

Meaningful Use Stage 2

Proposed Rule Standards & Certification Criteria 2014 Edition

The slides will be updated once final rules are released

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Proposed Rules for Stage 2

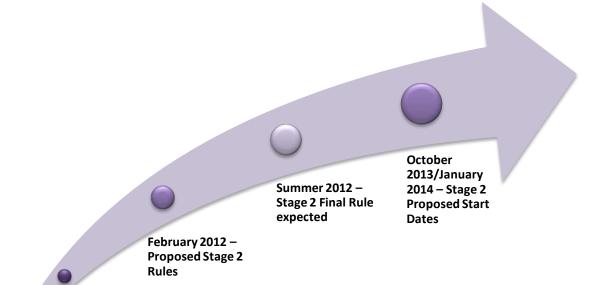


- 2014 Edition of Certification Criteria (§170.314)
- New/Revised/Unchanged Certification Criteria
- Revised Certified EHR Technology (CEHRT) definition
 - Base EHR
 - MU Core Objectives
 - MU Menu Objectives
- New Clinical Quality Measures (CQM) and reporting mechanisms
- Standards/Vocabularies



Proposed Timeline for Stage 2





- CMS released the Notice for Proposed Rule Making on March 7, 2012
- Currently, the NPRM is in a 60-day Comment Period (till May 7, 2012)
- Final Stage 2 rules expected in Summer 2012

Note: All EPs, EHs, and CAHs must have EHR technology (including a <u>Base EHR</u>) that has been certified to the 2014 Edition EHR certification criteria

June 2011 – HITPC Recommendations on

Stage 2

First Year	Stage of Meaningful Use			
	2011	2012	2013	2014
2011	Stage 1	Stage 1	Stage 1*	Stage 2
2012	-	Stage 1	Stage 1	Stage 2
2013	-	-	Stage 1	Stage 1
2014	-	-	-	Stage 1

^{*} Indicates the change in timeline

2014 Edition Certification Criteria



§ 170.314(a)

- Clinical

Measures

§ 170.314(b) – Care Coordination § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health § 170.314(g) – Utilization

Click the buttons to see the Measures

§ 170.314(a) – Clinical Measures



§ 170.314(a) – Clinical Measures

§ 170.314(b) – Care Coordination § 170.314(c) – Clinical Quality Measures

§ 170.314(d) -Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health § 170.314(g) –

- Computerized provider order entry § 170.314(a)(1)
- Drug-drug & drug-allergy interaction checks § 170.314(a)(2)
- Demographics § 170.314(a)(3)
- Vital signs, BMI, growth charts § 170.314(a)(4)
- Problem list § 170.314(a)(5)
- Medication list § 170.314(a)(6)
- Medication allergy list § 170.314(a)(7)
- Clinical decision support § 170.314(a)(8)
- Electronic notes § 170.314(a)(9)

- Drug-formulary checks § 170.314(a)(10)
- Smoking status § 170.314(a)(11)
- Imaging § 170.314(a)(12)
- Family health history § 170.314(a)(13)
- Patient lists § 170.314(a)(14)
- Patient reminders § 170.314(a)(15)
- Patient-specific education resources § 170.314(a)(16)
- eMAR § 170.314(a)(17)
- Advance directives § 170.314(a)(18)

§ 170.314(b) – Care Coordination



§ 170.314(a)

- Clinical

Measures

§ 170.314(b) – Care Coordination § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health § 170.314(g) –

- Transitions of care incorporate summary care record § 170.314(b)(1)
- Transitions of care create and transmit summary care record § 170.314(b)(2)
- Electronic prescribing § 170.314(b)(3)
- Clinical information reconciliation § 170.314(b)(4)
- Incorporate laboratory tests & values/results § 170.314(b)(5)
- Transmission of electronic laboratory tests & values/results to ambulatory providers § 170.314(b)(6)

§ 170.314(c) – Clinical Quality Measures



§ 170.314(a) — Clinical Measures § 170.314(b) – Care § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health

§ 170.314(g) -

- Clinical quality measures capture and export § 170.314(c)(1)
- Clinical quality measures incorporate and calculate § 170.314(c)(2)
- Clinical quality measures reporting § 170.314(c)(3)

