

# Ophthalmology Meaningful Use Attestation Guide

## Stage 2 – 2015 Edition

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CMS has streamlined Stages 1 and 2 of Meaningful Use, and now has one list of requirements for all physicians. However, physicians originally scheduled to demonstrate Stage 1 in 2015 are able to select from alternate measures or claim exclusions. Physicians scheduled to be in Stage 1 in 2015 should refer to the Academy's Stage 1 – 2015 guide. This attestation guide outlines the measures that physicians scheduled to be in Stage 2 in 2015 (those who first participated in meaningful use in 2013 or prior) must meet this year to successfully complete meaningful use. For 2015 only, physicians will attest to 90 day reporting period for meaningful use. Failure to successfully complete meaningful use in 2015 will result in a 3 percent penalty in 2017.

CMS has modified and deleted many of the previous Stage 2 measures. In addition, CMS has removed the core and menu measure structure. Other than for the public health measures, which physicians can choose 2 out of the 3, all measures are required unless an exclusion can be claimed. As in Stage 1, these functional objectives and measures must be submitted through the CMS attestation portal by February 29, 2016. In 2015, Clinical Quality Measures may be submitted through attestation, or either directly through your EHR vendor or through a certified EHR data submission vendor, such as the Academy's IRIS® Registry to also qualify for PQRS.

### Step 1: 10 Meaningful Use Functional Objectives

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All physicians are required to report on all measures under the 10 objectives, except when exclusions are available, or for the public health measures. Please note that many of the measures require that the measure be met for over a certain percentage of patients (e.g., 30 percent). In this case, any percentage that is **over** 30 percent will qualify (e.g., 30.3 percent, 31 percent, 50 percent). 30 percent will not qualify.

#### OBJECTIVE 1: Protect Electronic Health Information

**Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/ security of electronic protected health information stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

#### Reporting Guidance:

All ophthalmologists must review the security of their system in compliance with the HIPAA Security Rule, and take action to resolve any issues identified in the review each reporting year. Documentation

of this security risk analysis review must be maintained in the case of an audit. Additional resources for conducting a security risk analysis are available on EHR Central.

The Security Risk Analysis must occur during the EHR reporting year to count for meaningful use. Documentation of the Security Risk Analysis indicating the date completed during the EHR Reporting year will be required in the event of an audit.

CMS has provided a template to guide providers conducting a security risk analysis that can be found at <http://www.healthit.gov/providers-professionals/security-risk-assessment>. While it may be too detailed for some small practices, it can be used it as a model.

## **OBJECTIVE 2: Clinical Decision Support**

### **Measure 1: Clinical Decision Support**

- Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

#### **Reporting Guidance:**

Consult with your vendor to determine the clinical decision support rule(s) your EHR has the capability to implement. Examples of clinical decision support rules that ophthalmologists have implemented include: High Risk Medication Alert, Yearly Fundus Photos, Target IOP Alert, Diabetes Follow-up Letter Alert, and Glaucoma Race Alert.

All ophthalmologists should implement the appropriate rules and check "Yes" on the attestation form.

### **Measure 2: Drug-Drug and Drug-Allergy Interactions**

- The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
- **EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

#### **Reporting Guidance:**

All ophthalmologists should consult with their vendors, and implement the appropriate functionality and check "Yes" on the attestation form.

## **OBJECTIVE 3: Computerized Provider Order Entry (CPOE) for Medication, Laboratory and Radiology Orders- Use CPOE for medication, laboratory and radiology orders.**

#### **Reporting Guidance:**

Certified ophthalmic scribes that perform duties similar to a medical assistant, certified ophthalmic assistants and certified ophthalmic technicians are now permitted to enter medication, radiology, and

laboratory test orders for purposes of meaningful use. Physicians using certified ophthalmic scribes should maintain in their records a document illustrating that the duties the certified scribe performs are similar to the duties of a certified medical assistant.

**Measure 1: Medication Orders-** More than 60% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

- **DENOMINATOR:** Number of medication orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** More than 60 percent.
- **EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

#### **Reporting Guidance:**

Most ophthalmologists will be able to meet the objective or qualify for the exclusion.

You must answer either “yes” or “no” to the exclusion question. Leaving “no” unchecked and providing acceptable numerator and denominator data will create an error message.

