



I-HITEC

Meaningful Use for Eligible Providers

Summary of Core and Menu objectives and Clinical Quality Measures

Table of Contents

Title	Page
CORE Objectives.....	2
MENU Objectives.....	5
Clinical Quality Measures.....	7

Summary of **CORE** and **MENU** objectives for Meaningful Use as found in the Federal Register Part II 42 CFR Part 495.6 (p. 44566-44568).
All 15 **CORE** objectives must be fulfilled and five of the ten **MENU** objectives must be fulfilled.

Meaningful Use CORE Objectives: Must Meet 100%	Measure	Exclusion (if applicable)	ONC MU Measure
1) 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 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.	Any EP who writes fewer than 100 prescriptions during the EHR reporting year.	>30%
2) Implement drug-drug/drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	None	Enabled
3) Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	None	>80%
4) 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.	Any EP who writes fewer than 100 prescriptions during the EHR reporting year.	>40%
5) Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	None	>80%
6) Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	None	>80%

Meaningful Use CORE Objectives: Must Meet 100%	Measure	Exclusion (if applicable)	ONC MU Measure
7) Record demographics: • preferred language • gender • race • ethnicity • date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	None	>50%
8) Record and chart changes in vital signs: o Height o Weight o Blood pressure o Calculate and display BMI o Plot and display growth charts for children 2-20 years, including BMI	More than 50% of all unique patients age 2 and over seen by the EP have recorded height, weight and blood pressure as structured data.	Any EP who see no patients 2 years or older, OR Any EP who believes that all three vital signs of height, weight and blood pressure have no relevance to their scope of practice.	>50%
9) 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 have smoking status recorded.	Any EP who sees no patients 13 years or older.	>50%
10) Report ambulatory clinical quality measures to CMS or in the case of Medicaid EPs, the States.	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule.	None	Reported
11) Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule	None	Implemented

Meaningful Use CORE Objectives: Must Meet 100%	Measure	Exclusion (if applicable)	ONC MU Measure
12) Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days .	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.	>50%
13) 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 .	Any EPs who have no office visits during the EHR reporting period	>50%
14) Capability to exchange key clinical information (for example, problem list, medication list, 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.	None	Tested
15) 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.	None	Conducted

Meaningful Use MENU Objectives: Must Meet 100%	Measure	Exclusion (if applicable)	ONC MU Measure
1) Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	None	Enabled
2) 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 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	>40%
3) 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	None	Generated
4) Send reminders to patients per patient preference for preventive/ follow up care	More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.	>20%
5) Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within four business days of the information being available to the EP	At least 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.	Any EP that neither orders nor creates any of the information listed in the ONC final rule 45 CFR 170.304 (g) during the EHR reporting period.	10%
6) 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 are provided patient-specific education resources.	None	10%

Meaningful Use MENU Objectives: Must Meet 100%	Measure	Exclusion (if applicable)	ONC MU Measure
7) The EP 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 performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	Any EP that was not on the receiving end of any transition of care during the EHR reporting period.	>50%
8) The EP 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 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.	Any EP that does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period.	>50%
9) Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice. (Population and Public Health outcome)	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 submits such information has the capacity to receive the information electronically).	An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.	Tested
10) Capability to submit electronic Syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice. (Population and Public Health outcome)	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 submits such information has the capacity to receive the information electronically).	Any EP that 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.	Tested

Reporting on Clinical Quality Measures

Federal Register 42 CFR part II

Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States. (p. 44567)

Eligible physicians must complete three core measures and three alternate measures, (p. 44409). Table 7 contains the measure group: Core for all EPs, Medicare and Medicaid, (p. 44410). The additional measures for submission by Medicare and Medicaid EPs for 2011 and 2012 payment year are defined in Table 6, (p. 44398-44408).

The three core measures that EPs will be required to report are:

- NQF 0013; Hypertension; Blood Pressure Management;
- NQF 0028: Preventative Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco cessation Intervention;
- NQF 0421/PQRI 128: Adult Weight Screening and follow-up.