§ 170.314(d) – Privacy and Security



§ 170.314(a) — Clinical Measures § 170.314(b) –
Care
Coordination

§ 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health

§ 170.314(g) -Utilization

- Authentication, access control, & authorization § 170.314(d)(1)
- Auditable events & tamper resistance § 170.314(d)(2)
- Audit report(s) § 170.314(d)(3)
- Amendments § 170.314(d)(4)
- Automatic log-off § 170.314(d)(5)
- Emergency access § 170.314(d)(6)
- Encryption of data at rest § 170.314(d)(7)
- Integrity § 170.314(d)(8)
- Accounting of disclosures § 170.314(d)(9)

§ 170.314(e) – Patient Engagement



§ 170.314(a) — Clinical Measures § 170.314(b) – Care Coordination § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health § 170.314(g) -Utilization

- View, download, & transmit to 3rd party § 170.314(e)(1)
- Clinical summaries § 170.314(e)(2)
- Secure messaging § 170.314(e)(3)

§ 170.314(f) – Public Health



§ 170.314(a) — Clinical Measures § 170.314(b) – Care § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health

§ 170.314(g) -

- Immunization information § 170.314(f)(1)
- Transmission to immunization registries § 170.314(f)(2)
- Public health surveillance § 170.314(f)(3)
- Transmission to public health agencies § 170.314(f)(4)
- Reportable lab results & values/results § 170.314(f)(5)
- Transmission of reportable lab tests & values/results § 170.314(f)(6)
- Cancer case information § 170.314(f)(7)
- Transmission to cancer registries § 170.314(f)(8)

§ 170.314(g) – Utilization



§ 170.314(a)

- Clinical

Measures

§ 170.314(b) – Care Coordination § 170.314(c) – Clinical Quality Measures

§ 170.314(d) – Privacy and Security § 170.314(e) – Patient Engagement

§ 170.314(f) – Public Health

§ 170.314(g) – Utilization

- Automated numerator recording § 170.314(g)(1)
- Automated measure calculation § 170.314(g)(2)
- Non-percentage-based measure use report § 170.314(g)(3)
- Safety-enhanced design § 170.314(g)(4)

What's the difference from Stage 1?



For Eligible Professionals (EPs)

Stage 1

Stage 2

15 Core Objectives

5 of 10 Menu Objectives

3 of 5 Menu

Objectives

17 Core
Objectives

Base EHR

For Eligible Hospitals (EHs)

Stage 1

Stage 2

14 Core Objectives

5 of 10 Menu Objectives Objectives 16 Core

2 of 4 Menu

Objectives

Base EHR



Eligible Professionals (EP) Eligible Hospitals (EH)

Click the buttons to see the New/Revised/Unchanged Certification Criteria



Click the buttons below to see the certification criteria

Eligible Professionals (EP)

Eligible Hospitals (EH)

New Certification
Criteria

Revised Certification Criteria



Eligible Professionals (EP)

Eligible Hospitals (EH)

New Certification Criteria

> Revised Certification Criteria

- Electronic Notes
- Imaging
- Family Health History
- Amendments
- View, Download, & Transmit to third party
- Auto Numerator recording
- Non-%-based measure use report
- Safety-enhanced design
- Secure Messaging
- Cancer case information
- Transmission to Cancer registries



Eligible Professionals (EP)

Eligible Hospitals (EH)

New Certification
Criteria

Revised
Certification
Criteria

- eRx
- Drug-drug; Drug-allergy interaction checks
- Demographics
- Problem List
- Clinical Decision Support
- Patient specific education resources
- Incorporate summary care record
- Create transmit summary care record
- Clinical information reconciliation
- Public health surveillance

- Clinical Summaries
- Incorporate lab tests and values /results
- CQMs
- Auditable events and tamper resistance
- Audit report(s)
- Encryption of data at rest
- Immunization Information
- Transmission to Immunization Registries
- Automated measure calculation
- Transmission to public health agencies



Eligible Professionals (EP)

Eligible Hospitals (EH)

New Certification Criteria

> Revised Certification Criteria

Unchanged Certification Criteria

Unchanged with Refinements

- CPOE
- Vital signs, BMI, & growth charts
- Smoking Status
- Patient Reminders
- Authentication, access control, & authorization
- Automatic Log-off
- Emergency access
- Integrity