In some cases, EHRs may include medication lists that are maintained by multiple physicians. In these circumstances, it may be difficult for the ophthalmologist to meet the reporting threshold due to the volume of entries for medications that are not managed by the ophthalmologist. CMS allows physicians that do not qualify for the exclusion (i.e. write 100 or more prescriptions) and maintain medication lists that include medications ordered by other providers to limit their CPOE measure calculation to only those patients for whom he or she has previously ordered a medication. Ophthalmologists facing this scenario should work with their EHR vendor to determine how to limit the measure calculation and must maintain documentation of their use of this alternate option in the event of an audit.

**Measure 2: Radiology Orders-** More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.

- **DENOMINATOR:** Number of radiology orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** More than 30 percent.
- **EXCLUSION:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

#### **Reporting Guidance:**

CMS defines a radiology order as an order for any imaging service that uses electronic product radiation. Electronic product radiation includes any ionizing or non-ionizing electromagnetic or particular radiation, or any sonic, infrasonic, or ultrasonic wave that is emitted from an electronic produce as the result of the operation of an electronic circuit in such product.

The CMS definition can be interpreted to include such ophthalmic tests as OCT, ophthalmic ultrasound, and others. Ophthalmologists should check with their EHR vendor to determine if orders for these ophthalmic tests can be entered electronically. If so, they must be entered to comply with the measure.

CMS allows physicians to include orders for other types of imaging services if they so choose and the vendor has this capability. Ophthalmologists should clearly document their policy for which tests must be entered using CPOE and retain this documentation in the event of an audit.

**Measure 3: Laboratory Orders-** More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.

- **DENOMINATOR:** Number of laboratory orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** More than 30 percent.
- **EXCLUSION:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

**Reporting guidance:**

Most ophthalmologists will qualify for the exclusion.

**OBJECTIVE 4: E- Prescribing-** Generate and transmit permissible prescriptions electronically.

**Measure 1: E-prescribing** - More than 50% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.
- **NUMERATOR:** The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.
- **THRESHOLD:** More than 50 percent.
- **EXCLUSION 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.
- **EXCLUSION 2:** Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

**Reporting Guidance:**

Most ophthalmologists will be able to meet the objective or qualify for the exclusion.

You must answer either "yes" or "no" to both exclusions. Leaving "no" unchecked and providing acceptable numerator and denominator data will create an error message.

Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written by the EP during the EHR period.

Providers can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the EP generates an electronic prescription and transmits it electronically using the standards of CEHRT to the intermediary network, and this results in the prescription being filled without the need for the provider to communicate the prescription in an alternative manner.

**OBJECTIVE 5: Health Information Exchange-** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

**Measure:** The EP who transitions or refers their patient to another setting of care or provider of care that (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

- **DENOMINATOR:** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
- **NUMERATOR:** Number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and is exchanged electronically.
- **THRESHOLD:** More than 10 percent.
- **EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all three measures.

**Reporting Guidance:**

Most ophthalmologists will be able to meet the objective or qualify for the exclusion.

A transition of care is defined as the movement of a patient from one setting of care (hospital, primary care practice, specialty care practice, long-term care, home health, rehabilitation facility, etc.) to another.

To count in the numerator, the EP must verify these three fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the EP or hospital as of the time of generating the summary of care document.

**OBJECTIVE 6: Patient-Specific Education** - Use clinically relevant information from Certified EHR Technology to identify patient specific education resources and provide those resources to the patient.

**Measure 1:** Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

- **DENOMINATOR:** Number of unique patients with office visits seen by the EP during the EHR reporting period.
- **NUMERATOR:** Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.
- **THRESHOLD:** More than 10 percent.
- **EXCLUSION:** Any EP who has no office visits during the EHR reporting period.

**Reporting Guidance:**

Education resources or materials do not have to be stored within or generated by the certified EHR. However, the provider should utilize certified EHR technology (CEHRT) in a manner where the technology suggests patient-specific educational resources based on the information stored in the CEHRT. The EP can provide these educational resources to patients in a useful format for the patient (such as, electronic copy, printed copy, electronic link to source materials, through a patient portal or PHR).

**OBJECTIVE 7: Medication Reconciliation-** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

**Measure 1:** The EP performs reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

- **DENOMINATOR:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.
- **NUMERATOR:** Number of transitions of care in the denominator where medication reconciliation was performed.
- **THRESHOLD:** More than 50 percent.
- **EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

**OBJECTIVE 8: Patient Electronic Access-** Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

**Measure 1:** More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.

- **DENOMINATOR:** Number of unique patients seen by the EP during the EHR reporting period.
- **NUMERATOR:** Number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information.
- **THRESHOLD:** More than 50 percent.

