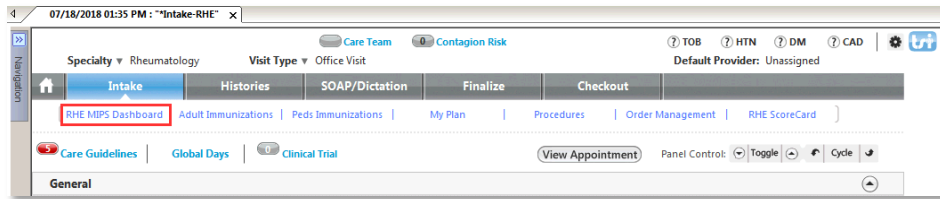


## Summary of the MIPS Dashboard

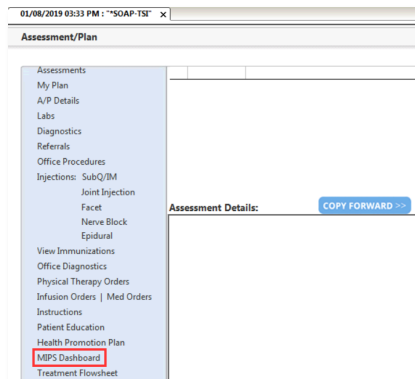
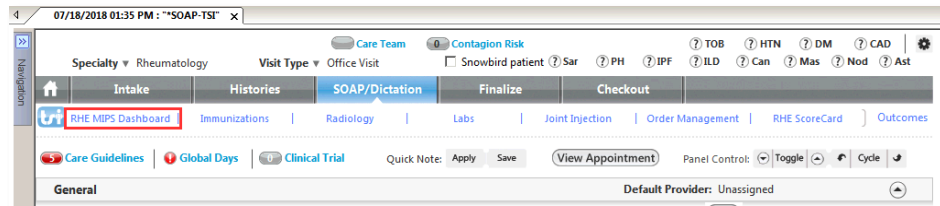
The Rheumatology MIPS Dashboard is a one-stop shop for documenting required data elements for Rheumatology MIPS Measures that were previously difficult to document/track. This dashboard is simply a GUIDE to make the workflows on these measures easier (FEWER CLICKS). This template is launched from the blue quick links on the Intake template, blue quick links on the SOAP/Dictation template, the Assessment/Plan panel of the SOAP/Dictation template, and the Navigation Panel.

**DISCLAIMER:** To track ALL Quality and Promoting Interoperability measure performance please use NextGen’s HQM module for further analysis.

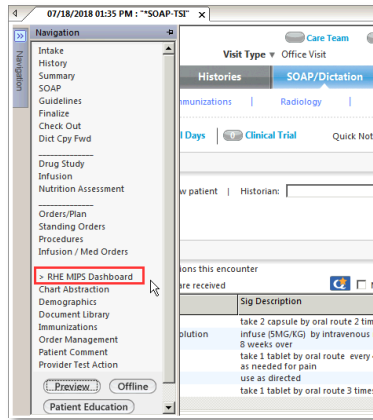
### Intake template:







### SOAP/Dictation template (two places):



## Navigation Panel:



## Visual indicators to notify the user of:





- Measure Met 
- Treatment Opportunity 
- Does Not Meet Denominator 
  - **IMPORTANT NOTE:** If a measure has N/A “Does not meet denominator,” it does not necessarily mean you don’t need to document for it. It simply means that the patient at this time during this encounter does not meet all of the measure denominator criteria. Please make sure to revisit these measures after the patient has been seen by the provider.
- Measure Information Button 

## Two panels:



- Per Encounter Measures
  - The measures listed under this panel are to be reported at each eligible visit during the performance period.
- Per Performance Period Measures
  - The measures listed under this panel are to be reported a minimum of once per performance period.

**tsi TSI for Rheumatology - MIPS Dashboard** Age: 68 Years

\*\*\*DISCLAIMER: This dashboard is simply a guide. To track all Quality and PI measure performance please check NextGen's HQM module for further analysis.

Measure Met =  Treatment Opportunity =  Does Not Meet Denominator =  Measure Information Button = 

**IMPORTANT NOTE:** If a measure has N/A “Does not meet denominator,” it does not necessarily mean you don’t need to document for it. It simply means that the patient at this time during this encounter does not meet all of the measure denominator criteria. Please make sure to revisit these measures after the patient has been seen by the provider.

Toggle  Cycle 

**Per Encounter Measures** ▼

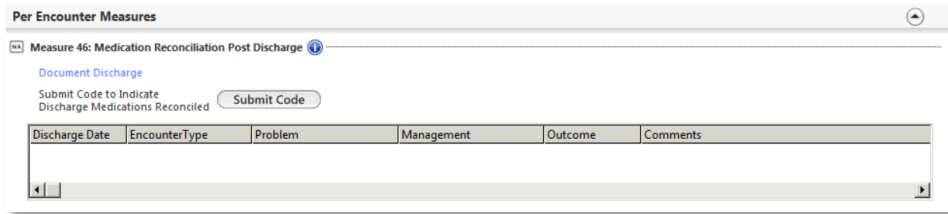
**Per Performance Period Measures** ▼

Save & Close

## Per Encounter Measures

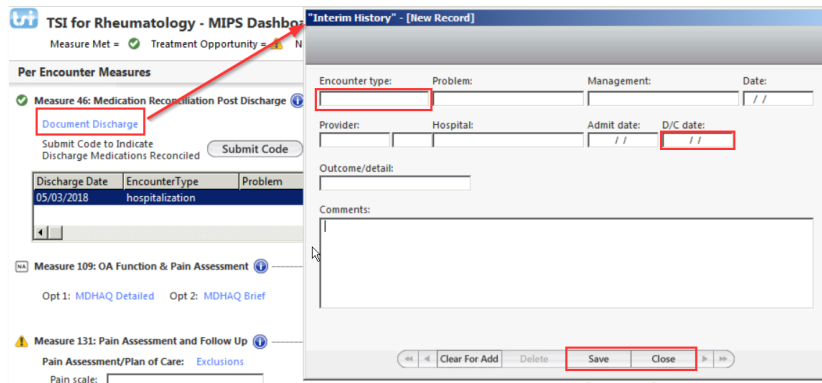
### Quality Measure 46: Medication Reconciliation Post Discharge

**Measure Description:** The percentage of patients aged 18 and older discharged from an inpatient facility and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

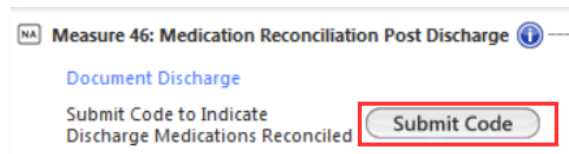


#### Measure Workflow:

1. Document a facility discharge within 30 days by selecting the *Document Discharge* hyperlink. The *Interim History* pop-up will come up and you will need to enter the **Encounter type** and **D/C date**.
  - a. **Please note:** Hospitalization and Hospital are the only two options that will pull the patient into the measure denominator.
2. Then click **Save** and **Close**.

