

Meaningful Use

- Are you considering purchasing an Electronic Health Record (EHR) or moving from your current vendor?
- Is your goal to attain Meaningful Use status in order to receive EHR incentive dollars?
- Do you want to ensure that the EHR you purchase provides you the tools to improve health outcomes?
- Want to learn more about Meaningful Use Stage 1 and Stage 2?
- MedGre provides you with the tools to meet your Meaningful Use goals for Stage 1, Stage 2 and beyond.
- MedGre meets the Complete EHR certification criteria a complete EHR product.

We're Ready for MU2...Are You?

Meaningful Use Knowledge Center

What is Meaningful Use? Electronic Health Records (EHRs) can contribute to a practice or organization when implemented, but how would one measure the success or benefits of adopting this change in the health care industry? The answer is Meaningful Use. Meaningful Use became one of the most frequently used terms in the healthcare industry in 2009. Meaningful Use is a set of standards, defined by CMS, that governs the use of EHRs & allows the opportunity for Eligible Providers (EPs) and Eligible Hospitals (EHs) to earn incentive dollars by complying with a set of specific criteria.

Meaningful Use Stages:

Meaningful Use spans across five years with a total of three stages. In order for EPs and EHs to receive incentive dollars, a certified EHR technology must be adopted and used to achieve objectives set forth by CMS. Below is a high-level view of each stage and its primary focus.

<p>Stage 1 2011-2012</p> <p>Data capture and sharing</p>	<p>Stage 2 2014</p> <p>Advance clinical processes</p>	<p>Stage 3 2016</p> <p>Improved outcomes</p>
<p>Stage 1: Meaningful use criteria focus on:</p>	<p>Stage 2: Meaningful use criteria focus on:</p>	<p>Stage 3: Meaningful use criteria focus on:</p>
<p>Electronically capturing health information in a standardized format</p>	<p>More rigorous health information exchange (HIE)</p>	<p>Improving quality, safety, and efficiency, leading to improved health outcomes</p>
<p>Using that information to track key clinical conditions</p>	<p>Increased requirements for e-prescribing and incorporating lab results</p>	<p>Decision support for national high-priority conditions</p>
<p>Communicating that information for care coordination processes</p>	<p>Electronic transmission of patient care summaries across multiple settings</p>	<p>Patient access to self-management tools</p>
<p>Initiating the reporting of clinical quality measures and public health information</p>	<p>More patient-controlled data</p>	<p>Access to comprehensive patient data through patient-centered HIE</p>
<p>Using information to engage patients and their families in their care</p>		<p>Improving population health</p>

The chart below is a representation of the progression of meaningful use stages from when a Medicare provider begins participation in the program.

1 st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Meaningful Use Stage 1 Objectives For Eligible Providers

Eligible Professionals: 15 Core Objectives

1. Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, gender, race, ethnicity, and date of birth. - 170.304(c)
 - More than 50% of all unique patients seen by the EP have demographics recorded as structured data
2. Maintain the patient's active medication list - 170.302(d)
 - More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
3. Maintain the patient's active medication allergy list - 170.302(e)
 - More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
4. Record and chart changes in vital signs:
 - Height
 - Weight
 - Blood pressure
 - Calculate and display: BMI
 - Plot and display growth charts for children 2–20 years, including BMI. - 170.302(f)
 - For more than 50% of all unique patients age 2 and over seen by the EP, the height, weight and blood pressure are recorded as structured data
5. Record smoking status for patients 13 years old or older. - 170.302(g)
 - More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data
6. Maintain an up-to-date problem list of current and active diagnoses based on ICD–9–CM or SNOMED CT®. - 170.302(c)

- More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data
- 7. Computerized physician order entry (CPOE) of medications - 170.304(a) More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE
- 8. Drug-drug and drug-allergy interaction checks. -170.302(a)
 - The EP has enabled this functionality for the entire EHR reporting period
- 9. Generate and transmit permissible prescriptions electronically (eRx). - 170.304(b)
 - More than 40% of all permissible prescriptions written by the EP are transmitted electronically
- 10. Implement one clinical decision support rule. - 170.304(e)
 - Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance for that rule
- 11. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically. - 170.304(i)
 - Performed at least one test to electronically exchange key clinical information
- 12. Provide clinical summaries for patient for each office visit. - 170.304(h)
 - Clinical summaries provided to patients for more than 50% of all office visits within three business days
- 13. Provide patients with an electronic copy of their health information, upon request. - 170.304(f)
 - More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within three business days
- 14. Report a total of 6 ambulatory clinical quality measures to CMS (Medicare EHR Incentive Program) or States (Medicaid EHR Incentive Program). - 170.304(j)
 - For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule
 - For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule
- 15. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. - 170.302 (o)-(w)
- 16. 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

