DEMONSTRATING MEANINGFUL USE
STAGE 1 REQUIREMENTS FOR ELIGIBLE PROVIDERS USING CERTIFIED EHR TECHNOLOGY IN 2015

The chart below lists the measures (and specialty exclusions) that eligible providers must demonstrate to become a Stage 1 meaningful user to avoid the EHR Meaningful Use 3% penalty in 2017 (based on 2015 reporting). The reporting period for 2015 requires eligible providers to document meaningful use for an entire calendar year, unless it is your first time reporting Meaningful Use. Eligible professionals are no longer able to receive incentive payments for EHR Meaningful Use.

Stage 1 Meaningful Use Overview for Ophthalmology

EPs must report:

1.) **All 13 of the Core Set Objectives and Measures**

- **Scope of Practice Exclusion - Core Measure 8 - Record and chart vital signs (height, weight, blood pressure) - all three vital signs have no relevance to the scope of the EPs practice.**

2.) **5 out of 9 of the Menu Set Objectives and Measures.**

- Menu Objective Exclusion Rule: Meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set except for the public health measure. (*See Reporting Menu Measures*).

3.) **9 Clinical Quality Measures (CQM) that are relevant to your practice from a list of 64.** Selected CQMs must cover at least 3 of the National Quality Strategy domains. All eligible professionals regardless of their stage of meaningful use will report on CQMs in the same way.

Clinical Quality Measures

- CQMs do not have thresholds that you have to meet—you simply have to report data on them.
- Certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as the certified EHR produced it.
- Ophthalmology-Specific Clinical Quality Measures:
    - Primary Open Angle Glaucoma – Optic Nerve Head Evaluation (PQRS Measure 12)
    - Diabetic Retinopathy – Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (PQRS Measure 18)
    - Diabetic Retinopathy – Communication with the Physician Managing Ongoing Diabetes Care (PQRS Measure 19)
    - Diabetes – Eye Exam (PQRS Measure 117)

- Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures (PQRS Measure 192)
- Cataracts 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (PQRS Measure 303)

Reporting Menu Measures:

- **EPs are no longer able to count Menu Measure exclusions toward their 5 measures except for the public health measure exclusion.**
- EPs must report on a total of 5 Meaningful Use Menu Measures.
- At least one of the 5 measures must be from the public health menu measures.
- If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any of the additional Meaningful Use Menu Measures in the list below.

***Public Health Measures** (Note that none of the public health measures are applicable to ophthalmology, resulting in a '0' in the denominator.)

- When selecting 5 out of the 9 Menu Set Objectives and Measures on which to report—you must include at least one of the two measures from the "public health" category:
  - Perform a test of the EHR's capacity to submit electronic data to immunization registries.
  - Perform a test of the EHR's capacity to report electronic syndromic surveillance data to public health agencies.

Stage 1 Meaningful Use

13 Core Measures + 5 Menu Measures + 9 Clinical Quality Measures = Meaningful Use

The following are charts of meaningful use objectives that must be met:

13 Core Set Objectives and Measures (all are required)

1. Use computerized physician order entry (CPOE) for medication orders	More than 30% of all unique patients with at least one medication in their medication list have at least one medication order entered using CPOE. **Exclusion: EPs who write fewer than 100 prescriptions in reporting period.**
2. Implement drug-drug and drug-allergy check	Enable drug-drug and drug-allergy checking features for entire reporting period

3. Generate and transmit permissible prescriptions electronically (e-Rx)	More than 40% of all permissible prescriptions are transmitted electronically using certified EHR technology. **Exclusion: EPs who write fewer than 100 prescriptions in reporting period.**
4. Record patient demographics (preferred language, gender, race, ethnicity, date of birth)	More than 50% of all unique patients have demographics recorded as structured data.
5. Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that they have no problems.
6. Maintain active medication list	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that patient is not currently prescribed any medication.
7. Maintain active medication allergy list	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that the patient has no known medication allergies.
8. Record and chart vital signs (height, weight, blood pressure)	More than 50% of all unique patients age 2 years or older have height, weight and blood pressure recorded as structured data. **Exclusion: All three vital signs have no relevance to the scope of the EPs practice; those who see no patients age 2 or older**.
9. Record smoking status for patients 13 years or older	More than 50% of all unique patients age 13 years or older have smoking status recorded as structured data. **Exclusion: EPs who see no patients age 13 years or older.**
10. Implement one clinical decision support rule	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.
11. Provide patients with ability to view online, download, and transmit health information for all provider	More than 50 percent of all unique patients seen by the EP 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.
12. Provide clinical summaries for patients for each office visit	Provide clinical summaries to patients for more than 50% of all office visits within 3 business days.
13. Implement systems to protect privacy and security of patient data maintained by certified EHR technology	Conduct or review a security risk analysis, implement security updates as necessary, and correctly identify

	security deficiencies as part of the risk management process.

9 Menu Set Objectives and Measures (must meet 5)

1. Implement drug-formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period. **Exclusion: Any EP who writes fewer than 100 prescriptions during the EHR reporting period.**
2. Incorporate clinical laboratory test results into certified EHR	More than 40% of all clinical laboratory tests ordered during EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR as structured data. **Exclusion: EPs who order no lab tests in reporting period.**
3. Generate lists of patients by specific conditions	Generate at least one report listing patients of the EP with a specific condition to use for quality improvement, reduction of disparities, research or outreach.
4. Send patient follow-up/preventive care reminders	Send reminders for preventive/follow-up care to more than 20% of all patients 65 years or older or 5 years old or younger.
5. Identify patient-specific education resources and provide those resources to the patient if appropriate	Identify and provide patient-specific education resources to more than 10% of all unique patients seen.
6. Perform medication reconciliation for a patient from another care setting or provider of care	Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned in the care of the eligible provider.
7. Provide summary of care record for each transition of care and referral	Provide a summary of care record for more than 50% of patient transitions or referrals. **Exclusion: EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.**
8. Submit electronic immunization data to immunization registries or Immunization Information Systems **(Public Health Measure)**	Perform 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. **Exclusion: EP administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.**
9. Submit electronic syndrome surveillance data to public health agencies **(Public Health Measure)**	Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful. **Exclusion: EP does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.**

Ophthalmology-Specific Additional Clinical Quality Measures (CQM) ***Must choose 9 of 64 CQM***	
PQRS Measure 12: Primary Open Angle Glaucoma – Optic Nerve Head Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.
PQRI Measure 18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
PQRS Measure 19: Diabetic Retinopathy – Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
PQRS Measure 117: Diabetes – Eye Exam	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Resources

Meaningful Use Attestation Calculator
http://www.cms.gov/apps/ehr/

EHR Incentive Program Electronic Specifications
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.html

Guide for Reading the EHR Incentive Program EP Measures
https://www.cms.gov/QualityMeasures/Downloads/QMGuideForReadingEHR.pdf

Hardship Exemptions:

Eligible Professionals can apply for hardship exemptions in the following categories:

- **Infrastructure**: Eligible professionals must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).
- **New Eligible Professionals**: Newly practicing eligible professionals who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments.
- **Unforeseen Circumstances:** Examples may include a natural disaster or other unforeseeable barrier.
- **EHR Vendor Issues:** The eligible professional's EHR vendor was unable to obtain timely certification or the eligible professional was unable to implement meaningful use due to EHR certification delays.
- **Patient Interaction:** Lack of face-to-face or telemedicine interaction with patient or Lack of follow-up need with patients.
- **Practice at Multiple Locations:** Lack of control over availability of CEHRT for more than 50% of patient encounters.

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