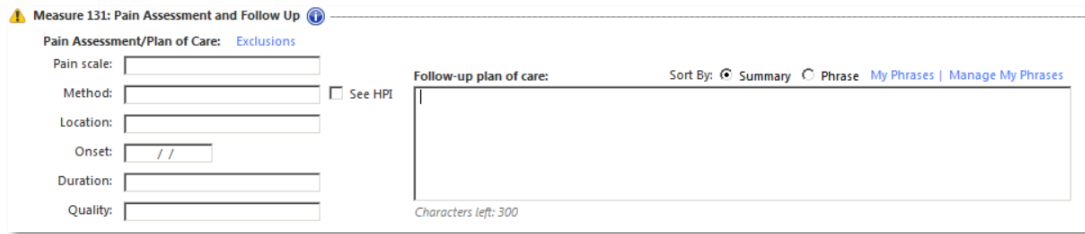


3. Document a medication reconciliation completed by submitting the qualifying CPT Code (1111F) by using the Submit Code button or via the Procedures Module.
  - a. **Important Note:** This must be by an MD/DO, midlevel provider or RN.
  - b. Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



## Quality Measure 131: Pain Assessment & Follow Up

**Measure Description:** Percentage of visits of patients aged 18 and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.



Measure 131: Pain Assessment and Follow Up ⓘ

Pain Assessment/Plan of Care: Exclusions

Pain scale:

Method:   See HPI

Location:

Onset:

Duration:

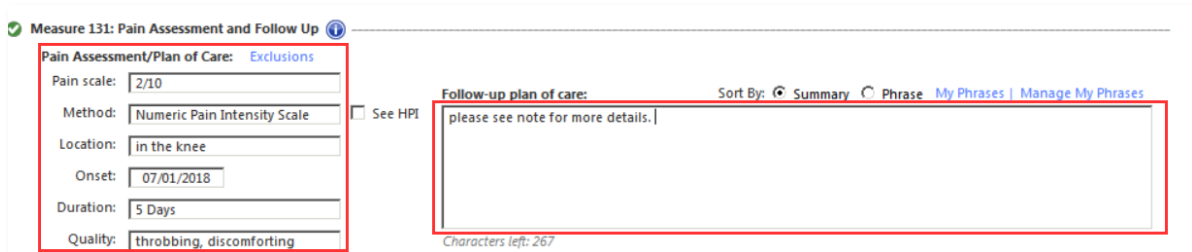
Quality:

Follow-up plan of care:  Sort By:  Summary  Phrase [My Phrases](#) | [Manage My Phrases](#)

Characters left: 300

### Measure Workflow:

1. For patients with a documented pain score greater than zero, complete all fields in the pain management section in the fields below:
  - a. Pain scale
  - b. Method
  - c. Location
  - d. Onset
  - e. Duration
  - f. Quality
  - g. Follow-up plan of care



Measure 131: Pain Assessment and Follow Up ⓘ

Pain Assessment/Plan of Care: Exclusions

Pain scale:

Method:   See HPI

Location:

Onset:

Duration:

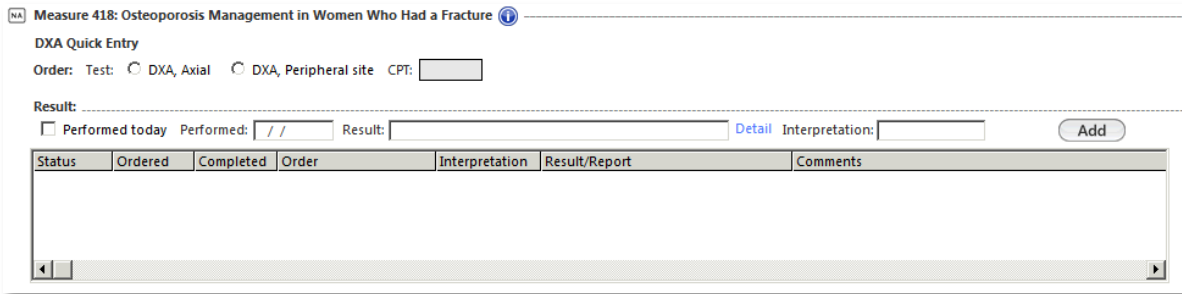
Quality:

Follow-up plan of care:  Sort By:  Summary  Phrase [My Phrases](#) | [Manage My Phrases](#)

Characters left: 267

## Quality Measure 418: Osteoporosis Management in Women Who Had a Fracture

**Measure Description:** Percentage of women aged 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.



Measure 418: Osteoporosis Management in Women Who Had a Fracture

DXA Quick Entry

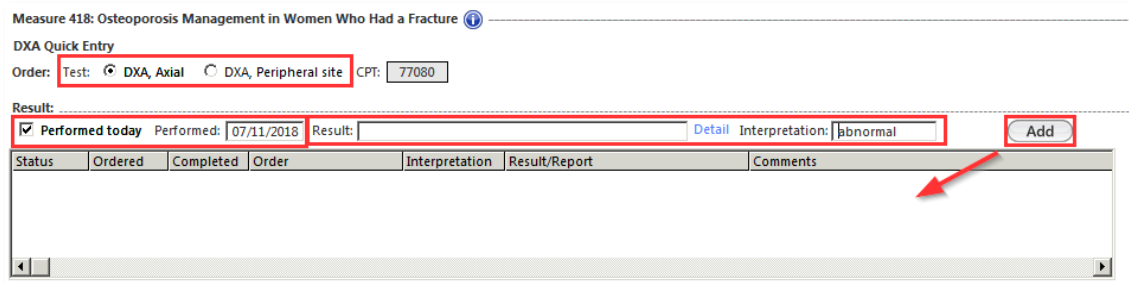
Order: Test:  DXA, Axial  DXA, Peripheral site CPT:

Result:  Performed today Performed:  /  /  Result:  Detail Interpretation:

Status	Ordered	Completed	Order	Interpretation	Result/Report	Comments

### Measure Workflow:

- For female patients 50-85 years old with osteoporosis, for each active fracture document the DXA scan results using the DXA Quick Entry section within 6 months of the fracture occurrence. Document in all the following fields:
  - Study type (axial/peripheral)
  - Diagnosis
  - Interpretation or Result field
  - Date performed (DXA ever performed)
- Select the **Add** button.
  - Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



Measure 418: Osteoporosis Management in Women Who Had a Fracture

DXA Quick Entry

Order: Test:  DXA, Axial  DXA, Peripheral site CPT:

Result:  Performed today Performed:  Result:  Detail Interpretation:

Status	Ordered	Completed	Order	Interpretation	Result/Report	Comments

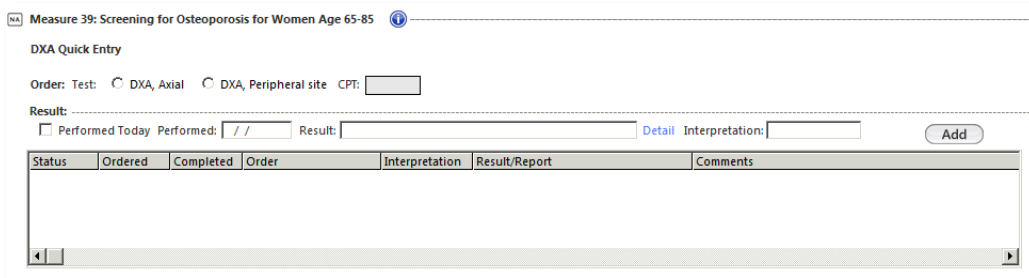
OR

- Document a qualifying osteoporosis medication in the Medications Module within 6 months of the fracture occurrence

## Per Performance Period Measures

### Quality Measure 39: Screening for Osteoporosis for Women Age 65-85

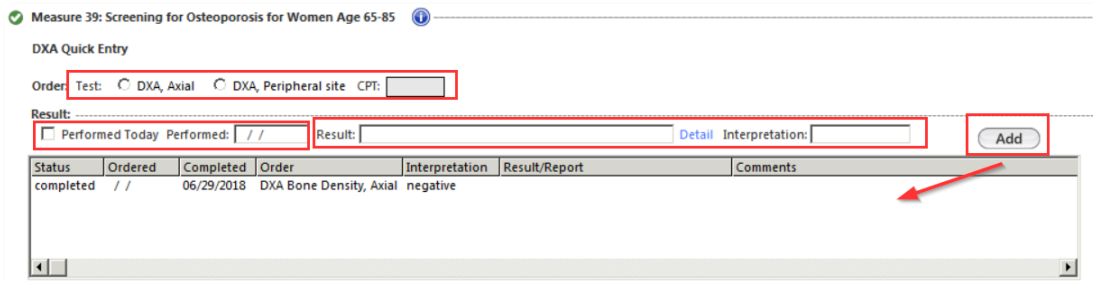
**Measure Description:** Female patients aged 65-85 years of age who ever had a central dual-energy x-ray absorptiometry (DXA) to check for osteoporosis.