Insofar as the denominator for one or more of the core measures is zero, EPs will be required to report results for up to three alternate core measures

- NQF 0041/PQRI 110: Preventative Care and Screening: Influenza Immunization for Patients ≥ 50 years old;
- NQF 0024: Weight Assessment and Counseling for Children and Adolescents;
- NQF 0038: Childhood Immunization Status]

The EP will not be excluded from reporting any core or alternate clinical quality measure because the measure does not apply to the EPs scope of practice or patient population. The expectation is that the EHR will automatically report on each core clinical quality measure, and when one or more of the core measures **has a denominator of zero** then the alternate core measure(s) will be reported. If all of the six clinical quality measures have zeros for the denominators the EP is still required to report on three of the additional clinical measures of their choosing from Table 6. (p. 44409-44410).

All Core Clinical Quality Measures are Required (Alternative Core Measures Marked with *)

NQF #	Measures	Description
421	Adult Weight Screening and Follow-Up.	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
13	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.
28	Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months. b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.
38	*Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates
41	*Preventive Care and Screening: Influenza Immunization for Patients > 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
24	*Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year

Additional Clinical Quality Measures: *Diabetes*

NQF #	Measures	Description
59	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.
575	Diabetes: Hemoglobin A1c Control (<8.0%).	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c<8.0%.
64	Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100mg/dL).
61	Diabetes: Blood Pressure Management	Percentage of Patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure < 140/90mmHg
88	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 with 12 months.
89	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.
55	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 eye exam (no evidence of retinopathy) by an eye care professional.
62	Diabetes: Urine Screening	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.
56	Diabetes: Foot Exam	The percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

Additional Clinical Quality Measures: <i>Heart Conditions</i>		
NQF #	Measures	Description
81	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD).	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
70	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI).	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy
67	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.
83	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD).	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
75	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100mg/dL.
74	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol.	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
84	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation.	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation that were prescribed warfarin therapy.

Additional Clinical Quality Measures: *Heart Conditions*

NQF #	Measures	Description
73	Ischemic Vascular Disease (IVD): Blood Pressure Management.	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis ischemic vascular disease (IVD) during the measurement year and whose recent blood pressure is in control (< 140/90mmHg).
68	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic.	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PCTA) FROM January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and who had documentation of the use of aspirin or another antithrombotic during the measurement year.

Additional Clinical Quality Measures: *Women's Health*

NQF #	Measures	Description
12	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV).	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.
14	Prenatal Care: Anti-D Immune Globulin.	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.
32	Cervical Cancer Screening.	Percentage of women 21-64 years of age, who received one of more Pap tests to screen for cervical cancer.
33	Chlamydia Screening for Women.	Percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
387	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer.	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
31	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer

Additional Clinical Quality Measures: <i>Cancer</i>		
NQF #	Measures	Description
34	Colorectal Cancer Screening.	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients.	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period
389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients.	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Additional Clinical Quality Measures: <i>Asthma</i>		
NQF #	Measures	Description
47	Asthma Pharmacologic Therapy.	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
1	Asthma Assessment.	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
36	Use of Appropriate Medications for Asthma.	Percentage of patients 5-50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Additional Clinical Quality Measures: <i>Miscellaneous</i>		
NQF #	Measures	Description
52	Low Back Pain: Use of Imaging Studies.	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.
105	Anti-depressant medication management (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment.	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.
86	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation.	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.
43	Pneumonia Vaccination Status for Older Adults.	Percentage of patients 65 years of age or older who have ever received a pneumococcal vaccine.
18	Controlling High Blood Pressure.	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and who's BP was adequately controlled during the measurement year.
2	Appropriate Testing for Children with Pharyngitis.	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
27	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smoking and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies.	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods, or strategies.
4	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement.	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

