



Meaningful Use Objectives and Measures for 2015 through 2017 for Physicians

Changes *Proposed* by CMS on 4/15/2015 (NOT FINAL!)

All objectives and associated measures must be met, except where exclusions apply.

Objective	Measure	Alternate Measures (2015 only) for providers beginning MU in 2014-5
1. Protect Electronic Health Information	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data stored in CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the risk management process	NONE
2. Clinical Decision Support	1) Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.
	2) The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period. <i>Exclusion: EP may claim exclusion if fewer than 100 medication orders are written during the EHR reporting period.</i>	
3. CPOE	1) More than 60 percent of medication orders during the EHR reporting period are recorded using computerized provider order entry. <i>Exclusion: EP may claim exclusion if fewer than 100 medication orders are written during the EHR reporting period.</i>	Same measure with a 30 percent threshold instead
	2) More than 30 percent of laboratory orders during the EHR reporting period are recorded using computerized provider order entry. <i>Exclusion: EP may claim exclusion if fewer than 100 lab orders are written during the EHR reporting period.</i>	May claim an exemption from this measure
	3) More than 30 percent of radiology orders during the EHR reporting period are recorded using computerized provider order entry. <i>Exclusion: EP may claim exclusion if fewer than 100 radiology orders are written during the EHR reporting period.</i>	May claim an exemption from this measure
4. Electronic Prescribing	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. <i>Exclusions: (1) fewer than 100 permissible prescriptions during EHR Reporting period, or (2) no pharmacies that accept eRx within 10 miles</i>	More than 40 percent of all permissible prescriptions are transmitted electronically using CEHRT.
5. Summary of Care	Upon transitioning or referring a 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 percent of transitions of care and referrals. <i>Exclusions: fewer than 100 transfers/referrals per EHR reporting period.</i>	May claim an exemption from this measure
6. Patient Specific Education	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period. <i>Exclusion: No office visits during reporting period.</i>	May be excluded from this measure if they did not intend to select the Stage 1 Patient Specific Education menu objective.

7. Medication Reconciliation	Perform medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. <i>Exclusion: Any EP who received no referrals during reporting period.</i>	May be excluded from this measure if they did not intend to select the Stage 1 Medication Reconciliation menu objective
8. Patient Electronic Access (VDT)	1) More than 50 percent of all unique patients seen during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.	
	2) At least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party. <i>Exclusions: (1) EP does not create info for patient portal, or (2) in a county with less than 50% 4Mbs broadband access.</i>	May claim an exemption from this measure
9. Secure Messaging	The capability for patients to send and receive a secure electronic message with the provider was fully enabled during the EHR reporting period. <i>Exclusions: (1) No office visits during reporting period, or (2) in a county with less than 50% 4Mbs broadband access.</i>	May claim an exemption from this measure
Public Health	Must meet 2 of the following. For each of the 5 measures below, the following exclusions are applicable: <i>(1) The provider does provide reportable services and/or treat reportable conditions or diseases relevant to the local public health authority's systems, or (2) The local public health agency is not capable of accepting electronic registry transactions based on the CEHRT standards, or (3) The local public health agency is not ready to receive transactions from the provider at the start of the reporting period.</i>	
	1) <u>Immunization Registry Reporting</u> : The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	
	2) <u>Syndromic Surveillance Reporting</u> : The EP is in active engagement with a public health agency to submit syndromic surveillance data from a nonurgent care ambulatory setting.	
	3) <u>Case Reporting</u> : The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	
	4) <u>Public Health Registry Reporting</u> : The EP is in active engagement with a public health agency to submit data to public health registries.	
	5) <u>Clinical Data Registry Reporting</u> : The EP, is in active engagement to submit data to a clinical data registry.	

Source: Federal Register, 4/15/2015, Medicare and Medicaid Programs; Electronic Health Record Incentive Program-- Modifications to Meaningful Use in 2015 through 2017

(<https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>)

Abbreviations used:

- CEHRT Certified EHR Technology - providers are required to use EHR Technology certified using the 2014 Standards. Use of technology certified using the 2015 Standards is permissible.
- EP Eligible Provider, includes physicians, dentists, chiropractors and certain other providers

Note: This document summarizes the language included in the source document. While every attempt has been made to insure accuracy, we are not responsible for any errors or omissions.