



***Meaningful Use Final Rule  
Objectives and Measures for  
2015 through 2017***

# What does this Mean?

## Why the new rule helps:

Hospitals and Eligible Professionals were struggling to meet Stage 2 requirements. The new rules simplify requirements and add flexibility to enable the industry to continue to make progress on EHR initiatives, receive stimulus funding for their efforts and avoid penalties. The new rules ease reporting requirements, support interoperability and seek to improve patient outcomes

## Shorter Reporting Periods for Providers

Providers can pick any continuous 90-day reporting period in calendar 2015, down from 365 days that were required before the change. Successful attestation is required by February 29, 2016

# What does this Mean?

## Stage 1 and 2 Objectives are Pared Back

For 2015 through 2017, eligible professionals have to achieve only 10 objectives. That's down from 18 total objectives in previous versions of the program.

### The dropped measures are:

Record demographics, vital signs and smoking status; clinical summaries, structured lab results, patient list, patient reminders, summary of care (Measure 1—Any Method and Measure 3—Test), electronic notes, imaging results and family health history.

*“The removal of these measures is in no way intended as a withdrawal of an endorsement for these best practices or to discourage providers from conducting and tracking these activities for their own quality improvement goals. Instead, we would no longer require providers to calculate and attest to the results of these measures in order to demonstrate Meaningful Use beginning in 2015.”*

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 1: Protect Patient Health Information</b>	<b>Measure:</b> Conduct or review a security risk analysis (SRA) and implement security updates as necessary. Correct identified security deficiencies as part of the EP's risk management process.	None

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 2: Clinical Decision Support (CDS)</b>	<ul style="list-style-type: none"><li>● <b>Measure 1:</b> Implement 5 CDS interventions related to four or more clinical quality measures or high-priority health conditions at a relevant point in patient care for the entire EHR reporting period.</li><li>● <b>Measure 2:</b> Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</li></ul>	<b>2015 Stage 1: Alternative Objective &amp; Measure 1:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority, and the ability to track compliance with that rule.

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 3: Computerized Provider Order Entry CPOE</b>	<ul style="list-style-type: none"><li>● <b>Measure 1:</b> More than 60% of medication orders created by the EP are recorded using CPOE</li><li>● <b>Measure 2:</b> More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE</li><li>● <b>Measure 3:</b> More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE</li></ul>	<ul style="list-style-type: none"><li>● <b>Stage 1 EPs in 2015 only- Alternate Measure 1:</b> More than 30% of all unique patients seen by the EP during the EHR reporting period with at least one medication in their medication list, have at least one medication order entered using CPOE; or more than 30% of medication orders created by the EP during the EHR reporting period, are recorded using CPOE (<i>cont'd</i>)</li></ul>

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<p><b>Objective 3: Computerized Provider Order Entry CPOE (cont'd)</b></p>	<ul style="list-style-type: none"> <li>● <b>Measure 1:</b> More than 60% of medication orders created by the EP are recorded using CPOE</li> <li>● <b>Measure 2:</b> More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE</li> <li>● <b>Measure 3:</b> More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Stage 1 in 2015 - Alternate Measure 2:</b> EP may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015</li> <li>● <b>Stage 1 in 2016 – EPs</b> may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016</li> <li>● <b>Stage 1 in 2015 - Alternate Measure 3:</b> EP may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015</li> <li>● <b>Stage 1 in 2016 – EPs</b> may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016</li> </ul>

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 4: Electronic Prescribing</b>	<b>Measure:</b> More than 50% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT	<b>Stage 1 in 2015 - Alternate Measure</b> - More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT



# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 5: Health Information Exchange</b>	<b>Measure:</b> The EP that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10% of transitions of care and referrals.	<b>Stage 1 in 2015 - Alternate Exclusion – EP may claim an exclusion for the measure of the Stage 2 Summary of Care objective.</b>

