REQUIREMENTS FOR ELIGIBLE PROFESSIONALS & HOSPITALS

MU Stage 2 Timeline

HITPC makes recommendations on MU Stage 2 in **June 2011**

NPRM released by CMS on **March 7, 2012**

NPRM Comment Period for 60 days **till May 7, 2012**

Stage 2 Final Rules released in **August 2012**

Proposed start dates for Stage 2 – **October 2013/January 2014**

All the EPs, EHs, and CAHs must have the EHR technology that is 2014 EHR Certification Criteria certified

Key Observations

- The final rules for Meaningful Use (MU) of Electronic Health Record (EHR) system were released in August 2012
- Focus is on promotion of implementing EHR systems and thereby improve the exchange of health information between the clinical providers and patients
- To be eligible for EHR Incentives,
  - Eligible Professionals (EPs) must demonstrate 17 Core Objectives and 3 out of 6 Menu Objectives
  - Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) must demonstrate 16 Core Objectives and 3 out of 6 Menu Objectives
  - EPs must submit 9 Clinical Quality Measures (CQMs) from at least 3 domains out of potential list of 64 CQMs across 6 domains for both adult population and pediatric population
  - EHs and CAHs must submit 16 CQMs from at least 3 domains out of potential list of 29 CQMs across 6 domains
- Menu objectives (but for one) in Stage 1 are moved into Core objectives in Stage 2. EPs & EHs have two new Core objectives
- The final rule assures that MU Stage 2 will commence from early 2014, giving time for providers and hospitals to adhere to the requirements

Table 1: Comparison of Stage 2 Core Meaningful Use Objectives for Eligible Professionals with Stage 1 Measures

Objective	Stage 2 Measure	Difference from Stage 1
Computerized Provider Order Entry (CPOE)	More than 60% of medication, 30% of lab, and 30% of radiology orders created by the EP or authorized providers of EH or CAH's inpatient or emergency department during the EHR reporting period	Increase from 30% in Stage 1 to 60% in Stage 2
Demographics	Record the Demographics information for more than 80% of unique patients	Increase from 50% in Stage 1 to 80% in Stage 2
Vital Signs/BMI/ Growth Charts	Record and chart the changes in height, weight, blood pressure and BMI for more than 80% of unique patients	Increase from 50% in Stage 1 to 80% in Stage 2
Problem List	More than 80% of all unique patients have at least one entry or an indication that no problems are known for the patient recorded as structured data	UNCHANGED
Medication List	More than 80% of all unique patients have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	UNCHANGED
Medication Allergy List	More than 80% of all unique patients have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	UNCHANGED
Clinical Decision Support	• Implement 5 clinical decision support interventions related to 4 or more CQMs at a relevant point in the patient care for the entire EHR reporting period (otherwise this must be related to high-priority health conditions) • Drug-Drug and Drug-Allergy Interaction Checks for the entire EHR reporting period must be enabled • No Numerator/Denominator/Threshold and Exclusions are applicable for this measure	An increase from one support intervention in Stage 1 to 5 interventions in Stage 2
Transitions of Care – Create and Transmit, Receive, Display and Incorporate Transition of care/referral Summaries	• Provide a summary of care record for more than 50% of transitions of care and referrals to another setting of care or provider of care • Provide a summary of care record for more than 10% of transitions of care and referrals to another setting of care or provider of care that is: o Electronically transmitted using CEHRT to a recipient o Received (receipient) the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner consistent with the governance mechanism ONC establishes for the nationwide health information network • EH and CAH should: o Conduct one or more successful electronic exchanges of a summary of care document with a recipient who has EHR technology that was designed by a different EHR technology developer o Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period	This measure is the replacement for "Exchange Health Information" capability in Stage 1
Clinical Quality Measures	**EPs:** • 9 CQMs for the adult/pediatric population; must cover at least 3 of the National Quality Strategy domains • NQF 0018 – Blood pressure control is high priority goal **EHs:** • Selected 16 of 29 CQMs must cover at least 3 of the National Quality Strategy domains	CQM is a Base EHR measure in Stage 2