Unchanged without Refinements

- Drug-formulary checks
- Medication list
- Medication allergy list
- Patient lists
- Accounting of disclosures
- Advance Directives



Click the buttons below to see the certification criteria

Eligible Professionals (EP) Eligible Hospitals (EH)

New Certification Criteria

> Revised Certification Criteria



Eligible Professionals (EP) Eligible Hospitals (EH)

New Certification Criteria

> Revised Certification Criteria

- Flectronic Notes
- Imaging
- Family Health History
- Amendments
- View, Download, & Transmit to third party
- Auto Numerator recording
- Non-%-based measure use report
- Safety-enhanced design
- Electronic medication administration record
- eRx (for discharge)
- Transmission of electronic lab tests and values/results to ambulatory providers



Eligible Professionals (EP) Eligible Hospitals (EH)

New Certification
Criteria

Revised Certification Criteria

- Drug-drug; Drug-allergy interaction checks
- Demographics
- Problem List
- Clinical Decision Support
- Patient specific education resources
- Incorporate summary care record
- Create transmit summary care record
- Clinical information reconciliation
- Transmission of reportable lab tests and values/results
- Reportable laboratory tests and values/results

- Incorporate lab tests and values/results
- CQMs
- Auditable events and tamper resistance
- Audit report(s)
- Encryption of data at rest
- Immunization Information
- Transmission to Immunization Registries
- Public health surveillance
- Transmission to public health agencies
- Automated measure calculation



Eligible Professionals (EP) Eligible Hospitals (EH)

New Certification
Criteria

Revised Certification Criteria

Unchanged Certification Criteria

Unchanged with Refinements

- CPOE
- Vital signs, BMI, & growth charts
- Smoking Status
- Authentication, access control, & authorization
- Automatic Log-off
- Emergency access
- Integrity

Unchanged without Refinements

- Drug-formulary checks
- Medication list
- Medication allergy list
- Patient lists
- Accounting of disclosures
- Advance directives

Base EHR Requirements



- EPs can build Base EHR to meet the Meaningful Use objectives
- Base EHR implements only specific core and menu set measures
- It is mandatory for EPs and EHs to implement the Base EHR concept to be Meaningful Use Certified

Base EHR

Patient Demographic and Clinical Health Information

- •Demographics § 170.314(a)(3)
- Vital Signs§ 170.314(a)(4)
- Problem List§ 170.314(a)(5)
- Medication List § 170.314(a)(6)
- Medication Allergy List § 170.314(a)(7)

Provide Clinical Decision Support

- Drug-Drug and Drug-Allergy Interaction Checks § 170.314(a)(2)
- Clinical Decision Support § 170.314(a)(8)

Support Physician Order Entry

 Computerized Provider Order Entry § 170.314(a)(1)

Capture and query information relevant to health care quality

Clinical Quality
Measures
§ 170.314(c)(1) and
(2)

Integrate information from other sources

- Transitions of Care § 170.314(b)(1) and (2)
- View, Download, and Transmit to 3rd Party § 170.314(e)(1)

Protect the confidentiality, integrity, and availability of health information stored and exchanged

Privacy and Security
 § 170.314(d)(1)-(8)

Standards



Functional

- Accessibility WCAG 2.0, Level AA Conformance
- •Reference Source Infobutton, International Normative Ed 2010
- •CQM data capture and export NQF Quality Data Model, 2011

Security

- Auditable Events
- •Encryption and hashing FIPS 140-2 Annex A
- •Synchronized clocks NTPv3 or NTPv4

Content Exchange

- Summary Record Consolidated CDA
- •eRx NCPDP SCRIPT 10.6
- Electronic submission of lab results to PH agencies/for surveillance HL7 2.5.1
- Electronic submission to immunization registries HL7 2.5.1
- Cancer Information HL7 CDA, R2
- •Imaging DICOM PS3 2011
- •Electronic incorporation and transmission of lab results HL7 2.5.1

