

MEANINGFUL USE FINAL RULE – Objectives and Measures

Interpretation as of July 14, 2010

Prepared for CHIME *(last updated July 29, 2010)*

For the CORE SET, Eligible Professionals (EP) must meet 15 measures and the Eligible Hospitals (EH) must meet 14 measures (e-prescribing does not apply to hospitals). On the MENU SET (next table), Eligible Professionals and Eligible Hospitals must select and implement 5 of the 10 measures, one of which must be related to public health. If an applicant can demonstrate an exception to a measure in the MENU SET, the requirement to meet a measure drops by one.

CORE SET					
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Applicable to EHR only (Y)	Exclusions and Other Considerations
	Eligible Professionals	Eligible Hospitals and CAHs			
Improving quality, safety, efficiency, and reducing health disparities	1. Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	1. Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE	Y	Exclusion applies if EP writes fewer than 100 prescriptions during the reporting period. Any licensed healthcare professional may enter orders using CPOE.
	2. Implement drug-drug and drug-allergy interaction checks	2. Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period		No exclusion.
	3. Generate and transmit permissible prescriptions electronically (eRx)		More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Y	Exclusion applies if EP writes fewer than 100 prescriptions during the reporting period. Permissible prescriptions based on the Guidelines for prescribing Schedule II

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					controlled substances in effect as of January 13, 2010.
	4. Record demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	3. Record demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data		No exclusion. No requirement to record an element if patient declines to provide it or if recording it is contrary to state law. Race and ethnicity codes should follow current standards published by OMB. Hospitals not being asked to record cause of death as stated in any death certificate.
	5. Maintain an up-to-date problem list of current and active diagnoses	4. Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data		No exclusion.

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	6. Maintain active medication list	5. Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data		No exclusion. Only applies to medications known to the provider.
	7. Maintain active medication allergy list	6. Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data		No exclusion.
	8. Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years , including BMI 	7. Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years , including BMI 	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data	Y	Exclusion applies if EP does not see patients 2 years or older or if EP believes that "all three" vital signs have no relevance to their scope of practice. Any EP/hospital that sees/admits the patient

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					and has access to height, weight and blood pressure information on the patient can put that patient in the numerator. Height may be self-reported by patient.
	9. Record smoking status for patients 13 years old or older	8. Record smoking status for patients 13 years old or older	For more than 50% of all unique patients 13 years old and older seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data	Y	Exclusion applies if EP/hospital does not see/admit (to inpatient or ED) patients 13 years or older. No need for provider to make inquiry at each encounter; frequency of updating left to provider. Assumes that EPs without direct patient access would have information communicated as part of the referral. CDC standard recodes for smoking status must be used.

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	10. Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule	9. Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule		No exclusion.
	11. Report ambulatory clinical quality measures to CMS or the States	10. Report hospital clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule	Y	No exclusion. Must submit data even if one or more values (numerators and denominators) for required measures is zero.
			For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule	Y	No exclusion. Submission through portal viewed as only mechanism that is feasible and practical for 2012.
Engage patients and families in their health care	12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	11. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital of CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days	Y	Exclusion applies if no requests for electronic copy received. Only information that exists electronically must be provided electronically. May withhold certain

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					<p>“harmful” information. Information to be provided pursuant to the reasonable accommodations for patient preference. Denominator includes only patients making requests 4 business days before the end of the reporting period.</p>
		<p>12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request</p>	<p>More than 50% of all patients who are discharged from an eligible hospital or CAH’s inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it</p>	Y	<p>Exclusion applies if no requests for electronic copy received. May withhold certain “harmful” information. At time of discharge, patient could be provided instructions on how to access an internet website where they can get the instructions or asked to provide an email address or simply handed electronic media.</p>

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	13. Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	Y	Exclusion applies if EP has no office visits during the reporting period. Final rule defines “office visits” (appears to be a subset of all office visits). Final rule specifies detailed listing of the clinical summary contents. EP may withhold certain “harmful” information. May not charge the patient for the clinical summary. Must provide paper copy upon request.
Improve care coordination	14. Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	13. Capability to exchange key clinical information (for example, discharge summary, procedures problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology’s capacity to electronically exchange key clinical information		No exclusion. Test may involve “dummy” data. Test may occur prior to reporting period. Unique test required for each payment period. Only one test required if multiple EPs use same certified EHR in a shared physical

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					setting. Information must be sent between different legal entities with distinct certified EHR or other system that can accept the information.
Ensure adequate privacy and security protections for personal health information	15. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	14. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR (164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process		No exclusion. A security update required if any security deficiencies identified during the risk assessment.

