Meaningful Use Assessment

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REC Program Manager
Today’s Agenda

• Welcome and Introduction
• EHR Incentive REC Program
• Meaningful Use Measures
• Meaningful Use Additional Information
• EHR Meaningful Use Reports
• Meaningful Use Assessment Tools
• Q & A
Path to Better Outcomes and Quality

MU Stage 1
Data capture and sharing

MU Stage 2
Advanced clinical processes

MU Stage 3
Improved outcomes

Improved quality of patient care

⇒ Better clinical outcomes
⇒ Improved population health outcomes
⇒ Increased transparency and efficiency
⇒ Empowered individuals
⇒ More robust research data on health system
How we connect to Eligible Professionals

• Regional Extension Center = CalHIPSO

• Local Extension Centers
  10 + C-LEC

• Service Partners work directly with EPs
Meaningful Use Measures
What are the Requirements of Stage 1 Meaningful Use - EPs?

Eligible Professionals must complete:

- 15 core objectives
- 5 objectives out of 10 from menu set
- 6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from menu set)
What are the Requirements of Stage 1 Meaningful Use – Eligible Hospitals and CAHs?

Hospitals must complete:

• 14 core objectives
• 5 objectives out of 10 from menu set
• 15 Clinical Quality Measures
What are the Requirements of Stage 1 Meaningful Use?

You can find detailed information on all the meaningful use objectives and measure in our Meaningful Use Specification Sheets.

To find the specification sheets:
- Visit our website (www.cms.gov/EHRIncentivePrograms)
- Click on the ‘CMS EHR Meaningful Use Overview’ tab
- Scroll to the bottom
- Select either “Eligible Professional” or “Eligible Hospital”
Core Measures
Eligible Professionals 15 Core

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
Eligible Professionals 15 Core

9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information
Menu Measures
EPs: Select 5 of 10 Menu

1. Drug-formulary checks
2. Incorporate clinical lab test results as structured data
3. Generate lists of patients by specific conditions
4. Send reminders to patients per patient preference for preventive/follow up care
5. Provide patients with timely electronic access to their health information
6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate.
EPs: Select 5 of 10 continued

7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. Capability to submit electronic data to immunization registries/systems*
10. Capability to provide electronic syndromic surveillance data to public health agencies*

* At least 1 public health objective must be selected.
Clinical Quality Measures
3 core/alternate core, 3 additional measures for EPs

- Data must be from certified EHR technology
- Zeros in the denominator are acceptable
- No changes for 2013
### Eligible Professionals—Core Set CQMs

<table>
<thead>
<tr>
<th>NQF Measure Number &amp; PQRI Implementation Number</th>
<th>Clinical Quality Measure Title</th>
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<tbody>
<tr>
<td>NQF 0013</td>
<td>Hypertension: Blood Pressure Measurement</td>
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<tr>
<td>NQF 0028</td>
<td>Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention</td>
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<tr>
<td>NQF 0421 PQRI 128</td>
<td>Adult Weight Screening and Follow-up</td>
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## Eligible Professionals – Alternate Core Set CQMs

<table>
<thead>
<tr>
<th>NQF Measure Number &amp; PQRI Implementation Number</th>
<th>Clinical Quality Measure Title</th>
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<tbody>
<tr>
<td>NQF 0024</td>
<td>Weight Assessment and Counseling for Children and Adolescents</td>
</tr>
<tr>
<td>NQF 0041 PQRI 110</td>
<td>Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older</td>
</tr>
<tr>
<td>NQF 0038</td>
<td>Childhood Immunization Status</td>
</tr>
</tbody>
</table>
Choose 3 Menu CQMs

Additional Set CQM—EPs must complete 3 of 38

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therap for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
3 Menu CQMs continued

Additional Set CQM—EPs must complete 3 of 38 (cont.)

19. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
20. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
21. Diabetes: Eye Exam
22. Diabetes: Urine Screening
23. Diabetes: Foot Exam
24. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
25. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
28. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
29. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
30. Prenatal Care: Anti-D Immune Globulin
31. Controlling High Blood Pressure
32. Cervical Cancer Screening
33. Chlamydia Screening for Women
34. Use of Appropriate Medications for Asthma
35. Low Back Pain: Use of Imaging Studies
36. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
37. Diabetes: Hemoglobin A1c Control (<8.0%)
Q: I am still confused as to how dentists are able to report the required number of CQMs, even with the ability for exceptions. Please advise.