Transport

- Direct Specifications
- NwHIN Exchange
- Modular Specification

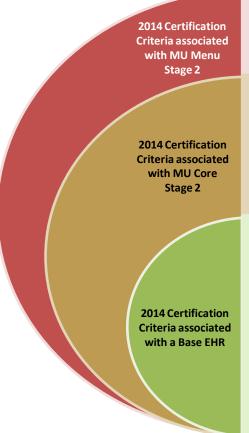
Standards

Vocabulary/Code Sets

- •Immunizations CVX Aug 15, 2011
- Problems IHTSDO SNOMED CT Jan 2012
- Procedures ICD-10-PCS/HCPCS & CPT-4
- •Medications RxNorm Feb 6, 2012
- Race & Ethnicity OMB standards
- •Preferred Language ISO 639-1:2002
- Preliminary Determination of Cause of Death ICD-10-CM
- •Encounter Diagnoses ICD-10-CM

Menu and Core Set Requirements for EPs





- Click on the links to know more about the measure and the changes from Stage 1
 - *= optional
 - += Measures are not mentioned by CMS

- Imaging (170.314(a)(12))
- Family health history (170.314(a)(13))
- Public health surveillance (170.314(f)(3))
- Drug-formulary checks (170.314(a)(10))
- Smoking status (170.314(a)(11))
- Patient lists (170.314(a)(14))
- Patient reminders (170.314(a)(15))
- Patient-specific education resources (170.314(a)(16))
- eRx (170.314(b)(3))
- CPOE (170.314(a)(1))
- <u>Drug-drug, drug-allergy interaction checks</u> (170.314(a)(2))
- Demographics (170.314(a)(3))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Clinical decision support (170.314(a)(8))
- Transitions of Care Incorporate summary care record (170.314(b)(1))
- Transitions of Care Create & Transmit summary care record (170.314(b)(2))

- Transmission to public health agencies (170.314(f)(4))
- Cancer case information (170.314(f)(7))
- Transmission to cancer registries (170.314(f)(8))
 - Clinical information reconciliation (170.314(b)(4))
 - Incorporate lab test & results/values (170.314(b)(5))
 - Clinical summaries (170.314(e)(2))
 - Secure messaging (170.314(e)(3))
 - Immunization information (170.314(f)(1))
 - Transmission to immunization registries (170.314(f)(2))
- Clinical quality measures (170.314(c)(1)-(2))
- View, download, & transmit to 3rd Party (170.314(e)(1))
- Privacy and Security CC:
 - Authentication, access control, & authorization (170.314(d)(1))
 - Auditable events & tamper resistance (170.314(d)(2))
 - Audit report(s) (170.314(d)(3))
 - o Amendments (170.314(d)(4))
- Automatic log-off (170.314(d)(5))
- Emergency access (170.314(d)(6))
- Encryption of data at rest (170.314(d)(7))
- o Integrity (170.314(d)(8))
- Accounting of disclosures* (170.314(d)(9))

2014 Certification Criteria associated with calculation & reporting:

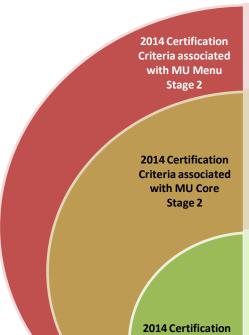
- Automated numerator recording (170.314(g)(1)) *
- Automated measure calculation (170.314(g)(2))+
- Non-%-based measure use report (170.314(g)(3))+
- Clinical quality measures (170.314(c)(3))

Additional 2014 Certification Criteria proposed:

- Electronic Notes (170.314(a)(9)) *
- Safety-enhanced design (170.314(g)(4)) +

Menu and Core Set Requirements for EHs and CAHs





Click on the links to know more about the measure and the changes from Stage 1

*= optional

Criteria associated

with a Base EHR

+= Measures are not mentioned by CMS

- Drug-formulary checks (170.314(a)(10))
- Imaging (170.314(a)(12))
- Family health history (170.314(a)(13))
- Smoking status (170.314(a)(11))
- Patient lists (170.314(a)(14))
- Patient-specific education resources (170.314(a)(16))
- eMAR (170.314(a)(17))
- Clinical information reconciliation (170.314(b)(4))
- Incorporate lab test & values/results (170.314(b)(5))
- Public health surveillance (170.314(f)(3))