View Download and Transmit Health Information to 3rd party	• More than 50% of all unique patients are provided timely (within 4 business days after the information is available to the EP) online access to their health information • More than 5% of all unique patients seen during the EHR reporting period view, download, or transmit to a third party their health information	NEW MEASURE IN STAGE 2
Privacy/Security	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 at rest 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 provider's risk management process	New Standards added in Stage 2: • Audit log should record information when: o EHR is in use o Audit log status is changed o Encryption status of health information is changed • Record date and time • Use encryption & hashing algorithm
eRx (e-Prescribing)	More than 50% of all permissible prescriptions **written by the EP** are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology	The **Drug Formulary Checks** feature is combined along with eRx in Stage 2. Increase from 25% in Stage 1 to 50% in Stage 2
Smoking Status	More than 80% of all unique patients 13 years old or older seen during the EHR reporting period have smoking status recorded as structured data	Increase from 50% in Stage 1 to 80% in Stage 2
Patient List Creation	Generate at least one report listing, patients of the EP, eligible hospital, or CAH with a specific condition. More than 10% of all unique patients who have had two 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.	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Patient Specific Education Resources	**EPs:** Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all office visits by the EP **EHs:** More than 10% of all unique patients admitted to eligible hospitals or CAHs inpatient or emergency departments during the EHR reporting period are provided with patient-specific education resources identified by Certified EHR Technology	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Clinical Information Reconciliation	**EPs:** The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP **EHs:** The EH or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department	Moved from Menu Set in Stage 1 to Core Set in Stage 2 Increase from 25% in Stage 1 to 50% in Stage 2

Incorporate lab test and values/results	More than 55% of all clinical lab tests results ordered by the EP or by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department 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	Moved from Menu Set in Stage 1 to Core Set in Stage 2 Increase from 40% in Stage 1 to 55% in Stage 2
Clinical Summaries	Clinical summaries provided to patients within 24 hours for more than 50% of office visits. Ability to view and download within 24 hours	Clinical Summaries should be provided within 24 hours
Secure Messaging	Secure message is sent using electronic messaging function of Certified EHR Technology to more than 5% of unique patients seen by the EP during the reporting period	NEW MEASURE IN STAGE 2
Immunization Information	Successful ongoing submission of electronic immunization data from Certified EHR Technology to immunization registries or immunization information systems for the entire EHR reporting period	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Specialized Registry	Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period	NEW MEASURE IN STAGE 2
Transmission to Cancer Registries	Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period	NEW MEASURE IN STAGE 2

Table 2: Comparison of Stage 2 Menu Meaningful Use Objectives for Eligible Professionals with Stage 1 Objectives

Objective	**Stage 2 Measure**	**Difference from Stage 1**
Transmission to Public Health Agencies/Public Surveillance	**EPs:** Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited and in accordance with applicable law and practice **EHs:** Successful ongoing submission of electronic reportable lab results from Certified EHR Technology to public health agencies for the entire EHR reporting period	Menu set objective for EPs and Core set objective for EHs
Image Results	More than 10% of all scans and tests whose result is one or more images ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period are accessible through Certified EHR Technology	NEW MEASURE IN STAGE 2
Family Health History	More than 20% of all unique patients seen during the EHR reporting period have a structured data entry for one or more first degree relatives	NEW MEASURE IN STAGE 2
Specialized Registry	Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period	NEW MEASURE IN STAGE 2
Transmission to Cancer Registries	Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period	NEW MEASURE IN STAGE 2
Structured notes	More than 30% of the patients during the reporting period had atleast one electronic progress note created, and signed by the EP	NEW MEASURE IN STAGE 2

Table 3: Comparison of Stage 2 Core Meaningful Use Objectives for Eligible Hospitals and Critical Access Hospitals with Stage 1 Objectives

Objective	Stage 2 Measure	Difference from Stage 1
Computerized Provider Order Entry (CPOE)	More than 60% of medication, 30% of lab, and 30% of radiology orders created by the EP or authorized providers of EH or CAH's inpatient or emergency department during the EHR reporting period	Increase from 30% in Stage 1 to 60% in Stage 2
Demographics	Record the Demographics information for more than 80% of unique patients	Increase from 50% in Stage 1 to 80% in Stage 2
Vital Signs/BMI/ Growth Charts	Record and chart the changes in height, weight, blood pressure and BMI for more than 80% of unique patients	Increase from 50% in Stage 1 to 80% in Stage 2
Problem List	More than 80% of all unique patients have at least one entry or an indication that no problems are known for the patient recorded as structured data	UNCHANGED
Medication List	More than 80% of all unique patients have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	UNCHANGED
Medication Allergy List	More than 80% of all unique patients have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	UNCHANGED
Clinical Decision Support	• Implement 5 clinical decision support interventions related to 4 or more CQMs at a relevant point in the patient care for the entire EHR reporting period (otherwise this must be related to high-priority health conditions) • Drug-Drug and Drug-Allergy Interaction Checks for the entire EHR reporting period must be enabled • No Numerator/Denominator/Threshold and Exclusions are applicable for this measure	An increase from one support intervention in Stage 1 to 5 interventions in Stage 2
Transitions of Care – Create and Transmit, Receive, Display and Incorporate Transition of care/referral Summaries	• Provide a summary of care record for more than 50% of transitions of care and referrals to another setting of care or provider of care • Provide a summary of care record for more than 10% of transitions of care and referrals to another setting of care or provider of care that is: o Electronically transmitted using CEHRT to a recipient o Received (receipient) the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner consistent with the governance mechanism ONC establishes for the nationwide health information network • EH and CAH should: o Conduct one or more successful electronic exchanges of a summary of care document with a recipient who has EHR technology that was designed by a different EHR technology developer o Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period	This measure is the replacement for "Exchange Health Information" capability in Stage 1
Clinical Quality Measures	**EPs:** • 9 CQMs for the adult/pediatric population; must cover at least 3 of the National Quality Strategy domains • NQF 0018 – Blood pressure control is high priority goal **EHs:** • Selected 16 of 29 CQMs must cover at least 3 of the National Quality Strategy domains	CQM is a Base EHR measure in Stage 2

