtained outside the practice 4. The care team gives the patient/family access to evidence-based care and self-management support

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011 Stage 1 MU	PCMH (NCQA)
Yes	1F: Culturally and Linguistically Appropriate Services (CLAS)
#2	The practice engages in activities to understand and meet the cultural and linguistic needs of its patients/families. 1. Assesses the racial and ethnic diversity of its population 2. Assesses the language needs of its population 3. Provides interpretation or bilingual services to meet the language 4. Provides printed materials in the languages of its population
	1G: The Practice Team
	The practice provides a range of patient care services by: 1. Defining roles for clinical and nonclinical team members 2. Holding regular team meetings - Critical Factor 3. Using standing orders for services 4. Training and assigning care teams to coordinate care for individual patients 5. Training and assigning care teams to support patients and families in self-management, self-efficacy and behavior change 6. Training and assigning care teams for patient population management 7. Training and designating care team members in communication skills 8. Involving care team staff in the practice's performance evaluation and quality

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
Yes		2A: Patient Information
#1	Core Objectives	The practice uses an electronic system that records the following as structured (searchable) data for more than 50 percent of its patients.
#2	1 - **Record Patient Demographics**: Sex, race, ethnicity, date of birth and preferred language as structured data	***1. Date of birth***
#3		***2. Gender***
#4		***3. Race***
#5		***4. Ethnicity***
#12		***5. Preferred language***
		6. Telephone numbers
		7. E-mail address
		8. Dates of previous clinical visits
		9. Legal guardian/health care proxy
		10. Primary caregiver
		11. Presence of advance directives (NA for pediatric practices)
		12. Health insurance information
		2B: Clinical Data
#4	Core Objectives	The practice uses an electronic system to record the following as structured (searchable) data.
#5	2 - **Record Vital Signs and Chart Changes**: Height, weight, blood pressure, BMI, and growth charts for children as structured data	1. An up-to-date problem list with current and active diagnoses for more than 80% of patients
#6		2. Allergies, including medication allergies and adverse reactions, for more than 80% of patients
#8		3. Blood pressure, with the date of update for more than 50% of patients
	3 - **Maintain Up-to-date Problem List of Current and Active Diagnoses**: At least one entry recorded as structured data (even if entry is "none")	4. Height for more than 50% of patients
		5. Weight for more than 50% of adult patients
	4 - **Maintain Active Medication List**: At least one entry recorded as structured data (even if entry is "none")	6. BMI for more than 50% of adult patients
		7. Length/height, weight and head circumference (less than 2 years of age) and BMI percentile (2-20 years) for more than 50% f pediatric patients, with the capability to plot changes over time
	5 - **Maintain Active Medication Allergy List**: At least one entry recorded as structured data (even if entry is "none")	8. Status of tobacco use for patients 13 years and older for more than 50% of patients
		9. List of prescription medications with the date of updates for more than 80% of patients
	6 - **Record Smoking Status**: Patients age 13 and older as structured data	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		2C: Comprehensive Health Assessment
		To understand the health risks and information needs of patients/families, the practice conducts and documents a comprehensive health assessment that includes: 1. Documentation of age- and gender-appropriate immunizations and screenings 2. family/social/cultural characteristics 3. Communication needs 4. Medical history of patient and family 5. Advance care planning (NA for pediatric practices) 6. Behaviors affecting health 7. Patient and family mental health/substance abuse 8. Development screening using a standardized tool (NA for adult-only practices) 9. Depression screening for adults and adolescents using a standardized tool.
	Menu 3, 9	2D: Use Data Population Management *Must Pass*
	Menu Objectives 3 - **Generate Lists of Patients by Condition**: For use in quality improvement, reduction of disparities, research or outreach. 9 - **Send Reminders to Patients**: Preventative and follow-up care for patients aged 65+ or age 5 or less	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: 1. At least three different preventive care services 2. At least three different chronic care services 3. patients not recently seen by the practice 4. Specific medications
		3A: Implement Evidence-Based Guidelines
	Core objectives 13 - **Implement Clinical Decision Support and Track Compliance:** One Rule implemented and tracked	The practice implements evidence-based guidelines through point-of-care reminders for patients with: 1. The first important condition 2. The second important condition 3. The third condition, related to unhealthy behaviors or mental health or substance abuse. - Critical Factor
		3B: Identify High-Risk Patients
		To identify high-risk or complex patients, the practice: 1. Establishes criteria and a systematic process to identify high-risk or complex patients 2. Determines the percentage of high-risk or complex patients in its population.