**Reporting Guidance:**

The following information must be made available online: Patient name, provider's name and office contact information, current and past problem list, procedures, laboratory test results, current medication list and medication history, current medication allergy list and medication allergy history, vital signs, smoking status, demographic information, care plan fields including goals and instructions, and any known care team members including the PCP of record unless the information is not available in the EHR or is restricted from disclosure by law.

CMS has clarified that the required email field is not one that is required by CMS but one that some individual EHR vendor require for tracking patient electronic access. CMS defines access as when a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information. If a provider can track and demonstrate that more than 50 percent of all unique patients have been provided the necessary info under these definitions, even if it is not tracked by the EHR itself, then the provider could legitimately claim to have successfully met this measure.

**Measure 2:** At least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.

- **EXCLUSION 1:** Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for “Patient name” and “Provider’s name and office contact information”, may exclude **both** measures.
- **EXCLUSION 2:** Conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude **only** the second measure.

#### **Reporting Guidance:**

Ophthalmologists can employ a variety of strategies to encourage patients to access their information online, such as showing patients how to access the portal in the office.

**Objective 9: Use Secure Electronic Messaging-** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled.

- **EXCLUSION:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

**Objective 10: Public Health-** The EP is in active engagement with a public health agency (PHA) or specialized registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice.

Ophthalmologists scheduled to be in Stage 2 in 2015 must choose 2 measures from the 3 public health measure options for meaningful use. Ophthalmologists should first choose measures that they are not



excluded from. An exclusion does not count toward the total of two measures unless the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than 2.

#### **Active Engagement:**

For purposes of meeting this objective, EPs are required to demonstrate that “active engagement” with a PHA or registry has occurred within 60 days of the start of the reporting period. This can be demonstrated by any of the following options:

- (1) Completed Registration to Submit Data: The EP has registered to submit data with the PHA or registry, registration was completed within 60 days after the start of the EHR reporting period, and the EP is awaiting an invitation from the PHA or registry to begin testing and validation
- (2) Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or registry within 30 days, and failure to respond twice within an EHR reporting period would result in that provider failing the measure.
- (3) Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or registry.

**MEASURE OPTION 1: Immunization Registry Reporting-** The EP is in active engagement with a PHA to submit immunization data.

- **EXCLUSION 1:** The EP does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or immunization information system during the EHR reporting period.
- **EXCLUSION 2:** The EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period
- **EXCLUSION 3:** The EP operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

#### **Reporting Guidance:**

Most ophthalmologists will qualify for the Exclusion 1 for not administering immunizations.

**MEASURE OPTION 2: Syndromic Surveillance Reporting-** The EP is in active engagement with a public health agency to submit syndromic surveillance data.

- **EXCLUSION 1:** The EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system.
- **EXCLUSION 2:** The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- **EXCLUSION 3:** The EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from the EP at the start of the EHR reporting period.



**Reporting Guidance:**

Ophthalmologists should check with their state public health agency to verify that the agency does not collect ophthalmic syndromic surveillance data. Most ophthalmologists will qualify for the Exclusion 1 for not being in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

A Frequently Asked Questions Guidance Document published by CMS at <https://questions.cms.gov/faq.php?faqId=12985&id=5005&r=p> also clarifies that EPs who did not intend to attest to the equivalent prior menu objective may claim an exclusion from this measure in 2015.

**MEASURE OPTION 3: Specialized Registry Reporting-**

The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.

- **EXCLUSION 1:** The EP does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;.
- **EXCLUSION 2:** The EP operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or.
- **EXCLUSION 3:** The EP operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

**Reporting Guidance:**

A clinical data registry is defined as registries sponsored by national specialty societies and specialized registries maintained by public health agencies.

Physicians who qualify for less than 2 public health measures may report this measure twice by being in active engagement with 2 specialized registries. However, CMS confirmed with the Academy that the agency does not expect EPs who are excluded from Public Health Measure Options 1 and 2 to report to two specialized registries, and that reporting to IRIS Registry, for example, is sufficient.

Ophthalmologists who currently participate in the Academy's IRIS Registry or who contract and initiate the process to participate in the IRIS Registry within 60 days of the start of their EHR reporting period may attest YES to this measure. More information on IRIS Registry can be found at [www.aao.org/irisregistry](http://www.aao.org/irisregistry).

