

What is Meaningful Use?

The American Recovery and Reinvestment Act (ARRA) stimulus package includes incentives for health care providers that attain “meaningful use” of their electronic health record (EHR) systems. To be an eligible provider (EP) for Medicare and Medicaid incentives, providers must use a certified EHR system in a meaningful manner[†], exchange health information to improve the quality of care (through a health information exchange, if available), and report on clinical quality measures. To earn incentives and avoid penalties providers should meet these requirements by 2015. Those who achieve meaningful use earlier will earn the largest amounts with incentives decreasing over time.

Meaningful use will be rolled out using a phased approach and will be updated over time. The final Stage 1 criteria have been released. Stages 2 and 3 are not fully defined but will expand on Stage 1, increasing what is required of the provider over time (see page 3).

Targeted Stages of Meaningful Use by Payment Year

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
2015					TBD

Stage 1: The Stage 1 meaningful use criteria focus on electronically capturing health information in a coded format; using that information to track key clinical conditions and communicating that information for care coordination purposes (whether that information is structured or unstructured, but in a structured format, whenever feasible).

Objectives and Measures were divided into two categories: Core Set and Menu Set. Providers will need to meet all of the Core set of measures (15 for EP’s) and will need to select and meet 5 measures from the Menu set.

Criteria for Stage 1 Meaningful Use Criteria

OBJECTIVES/MEASURES – CORE SET

Priority Area #1 – Improve quality, safety, efficiency, and reduce health disparities

- ✓ **Computerized Physician Order Entry (CPOE) for medication orders:** Use computerized CPOE for at least one medication order for more than 30% of patients with at least one medication in their medication list
- ✓ **Medication Interaction/Contraindication Checks:** Enable functionality in EHR for automated drug-drug and drug-allergy checks
- ✓ **Patient Problem List:** Maintain an up-to-date problem list of current and active diagnoses (at least one entry recorded as structured data) for more than 80% of all unique patients

[†] To receive Medicaid incentives in the initial year, an EP only needs to demonstrate that they have engaged in efforts to “adopt, implement, or upgrade certified EHR technology” but by the second year they need to show meaningful use of the EHR.

- ✓ **E-Prescribing:** More than 40% of all permissible prescriptions written are transmitted electronically (eRx) using certified EHR technology
- ✓ **Active Medication List:** Maintain an active medication list (at least one entry recorded as structured data) for more than 80% of all unique patients
- ✓ **Active Medication Allergy List:** Maintain an active medication allergy list (at least one entry recorded as structured data) for more than 80% of all unique patients
- ✓ **Patient Demographics:** Record demographic data (including preferred language, gender, race and ethnicity coded by federal guidelines, and date of birth) as structured data for more than 50% of all unique patients
- ✓ **Vital Signs:** Record and chart vital signs (including height, weight, blood pressure) for more than 50% of all unique patients 2 years of age or older
- ✓ **Smoking Status:** Record smoking status (recorded as structured data) for more than 50% of all unique patients 13 years old or older
- ✓ **Quality Measures Reporting:** Report ambulatory clinical quality measures[‡] to CMS (for 2011, through attestation; for 2012, electronically)
- ✓ **Clinical Decision Support Rules:** Implement one clinical decision support rule relevant to specialty or high clinical priority

Priority Area #2 – Engage patients and their families in their healthcare

- ✓ **Electronic Copy of Patient Health Record:** More than 50% of all patients who request an electronic copy of their health information (including diagnostic test results, problem list, med list, med allergies) are provided it within 3 business days
- ✓ **Clinical Summaries:** Provide patients with clinical summaries for more than 50% of all office visits within 3 business days

Priority Area #3 – Improve care coordination

- ✓ **Clinical information Exchange:** At least one test of exchange key clinical information (for example, problem list, med list, med allergies, diagnostic test results), electronically among providers through a certified EHR

Priority Area #5 – Ensure adequate privacy and security protections for personal health information

- ✓ **Electronic Health Information Protection:** Ensure the protection of electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities; by conducting or reviewing a security risk analysis, implementing security updates as necessary, and correcting identified deficiencies

OBJECTIVES/MEASURES – MENU SET

Priority Area #1 – Improve quality, safety, efficiency, and reduce health disparities

- ✓ **Medication Formulary Checks:** Enable functionality in EHR for automated drug-formulary checks (**Menu Set**) with access to at least one formulary (internal or external)
- ✓ **Lab Results:** Clinical lab tests results (in a positive/negative or numerical format) captured as structured data for more than 40% of all labs ordered
- ✓ **Patient Lists:** Generate at least one listing of patients by specific conditions for use in quality

[‡] For detail of measures that will be reported by each specialty see: [Proposed Clinical Quality Measures – 2011-2012 Payment Year](#)

improvement, reduction of disparities, research, and outreach

- ✓ **Patient Reminders:** Send reminders to more than 20% of all unique patients age 65 and over or 5 years old or younger for preventive/follow-up care (sent by patient preference)

Priority Area #2 – Engage patients and their families in their healthcare

- ✓ **Electronic Access to Patient Health Record:** Provide patients with electronic access (for example, patient portal or PHR) to their health information (including lab results, problem list, med list, med allergies) within 4 business days for at least 10% of all unique patients
- ✓ **Patient Education:** Use certified EHR technology to identify and provide patient-specific education resources to more than 10% of unique patients

Priority Area #3 – Improve care coordination

- ✓ **Medication reconciliation:** Perform medication reconciliation for more than 50% of transitions of care
- ✓ **Summary of Care Record:** Provide summary of care record for more than 50% of transitions of care and referrals

Priority Area #4 – Improve population and public health*

- ✓ **Immunization Registries:** At least one test of submission of electronic data to immunization registries and actual submission where required and accepted
- ✓ **Syndromic Surveillance Data:** At least one test of submission of electronic syndromic surveillance data to public health agencies, where possible, and actual transmission according to applicable law and practice

**** At least 1 public health objective (Priority Area #4) must be selected as one of the five Menu set measures***

Stage 2: The Stage 2 meaningful use criteria will encourage the use of health information technology (HIT) for continuous quality improvement at the point of care and the exchange of information in the most structured format possible, such as the electronic transmission of orders entered using computerized provider order entry (CPOE) and the electronic transmission of diagnostic test results (such as blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, pulmonary function tests, and other such data needed to diagnose and treat disease). Stage 1 Menu set objectives/measures will be transitioned into Core set for Stage 2 along with an increase in thresholds required.

Stage 3: The Stage 3 meaningful use criteria will focus on improving quality, safety, and efficiency by requiring physicians to meet a minimum expected performance level. It will also include decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data and improving population health.

Source document can be found here: <http://www.cms.gov/EHRIncentivePrograms/>

**For information see www.healthinsight.org, or contact *HealthInsight* by phone 1-800-483-0932,
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