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		3C: Care Management *Must Pass*
		The care team performs the following for at least 75% of the patients identified in Elements A and B. 1. Conducts pre-visit preparations 2. Collaborates with the patient/family to develop an individual care plan, including treatment goals that are reviewed and updated at each relevant visit 3. Gives the patient/family a written plan of care 4. Assesses and addresses barriers when the patient has not met treatment goals 5. Gives the patient/family a clinical summary at each relevant visit 6. Identifies patients/families who might benefit from additional care management support 7. Follows up with patients/families who have not kept important appointments
		3D: Medication Management
	Menu Objectives 5 - **Perform Medication Reconciliation**: During transitions of care	The practice manages medications in the following ways. 1. Reviews and reconciles medications with patients/families for more than 50 percent of care transitions - Critical Factor 2. Reviews and reconciles medications with patients/families for more than 80 percent of care transitions 3. Provides information about new prescriptions to more than 80 percent of patients/families 4. Assesses patient/family understanding of medications for more than 50 percent of patients 5. Assesses patient response to medications and barriers to adherence for more than 50 percent of patients 6. Documents over-the-counter medications, herbal therapies and supplements for more than 50 percent of patients/families, with the date of updates

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		3E: Use Electronic Prescribing
	Core Objectives 9 - **Generate and Transmit Permissible Prescriptions Electronically**: Using a certified EHR technology 10 - **Computerized Provider Order Entry (CPOE)**: Patients with at least one medication in their medication list must have at least one medication ordered through CPOE 11 - Implement Drug-Drug and Drug-Allergy Interaction Checks: Enable functionality Menu Objectives 1 - **Implement Drug Formulary Checks**: Must be implemented and must access at least one internal or external drug formulary	The practice uses an electronic prescription system with the following capabilities. 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies 2. Generates at least 75 percent of eligible prescriptions - Critical Factor 3. Integrates with patient medical records 4. Performs patient-specific checks for drug-drug and drug-allergy interactions 5. Alerts prescribers to generic alternatives 6. Alerts prescribers to formulary status
		4A: Support Self-Care Process *Must Pass*
	Menu Objectives 4 - **Use EHR to Identify Patient-Specific Education Resources**: Provide patient-specific education resources to patients, as appropriate	The practice conducts activities to support patients/families in self management: 1. Provides educational resources or refers at least 50 percent of patients/families to educational resources to assist in self management 2. Uses an EHR to identify patient-specific education resources and provide them to more than 10 percent of patients, if appropriate 3. Develops and documents self-management plans and goals in collaboration with at least 50 percent of patients/families - Critical Factor 4. Documents self-management abilities for at least 50 percent of patients/families 5. Provides self-management tools to record self-care results for at least 50 percent of patients/families 6. Counsels at least 50 percent of patients/families to adopt healthy behaviors

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		4B: Provide Referrals to Community Resources
		The practice supports patients/families that need access to community resources: 1. Maintains a current resource list on five topics or key community service areas of importance to the patient population 2. Tracks referrals provided to patients/families 3. Arranges or provides treatment for mental health and substance abuse disorders 4. Offers opportunities for health education and peer support.
		5A: Test Tracking and Follow-Up
	Menu Objectives 2 - **Incorporate Clinical Lab Test Results into EHR**: Incorporated as structured data – positive/negative or numerical format – within the EHR	The practice has a documented process for and demonstrates that it: 1. Tracks lab tests until results are available, flagging and following up on overdue results - Critical Factor 2. Tracks imaging tests until results are available, flagging and following up on overdue results - Critical Factor 3. Flags abnormal lab results, bringing them to the attention of the clinician 4. Flags abnormal imaging results, bringing them to the attention of the clinician 5. Notifies patients/families of normal and abnormal lab and imaging test results 6. Follows up with inpatient facilities on newborn hearing and blood-spot screening (NA for adults) 7. Electronically communicates with labs to order tests and retrieve results 8. Electronically communicates with facilities to order and retrieve imaging results 9. Electronically incorporates at least 40 percent of all clinical lab test results into structured fields in medical records

