

# Meaningful Use Stage 2

Standards & Certification Criteria - 2014 Edition

**ViSolve Healthcare IT** 

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February 2013

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### **Proposed Timeline for Stage 2**

August 2012 –

released

**Stage 2 Final Rules** 

October 2013/January

Dates

2014 – Stage 2

**Proposed Start** 



- CMS released the Notice for Proposed Rule Making on March 7, 2012
- NPRM Comment Period for 60 days (till May 7, 2012)
- Final Stage 2 rules released in August 2012

June 2011 – HITPC Recommendations on Stage 2

**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

February 2012 – Proposed Stage 2

Rules

\* Indicates the change in timeline

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

## **2014 Edition Certification Criteria**



Click the buttons to see the Measures



**Note:** All providers, regardless of their stage of Meaningful Use, are only required to demonstrate Meaningful Use for a three-month EHR reporting period

## § 170.314(a) – Clinical Measures





- 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)
- Image Results § 170.314(a)(12)
- Family health history § 170.314(a)(13)
- Patient list Creation § 170.314(a)(14)
- Patient-specific education resources § 170.314(a)(15)
- eMAR § 170.314(a)(16) Inpatient Setting only
- Advance directives § 170.314(a)(17) –
  Inpatient Setting only

### § 170.314(b) – Care Coordination





 Transitions of care – receive, display and incorporate transition of care/referral summaries § 170.314(b)(1)

- Transitions of care create and transmit transition of care/referral summaries § 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)(A)&(B)
- Transmission of electronic laboratory tests & values/results to ambulatory providers § 170.314(b)(6) – Inpatient setting only
- Data Portability § 170.314(b)(7)

### § 170.314(c) – Clinical Quality Measures







- Clinical quality measures Import and calculate § 170.314(c)(2)
- Clinical quality measures Electronic submission § 170.314(c)(3)

### § 170.314(d) – Privacy and Security





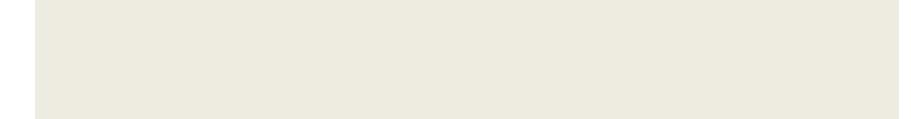
### • Authentication, access control, & authorization § 170.314(d)(1)

- 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)
- End-user device encryption § 170.314(d)(7)
- Integrity § 170.314(d)(8)
- Accounting of disclosures § 170.314(d)(9) Optional

### § 170.314(e) – Patient Engagement







- View, download, & transmit to 3rd party § 170.314(e)(1)
- Clinical summary § 170.314(e)(2) Ambulatory Setting only
- Secure messaging § 170.314(e)(3) **Ambulatory Setting only**

### § 170.314(f) – Public Health





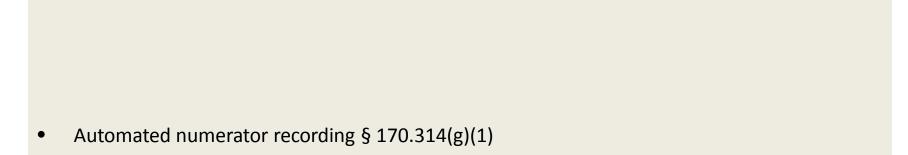
Immunization information § 170.314(f)(1)

- Transmission to immunization registries § 170.314(f)(2)
- Transmission to public health agencies § 170.314(f)(3)
- Transmission of reportable lab tests & values/results § 170.314(f)(4) Inpatient setting only
- Cancer case information § 170.314(f)(5) **Optional, Ambulatory setting only**
- Transmission to cancer registries § 170.314(f)(6) **Optional, Ambulatory setting only**

### § 170.314(g) – Utilization







- Automated measure calculation § 170.314(g)(2)
- Safety-enhanced design § 170.314(g)(3)
- Quality Management system § 170.314(g)(4)



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