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2015 MEANINGFUL USE STAGE 2
FOR ELIGIBLE PROVIDERS USING CERTIFIED EMR TECHNOLOGY

STAGE 2 REQUIREMENTS

- EPs must meet or qualify for an exclusion to **17 core objectives**
- EPs must meet **3 of the 6 menu measures**.
- EPs must report on **9 out of 64 total CQMs**.
- All providers must demonstrate meaningful use for an entire calendar year, unless they are a first time Meaningful Use attester.

TIMELINE AND PENALTIES

- The start date for Stage 2 compliance is **January 1, 2015.**
- Eligible professionals who do not attest to EHR Meaningful Use in 2015 will receive a 3% penalty in 2017.

STAGE 2 MEANINGFUL USE CRITERIA

The charts below list the measures (and specialty exclusions) that eligible providers must demonstrate to become a Stage 2 meaningful user to qualify for Medicare or Medicaid incentives.

EPs must report:

1.) **All 17** of the Core Set Objectives and Measures

2.) **3 out of 6** of the Menu Set Objectives and Measures

3.) A minimum of **9 Clinical Quality Measures (CQM)** from at least 3 of the 6 National Quality Strategy domains

STAGE 2 MEANINGFUL USE

17 Core Measures + 3 Menu Measures + 9 Clinical Quality Measures = Stage 2 Meaningful Use

The following are charts of Stage 2 meaningful use objectives that must be met, and applicable exclusions:

17 CORE MEASURES IN STAGE 2

	MEASURE	STAGE 2 REQUIREMENT	EXCLUSION
1	**CPOE -** Use computerized physician order entry (CPOE) for medication orders, laboratory and radiology orders	More than <u>60%</u> of medication, <u>30%</u> of laboratory and <u>30%</u> of radiology orders created during the EHR reporting period are recording using CPOE.	Any EP who writes fewer than 100 medication, laboratory, and radiology orders during the EHR reporting period.
2	**ERX-** Generate and transmit permissible prescriptions electronically (e-Rx)	More than <u>50%</u> of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period or does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions. Within 25 miles of the EP's practice location at the start of his or her EHR reporting period.
3	**DEMOGRAPHICS-** Record patient demographics (preferred language, gender, race, ethnicity, date of birth)	More than <u>80%</u> of patients have demographics recorded and can use them to produce stratified quality reports.	NA
4	**VITAL SIGNS-** Record and chart vital signs (height, weight, blood pressure)	More than <u>80%</u> of patients have vital signs recorded during the reporting year.	Any EP who-- (A) Sees no patients 3 years or older is excluded from recording blood pressure; **(B) Believes that all three vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;** (C) Believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or **(D) Believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight.**
5	**SMOKING STATUS-** Record smoking status for patients 13 years or older	More than <u>80%</u> of unique patients over 13 years old have smoking status recorded as structured data.	Any EP who sees no patients 13 years old or older.

6	**CLINICAL DECISION-** Implement clinical decision support rules	Measure 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. Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	An EP does not have to enable and implement functionality for drug-drug and drug-allergy interaction checks if they write fewer than 100 medication orders during the EHR reporting period.
7	**CLINICAL LAB RESULTS-** Incorporate lab information as structured data	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 in Certified EHR Technology as structured data.	Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.
8	**PATIENT LISTS-** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	NA
9	**PATIENT REMINDERS-** Send reminders for preventive, follow-up care	10% of all unique patients who have had an office visit with the EP within the 24 months, per patient preference.	Any EP who has had no office visits in the 24 months before the beginning of the EHR reporting period.
10	**PATIENT ACCESS to HEALTH INFO** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists,	50% have access and 5% of patients have used the capability to access and download their information (available to the patient within 4 business days after the information is available to the EP).	Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure is excluded.
11	**PATIENT ACCESS to CLINICAL SUMMARIES-** Provide clinical summaries for patients for each office visit	50% of all visits within 24 hours (pending information, such as lab results, should be available to patients within 4 days of becoming available to EPs).	Any EP who has no office visits during the EHR reporting period.