Immunization information (170.314(f)(1))

Advance directives (170.314(a)(18))

eRx (170.314(b)(3))

- Transmission to public health agencies (170.314(f)(4))
- Reportable lab tests and values/results (170.314(f)(5))

Transmission to immunization registries (170.314(f)(2))

• <u>Transmission of reportable lab tests & values/results</u> (170.314(f)(6))

- CPOE (170.314(a)(1))
- <u>Drug-drug, drug-allergy interaction checks</u> (170.314(a)(2))
- Demographics (170.314(a)(3))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Clinical decision support (170.314(a)(8))
- Transitions of Care Incorporate summary care record (170.314(b)(1))
- Transitions of Care Create & Transmit summary care record (170.314(b)(2))

- Clinical quality measures (170.314(c)(1)-(2))
- View, download, & transmit to 3rd Party (170.314(e)(1))
- Privacy and Security CC:
 - Authentication, access control, & authorization (170.314(d)(1))
 - Auditable events & tamper resistance (170.314(d)(2))
 - Audit report(s) (170.314(d)(3))
 - o Amendments (170.314(d)(4))
 - Automatic log-off (170.314(d)(5))
 - Emergency access (170.314(d)(6))
 - Encryption of data at rest (170.314(d)(7))
 - o Integrity (170.314(d)(8))
 - Accounting of disclosures* (170.314(d)(9))

2014 Certification Criteria associated with calculation & reporting:

- Automated numerator recording (170.314(g)(1)) *
- Automated measure calculation (170.314(g)(2))+
- Non-%-based measure use report (170.314(g)(3))+
- Clinical quality measures (170.314(c)(3))

Additional 2014 Certification Criteria proposed:

- Electronic Notes (170.314(a)(9)) +
- <u>Transmission of electronic laboratory results and values/results to ambulatory providers</u> (170.314(b)(6))
- Safety-enhanced design (170.314(g)(4)) *

CPOE



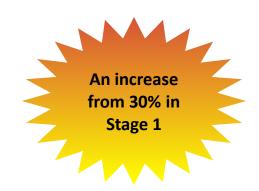
Type of Measure – Base EHR Measure

Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter the orders into the medical record per State, local, and professional guidelines to create the first record of the order.

Stage 2 Proposed Measure:

More than 60 percent of medication, lab and radiology orders created by the EP or authorized providers of EH or CAH's inpatient or emergency department during the EHR reporting period





Demographics



Type of Measure – Base EHR Measure

Record the following demographics:

- Preferred Language
- Gender
- Race
- Ethnicity
- Date of Birth
- Death and preliminary cause of death in the event of mortality in eligible hospital or CAH

Stage 2 Proposed Measure:

Record the Demographics information for more than 80 percent of patients

Proposed Standards for 2014 Edition:

- Race and Ethnicity OMB standards
- **Preferred Language** ISO 639-1:2002
- Preliminary Determination of Cause of Death ICD-10-CM





Vital Signs/BMI/Growth Charts



Type of Measure – Base EHR Measure

Record the following vital signs and chart them:

- Height/length and weight (no age limit);
- Blood pressure (ages 3 and over);
- Calculate and display BMI
- Plot and display Growth charts for patients 0-20 years; including BMI

Stage 2 Proposed Measure:

Record and chart the changes in height, weight, blood pressure and BMI for **more than 80 percent** of patients





Problem List



Type of Measure – Base EHR Measure

Maintain an up-to-date problem of current and active diagnoses

Stage 2 Proposed Measure:

More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have at least one entry or an indication that no problems are known for the patient recorded as structured data

Proposed Standards for 2014 Edition:

IHTSDO SNOMED CT – Jan 2012





Medication List



Type of Measure – Base EHR Measure

Maintain active medication list

Stage 2 Proposed Measure:

More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data

Proposed Standards for 2014 Edition:

RxNorm – Feb 6, 2012





Medication Allergy List



Type of Measure – Base EHR Measure

Maintain active medication allergy list

Stage 2 Proposed Measure:

More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data

Proposed Standards for 2014 Edition:

RxNorm – Feb 6, 2012





Clinical Decision Support



Type of Measure – Base EHR Measure

Use Clinical Decision Support to improve the performance on high-priority health conditions