View Download and Transmit Health Information to 3rd party	• More than 50% of all unique patients are provided timely (within 4 business days after the information is available to the EP) online access to their health information • More than 5% of all unique patients seen during the EHR reporting period view, download, or transmit to a third party their health information	NEW MEASURE IN STAGE 2
Privacy/Security	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 at rest 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 provider's risk management process	New Standards added in Stage 2: • Audit log should record information when: o EHR is in use o Audit log status is changed o Encryption status of health information is changed • Record date and time • Use encryption & hashing algorithm
Smoking Status	More than 80% of all unique patients 13 years old or older seen during the EHR reporting period have smoking status recorded as structured data	Increase from 50% in Stage 1 to 80% in Stage 2
Patient List Creation	Generate at least one report listing, patients of the EP, eligible hospital, or CAH with a specific condition. More than 10% of all unique patients who have had two 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.	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Patient Specific Education Resources	**EPs:** Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all office visits by the EP **EHs:** More than 10% of all unique patients admitted to eligible hospitals or CAHs inpatient or emergency departments during the EHR reporting period are provided with patient-specific education resources identified by Certified EHR Technology	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Clinical Information Reconciliation	**EPs:** The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP **EHs:** The EH or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department	Moved from Menu Set in Stage 1 to Core Set in Stage 2 Increase from 25% in Stage 1 to 50% in Stage 2
Incorporate lab test and values/results	More than 55% of all clinical lab tests results ordered by the EP or by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as	Moved from Menu Set in Stage 1 to Core Set in Stage 2 Increase from 40% in Stage 1 to 55% in Stage 2

	Structured data	
Clinical Summaries	Clinical summaries provided to patients within 24 hours for more than 50% of office visits. Ability to view and download within 24 hours	Clinical Summaries should be provided within 24 hours
Secure Messaging	Secure message is sent using electronic messaging function of Certified EHR Technology to more than 5% of unique patients seen by the EP during the reporting period	NEW MEASURE IN STAGE 2
Immunization Information	Successful ongoing submission of electronic immunization data from Certified EHR Technology to immunization registries or immunization information systems for the entire EHR reporting period	Moved from Menu Set in Stage 1 to Core Set in Stage 2
Transmission to Public Health Agencies/Public Surveillance	**EPs:** Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited and in accordance with applicable law and practice **EHs:** Successful ongoing submission of electronic reportable lab results from Certified EHR Technology to public health agencies for the entire EHR reporting period	Menu set objective for EPs and Core set objective for EHs

Table 4: Comparison of Stage 2 Menu Meaningful Use Objectives for Eligible Hospitals and Critical Access Hospitals with Stage 1 Objectives

Objective	**Stage 2 Measure**	**Difference from Stage 1**
Electronic Medication Administration Record (eMAR)	More than 10% of medication orders created by authorized providers of the eligible hospital's or CAHs inpatient or emergency department during the EHR reporting period are tracked using eMAR	NEW MEASURE IN STAGE 2
eRx (e-Prescribing)	More than 10% of hospital discharge medication orders for permissible prescriptions (new or changed) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology	NEW MEASURE IN STAGE 2
Image Results	More than 10% of all scans and tests whose result is one or more images ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period are accessible through Certified EHR Technology	NEW MEASURE IN STAGE 2
Family Health History	More than 20% of all unique patients seen during the EHR reporting period have a structured data entry for one or more first degree relatives	NEW MEASURE IN STAGE 2
Advance Directives	More than 50% of all unique patients 65 years old or older admitted during the EHR reporting period have an indication of an advanced directive status recorded as structured data	UNCHANGED
Transmission of electronic laboratory results and vales/results to ambulatory providers	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 30% of electronic lab orders received	NEW MEASURE IN STAGE 2