Status	Ordered	Completed	Order	Interpretation	Result/Report	Comments

#### Measure Workflow:

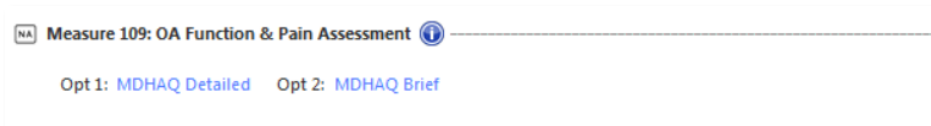
1. Document the DXA scan results using the DXA Quick Entry section. Document in all the following fields:
  - a. Study type (axial/peripheral)
  - b. Date performed (DXA ever performed)
  - c. Interpretation or Result field
2. Select the **Add** button.
  - a. Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



Status	Ordered	Completed	Order	Interpretation	Result/Report	Comments
completed	/ /	06/29/2018	DXA Bone Density, Axial	negative		

### Quality Measure 109: Osteoarthritis (OA) Function & Pain Assessment

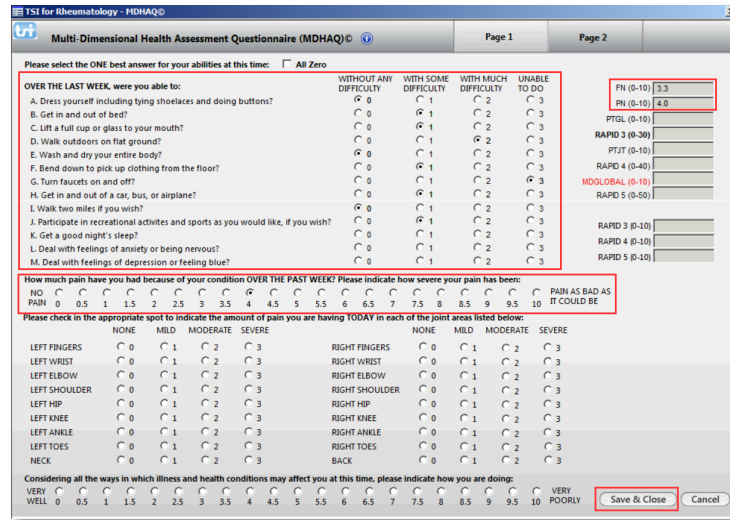
**Measure Description:** Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.



Opt 1: MDHAQ Detailed    Opt 2: MDHAQ Brief

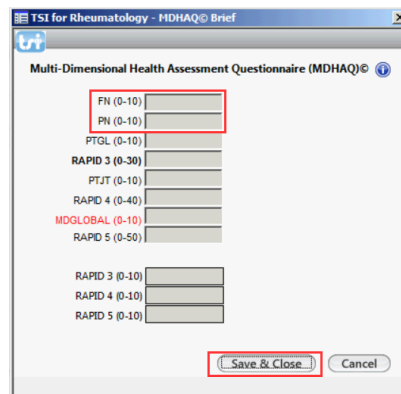
## Measure Workflow:

1. For patients with osteoarthritis, document a functional status assessment by selecting Option 1: MDHAQ Detailed hyperlink. Answer questions A-J and the pain score in the *MD-HAQ* pop-up which will auto-populate the FN score and PN Score.
2. Then click **Save & Close**.



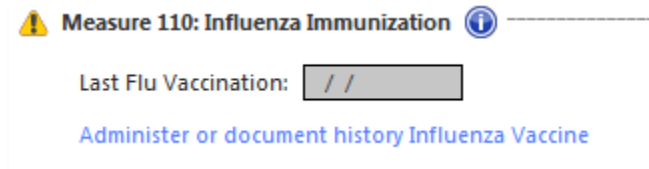
## OR

3. Select Option 2: MDHAQ Brief hyperlink and the brief *MD-HAQ Brief* pop-up will show. Manually enter the **FN score** and **PN score**.
  - a. **Please note:** The PN score can also be documented on the Vital Sign pop-up
4. Then click **Save & Close**.



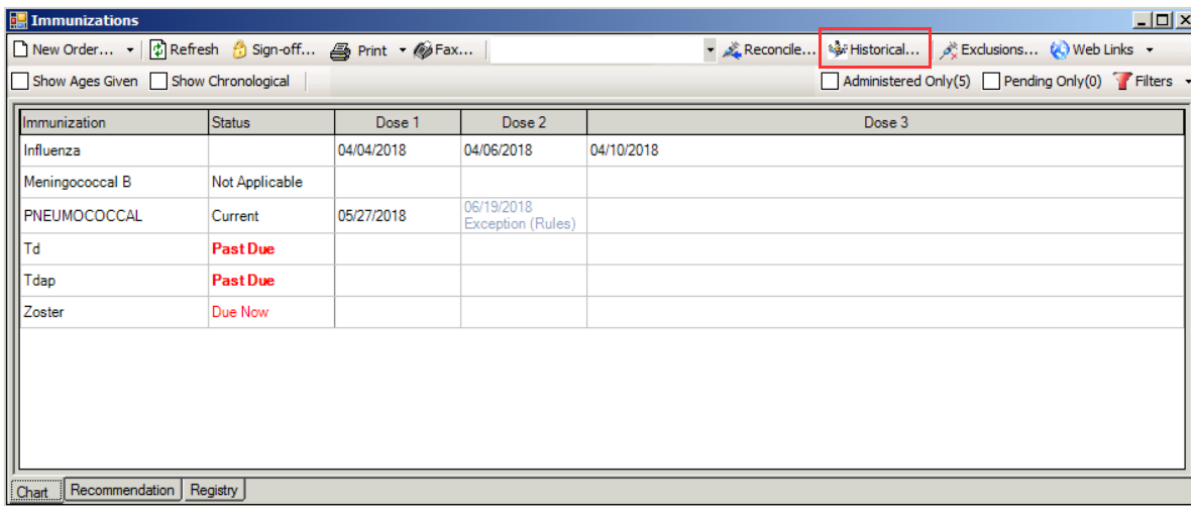
## Quality Measure 110: Influenza Immunization

**Measure Description:** For patients 6 months and older seen for at least ONE visit during January-March and/or October-December: Order an influenza vaccine OR if the patient has already received a qualifying immunization, document the historical vaccine. If the patient does not receive the vaccine for a patient, system, or medical reason, document an exclusion in the Immunizations module.