Stage 2 Proposed Measure:

EPs, eligible hospitals, and CAHs must satisfy both measures to meet this objective:

- Implement **5 clinical decision support interventions** related to 5 or more clinical quality measures at a relevant point in the patient care for the entire EHR reporting period
- EPs, eligible hospitals, and CAHs has enabled and implemented the functionality for
 Drug-Drug and Drug-Allergy Interaction Checks for the entire EHR reporting period
- No Numerator/Denominator/Threshold and Exclusions are applicable for this measure

Proposed Standards for 2014 Edition:

 HL7 Context-Aware Knowledge Retrieval ("Infobutton") Standard, International Normative Edition 2010







Transitions of Care – Incorporate summary care record

Type of Measure – Base EHR Measure

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 provides a summary care record for each transition of care or referral

Stage 2 Proposed Measure:

Incorporate data received from a Consolidated CDA Document into the EHR upon receipt, including: demographics, smoking status, vital signs, medications, medication allergies, problems, procedures, laboratory tests and values/results, provider information, hospital admission and discharge dates and locations, discharge instructions, reason(s) for hospitalization, care plan, including goals and instructions

Menu and Core Set Requirements for EPs Menu and Core Set Requirements for EHs & CAHs

Proposed Standards for 2014 Edition

- HL7 Context-Aware Knowledge Retrieval (Infobutton) Standard
- SNOMED—CT® International Release January 2012
- ICD-10-CM
- HCPCS and CPT-4 or ICD-10-PCS
- LOINC version 2.38
- RxNorm February 6, 2012 Release
- Applicability Statement for Secure Health Transport
- XDR and XDM for Direct Messaging
- SOAP—Based Secure Transport RTM version 1.0





Transitions of Care – Create & Transmit summary care record

Type of Measure – Base EHR Measure

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 provides a summary care record for each transition of care or referral

Stage 2 Proposed Measure:

- The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 65 percent of transitions of care and referrals
- The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record using Certified EHR Technology to a recipient with no organizational affiliation and using a different Certified EHR Technology vendor than the sender for more than 10 percent of transitions

Menu and Core Set Requirements for EPs Menu and Core Set Requirements for EHs & CAHs

Proposed Standards for 2014 Edition

- Consolidated CDA
- OMB standards for the classification of federal data on race and ethnicity
- ISO 639–1:2002 (preferred language)
- Smoking status types
- HL7 Context-Aware Knowledge Retrieval (Infobutton)
 Standard
- SNOMED-CT® International Release January 2012
- ICD-10-CM
- HCPCS and CPT-4 or ICD-10-PCS
- LOINC version 2.38
- RxNorm February 6, 2012 Release
- Applicability Statement for Secure Health Transport
- XDR and XDM for Direct Messaging
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Clinical Quality Measures



Type of Measure – Base EHR Measure

Clinical Quality Measures are moved from Core Objectives to the Base EHR measures in Stage 2



Proposed Standards for 2014 Edition

NQF Quality Data Model, 2011





View Download and Transmit to 3rd party



Type of Measure – Base EHR Measure

Provide the patients the ability to View online, Download, and Transmit information about the hospital admission

Stage 2 Proposed Measure:

- More than 50 percent of all patients who are
 - discharged from the inpatient or emergency department of an eligible hospital or CAH have their information available online within 36 hours of discharge
 - seen by the EP during the EHR reporting period are provided timely online access to their health information within 4 business days after the information is available to the EP
- More than 10 percent of all the patients who are
 - discharged from the inpatient or emergency department of an eligible hospital or CAH view, download, transmit their medical information to a 3rd party during the EHR reporting period
 - seen by the EP during the EHR reporting period view, download, transmit their medical information to a 3rd party

Menu and Core Set Requirements for EPs Menu and Core Set Requirements for EHs & CAHs

Proposed Standards for 2014 Edition:

- Web Content Accessibility Guidelines (WCAG) 2.0, Level AA Conformance
- Consolidated CDA
- DICOM PS 3–2011
- OMB standards for the classification of federal data on race and ethnicity
- ISO 639–1:2002 (preferred language)
- Smoking status types
- SNOMED-CT® International Release January 2012
- ICD-10-CM
- HCPCS and CPT-4 or ICD-10-PCS
- LOINC version 2.38
- RxNorm February 6, 2012 Release
- Applicability Statement for Secure Health Transport
- XDR and XDM for Direct Messaging
- Synchronized clocks



Privacy/Security



Type of Measure – Base EHR Measure

Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities

Stage 2 Proposed Measure:

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

- Encryption & Hashing FIPS 140-2 Annex A
- Synchronized Clocks NTPv3 or NTPv4





Drug Formulary Checks



Type of Measure – Core Measure

In Stage 2, Drug Formulary Checks is combined with <u>e-Prescribing</u> feature. Click the link to know more.





Smoking Status



Type of Measure – Core Measure

Record smoking status for patients 13 years old or older

Stage 2 Proposed Measure:

More than 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospitals or CAHs inpatient or emergency departments during the EHR reporting period have smoking status recorded as structured data

Proposed Standards for 2014 Edition:

Current every day; Current some day; Former; Never; Smoker, current status unknown; and Unknown if ever smoked





Patient Lists



Type of Measure – Core Measure

Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities research or outreach

Stage 2 Proposed Measure:

Generate **at least one report** listing, patients of the EP, eligible hospital, or CAH with a specific condition





Patient Reminders



Type of Measure – Core Measure

Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care

Stage 2 Proposed Measure:

More than 10 percent of all unique patients who have had an office visit with the EP within the 24 months prior to the beginning of the EHR reporting period are sent a reminder as per the patient preference





Patient Specific Education Resources



Type of Measure – Core Measure

Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide them to patients

Stage 2 Proposed Measure:

For EPs:

Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all office visits by the EP

For EHs and CAHs:

 More than 10 percent 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

Proposed Standards for 2014 Edition:

HL7 Context-Aware Knowledge Retrieval (Infobutton) Standard, International Normative Edition 2010





eRx (for EP only)



Type of Measure – Core Measure

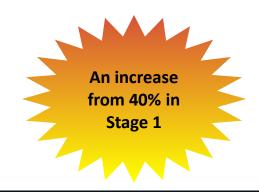
Generate and transmit permissible prescriptions electronically

Stage 2 Proposed Measure:

More than 65 percent of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology

- NCPDP SCRIPT version 10.6
- RxNorm February 6, 2012 Release





Clinical Information Reconciliation



Type of Measure – Core Measure

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 clinical information reconciliation

Stage 2 Proposed Measure:

More than 65 percent of transitions of care in which patient is transitioned into the care of EP or admitted to eligible hospitals or CAHs inpatient or emergency department





Incorporate lab test and values/results



Type of Measure – Core Measure

Incorporate clinical lab test results into Certified EHR Technology as structured data

Stage 2 Proposed Measure:

More than 55 percent 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

- HL7 2.5.1 and HL7 Version 2.5.1 Implementation Guide: Standards and Interoperability Framework Lab Results Interface, Release 1 (US Realm)
- DICOM PS3 2011
- Vocabulary/Code Sets LOINC 2.38





Clinical Summaries



Type of Measure – Core Measure

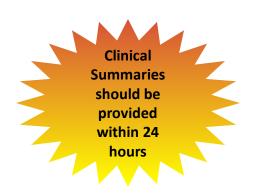
Provide Clinical Summaries for patients for each office visit

Stage 2 Proposed Measure:

- Clinical summaries provided to patients within 24 hours for more than 50 percent of office visits
- Ability to view and download within 24 hours

- Consolidated CDA
- OMB standards for the classification of federal data on race and ethnicity
- ISO 639–1:2002 (preferred language)
- Smoking status types
- SNOMED—CT® International Release January 2012
- ICD-10-CM
- HCPCS and CPT-4 or ICD-10-PCS
- LOINC version 2.38
- RxNorm February 6, 2012 Release





Secure Messaging



Type of Measure – Core Measure

Use secure electronic messaging to communicate with patients on relevant health information

Stage 2 Proposed Measure:

Secure message is sent using electronic messaging function of Certified EHR Technology to **more** than 10 percent of unique patients seen by the EP during the reporting period

Proposed Standards for 2014 Edition:

• §170.210(f) – FIPS 140-2 Annex A





Transmission to Immunization Registries



Type of Measure – Core Measure

Capability to submit electronic data to immunization registries or immunization information systems except where prohibited according to the law and practice

Stage 2 Proposed Measure:

Successful ongoing submission of electronic immunization data from Certified EHR Technology to immunization registries or immunization information systems for the entire EHR reporting period

Proposed Standard for 2014 Edition

- HL7 2.5.1 and Implementation Guide for Immunization Messaging Release 1.3
- CVX code set: August 15, 2011 version

THIS IS AN ONGOING PROCESS!!!