12	EDUCATIONAL RESOURCES- Identify patient-specific education resources and provide those resources to the patient if	More than 10% of patients are provided with EHR-enabled patient-specific educational resources.	Any EP who has no office visits during the EHR reporting period.
13	TRANSITIONS IN CARE- Perform medication reconciliation for a patient from another care setting or provider of care	Medication reconciliation performed for more than 50% of transitions in care when the EP or hospital was the receiving provide.	Any EP who was not the recipient of any transitions of care during the EHR reporting period.
14	SUMMARY of CARE RECORD- Summary of care record transmitted between providers at transitions in care	Required for 65% of care transitions must be electronic for 10%.	Any EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period is excluded from both measures.
15	ELECTRONIC DATA TO IMMUNIZATION REGISTRIES- Submit electronic immunization data to immunization registries or Immunization Information Systems	Submit actual immunization data to at least one organization in accordance with applicable law and practice.	A. The EP does not administer any of the immunizations during the reporting period. B. The EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of receiving electronic immunization data.
16	PROTECT ELECTRONIC HEALTH INFORMATION - Conduct security analysis	Conduct or review a security risk analysis, and implement security updates and correct identified security deficiencies.	NA
17	SECURE ELECTRONIC MESSAGING	Patients are offered secure messaging online and at least 5% have sent secure messages online.	Any EP who has no office visits during the EHR reporting period.

3 of 6 MENU MEASURES IN STAGE 2			
	MEASURE		**EXCLUSION**
Menu #1	IMAGING	More than 10% of imaging results are incorporated into or accessible through Certified EHR Technology.	Any EP who does not perform diagnostic interpretation of scans or tests whose result is an image during the EHR reporting period.
Menu #2	FAMILY HISTORY	Record family health history for more than 20% of patients.	Any EP who has no office visits during the EHR reporting period.

Menu #3	SYNDROMIC SURVEILLANCE	Successful ongoing transmission of syndromic surveillance data	A. The EP is not in a category of providers who collect ambulatory syndromic surveillance information on their patients during the EHR reporting period. B. The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required for Certified EHR Technology at the start of their EHR reporting period. C. The EP operates in a jurisdiction for which no public health agency is capable of accepting the version of the standard that the EP's Certified EHR Technology can send at the start of their EHR reporting period.
Menu #4	SUBMISSION OF CANCER CASE INFORMATION	Successful ongoing transmission of cancer case information.	A. Does not diagnose or directly treat cancer; or B. Operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for Certified EHR Technology at the start of their EHR reporting period.
Menu #5	SPECIALIZED REGISTRY	Successful ongoing transmission of data to a specialized registry (other than a cancer registry).	A. Does not diagnose or directly treat any disease associated with a specialized registry; or B. Operates in a jurisdiction for which no registry is capable of receiving electronic specific case information.
Menu #6	PROGRESS NOTES	Enter an electronic progress note for more than 30% of unique patients.	A. Does not diagnose or directly treat any disease associated with a specialized registry; or B. Operates in a jurisdiction for which no registry is capable of receiving electronic specific case information.

HARDSHIP EXCEPTIONS

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

Deadlines: **Applications need to be submitted no later than July 1 for EPs of the year before the payment adjustment year; however, CMS encourages earlier submission.**

CRITERIA FOR REPORTING CLINICAL QUALITY MEASURES

For both Stage 1 and Stage 2

An EP must report 9 Clinical Quality Measures (CQM) that are relevant to your practice from a list of 64. Core Clinical Quality Measures are recommended but not required. Selected CQMs must cover at least 3 of the National Quality Strategy domains listed below:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

Clinical Quality Measures

- CQM do not have thresholds that you have to meet—you simply have to report data on them.
- The 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:
    - 12. Primary Open Angle Glaucoma – Optic Nerve Head Evaluation (PQRS Measure 12)
    - 13. Diabetic Retinopathy – Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (PQRS Measure 18)
    - 14. Diabetic Retinopathy – Communication with the Physician Managing Ongoing Diabetes Care (PQRS Measure 19)
    - 22. Diabetes – Eye Exam (PQRS Measure 114)

- **All Medicare-eligible providers beyond their first year of demonstrating meaningful use must electronically report their CQM data to CMS.**

For more information, contact Ashley McGlone, manager of regulatory affairs, at 703-591-2220.