A Frequently Asked Questions Guidance Document published by CMS at <https://questions.cms.gov/faq.php?faqId=12985&id=5005&r=p> explains that EPs who did not intend to attest to the equivalent prior menu objective may claim an exclusion from this measure in 2015.

## Step 2: Choose 9 CQMs in 3 Domains

To meet the requirements of Meaningful Use Stage 2, ophthalmologists must choose a total of 9 clinical quality measures (CQMs) that cover at least 3 of the National Quality Strategy measurement “domains”: patient and family engagement, patient safety, care coordination, population and public health, efficient user of health care resources, and clinical process/effectiveness.

This year, physicians can attest to any continuous 90-day period of CQM data during the calendar year through the Medicare EHR Incentive Program registration and attestation site; or electronically report CQM data using the established methods for electronic reporting. Though physicians are only required to attest to 90 days of CQM data in 2015, electronically submitting a full year of data can help the physician to simultaneously meet the requirements for the Physician Quality Reporting System program (see below).

### Suggested CQMs for Ophthalmology

There are a total of 64 CQMs in the meaningful use program. However, not all EHR systems will be capable of submitting all of the available CQMs. You can verify the available CQMs for your system by checking the Certified Health IT Product List (CHPL): <http://oncchpl.force.com/ehrcert?q=chpl>

The Academy has compiled a suggested list of CQMs that will meet the requirement to report 9 CQMs in at least 3 domains. If your EHR is unable to report the Academy-recommended list, you can still qualify for meaningful use by reporting the measures that are available in your system. As in Stage 1 of meaningful use, it is acceptable to report measures that have zero values in the numerator and/or denominator as long as you first select measures for which you have non-zero values.

Recommended CQMs		
Measure No.	Measure Title and Description	Domain
TBD	<b>Closing the Referral Loop: Receipt of Specialist Report</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Care Coordination
NQF 0018	<b>Controlling High Blood Pressure</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Clinical Process/Effectiveness
NQF 0022	<b>Use of High-Risk Medications in the Elderly</b> Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication.	Patient Safety

	b. Percentage of patients who were ordered at least two different high-risk medications.	
NQF 0028	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Population/Public Health
NQF 0055	<b>Diabetes: Eye Exam</b> Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the past 12 months prior to the measurement period.	Clinical Process/Effectiveness
NQF 0086	<b>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.	Clinical Process/Effectiveness
NQF 0088	<b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed within 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.	Clinical Process/Effectiveness
NQF 0089	<b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</b> 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.	Clinical Process/Effectiveness
NQF 0101	<b>Falls: Screening for Future Fall Risk</b> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Patient Safety
NQF 0419	<b>Documentation of Current Medications in the Medical Record</b> Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements and must contain the medication's name, dosage, frequency and route of administration.	Patient Safety

NQF 0421	<b>Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</b> Percentage of patients aged 18 years and older with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter. Normal Parameters: Age 65 years and older BMI $\geq 23$ and $< 30$ ; Age 18-64 years BMI $\geq 18.5$ and $< 25$ .	Population/ Public Health
NQF 0564	<b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Patient Safety
NQF 0565	<b>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Clinical Process/Effectiveness

### Physician Quality Reporting System

Clinical Quality Measures reported for meaningful use can be used to satisfy the physician's obligation to report measures for the Medicare Physician Quality Reporting System. In order for CQM reporting to count for PQRS and well as for meaningful use, at least one measure must have non-zero performance data in both the numerator and the denominator. If the EP is reporting at least one measure that meets this criterion, their electronically submitted CQMs can also be used for PQRS.

Group practices that are attesting for more than one physician have the option to submit group data for the CQMs in lieu of individual EP data to improve the likelihood of having measures with non-zero values in both the numerator and the denominator. Groups that wish to utilize this option should register for the PQRS Group Practice Reporting Option (GPRO) through the PV-PQRS portal and work with their EHR vendor or a data submission vendor, such as the IRIS Registry to ensure timely submission of all of the necessary data.

Though the 2015 meaningful use reporting period is 90 days, physicians must submit a full year of CQM data if they wish to also satisfy the requirements of PQRS.

For additional resources on Meaningful Use, visit EHR Central: [www.aao.org/ehr](http://www.aao.org/ehr).

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