

Stage 1 – Meaningful Use Objectives

The medical community was waiting until yesterday to determine WHEN they should purchase an EHR, because they didn't want to purchase one without knowing if they can be eligible for the financial reimbursements.

Now, they know what 'meaningful use' actually means. To begin with, a meaningful EHR user was defined in the final rule as: 'an EP, eligible hospital or CAH who for an EHR reporting period for a payment year demonstrates meaningful use of a certified EHR technology in the form and manner consistent with the standards.

The good news is that the ONC and CMS have updated the rules/standards to allow for some more flexibility. Originally, eligible professionals were required to meet 25 objectives while eligible hospitals were expected to meet 23 objectives to be considered a meaningful use user. Now eligible professionals are required to complete the 15 core objectives and only 5 of the 10 menu item objectives. Measures will be taken to determine whether or not an eligible professional has successfully completed any objective.

Stage 1 Meaningful Use Objectives (Core and Menu Set)*:

CORE SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and Critical Access Hospitals (CAHs)	
Improving quality, safety, efficiency and reducing health disparities	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.	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
	Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enable this functionality for the entire EHR reporting period
	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
	Record demographics <ul style="list-style-type: none"> • Preferred language • Gender 	Record demographics <ul style="list-style-type: none"> • Preferred language • Gender 	More than 50% of all unique patients seen by the EP or admitted to the eligible

*The chart was taken directly from the Final Rules, found at: http://www.ofr.gov/OFRUpload/OFRData/2010-17207_PI.pdf

² Unless an EP, eligible hospital or CHA has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user.

	<ul style="list-style-type: none"> • Race • Ethnicity • Date of birth 	<ul style="list-style-type: none"> • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data
	Maintain an up-to-date problem list of current and active diagnoses	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
	Maintain active medication list	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
	Maintain active medication allergy list	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 is not currently prescribed any medication allergies) recorded as structured data
	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI 	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display 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

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	<ul style="list-style-type: none"> Plot and display growth charts for children 2-20 years, including BMI 	Plot and display growth charts for children 2-20 years, including BMI	pressure are recorded as structured data
	Record smoking status for patients 13 years or older	Record smoking status for patients 13 years or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data
	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule
	Report ambulatory clinical quality measures to CMS or the States	Report ambulatory 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
			For 2012, electronically submit the clinical quality measures as discussed in section II (A) (3) of this final rule
Engage patients and families in their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	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 or CAH (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
		Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	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
	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

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			days
Improve care coordination	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	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	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	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
MENU SET			
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	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
		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
	Incorporate clinical lab-test results into certified EHR technology as structured data	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

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			period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	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
	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.
Engage patients and families in their health care	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		More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated by the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
	Use certified HER technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified HER 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
Improve care coordination	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 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)
	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care

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	or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	provides a summary of care record for more than 50% of transitions of care and referrals
Improve population and public health ²	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	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 EHR 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 EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)
		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 EHR 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 eligible hospital or CAH submits such information have the capacity to receive the information electronically)
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	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 EHR 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 EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

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Now keep in mind that this is ONLY Stage 1 of meaningful use. Within the document it stated that the ONC and CMS will provide updates on the meaningful use criteria and as of right now, there are 3 stages of meaningful use.

Stage 1 is the criteria discussed above and it begins immediately. Stage 2 is expected to be released at the end of 2011 and Stage 3 is expected to be released at the end of 2013.

The next question that many people will ask is WHEN you will be able to actually begin receiving the incentive payments. This answer depends on when you determine to purchase and begin proving meaningful use. For example, if an eligible professional who wants to receive incentives as early as 2011 must satisfy the requirements of Stage 1 in your first and second payment years (2011 and 2012).

Below is a table to determine the criteria you will need to abide by in order to receive the payments*:

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD

It is evident by looking at this table that nothing has been established for the year 2015. Within the final rules, it was stated that they are unsure as to what will be the definitive ruling for the year 2015.

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