



## Summary of Proposed Meaningful Use Objectives Proposed for Stage 1

On January 13, 2010, the Office of the National Coordinator and CMS announced the release of the Notice of Proposed Rule Making (NPRM) for Meaningful Use Criteria.

For Stage 1 there are 17 specific objectives identified for eligible providers, hospitals, and critical access hospitals; an additional 8 objectives for 'eligible providers'; and an additional 6 objectives for hospitals and critical access hospitals

This document provides a summary of those objectives and measures. The summary below is formatted to closely reflect the format of the NPRM. The objectives and measures can be found in the NPRM document beginning on page 469.

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### Meaningful Use Objectives and Measures for Eligible Providers, Eligible Hospitals, and Critical Access Hospitals

1. **Objective** Implement drug-drug, drug-allergy, drug-formulary checks  
**Measure** The EP, eligible hospital, or CAH has enabled this functionality.
2. **Objective** Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT<sup>®</sup>.



**Measure** At least 80 percent of all unique patients seen by the EP or admitted to an eligible hospital or CAH have at least one entry or an indication of none recorded as structured data.

3. **Objective** Maintain active medication list

**Measure** At least 80 percent of all unique patients seen by the EP or admitted by the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data

4. **Objective** Maintain active medication allergy list

**Measure** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data

5. **Objective** Record the following demographics:

- (A) Preferred language
- (B) Insurance type
- (C) Gender
- (D) Race
- (E) Ethnicity
- (F) Date of birth
- (G) For eligible hospitals or CAHs, the date and cause of death in the event of mortality

**Measure** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have the demographics specified in paragraphs (5)(i)(A) through (G) of this section recorded as **structured** data.

6. **Objective**

- (A) Record and chart changes in the following vital signs:
  - (1) Height
  - (2) Weight
  - (3) Blood pressure



(B) Calculate and display the body mass index (BMI) for patients 2 years and older.

(C) Plot and display growth charts for children 2 to 20 years including body mass index.

**Measure** For at least 80 percent of all unique patients age 2 years or older seen by the EP or admitted to the eligible hospital, record blood pressure and BMI and plot the growth chart for children age 2 to 20 years old.

7. **Objective** Record smoking status for patients 13 years old or older

**Measure** At least 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital or CAH have “smoking status” recorded.

8. **Objective** Incorporate clinical lab-test results into EHR as structured data.

**Measure** At least 50 percent of all clinical lab tests results ordered by the EP or authorized provider of the hospital 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.

9. **Objective** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach.

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

10. **Objective** Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.

**Measure** Implement five clinical decision support rules relevant to the clinical quality metrics reported under this subpart.



11. **Objective** Check insurance eligibility electronically from public and private payers

**Measure** Insurance eligibility is checked electronically for at least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH.

12. **Objective** Submit claims electronically to public and private payers.

**Measure** At least 80 percent of all claims filed electronically by the EP or the eligible hospital or CAH.

13. **Objective** Perform medication reconciliation at relevant encounters and each transition of care.

**Measure** Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.

14. **Objective** Provide summary care record for each transition of care and referral

**Measure** Provide summary of care record for at least 80 percent of transitions of care and referrals.

15. **Objective:** Capability to submit electronic data to immunization registries and actual submission where required and accepted

**Measure:** Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries

16. **Objective** Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice

**Measure** Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies

(unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically).

17. **Objective** Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.

**Measure** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary.

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### Additional Stage 1 Criteria for Eligible Providers

1. **Objective** Use computerized provider order entry (CPOE).

**Measure** CPOE is used for at least 80 percent of all orders.

2. **Objective** Generate and transmit permissible prescriptions electronically (eRx).

**Measure** At least 75 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

3. **Objective** Report ambulatory quality measures to CMS or, in the case of Medicaid EPs, the States.

**Measure** Successfully report to CMS (or, in the case of Medicaid EPs, the States) clinical quality measures in the form and manner specified by CMS.

4. **Objective** Send reminders to patients per patient preference for preventive/follow-up care.

**Measure** Reminder sent to at least 50 percent of all unique patients seen by

the EP that are 50 years of age and over.

5. **Objective** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request

**Measure** At least 80 percent of all patient requests for an electronic copy of their health information are provided it within 48 hours.

6. **Objective** Provide patients with timely electronic access to their health information (including diagnostic test results, problem list, medication lists, and allergies) within 96 hours of the information being available to the EP.

**Measure** At least 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information.

7. **Objective** Provide clinical summaries to patients for each office visit

**Measure** Clinical summaries provided to patients for at least 80 percent of all office visits

8. **Objective** Capability to exchange key clinical information among providers of care and patient authorized entities electronically.

**Measure** Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

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### **Additional Stage 1 Criteria for Eligible Hospitals and Critical Access Hospitals**

1. **Objective** Use computerized provider order entry (CPOE) for orders (any type) directly entered by authorizing provider.

**Measure** CPOE is used for at least 10 percent of all orders.



2. **Objective** Report hospital quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.

**Measure** Successfully report to CMS (or, in the case of Medicaid eligible hospitals, the States) clinical quality measures in the form and manner specified by CMS.

3. **Objective** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and procedures), upon request

**Measure** At least 80 percent of all patient requests for an electronic copy of their health information are provided it within 48 hours

4. **Objective** Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request

**Measure** At least 80 percent of all patients who are discharged from an eligible hospital or CAH and who request an electronic copy of their discharge instructions and procedures are provided it.

5. **Objective** Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, and diagnostic test results) among providers of care and patient-authorized entities electronically

**Measure** Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

6. **Objective** Capability to provide electronic submission of reportable lab results (as required by State or local law) to public health agencies and actual submission where it can be received.

**Measure** Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which the eligible

hospital submits such information have the capacity to receive the information electronically).

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## Public Comment Period

There is a 60-day public comment period for these proposed rules. The complete text of the proposed rule can be found at:

<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>

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