A: If CQMs do not apply to your practice, 0s should be reported from your EHR for attestation. You may report 9 zeros if those are the results calculated by your certified EHR technology and you have no other measures in your certified EHR that would report values other than 0.
Additional Information
Timing for Specific Measures

For Immunization Submission, Electronic Exchange of Key Clinical Information*, and Privacy & Security (Security Risk Assessment aka SRA)

- Prior to or during the (90 day) reporting period
- Must be same calendar year
- Cannot be after the end of the 90 day reporting period
- *a core measure for 2012 attestations; no longer a Stage 1 measure for 2013+ attestations.
MU 2013 affects 2015

Payment Adjustments and Hardship Exceptions Tipsheet for Eligible Professionals
Last update: August 2012

2013 Changes to Stage 1

Stage 1 Changes Tipsheet
Last update: August 2012

Reporting from EHRs
MU Reports from e-MDs

Running a Meaningful Use Crystal Report
### Meaningful Use Dashboard

Date Range: 1/1/2010 to 12/31/2010  
Provider: ALL  
Additional "Licensed Healthcare Providers": <none>

<table>
<thead>
<tr>
<th>Provider</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% of Patients Meeting Criteria</th>
<th>Stage 1 MU Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allthework, Dew</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td>CPOE (Core 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem List Maintenance (Core 3)</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td>e-Prescribing (Core 4)</td>
<td>0/1</td>
<td>0/1</td>
<td>0%</td>
<td>×</td>
</tr>
<tr>
<td>Medication List Maintenance (Core 5)</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
</tr>
<tr>
<td>Allergy List Maintenance (Core 6)</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
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<tr>
<td>Required Demographics Recorded (Core 7)</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
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<tr>
<td>Vital Signs Recorded (Core 8)</td>
<td>1/1</td>
<td>1/1</td>
<td>100%</td>
<td>✓</td>
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<tr>
<td>Smoking Status Documented (Core 9)</td>
<td>0/1</td>
<td>0/1</td>
<td>0%</td>
<td>×</td>
</tr>
<tr>
<td>Electronic Copy of Health Information Upon Request (Core 12)</td>
<td>0/2</td>
<td>0/2</td>
<td>0%</td>
<td>×</td>
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<tr>
<td>Visit Summary Provided to the Patient (Core 13)</td>
<td>0/1</td>
<td>0/1</td>
<td>0%</td>
<td>×</td>
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<tr>
<td>Lab Results in EHR as Structured Data (Menu 2)</td>
<td>0/3</td>
<td>0/3</td>
<td>0%</td>
<td>×</td>
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<tr>
<td>Clinical Reminders (Menu 4)</td>
<td>8/11</td>
<td>11/14</td>
<td>73%</td>
<td>×</td>
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<tr>
<td>Timely Electronic Access to Health Information (Menu 5)</td>
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<td>1/1</td>
<td>100%</td>
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<tr>
<td>Patient Specific Education Resource Provided (Menu 6)</td>
<td>0/1</td>
<td>0/1</td>
<td>0%</td>
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<td>Medication Reconciliation Performed (Menu 7)</td>
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<td>N/A</td>
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<td>N/A</td>
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Summary Page
Meaningful Use Dashboard

Date Range: 1/1/2010 to 12/31/2010
Provider: ALL
Additional "Licensed Healthcare Providers": <none>

Cardio, Kevin

<table>
<thead>
<tr>
<th>Category</th>
<th>Numerator</th>
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<tr>
<td>CPOE (Core 1)</td>
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<td>Problem List Maintenance (Core 3)</td>
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<td>22</td>
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<td>e-Prescribing (Core 4)</td>
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<tr>
<td>Medication List Maintenance (Core 5)</td>
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</table>

Actual - 62% Stage 1 MU Threshold - 36%
Actual - 71% Stage 1 MU Threshold - 80%
Actual - 0% Stage 1 MU Threshold - 40%
Actual - 64% Stage 1 MU Threshold - 80%

Provider Sub-Reports
Provider Sub-Reports
MU Reports from Mitochon

AMC Measure Reports

AMC Reports can be accessed from the Reports menu item. Click on the AMC Measure item.

The left-hand Reporting radio-list gives you the option to select which kind of report to run, from “Active Medication Allergy List” to “Vitals, BMI, Growth Charts.”

