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Meaningful Use News (4HR)

Things Your Office Should Know For Meaningful Use Stage 2

With the increasing attention placed on Meaningful Use and the significant changes some practices have already undergone, it's important to know how Stage 2 will affect your office. Beginning in 2014, here are the important things you should know about Meaningful Use Stage 2.

All in all, you'll be required to meet **17** Core measures, **3** out of **6** Menu Set measures and **9** out of **64** Clinical Quality Measures (CQM's). The additional changes are a continuation of many of the original measures from Stage 1. In fact, some of the Stage 1 measures as requirements have been removed entirely.

Measures Eliminated:
- Implement drug-drug and drug-allergy interaction checks
- Maintain an up-to-date problem list of current and active diagnoses
- Maintain active medication list
- Maintain active medication allergy list
- Report clinical quality measures (CQMs) to CMS or the States
- Exchange key clinical information
- Implement drug formulary checks
- Provide patients with timely electronic access to their health information

Measures Updated:
- **CPOE**: New description reads, "More than **60% of medication, 30% of laboratory, and 30% of radiology orders** created by the EP during the EHR reporting period are recorded using CPOE"
- **E-prescriptions**: Percentage was increased from **40% to 50%** in Stage 2 and also includes that those prescriptions should be compared to at least one drug formulary
- **Demographics**: Percentage was increased from **50% to 80%** in Stage 2
- **Vitals**: Percentage was increased from **50% to 80%,** the age was increased from 2 to 3 for BP and height and weight should be taken for all ages now in Stage 2
- **Smoking Status**: Percentage has increased from **50% to 80%** in Stage 2
- **DSS**: Number of rules increased **from 1 to 5** and they must now be related to 4 or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period. Also they have included in this measure that the EP has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
- **Electronic Copy of Health Information**: Percentage has stayed the same but instead of it relating to the patients who requested it, now it is **50% of *all unique patients***. Time period in which to produce the health information has been increased from 3 to 4 days. They also added an additional requirement that more than 5% of all unique patients seen by the EP view, download, or transmit to a third party their health information
- **Clinical Summaries**: Percentage has stayed the same (50%) however instead of within 3 business days it is **now 1 business day** in Stage 2

- **Incorporate Clinical Lab Results as Structured Data**: Now a Core Measure stating, **more than 55%** of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated as structured data
- **Generate lists of patients by specific conditions**: Now a Core measure
- **Identify Patient-Specific Education Resources**: Now a Core measure
- **Medication Reconciliation**: Now a Core measure
- **Transition of Care**: Now a Core measure
- **Immunization Registry Data**: Now a Core measure requiring continual submission throughout the reporting period (not just a test file)
- **Syndromic Surveillance Data**: Must be continually sending throughout the reporting period (not just a test file)
- **Clinical Quality Measures**: EPs must select CQMs that cover at least three of these six National Quality Strategy domains. These domains include:
  - ✓ Patient and Family Engagement
  - ✓ Patient Safety
  - ✓ Care Coordination
  - ✓ Population and Public Health
  - ✓ Efficient Use of Healthcare Resources
  - ✓ Clinical Processes/Effectiveness

New Measures:
- (Core) Use secure electronic messaging to communicate with patients on relevant health information
- (Menu) Record electronic notes in patient records
- (Menu) Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT
- (Menu) Record patient family health history as structured data
- (Menu) Capability to identify and report cancer cases to a State cancer registry, except here prohibited, and in accordance with applicable law and practice
- (Menu) Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice

Also, **for 2014 only**, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a **three-month EHR reporting period.**

If you are starting STAGE 2 in 2014, your reporting period will be based on the calendar year quarter: January 1 – March 31, April 1 – June 30, July 1 – September 30 or October 1 – December 31.

If you are starting or entering your 2nd second year of STAGE 1 in 2014, you may select any 90 day period.

For information Stage 2 Requirements, visit CMS's website for Meaningful Use at

http://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/stage_2.html