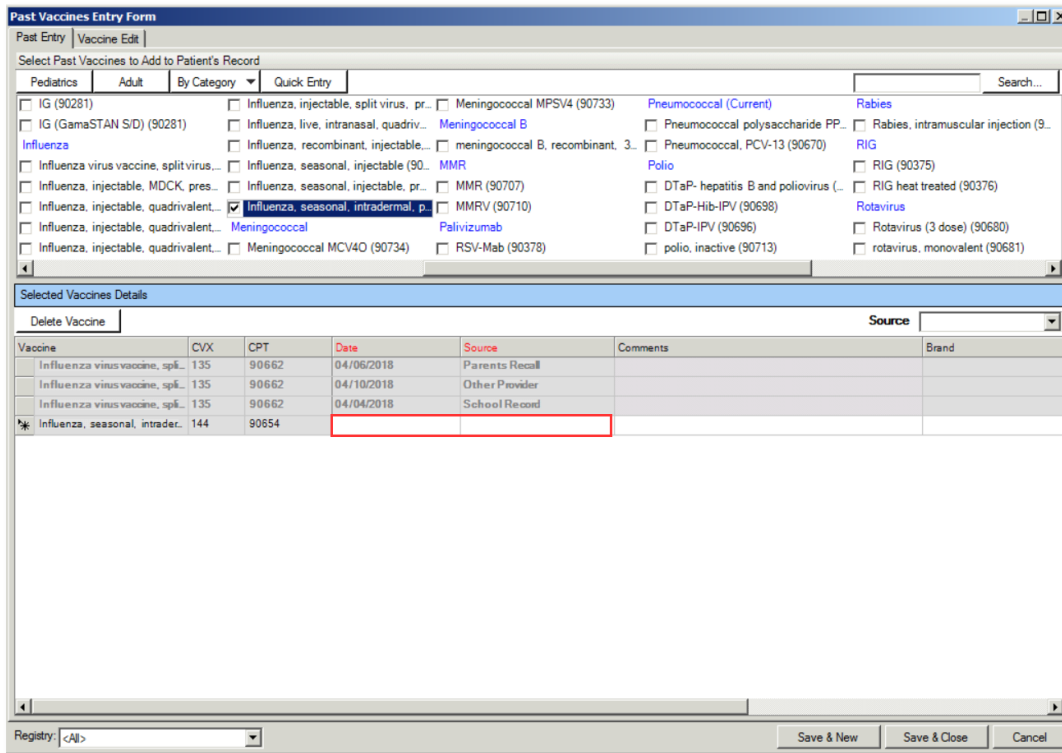
### Measure Workflow:

1. Document the administered Influenza vaccine or historically received the vaccine by selecting the “administer or document history Influenza vaccine” blue hyperlink. The *Immunizations* pop-up will come up.
  - a. Where to document historical influenza vaccine

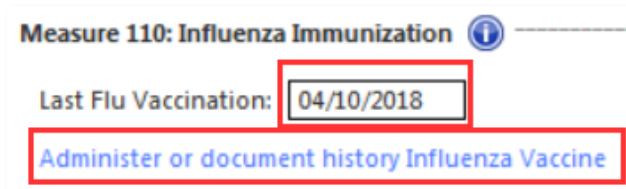


Immunization	Status	Dose 1	Dose 2	Dose 3
Influenza		04/04/2018	04/06/2018	04/10/2018
Meningococcal B	Not Applicable			
PNEUMOCOCCAL	Current	05/27/2018	06/19/2018 Exception (Rules)	
Td	Past Due			
Tdap	Past Due			
Zoster	Due Now			



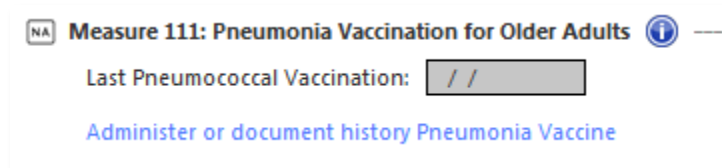


- Once you have completed documenting these, the date when administered/historically received will populate in the **Last Flu Vaccination** field.



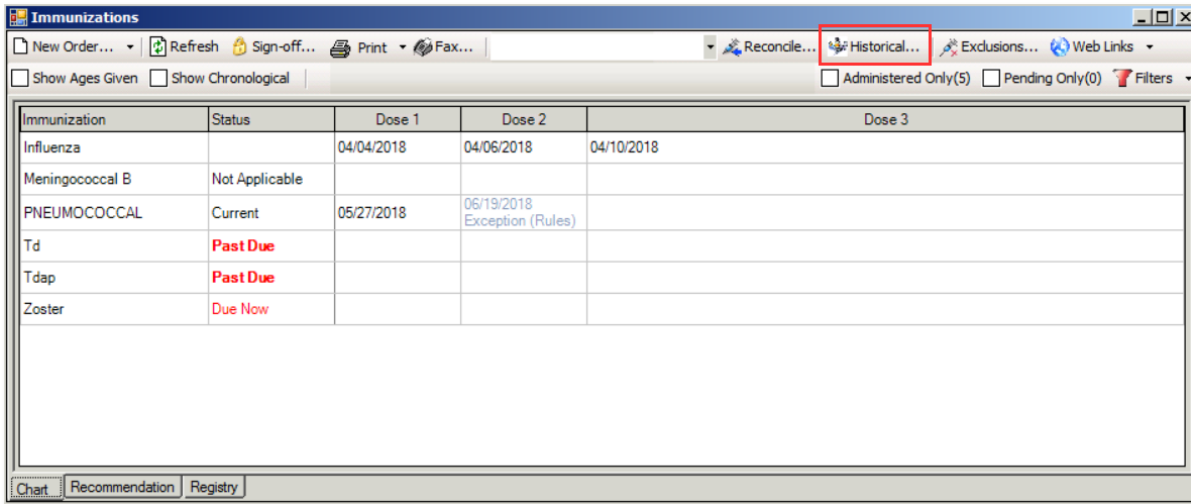
## Quality Measure 111: Pneumonia Immunization

**Measure Description:** For patient's 65 and older, document the administered pneumococcal vaccine and historically received the vaccination.