To run a report:

1. Select the type of report from the Reporting section.
2. In the Reporting Period, select the reporting time-frame using the two date-selection fields.
3. Click on the Calculate button.
4. The application will then perform the calculations and take you to your results page.
MU Reports from Mitochon

Dashboard > Active Medication List

MEASURE NAME: Active Medication List
EFFECTIVE DATE: 06/08/2011 - 06/18/2012
NUMERATOR: Patients with at least one medication entry or an indication that the patient is not currently prescribed any medication recorded as structured data.
DENOMINATOR: All unique patients seen during the reporting period
THRESHOLD: >80%

SHOW PATIENTS IN
Numerator: 9
Denominator: 56

16% (9/56)
Resources on how to access Meaningful Use reports:

- Your Service Partner
- Your LEC
- Your Vendor
- Your EHR User Guide
Assessment Tools
ONC’s M3 Tool

- Completed by your LEC
- Provide your EHR’s MU dashboard report
ONC’s M3 Tool

- Results of data entry
- By individual EP

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Goal</th>
<th>Readiness</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Capability</th>
<th>Entered</th>
<th>Status</th>
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<tr>
<td>Pass</td>
<td>50%</td>
<td>Yes</td>
<td>40</td>
<td>50</td>
<td>80%</td>
<td></td>
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<tr>
<td>15 of 15 Core</td>
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<td>6 of 6 CQMs</td>
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<td>3 of 3 Core/Alt Core CQMs</td>
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<table>
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<tr>
<th>Core Measures</th>
<th>Goal</th>
<th>Readiness</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Capability</th>
<th>Entered</th>
<th>Status</th>
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<tr>
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<td>80%</td>
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<td>Core # 4: eRx</td>
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<tr>
<td>Core # 5: Active Med List</td>
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<td>Core # 6: Active Med Allergy List</td>
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<tr>
<td>Core # 7: Demographics</td>
<td>50%</td>
<td>Yes</td>
<td>65</td>
<td>100</td>
<td>65%</td>
<td></td>
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<tr>
<td>Core # 8: Vital Signs</td>
<td>50%</td>
<td>Yes</td>
<td>72</td>
<td>100</td>
<td>72%</td>
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<td>Accepted</td>
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<tr>
<td>Core # 9: Smoking Status</td>
<td>50%</td>
<td>Yes</td>
<td>75</td>
<td>100</td>
<td>75%</td>
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<tr>
<td>Core # 10: Report Ambulatory CQMs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Core # 11: Implement CDS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Core # 12: Electronic Copy for Patients</td>
<td>50%</td>
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<td>0</td>
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<td></td>
<td>Exclusion Accepted</td>
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<tr>
<td>Core # 13: Clinical Summaries</td>
<td>50%</td>
<td>Yes</td>
<td>87</td>
<td>100</td>
<td>87%</td>
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<tr>
<td>Core # 14: Electronic Exchange</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<td>Core # 15: Security Review</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>
ONC’s M3 Tool

- Menu Measure result
- CQM results
The Meaningful Use Attestation Calculator

Meeting the Requirements for Meaningful Use

This online tool allows providers to test whether or not they would successfully demonstrate meaningful use for the EHR Incentive Programs. Visit the Medicare and Medicaid EHR Incentive Program website for more detailed information about the program, including who is eligible to participate.

Get Started!

Select Your Provider Type:

- Eligible Hospitals and Critical Access Hospitals
- Eligible Professionals
Step 2: Meaningful Use Core Measures

Core Measure 1

Objective
Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure
More than 30% of all unique patients with at least one medication in their medication list seen by the Eligible Professional (EP) have at least one medication order entered using CPOE.

Exclusion
Based on all patient records. Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use. Does this exclusion apply to you?

© Yes
© No

Numerator
Number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator
Number of unique patients with at least one medication in their medication list seen by the EP during the EHR period.
Core Measure 11

Objective
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure
Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

☐ Yes
☐ No
Step 3: Meaningful Use Measures

Public Health List

You must choose at least one objective from the list below. Should the Eligible Professional (EP) be able to meet the measure for one of these public health menu measures and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure they are able to meet. If the EP can attest to an exclusion from both public health menu measures, the EP must choose one of the two public health menu measures and attest to the exclusion.

- **Menu Measure 1**

  **Objective**
  Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

  **Measure**
  Performed at least one test of certified EHR technology’s capacity to submit

Additional Menu Measures

You must choose either three or four objectives from the list below, depending on how many you selected above. EPs must report on a total of five (5) menu measures. Having met one public health menu measure, the EP must then select any other four menu measures. You may either select the remaining public health menu measure plus three (3) additional measures from the list below, or you may select four (4) additional menu measures from the list below. If you do not select a total of five (5) menu measures, you will not be able to continue with this attestation tool.

- **Menu Measure 3**

  **Objective**
  Implement drug formulary checks.

  **Measure**
  The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period. Have you met
• The calculator will tell you if there is a problem
Step 3: Meaningful Use Measures

Error

Please correct the following errors before proceeding to the next page:

- Please select Yes or No for EXCLUSION 1
- Please select Yes or No for EXCLUSION 2

Public Health List

You must choose at least one objective from the list below. Should the Eligible Professional (EP) be able to meet the measure for one of these public health menu measures and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure they are able to meet. If the EP can attest to an exclusion from both public health menu measures, the EP must choose one of the two public health menu measures and attest to the exclusion.

