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Meaningful Use: Review of Changes to Objectives and Measures in Final Rule

The proposed rule on meaningful use established 27 objectives that participants would meet in stage 1 of the program. The final rule largely maintains these objectives but divides them into “core” and “menu” sets.

Participants must achieve each objective in the core set. There are 15 objectives for eligible professionals and 14 for eligible hospitals and critical access hospitals.

The menu set includes 10 additional objectives, of which eligible professionals and hospitals will choose five. The items not chosen will be deferred to stage 2 of the program. (There are 12 objectives in total, with 10 applying to eligible professionals and 10 to hospitals.)

Participants may select any five objectives from the menu set, with one limitation. They must choose at least one population and public health measure, a requirement made to ensure these goals receive sufficient attention.

In all, two objectives were **added**—both to the menu set:

- Record advance directives for patients 65 years old or older
- Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

Two objectives were **removed**, deferred to later stages:

- Check insurance eligibility electronically from public and private payers (at least 80 percent of all unique patients)
- Submit claims electronically to public and private payers (at least 80 percent of all claims filed electronically)

Overall, the final rule lowered the bar on most of the measures associated with the objectives.

The first four columns in the following review are reproduced from table 2 of the final rule. The final column offers a description of the change from the proposed rule. Not noted here are changes to wording that add critical access hospitals (CAHs) to the hospital objectives and measures.

The review was based on the display copy of the rule released July 13, 2010. Final publication of the rule was scheduled for July 28 in the *Federal Register*, www.gpoaccess.gov: "Medicare and Medicaid Programs; Electronic Health Record Incentive Program."

Table 2: Stage 1 Meaningful Use Objectives and Associated Measures Sorted by Core and Menu Set

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE	<ul style="list-style-type: none"> • Clarified terms of order entry within objective • Reduced threshold for EPs from 80% of all orders • Increased threshold for hospitals from 10% of all orders
	Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period	<ul style="list-style-type: none"> • Moved drug formulary check to menu set
	Generate and transmit permissible prescriptions electronically (eRx)		More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	<ul style="list-style-type: none"> • Reduced threshold from 75%

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
	Record demographics: <ul style="list-style-type: none"> ○ preferred language ○ gender ○ race ○ ethnicity ○ date of birth 	Record demographics: <ul style="list-style-type: none"> ○ preferred language ○ gender ○ race ○ ethnicity ○ date of birth ○ date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data	<ul style="list-style-type: none"> ● Deleted requirement to record insurance type ● Reduced threshold from 80% ● Clarified reporting of cause of death
	Maintain an up-to-date problem list of current and active diagnoses	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data	<ul style="list-style-type: none"> ● Removed reference to ICD-9-CM and SNOMED (described in the EHR standards rule)
	Maintain active medication list	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	<ul style="list-style-type: none"> ● Modified measure from "at least" 80%

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
	Maintain active medication allergy list	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	<ul style="list-style-type: none"> Modified measure from "at least" 80%
	Record and chart changes in vital signs: <ul style="list-style-type: none"> ○ Height ○ Weight ○ Blood pressure ○ Calculate and display BMI ○ Plot and display growth charts for children 2-20 years, including BMI 	Record and chart changes in vital signs: <ul style="list-style-type: none"> ○ Height ○ Weight ○ Blood pressure ○ Calculate and display BMI ○ Plot and display growth charts for children 2-20 years, including BMI 	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), [record] height, weight and blood pressure are recorded as structured data	<ul style="list-style-type: none"> Reduced threshold from 80% Added height and weight to measure Removed BMI and growth chart from measure Added structured data to measure
	Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data	<ul style="list-style-type: none"> Reduced threshold from 80% Added structured data to measure

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule	<ul style="list-style-type: none"> Reduced threshold from 5
	Report ambulatory clinical quality measures to CMS or the States	Report hospital clinical quality measures to CMS or the States	<p>For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule</p> <p>For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule</p>	(no change)
Engage patients and families in their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days	<ul style="list-style-type: none"> Amended objective to read "<i>medication allergies</i>" Reduced threshold from 80% Lengthened time requirement from 48 hours

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
		Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it	<ul style="list-style-type: none"> Removed requirement to provide copy of procedures Reduced threshold from 80% Specified both inpatient and emergency department discharges
	Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	<ul style="list-style-type: none"> Reduced threshold from 80% Added time requirement of 3 business days
Improve care coordination	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	<ul style="list-style-type: none"> Amended objective to read "<i>medication allergies</i>"
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	<ul style="list-style-type: none"> Added requirement to correct deficiencies

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	<ul style="list-style-type: none"> Separated from CPOE objective Added access requirement
		Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded	New objective
	Incorporate clinical lab-test results into certified EHR technology as structured data	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) 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	<ul style="list-style-type: none"> Reduced threshold from 50% Further specified lab tests

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	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, eligible hospital or CAH with a specific condition	(no change)
	Send reminders to patients per patient preference for preventive/follow up care		More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	<ul style="list-style-type: none"> • Reduced threshold from 50% • Modified age requirements from 50 years or older
Engage patients and families in their health care	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP		More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information	<ul style="list-style-type: none"> • Amended objective to read "<i>medication allergies</i>" • Modified time requirement to specify business days
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources	New objective

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
Improve care coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	<ul style="list-style-type: none"> • Specified triggers • Reduced threshold from 80%
	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals	<ul style="list-style-type: none"> • Specified triggers • Reduced threshold from 80%

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
Improve population and public health	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	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, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	<ul style="list-style-type: none"> • Added immunization information systems • Added follow up requirement
		Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)	<ul style="list-style-type: none"> • Amended objective to specify applicable law and practice

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Changes from Proposed Rule
	Eligible Professionals	Eligible Hospitals and CAHs		
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed 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 (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	<ul style="list-style-type: none"> Amended objective to specify applicable law and practice