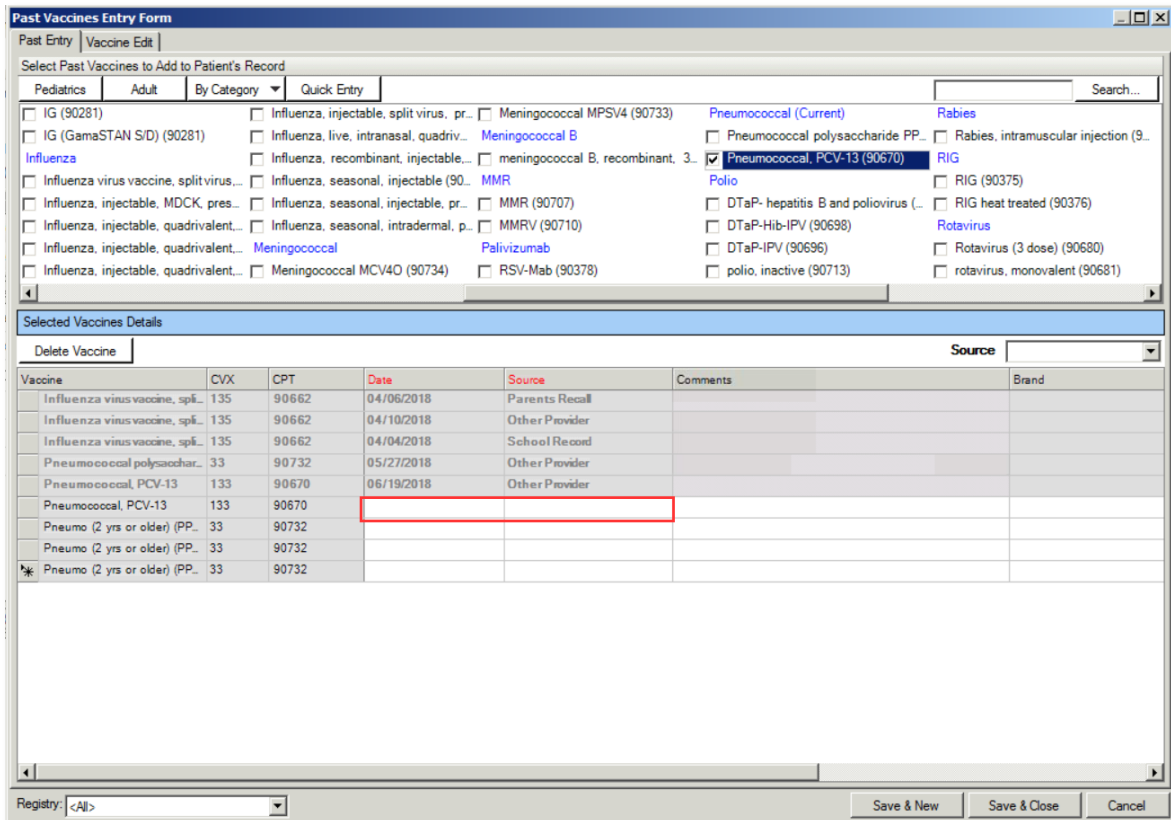


## Measure Workflow:

1. Document the administered pneumococcal vaccine or historically received the vaccine by selecting the “administer or document history pneumonia vaccine” blue hyperlink. The *Immunizations* pop-up with come up.
  - a. Where to document historical pneumococcal vaccine



Immunization	Status	Dose 1	Dose 2	Dose 3
Influenza		04/04/2018	04/06/2018	04/10/2018
Meningococcal B	Not Applicable			
PNEUMOCOCCAL	Current	05/27/2018	06/19/2018 Exception (Rules)	
Td	Past Due			
Tdap	Past Due			
Zoster	Due Now			



Select Past Vaccines to Add to Patient's Record

IG (90281)     Influenza, injectable, split virus, pr...     Meningococcal MPSV4 (90733)     Pneumococcal (Current)     Rabies

IG (GamaSTAN S/D) (90281)     Influenza, live, intranasal, quadriv...     Meningococcal B     Pneumococcal polysaccharide PP...     Rabies, intramuscular injection (9...

Influenza     Influenza, recombinant, injectable...     meningococcal B, recombinant, 3...     Pneumococcal, PCV-13 (90670)     RIG

Influenza virus vaccine, split virus...     Influenza, seasonal, injectable (90...     MMR     Polio     RIG (90375)

Influenza, injectable, MDCK, pres...     Influenza, seasonal, injectable, pr...     MMR (90707)     DTaP- hepatitis B and poliovirus (...     RIG heat treated (90376)

Influenza, injectable, quadrivalent...     Influenza, seasonal, intradermal, p...     MMRV (90710)     DTaP-Hib-IPV (90698)     Rotavirus

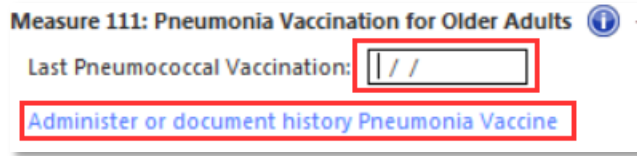
Influenza, injectable, quadrivalent...     Meningococcal     Palivizumab     DTaP-IPV (90696)     Rotavirus (3 dose) (90680)

Influenza, injectable, quadrivalent...     Meningococcal MCV40 (90734)     RSV-Mab (90378)     polio, inactive (90713)     rotavirus, monovalent (90681)

Selected Vaccines Details

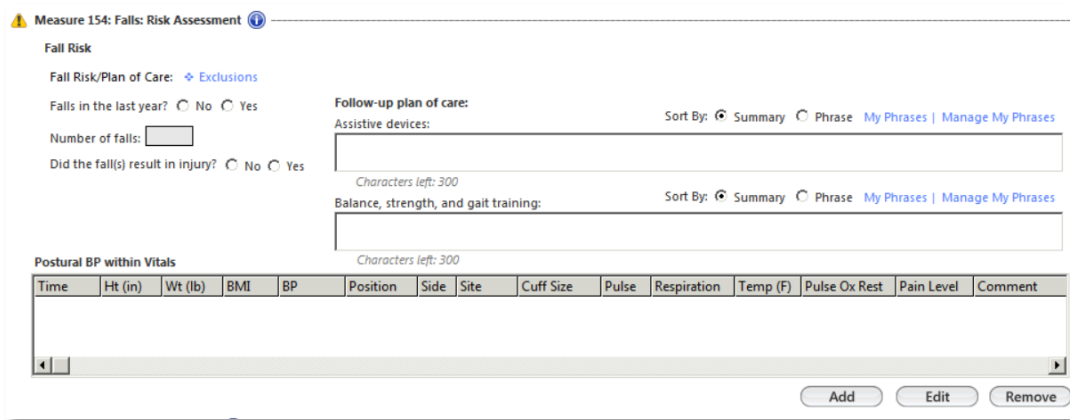
Vaccine	CVX	CPT	Date	Source	Comments	Brand
Influenza virus vaccine, spl...	135	90662	04/06/2018	Parents Recall		
Influenza virus vaccine, spl...	135	90662	04/10/2018	Other Provider		
Influenza virus vaccine, spl...	135	90662	04/04/2018	School Record		
Pneumococcal polysacchar...	33	90732	05/27/2018	Other Provider		
Pneumococcal, PCV-13	133	90670	06/19/2018	Other Provider		
Pneumococcal, PCV-13	133	90670				
Pneumo (2 yrs or older) (PP...	33	90732				
Pneumo (2 yrs or older) (PP...	33	90732				
* Pneumo (2 yrs or older) (PP...	33	90732				

- Once you have completed documenting these, the date when administered/historically received will populate in the **Last Pneumococcal Vaccination** field.



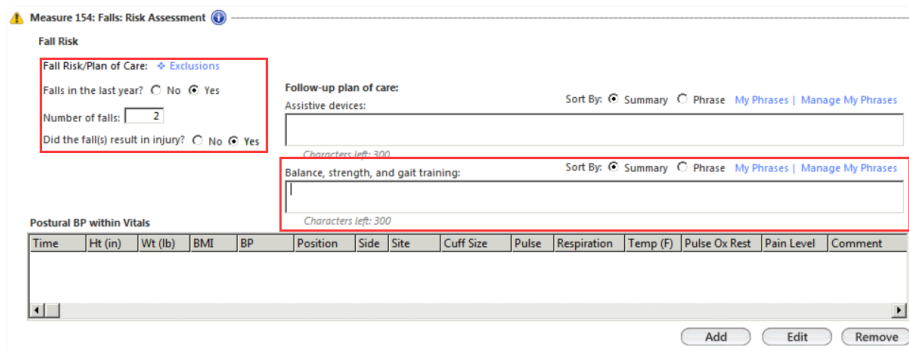
## Quality Measure 154: Falls: Risk Assessment

**Measure Description:** Patients aged 65 and older with a history of falls that had a risk assessment for falls completed within 12 months.