Menu Measure 1

Objective
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure
Performed at least one test of certified EHR technology’s capacity to submit
Step 4: Your results

Failed

15 of 15 Meaningful Use Core Measures were met
4 of 5 Meaningful Use Menu Measures were met

Based on the data provided, the EP would not successfully demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated below.

Review Your Answers

Meaningful Use Core Measures

Objective 1 (Core):
Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Excluded: YES
Entered: >30%
Measure: YES
Pass/Fail: PASS

Objective 2 (Core):
Implement drug-drug and drug-allergy interaction checks.

Excluded: NO
Entered: YES
Measure: YES
Pass/Fail: PASS
Implement drug formulary checks.

Excluded: NO
Entered: YES
Measure: YES
Pass/Fail: PASS

Objective 4 (Menu):
Incorporate clinical lab-test results into EHR as structured data.

Excluded: NO
Entered: 31.03%
Measure: >40%
Pass/Fail: FAILED
The calculator will tell you if all is good!

Step 4: Your results

Pass
15 of 15 Meaningful Use Core Measures were met
5 of 5 Meaningful Use Menu Measures were met

Based on the data provided, the EP would successfully demonstrate meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

Note that this is not an actual attestation and does not guarantee that you will successfully demonstrate meaningful use or receive an EHR incentive payment. You must still attest through the online Registration and Attestation System in order to participate in the Medicare EHR Incentive Program. (EPs who plan to participate in the Medicaid EHR Incentive Program should contact their states for information on how they will attest.)

Review Your Answers
CMS Attestation Worksheet

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Information</th>
<th>Measure Values</th>
</tr>
</thead>
</table>
| 1  | **Objective:** Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines  
**Measure:** More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE  
**Exclusion:** Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement  
**Does this exclusion apply to you?** | Yes ☐ No ☐ |
|    | **Numerator:** The number of patients in the denominator that have at least one medication order entered using CPOE |                |
|    | **Denominator:** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period |                |

| 2  | **Objective:** Implement drug-drug and drug-allergy interaction checks  
**Measure:** The EP has enabled this functionality for the entire EHR reporting period  
**Note:** This measure only requires a yes/no answer | Yes ☐ No ☐ |
|    | **Numerator:** N/A                                                                 |                |
|    | **Denominator:** N/A                                                                |                |
**Meaningful Use Menu Measures** - EPs must fill out 5 out of 10 measures (at least 1 of these must be a public health measure, which are noted with an asterisk)

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Information</th>
<th>Measure Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td><strong>Objective:</strong> Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice. <strong>Measure:</strong> Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Information</th>
<th>Measure Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Exclusion 1:</strong> An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. <strong>Exclusion 2:</strong> If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. <strong>Note:</strong> This measure only requires a yes/no answer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does this exclusion 1 apply to you?</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td>Does this exclusion 2 apply to you?</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td>Numerator: N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Denominator: N/A</td>
<td></td>
</tr>
</tbody>
</table>

Yes [ ]       No [ ]
MU Gap Analysis
An Excel MU Gap Analysis worksheet

<table>
<thead>
<tr>
<th>CMS Guidebook Measure #</th>
<th>Core and Menu Objectives</th>
<th>MU Objective</th>
<th>MU Measure</th>
<th>Role Responsible</th>
<th>Reporting Date</th>
<th>Reporting Period: 1</th>
<th>Practice-wide (all providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core 3</td>
<td>Maintain an up-to-date problem list of current and active diagnoses.</td>
<td>More than 80% of all unique patients seen by the EP have at least one entry (or an indication that no problems are known) for the patient recorded as structured data.</td>
<td></td>
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<tr>
<td>Core 4 (E)</td>
<td>Generate and transmit permissible prescriptions electronically (eRx).</td>
<td>More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.</td>
<td></td>
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</tr>
<tr>
<td>Core 5</td>
<td>Maintain active medication list.</td>
<td>More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core 6</td>
<td>Maintain active medication allergy list</td>
<td>More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.</td>
<td></td>
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</tr>
<tr>
<td>Core 7</td>
<td>Record demographics: Preferred language, gender, race, ethnicity, and date of birth.</td>
<td>More than 50% of all unique patients seen by the EP have demographics recorded as structured data.</td>
<td></td>
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</tr>
<tr>
<td>Core 8 (E)</td>
<td>Record and chart changes in vital signs: Height, Weight, BP, BMI and growth charts for ages 2-20.</td>
<td>For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, height, weight and blood pressure are recorded as structured data.</td>
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</tr>
<tr>
<td>Core 9 (E)</td>
<td>Record smoking status for patients 13 years old or older.</td>
<td>More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded.</td>
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</tr>
</tbody>
</table>
Q & A