Meaningful Use Stage 2 Objectives For Eligible Providers

Eligible Professionals: 17 Core Objectives

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. -170.314(a)(1)
 - More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
2. Generate and transmit permissible prescriptions electronically (eRx). - 170.314(b)(3)
 - More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
3. Record the following demographics: preferred language, sex, race, ethnicity, date of birth. - 170.314(a)(3)

- More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.
- 4. Record and chart changes in the following vital signs:
 - Height/Length (No age limit)
 - Weight (No age limit)
 - Blood pressure (Ages 3 & over)
 - Calculate and display: BMI
 - Plot and display growth charts for children 0–20 years, including BMI. - 170.314(a)(4)
- More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.
- 5. Record smoking status for patients 13 years old or older. - 170.314(a)(11)
 - More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
- 6. Use clinical decision support to improve performance on high-priority health conditions. - 170.314(a)(8) & (a)(2)
 - Measure 1: 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.
 - Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period
- 7. 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. - 170.304(e)(1)
 - Measure 1: More than 50 percent 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.
 - Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.
- 8. Provide clinical summaries for patients for each office visit. - 170.314(e)(2)
 - Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.
- 9. Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities. - 170.314(d)(1- 9)
 - 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 data 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.
- 10. Incorporate clinical lab-test results into Certified EHR Technology as structured data. - 170.314(b)(5)
 - More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.

11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach. - 170.314(a)(14)
 - Generate at least one report listing patients of the EP with a specific condition.
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference. - 170.314(a)(14)
 - More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
13. Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient. - 170.314(a)(15)
 - Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
14. 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. - 170.314(b)(4)
 - The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
15. 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 a summary care record for each transition of care or referral. - 170.314(b)(1) & (b)(2)
 - EPs must satisfy both of the following measures in order to meet the objective:
 - Measure 1: The EP 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 percent of transitions of care and referrals.
 - Measure 2: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.
 - Measure 3: An EP must satisfy one of the following criteria:
 - (A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).
 - (B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.
16. Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice. - 170.314(f)(1) & (f)(2) Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
17. Use secure electronic messaging to communicate with patients on relevant health information. - 170.314(e)(3) A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

Eligible Professionals: 6 Menu Set Objectives (must meet 3 of the 6)

1. Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice. - 170.314(f)(3)
 - Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
2. Record electronic notes in patient records. - 170.314(a)(9)
 - Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
3. Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT. - 170.314(a)(12)
 - More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.
4. Record patient family health history as structured data. - 170.314(a)(13)
 - More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.
5. Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice. - 170.314(f)(5) & (f)(6)
 - Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
6. Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.
 - Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.

Clinical Quality Measures for 2014 CMS EHR Incentive Programs for EP - (64 CQMs)

Beginning in 2014 according to CMS, all providers, regardless of whether they are in Stage 1 or Stage 2 of meaningful use, will be required to report on the 2014 CQMs finalized in the Stage 2 rule. Each of the 64 CQMs are categorized into one of the six National Quality Strategy domains which include: (1) Patient and Family Engagement (2) Patient Safety (3) Care Coordination (4) Population/Public Health (5) Efficient Use of Healthcare Resources (6) Clinical Process/Effectiveness

In 2014, EP's must report on nine of the 64 approved CQMs. The nine selected CQMs must cover at least three of the National Quality Strategy domains. To view the complete list with more details, download the CMS Final 2014 CQMs for Eligible Professionals document from the CMS website.

For more information on CQMs, view the CMS website - Clinical Quality Measures (CQMs).