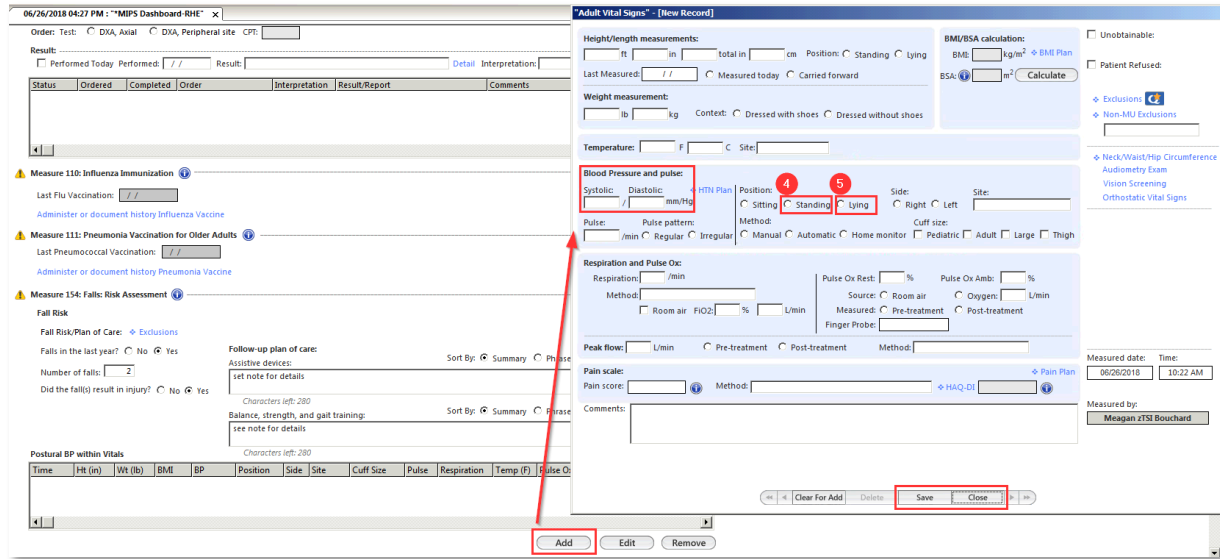
### Measure Workflow:

- For patients 65 and older with a history of 2+ falls in the last year or a single fall with an injury, document the patient's fall history by answering the questions if they have fallen in the last year, etc.
- Document balance, strength, and gait training under the follow-up plan of care section.



- Selecting the **Add** button which will then bring up the *Vital Signs* pop-up.
- Document the diastolic and systolic blood pressure for Standing, click **Save** and select **Clear for Add**.

5. Document the diastolic and systolic blood pressure for Lying, click **Save**, and **Close**.
  - a. Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



## Quality Measure 155: Falls: Plan of Care

**IMPORTANT NOTE:** Measure 154 must be completed before documenting for Measure 155.

**Measure Description:** Patients aged 65 and older with a history of falls that had a plan of care for falls documented within 12 months.

✔ **Measure 155: Falls: Plan of Care** ⓘ **\*\*\*IMPORTANT Measure 154 must be completed before documenting measure 155.**

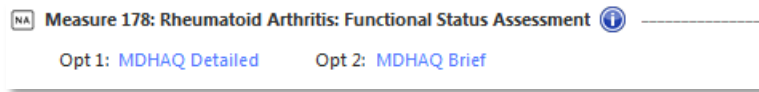
Document Follow-up plan of care in the "Assistive Devices" OR "Balance, strength, and gain training" above.

### Measure Workflow:

1. For patients 65 and older with a history of 2+ falls in the last year or a single fall with an injury, document the patient's fall history and strength, balance, and gait training or a fall plan of care in the section **above** for Quality Measure 154.

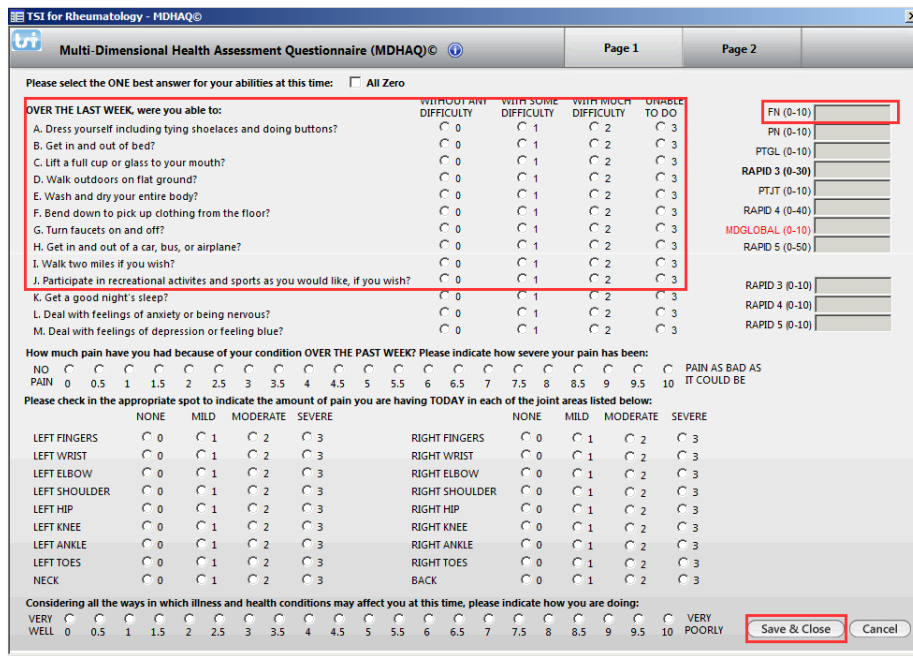
## Quality Measure 178: Rheumatoid Arthritis: Functional Status Assessment

**Measure Description:** Patients aged 18 and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.



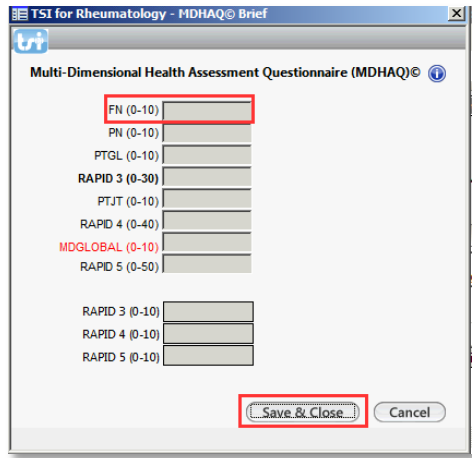
### Measure Workflow:

1. For patients with Rheumatoid Arthritis, document a functional status assessment by selecting Option 1: MDHAQ Detailed hyperlink. Answer questions **A-J** in the *MD-HAQ* pop-up which will auto-populate the FN score.
2. Then click **Save & Close**.



