



Meaningful Use Objectives and Measures, 2015 through 2017, for Physicians

Final Rule, Published 10/16/2015

All Objectives and Measures Must Be Met

Objective	Measure	Alternate Measures (2015 only) for providers beginning MU in 2014-5
1. Protect Patient 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 created or maintained by CEHRT in accordance with requirements under 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.	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: An EP who writes fewer than 100 medication orders during the EHR reporting period may claim an exclusion.</i>	
3. CPOE by licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	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>	(1) Same as at left, with more than 30% using CPOE, or (2) More than 30% 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
	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 exclusion from this measure (<i>Applies also to those previously scheduled for Stage 1 in 2016</i>)
	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 exclusion from this measure (<i>Applies also to those previously scheduled for Stage 1 in 2016</i>)
4. Electronic Prescribing	More than 50 percent of all permissible 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 within his/her organization or none that accept eRx within 10 miles</i>	More than 40 percent of all permissible prescriptions are transmitted electronically using CEHRT.
5. Health Information Exchange	Upon transitioning or referring a patient to another setting of care or provider of care must (1) use 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>Exclusion: fewer than 100 transfers/referrals per EHR reporting period.</i>	May claim an exclusion 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 claim an exclusion from this measure
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 claim an exclusion from this measure

8. Patient Electronic Access to View, Download or Transmit their Health Information	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 view, download or transmit their health information, subject to the EP's discretion to withhold certain information.	
	2) In 2015 and 2016 , at least <i>one patient</i> 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 during the EHR reporting period. In 2017 , threshold increases to 5% of patients <i>Exclusions: (1) EP neither orders nor creates information listed for inclusion on patient portal, or (2) EP in a county with less than 50% 4Mbs broadband access.</i>	May claim an exclusion from this measure
9. Secure Messaging to Communicate with Patients	In 2015 , the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. In 2016 , for <i>at least 1 patient</i> 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 reporting period. In 2017 , the 2016 threshold increases to 5% of <i>unique patients</i> <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 exclusion from this measure
10. Public Health Reporting: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT	Must choose from measures 1 through 3 and successfully attest to any combination of two measures. The EP may attest to measure 3 more than one time.	May choose from measures 1 through 3 at left and successfully attest to any one measure.
	1) <u>Immunization Registry Reporting</u> : The EP is in active engagement with a public health agency to submit immunization data. <i>Exclusions: (1) EP does not administer any immunizations to any of the populations for which data is collected by his/her jurisdiction. (2) EP operates in a jurisdiction for which no immunization registry is capable of accepting the standards for the CEHRT (3) EP operates in a jurisdiction in which no immunization registry has declared readiness to receive immunization data from the EP</i>	
	2) <u>Syndromic Surveillance Reporting</u> : The EP is in active engagement with a public health agency to submit syndromic surveillance data. <i>Exclusions: (1) is not in a category of providers from which ambulatory syndromic surveillance data is collected by the syndromic surveillance system (2) EP is in a jurisdiction where no public health agency is capable of receiving electronic syndromic surveillance data from the EP using the CEHRT standards (3) EP is in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance from EP</i>	
	3) <u>Specialized Registry Reporting</u> : The EP is in active engagement to submit data to a specialized registry. <i>Exclusions: (1) EP does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction (2) Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions using the CEHRT standards (2) Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions.</i>	

Source: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf> taken 10/7/2015

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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. Please review official rule above for full text which includes additional definitions and detailed specifications. While every attempt has been made to insure accuracy, we are not responsible for any errors or omissions. Prepared by Eagle Consulting Partners, Inc., eagleconsultingpartners.com, (216) 503-0333, gprrits@eagleconsultingpartners.com.