Transmission to Public Health Agencies



Type of Measure – Core Measure

Capability to submit electronic reportable lab results to public health agencies except where prohibited according to the law and practice

Stage 2 Proposed Measure:

Successful ongoing submission of electronic reportable lab results from Certified EHR Technology to public health agencies for the entire EHR reporting period

Proposed Standards for 2014 Edition:

- HL7 2.5.1
- HL7 2.5.1 and the PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data HL7 Version 2.5.1

THIS IS AN ONGOING PROCESS!!!





Public Health Surveillance



Type of Measure – Core Measure

Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited and in accordance with applicable law and practice

Stage 2 Proposed Measure:

For EHs:

 Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire reporting period

For EPs:

 Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited and in accordance with applicable law and practice

THIS IS AN ONGOING PROCESS!!!





eMAR (for EH only)



Type of Measure – Menu Set Measure

Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)

Stage 2 Proposed Measure:

More than 10 percent 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

Proposed Standard for 2014 Edition:

Synchronized clocks





eRx (for EH only)



Type of Measure – Menu Set Measure

Generate and transmit permissible prescriptions electronically

Stage 2 Proposed Measure:

More than 10 percent 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

- NCPDP SCRIPT version 10.6
- RxNorm February 6, 2012 Release





Imaging



Type of Measure – Menu Set Measure

Imaging results and information are accessible through Certified EHR Technology

Stage 2 Proposed Measure:

More than 40 percent 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

Proposed Standards for 2014 Edition:

DICOM PS3 – 2011





Family Health History



Type of Measure – Menu Set Measure

Record patient family health history as structured data

Stage 2 Proposed Measure:

More than 20 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period have a structured data entry for one or more first degree relatives





Specialized Registry (for EP only)



Type of Measure – Menu Set Measure

Capability to identify and report specific cases to a specialized registry (other than cancer registry), except where prohibited, and in accordance with the applicable law and practice

Stage 2 Proposed Measure:

Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period





Transmission to Cancer Registries (for EP only)



Type of Measure – Menu Set Measure

Capability to identify and report Cancer cases to a State Cancer Registry, except where prohibited, and in accordance with the applicable law and practice

Stage 2 Proposed Measure:

Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period

- HL7 CDA, Release 2 and Implementation Guide for Healthcare Provider Reporting to Central Cancer Registries, Draft, February 2012
- SNOMED CT® International Release January 2012
- LOINC version 2.38





Advance Directives (for EH only)



Type of Measure – Menu Set Measure

Record whether a patient 65 years old or older has an advance directive

Stage 2 Proposed Measure:

More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospitals or CAH's inpatient department during the EHR reporting period have an indication of an advanced directive status recorded as structured data





Reportable lab tests and values/results



Type of Measure – Core Measure

Capability to submit electronic data on reportable (as required by state or local law) lab results to PH agencies and actual submission in accordance with applicable law and practice

Stage 2 Proposed Measure:

Perform at least one test of the Certified EHR technology's capability to provide electronic submission of reportable lab results to public health agencies and follow—up submission if the test is successful

- HL7 2.5.1 and HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health,
 Release 1 (US Realm) with errata
- SNOMED CT[®] International Release January 2012
- LOINC version 2.38





Transmission of electronic laboratory results and vales/results to ambulatory providers (for EH only)



Type of Measure –

Capability to provide structured electronic laboratory results to eligible professionals

- HL7 2.5.1 and HL7 Version 2.5.1 Implementation Guide: Standards and Interoperability
 Framework Lab Results Interface, Release 1 (US Realm)
- LOINC version 2.38







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