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Improving quality, safety, efficiency, and reducing health disparities	1. Implement drug-formulary checks	1. Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period		Exclusion applies if EP writes fewer than 100 prescriptions during reporting period. Formularies should be relevant for patient care.
		2. Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded	Y	Exclusion applies if hospital admits no patients 65 years old or older during the reporting period.
	2. Incorporate clinical lab-test results into certified EHR technology as structured data	3. Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results	Y	Exclusion applies if EP orders no lab tests whose results are either in a positive/negative or numeric format during the reporting period. Structured data is not fully

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			are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data		dependent on an established standard; merely requires the system to be able to identify the data as providing specific information—commonly accomplished by creating fixed fields. Allowed to count all structured data in numerator, not just data received via electronic exchange. Not required to transmit or electronically receive test results.
	3. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	4. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition		No exclusion. Report could cover every patient whose records are maintained using certified EHR or a subset of those patients, at provider discretion. Report need not be submitted. States may request CMS approval

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					of modifications to this measure.
	4.	Send reminders to patients per patient preference for preventive/follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	Y	Exclusion applies if EP has no patients in relevant age ranges with records maintained using certified EHR. Applies to all patients with such records, regardless of whether they were seen by the EP during the reporting period.
Engage patients and families in their health care	5.	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information		Exclusion applies if EP neither orders nor creates any of the information during the reporting period. EP may withhold certain "harmful" information. EP not responsible for ensuring that 10% of patients

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					request access or have the means to access.
	6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	5. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources		No exclusion. ONC final rule makes clear that certified EHR must be used to identify education resources but such resources could be printed out, faxed, or emailed.
Improve care coordination	7. The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	6. The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	Y	Exclusion applies if EP was not on the receiving end of any transition of care during the reporting period. Medication reconciliation defined as the process for identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency

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					and route by comparing the medical record to an external list of medications obtained from a patient, hospital or other provider.
	8. The EP, eligible hospital or CAH 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 of care record for each transition of care or referral	7. The EP, eligible hospital or CAH 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 of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals	Y	Exclusion applies if EP does not transfer a patient to another setting or refer a patient to another provider during the reporting period. Transition of care defined as movement from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. Certified EHR must be used to generate the summary of care record and to document that it

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					was provided to the patient or receiving provider; may send an electronic or paper copy directly to the next provider or provide it to the patient to deliver to the next provider, if the patient can reasonably be expected to do so.
	9. Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	8. Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically)		Exclusion applies if EP or hospital administers no immunizations during the reporting period or where no immunization registry has the capacity to receive the information electronically. For test, dummy data is permissible, and failed test would meet the measure. Test may occur prior to reporting period. Unique test required for each payment period. Only one

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					test required if multiple EPs use same certified EHR in a shared physical setting. If test is successful, EP or hospital should institute regular reporting in accordance with applicable law and practice. States may request CMS approval of modifications to this measure.
		9. Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically)		Exclusion applies if no public health agency has the capacity to receive the information electronically. For test, dummy data is permissible, and failed test would meet the measure. Test may occur prior to reporting period. Unique test required for each payment period. Only one test required if multiple EPs use same certified EHR

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					in a shared physical setting. If test is successful, hospital should institute regular reporting in accordance with applicable law and practice. States may request CMS approval of modifications to this measure.
	10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EH or CAH submits such information have the capacity to receive the information electronically)		Exclusion applies if no public health agency has the capacity to receive the information electronically. For test, dummy data is permissible, and failed test would meet the measure. Test may occur prior to reporting period. Unique test required for each payment period. Only one test required if multiple EPs use same certified EHR in a shared physical setting. If test is

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					successful, EP or hospital should institute regular reporting in accordance with applicable law and practice. States may request CMS approval of modifications to this measure.