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		5B: Referral Tracking and Follow-Up *Must Pass*
	Core Objectives 12 - **Implement Ability to Exchange Key Clinical Information**: Electronically among providers and patient-authorized entities Menu Objectives 6 - **Provide Summary of Care Record**: Patients referred or transitioned to another provider or setting	The practice coordinates referrals by: 1. Giving the consultant or specialist the clinical reason for the referral and pertinent clinical information 2. Tracking the status of referrals, including required timing for receiving a specialist's report 3. Following up to obtain a specialist's report 4. Establishing and documenting agreements with specialists in the medical record if co-management is needed 5. Asking patients/families about self-referrals and requesting reports from clinicians 6. Demonstrating the capability for electronic exchange of key clinical information (e.g., problem list, medication list, allergies, diagnostic test results) between clinicians 7. Providing an electronic summary of the care record for more than 50 percent of referrals.
		5C: Coordinate with Facility and Care Transitions
	Core Objectives 12 - **Implement Ability to Exchange Key Clinical Information**: Electronically among providers and patient-authorized entities Menu Objectives 6 - **Provide Summary of Care Record**: Patients referred or transitioned to another provider or setting	On its own or in conjunction with an external organization, the practice systematically: 1. Demonstrates its process for identifying patients with a hospital admission or emergency department visit 2. Demonstrates its process for sharing clinical information with the admitting hospital or emergency department 3 Demonstrates its process for consistently obtaining patient discharge summaries from the hospital and other facilities 4. Demonstrates its process for contacting patients/families for appropriate follow-up care within an appropriate period following a hospital admission or emergency department visit 5. Demonstrates its process for exchanging patient information with the hospital during a patient's hospitalization 6. Collaborates with the patient/family to develop a written care plan for patients transitioning from pediatric care to adult care (NA for adult only practices) 7. Demonstrates the capability for electronic exchange of key clinical information with facilities 8. Provides an electronic summary-of-care record to another care facility for more than 50 percent of transitions of care

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011 Stage 1 MU	PCMH (NCQA)
	6A: Measure Performance
	The practice measures or receives data on the following: 1. At least three preventive care measures 2. At least three chronic or acute care clinical measures 3. At least two utilization measures affecting health care costs 4. Performance data stratified for vulnerable populations (to assess disparities in care).
	6B: Measure Patient/Family Experience
	The practice obtains feedback from patients/families on their experiences with the practice and their care. 1. The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least three of the following categories: • Access • Communication • Coordination • Whole-person care 2. The practice uses the Patient-Centered Medical Home version of the CAHPS Clinician Group survey tool 3. The practice obtains feedback on the experiences of vulnerable patient groups 4. The practice obtains feedback from patients/families through qualitative means.
	6C: Implement Continuous Quality Improvement *Must Pass*
	The practice uses an ongoing quality improvement process to: 1. Set goals and act to improve performance on at least three measures from Element A 2. Set goals and act to improve performance on at least one measure from Element B 3. Set goals and address at least one identified disparity in care or service for vulnerable populations 4. Involve patients/families in quality improvement teams or on the practice's advisory

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Stage 1 MU	PCMH (NCQA)
		6D: Demo Continuous Quality Improvement
		The practice demonstrates ongoing monitoring of the effectiveness of its improvement process by: 1. Tracking results over time 2. Assessing the effect of its actions 3. Achieving improved performance on one measure 4. Achieving improved performance on a second measure
		6E: Report Performance
		The practice shares performance data from Element A and Element B: 1. Within the practice, results by individual clinician 2. Within the practice, results across the practice 3. Outside the practice to patients or publicly, results across the practice or by clinician.
		6F: Report Data Externally
	Core Objectives 15 - **Report Clinical Quality Measures**: To CMS or states Menu Objectives 7 - **Submission of Electronic Immunization Data to Registry/Information Systems**: Submission and follow-up submission (where registries can accept electronic submissions) 8 - **Submission of Electronic Syndromic Surveillance Data**: Data submission and follow-up submission to Public Health agencies (where agencies can accept electronic data)	The practice electronically reports: 1. Ambulatory clinical quality measures to CMS 2. Data to immunization registries or systems 3. Syndromic surveillance data to public health agencies.