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 6: Patient-Specific Education</b>	<b>EP Measure:</b> Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.	<b>Stage 1 in 2015 - Alternate Exclusion -</b> EP may claim an exclusion for the measure if they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 7: Medication Reconciliation</b>	<b>Measure:</b> 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	<b>Stage 1 in 2015 - Alternate Exclusion -</b> EP may claim an exclusion for the measure if they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 8: Patient Electronic Access (VDT)</b>	<ul style="list-style-type: none"><li>● <b>EP Measure 1:</b> More than 50% of all unique patients (or patient-authorized representative) seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</li><li>● <b>EP Measure 2:</b> For <b>2015 and 2016:</b> At least 1 patient seen by the EP during the EHR reporting period views, downloads or transmits his or her health information to a third party during the EHR reporting period For <b>2017:</b> More than 5% of unique patients seen by the EP during the EHR reporting period views, downloads or transmits their health information to a third party during the EHR reporting period</li></ul>	<b>Stage 1 in 2015 - Alternate Exclusion - EP may claim an exclusion for Measure 2 if they were scheduled to demonstrate Stage 1 which does not have an equivalent measure</b>

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 9: Secure Messaging</b>	<p><b>2015:</b> The capability for patients to send and receive a secure electronic message with the EP was fully enabled</p> <p><b>2016:</b> For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient, or in response to a secure message sent by the patient during the EHR reporting period.</p> <p><b>2017:</b> For more than 5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the Patient, or in response to a secure message sent by the patient during the EHR reporting period.</p>	<p><b>Stage 1 in 2015 - Alternate Exclusion -</b> EP may claim an exclusion for the measure if they were scheduled to demonstrate Stage 1 which does not have an equivalent measure</p>

# Objectives & Measures:



Objectives for 2015, 2016 and 2017	Measures for EPs in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
<b>Objective 10: Public Health</b>	<ul style="list-style-type: none"><li>● <b>Measure 1 – Immunization Registry Reporting:</b> The EP is in active engagement with a public health agency to submit immunization data.</li><li>● <b>Measure 2 – Syndromic Surveillance Reporting:</b> The EP is in active engagement with a public health agency to submit syndromic surveillance data.</li><li>● <b>Measure 3 – Specialized Registry Reporting:</b> The EP is in active engagement to submit data to a specialized registry</li></ul>	<p><b>Stage 1 EPs</b> in 2015 must meet at least 1 measure in 2015</p> <p><b>Stage 2 EPs</b> in 2015 must meet at least 2 measures in 2015</p> <p><b>2016 and 2017:</b> All EPs must meet at least 2 measures</p>

# Stage 3

**From the proposed rule to the finalized version, CMS made some changes to the Stage 3 rule and kept other things in place.**

## **Stage 3 stays the same**

It kept the timing on Stage 3, voluntary in 2017 and mandatory in 2018, in place. It also kept its focus on interoperability. Of the eight objectives for EPs, eligible hospitals, and critical access hospitals, more than 60 percent require interoperability.

## **Stage 3 is different**

Some of the thresholds for Stage 3 were lowered, such as lowering the threshold on a requirement that asked EPs to incorporate patient-generated health data into the EHR, from 15 percent to 5 percent. However, the fact that the requirement remains shows that CMS is dedicating itself to this kind of “interoperability.”

**The biggest takeaway is a lot of this might change. As part of the rule, CMS opened up a 60-day comment period, asking for feedback on Stage 3. As Robert Tennant of the MGMA told Physicians Practice, the meaningful use "program continues to be fluid."**

# How Can We Help?



## If you are currently a HealthConnections Participant:

- Review our services and ensure you are taking advantage of those that provide benefit and value to your organization
- Contact Us for any services that you need

## If you are not currently a HealthConnections Participant:

- Get started and join your peers
- Contact Us to “get connected”

*Portions of the information presented today were to support the Medicaid Eligible Professional Expansion Program (EP2) and Meaningful Use activities and adoption of electronic health records (EHR). Related content was presented on behalf of NYeC for the promotion of the EP2 program and Meaningful Use*

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**Thank You!**

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