CMS ID	NQF ID	Measure	Domain
CMS146v1	0002	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
CMS137v1	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/Effectiveness
CMS165v1	0018	Controlling High Blood Pressure	Clinical Process/Effectiveness

CMS156v1	0022	Use of High-Risk Medications in the Elderly	Patient Safety
CMS155v1	0024	Weight Assessment and Counselling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health
CMS138v1	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health
CMS125v1	0031	Breast Cancer Screening	Clinical Process/Effectiveness
CMS124v1	0032	Cervical Cancer Screening	Clinical Process/Effectiveness
CMS153v1	0033	Chlamydia Screening for Women	Population/Public Health
CMS130v1	0034	Colorectal Cancer Screening	Clinical Process/Effectiveness
CMS126v1	0036	Use of Appropriate Medications for Asthma	Clinical Process/Effectiveness
CMS117v1	0038	Childhood Immunization Status	Population/Public Health
CMS147v1	0041	Preventive Care and Screening: Influenza Immunization	Population/Public Health
CMS127v1	0043	Pneumonia Vaccination Status for Older Adults	Clinical Process/Effectiveness
CMS166v2	0052	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
CMS131v1	0055	Diabetes : Eye Exam	Clinical Process/Effectiveness
CMS123v1	0056	Diabetes: Foot Exam	Clinical Process/Effectiveness
CMS122v1	0059	Diabetes: Haemoglobin A1c	Clinical Process/Effectiveness
CMS148v1	0060	Haemoglobin A1c Test for Paediatric Patients	Clinical Process/Effectiveness
CMS134v1	0062	Diabetes: Urine Protein Screening	Clinical Process/Effectiveness
CMS163v1	0064	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/Effectiveness
CMS164v1	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/Effectiveness
CMS154v1	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
CMS145v1	0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy — Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/Effectiveness
CMS182v1	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/Effectiveness
CMS135v1	0081	Heart Failure (HF): Angiotensin - Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/Effectiveness
CMS144v1	0083	Heart Failure (HF): Beta-Blocker Therapy for Left	Clinical Process/Effectiveness

		Ventricular Systolic Dysfunction (LVSD)	
CMS143v1	0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/Effectiveness
CMS167v1	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/Effectiveness
CMS142v1	0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/Effectiveness
CMS139v1	0101	Falls: Screening for Future Fall Risk	Patient Safety
CMS161v1	0104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/Effectiveness
CMS128v1	0105	Anti-depressant Medication Management	Clinical Process/Effectiveness
CMS136v2	0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder(ADHD) Medication	Clinical Process/Effectiveness
CMS169v1	0110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/Effectiveness
CMS157v1	0384	Oncology: Medical and Radiation – Pain Intensity Quantified	Patient and Family Engagement
CMS141v2	0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/Effectiveness
CMS140v1	0387	Breast Cancer: Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/Effectiveness
CMS129v2	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources
CMS62v1	0403	HIV/AIDS: Medical Visit	Clinical Process/Effectiveness
CMS52v1	0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/Effectiveness
CMS77v1	TBD (Proposed as NQF 0407)	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/Effectiveness
CMS2v2	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
CMS68v2	0419	Documentation of Current Medications in the Medical Record	Patient Safety
CMS69v1	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health

CMS132v1	0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety
CMS133v1	0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/Effectiveness
CMS158v1	0608	Pregnant women that had BHsAg testing	Clinical Process/Effectiveness
CMS159v1	0710	Depression Remission at Twelve Months	Clinical Process/Effectiveness
CMS160v1	0712	Depression Utilization of the PHQ-9 Tool	Clinical Process/Effectiveness
CMS75v1	TBD	Children who have dental decay or cavities	Clinical Process/Effectiveness
CMS177v1	1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety
CMS82v1	1401	Maternal depression screening	Population/Public Health
CMS74v2	TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/Effectiveness
CMS61v2	TBD	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/Effectiveness
CMS64v2	TBD	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/Effectiveness
CMS149v1	TBD	Dementia: Cognitive Assessment	Clinical Process/Effectiveness
CMS65v2	TBD	Hypertension: Improvement in blood pressure	Clinical Process/Effectiveness
CMS50v1	TBD	Closing the referral loop: receipt of specialist report	Care Coordination
CMS66v1	TBD	Functional status assessment for knee replacement	Patient and Family Engagement
CMS56v1	TBD	Functional status assessment for hip replacement	Patient and Family Engagement
CMS90v2	TBD	Functional status assessment for complex chronic conditions	Patient and Family Engagement
CMS179v1	TBD	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety
CMS22v1	TBD	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health