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

Detailed Description

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	Core	
	1. NQF 0041 **Title:** Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old **Description:** Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	
Yes	2. NQF 0024 **Title:** Weight Assessment and Counseling for Children and Adolescents **Description:** Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	
Yes 3 Hib	3. NQF 0038 **Title:** Childhood Immunization Status **Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, ,mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	
	Alternate Core	
Yes	1. NQF 0421 **Title:** Adult Weight Screening and Follow-Up **Description:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	2. NQF 0013 **Title:** Hypertension: Blood Pressure Measurement **Description:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	
Yes	3. NQF 0028 **Title:** Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention **Description:** Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits who received cessation intervention.	
	Menu CQM	
	1. NQF 0001 **Title:** Asthma Assessment **Description:** Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	
	2. NQF 0002 **Title:** Appropriate Testing for Children with Pharyngitis **Description:** Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	
	3. NQF 0004 **Title:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement **Description:** The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	
	4. NQF 0012 **Title:** Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) **Description:** Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	5. NQF 0014 **Title:** Prenatal Care: Anti-D Immune Globulin **Description:** Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	
Yes <140/90	6. NQF 0018 **Title:** Controlling High Blood Pressure **Description:** The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year	
Yes - No Medications, was the patient asked and was the patient offered counseling.	7. NQF 0027 **Title:** Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies **Description:** Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a	
	8. NQF 0031 **Title:** Breast Cancer Screening **Description:** Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	
Yes	9. NQF 0032 **Title:** Cervical Cancer Screening **Description:** Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	
	10. NQF 0033 **Title:** Chlamydia Screening for Women **Description:** Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	
Yes	11. NQF 0034 **Title:** Colorectal Cancer Screening **Description:** Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	12. NQF 0036 **Title:** Use of Appropriate Medications for Asthma **Description:** Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total	
	13. NQF 0043 **Title:** Pneumonia Vaccination Status for Older Adults **Description:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	
Yes	14. NQF 0047 **Title:** Asthma Pharmacologic Therapy **Description:** Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	
	15. NQF 0052 **Title:** Low Back Pain: Use of Imaging Studies **Description:** Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	
	16. NQF 0055 **Title:** Diabetes: Eye Exam **Description:** Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	
	17. NQF 0056 **Title:** Diabetes: Foot Exam **Description:** The percentage of patients aged 18 – 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
Yes <7%, <8% ≤9%, >9%	18. NQF 0059 **Title:** Diabetes: Hemoglobin A1c Poor Control **Description:** Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	
	19. NQF 0061 **Title:** Diabetes: Blood Pressure Management **Description:** Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	
	20. NQF 0062 **Title:** Diabetes: Urine Screening **Description:** Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	
	21. NQF 0064 **Title:** Diabetes: Low Density Lipoprotein (LDL) Management and Control **Description:** Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	
	22. NQF 0067 **Title:** Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD **Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	
Yes	23. NQF 0068 **Title:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic **Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	24. NQF 0070 **Title:** Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) **Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	
	25. NQF 0073 **Title:** Ischemic Vascular Disease (IVD): Blood Pressure Management **Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	
Yes	26. NQF 0074 **Title:** Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol **Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	
	27. NQF 0075 **Title:** Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control **Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	
	28. NQF 0081 **Title:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) **Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	29. NQF 0083 **Title:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) **Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed betablocker therapy.	
	30. NQF 0084 **Title:** Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation **Description:** Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	
	31. NQF 0086 **Title:** Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation **Description:** Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	
	32. NQF 0088 **Title:** Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	
	33. NQF 0089 **Title:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	
	34. NQF 0105 **Title:** Anti-depressant medication management: (a) Effective Acute Phase Treatment,(b)Effective Continuation Phase Treatment **Description:** The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	

UDS - Meaningful Use Stage 1 - Patient Centered Medical Home (NCQA) Crosswalk

UDS 2011	Meaningful Use Stage 1 Clinical Quality Measures	PCMH (NCQA)
	35. NQF 0385 **Title:** Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients **Description:** Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	
	36. NQF 0387 **Title:** Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer **Description:** Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	
	37. NQF 0389 **Title:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients **Description:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	
Yes <7%, <8%	38. NQF 0575 **Title:** Diabetes: Hemoglobin A1c Control (<8.0%) **Description:** The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	