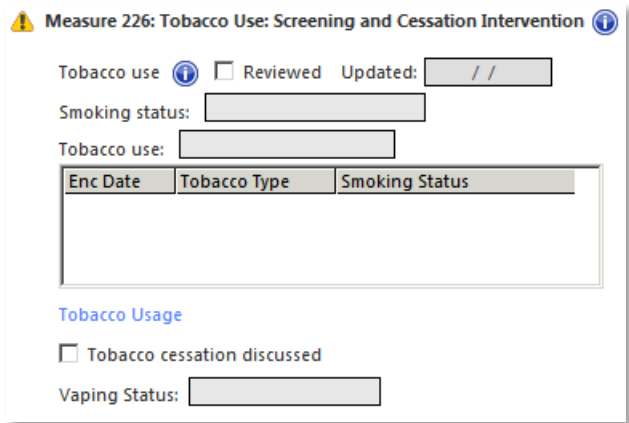
OR

3. Select Option 2: MDHAQ Brief hyperlink and the brief *MD-HAQ Brief* pop-up will show. Manually enter the FN score
4. Then click **Save & Close**.



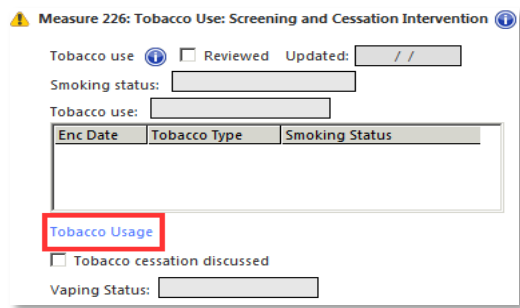
## Quality Measure 226: Tobacco Use: Screening and Cessation Intervention

**Measure Description:** Patients 18 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.

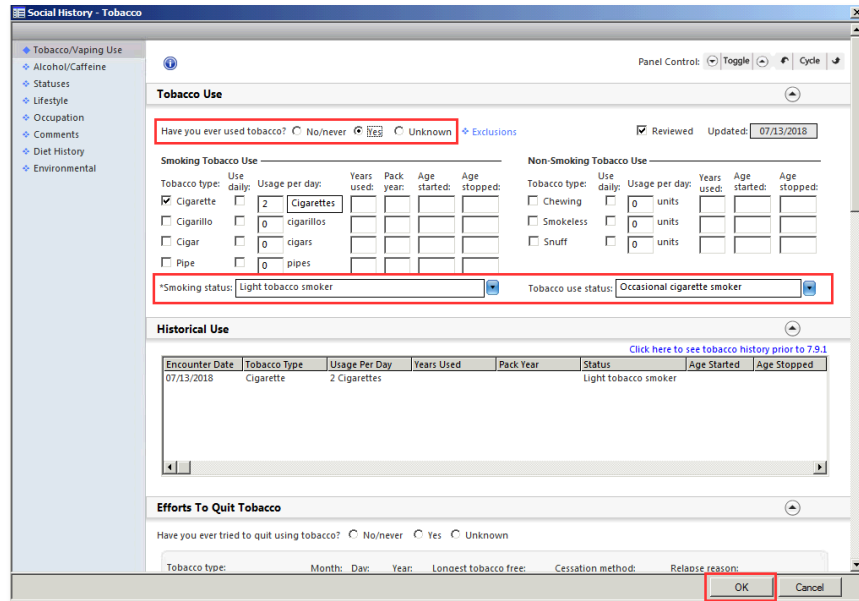


### Measure Workflow:

1. Select the Tobacco Usage hyperlink.



2. Once the *Social History – Tobacco* pops up, document if the patient has ever used tobacco by selecting “Yes” or “No/never” and ensure a value populates the Smoking Status AND Tobacco Use Status field. If the patient is a tobacco user, document the tobacco type.
3. Click **OK**.



**Tobacco Use**

Have you ever used tobacco?  No/never  Yes  Unknown

Reviewed Updated: 07/13/2018

Smoking Tobacco Use						Non-Smoking Tobacco Use						
Tobacco type:	Use daily:	Usage per day:	Years used:	Pack year:	Age started:	Age stopped:	Tobacco type:	Use daily:	Usage per day:	Years used:	Age started:	Age stopped:
<input checked="" type="checkbox"/> Cigarette	<input type="checkbox"/>	2 Cigarettes					<input type="checkbox"/> Chewing	<input type="checkbox"/>	0 units			
<input type="checkbox"/> Cigarillo	<input type="checkbox"/>	0 cigarillos					<input type="checkbox"/> Smokeless	<input type="checkbox"/>	0 units			
<input type="checkbox"/> Cigar	<input type="checkbox"/>	0 cigars					<input type="checkbox"/> Snuff	<input type="checkbox"/>	0 units			
<input type="checkbox"/> Pipe	<input type="checkbox"/>	0 pipes										

\*Smoking status: Light tobacco smoker Tobacco use status: Occasional cigarette smoker

Encounter Date	Tobacco Type	Usage Per Day	Years Used	Pack Year	Status	Age Started	Age Stopped
07/13/2018	Cigarette	2 Cigarettes			Light tobacco smoker		

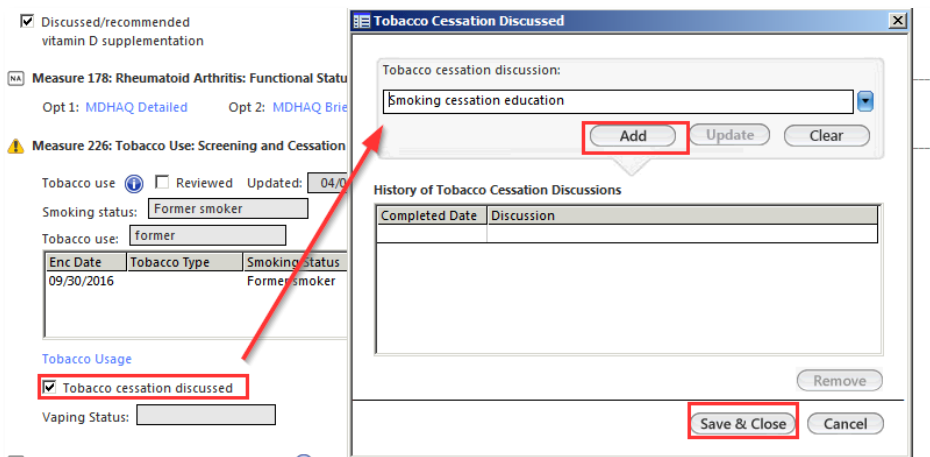
Efforts To Quit Tobacco

Have you ever tried to quit using tobacco?  No/never  Yes  Unknown

Tobacco type: Months: Day: Year: Longest tobacco free: Cessation method: Release reason:

OK Cancel

4. If the patient is a tobacco user, document tobacco cessation counseling by selecting the tobacco cessation checkbox on the dashboard and the type of cessation given.
5. Select **Save & Close**.
  - a. Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon



Discussed/recommended vitamin D supplementation

Measure 178: Rheumatoid Arthritis: Functional Status

Opt 1: MDHAQ Detailed Opt 2: MDHAQ Brief

Measure 226: Tobacco Use: Screening and Cessation

Tobacco use:  Reviewed Updated: 04/0

Smoking status: Former smoker

Tobacco use: former

Enc Date	Tobacco Type	Smoking Status
09/30/2016		Former smoker

Tobacco Usage

Tobacco cessation discussed

Vaping Status:

**Tobacco Cessation Discussed**

Tobacco cessation discussion:

Smoking cessation education

Add Update Clear

History of Tobacco Cessation Discussions

Completed Date	Discussion
----------------	------------

Remove

Save & Close Cancel

**Measure Description:** For all patients with a diagnosis of Psoriasis, Psoriatic Arthritis or Rheumatoid Arthritis on a Biological Immune Response Modifier with a negative or managed positive TB screening. If TB screening is positive, document the findings AND a Chest x-ray/CT to show evidence of INACTIVE Tuberculosis within ONE year of the start of a Biologic immune Response Modifier medication.

Measure 337: Tuberculosis (TB) Prevention **\*\*\*IMPORTANT NOTE: For the list of qualifying biologics, please refer to the measure whitepaper.**

I acknowledge that the following has been documented:  
 - An annual TB screening with negative findings OR  
 - A positive TB screening with positive findings during the measurement period with evidence of INACTIVE TB confirmed through a chest x-ray performed within the year

Status	Ordered	Completed	Order	Interpretation	Results/Report

No results were found.
------------------------

Status	Ordered	Completed	Order	Interpretation	Value	ICD	Diagnosis	Comments
result received	06/29/2018	/ /	Chest X-ray; Complete (4+ views)	See module		M06.9	Rheumatoid arthritis	

**Measure Workflow:**

- The grids are just to show if a TB screening was ordered, resulted, and if a Chest X-ray was ordered for a positive TB screening.
- Select the checkbox if you acknowledge that the documentation of:
  - An annual TB screening with a negative finding **OR**
  - A history of positive TB findings anytime in the patient’s medical history with evidence of INACTIVE TB confirmed through a chest x-ray performed within the past year.

Measure 337: Tuberculosis (TB) Prevention **\*\*\*IMPORTANT NOTE: For the list of qualifying biologics, please refer to the measure whitepaper.**

I acknowledge that the following has been documented:  
 - An annual TB screening with negative findings OR  
 - A positive TB screening with positive findings during the measurement period with evidence of INACTIVE TB confirmed through a chest x-ray performed within the year  Code Submitted

Status	Ordered	Completed	Order	Interpretation	Results/Report
completed	04-10-2019	04-10-2019	QuantIFERON-TB Gold	negative	

No results were found.
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Status	Ordered	Completed	Order	Interpretation	Value	ICD	Diagnosis	Comments
result received	06/29/2018	/ /	Chest X-ray; Complete (4+ views)	See module		M06.9	Rheumatoid arthritis	

Quality Measure 408: Opioid Therapy Follow Up Evaluation



**Measure Description:** Patients 18 and older prescribed opiates for longer than six weeks’ duration who had a follow-up evaluation conducted at least every three months of Opioid Therapy documented in the medical record.

Measure 408: Opioid Therapy Follow-Up Evaluation ⓘ

Submit Code to Indicate Follow-up visit performed

Qualifying Medication

Status	Medication Name	SIG	Orig Start Date	Start Date	Stop Date

**Measure Workflow:**

1. Confirm that the patient has a follow up visit documented in their chart within the initial 3-month period during or after the start of opiate medication therapy. Once you confirm this information, along with the start date of the opiate medication therapy, select the submit code button.

Measure 408: Opioid Therapy Follow-Up Evaluation ⓘ

Submit Code to Indicate Follow-up visit performed  Code Submitted

Qualifying Medication

Status	Medication Name	SIG	Orig Start Date	Start Date	Stop Date
Active	PERCOCET	take 1 tablet by oral route every 6 hours as needed for Anxiety	05/13/2019	05/13/2019	

## Quality Measure 412: Documentation of Signed Opioid Treatment Agreement

**Measure Description:** Patients 18 and older prescribed opiates for longer than six weeks duration who signed on opioid treatment agreement at least once during Opioid Therapy documented in the medical record.

Measure 412: Documentation of Signed Opioid Treatment Agreement ⓘ

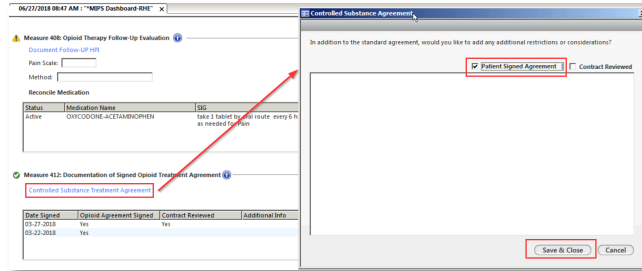
[Controlled Substance Treatment Agreement](#)

Date Signed	Opioid Agreement Signed	Contract Reviewed	Additional Info
03-27-2018	Yes	Yes	
03-22-2018	Yes		

**Measure Workflow:**

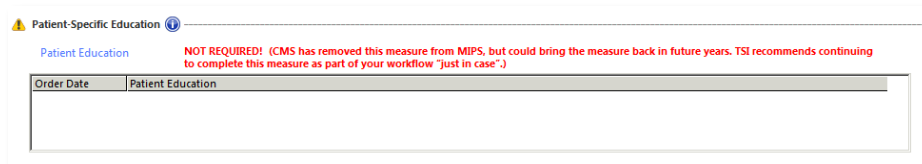
1. Select the Controlled Substance Treatment Agreement blue hyperlink which will bring up the *Controlled Substance Agreement* pop-up.
2. Click the “Patient Signed Agreement” checkbox
3. Click **Save & Close**

- a. Once you complete this step, it will populate in the grid below and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



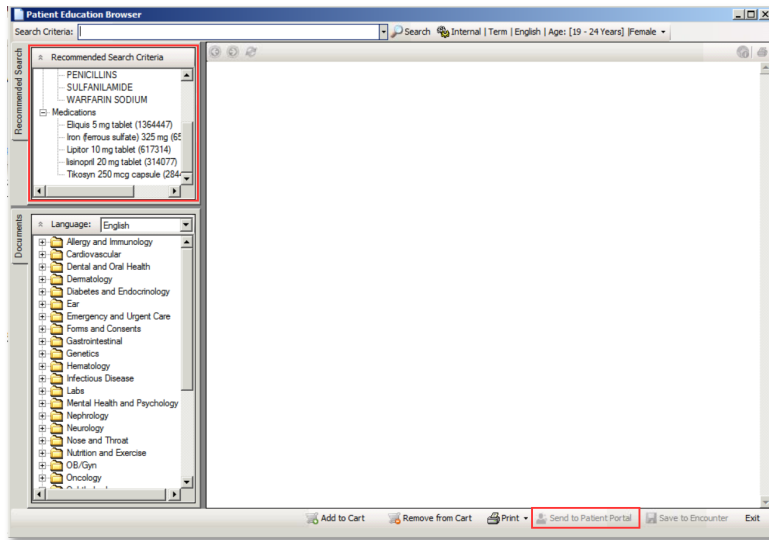
Patient-Specific Education --- *NOT REQUIRED!* (CMS has removed this measure from MIPS, but could bring the measure back in future years. TSI recommends continuing to complete this measure as part of your workflow “just in case”.)

**Measure Description:** A clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS EC. If the patient has not received patient education on the current office visit, there will be the *Treatment Opportunity Missed* icon.



**Measure Workflow:**

1. Select the “Patient Education” blue hyperlink.
2. Select a patient education document from the Recommended Search Criteria section. Select the **Send to the Patient Portal** button.
  - a. If the “Send to Patient Portal” button is grayed out, this means the patient is not enrolled in patient portal.
  - b. This will populate the grid and will change the *Treatment Opportunity Missed* icon to the *Measure Met* icon.



## Important Last Steps!

1. Make sure to go back into the *MIPS Dashboard – RHE* template at the end of the provider’s workflow as there may be a measure that became a Treatment Opportunity.
  - a. Refer back to measures: 46, 109, 337, and 418
2. Once you finished documenting on the *MIPS Dashboard – RHE* template, please make sure to click the **Save & Close** button at the bottom.

