



What is Meaningful Use?

The use of a certified EHR technology for electronic exchange of health information to improve quality of health care

The use of certified EHR technology to submit clinical quality and other measures

The use of a certified EHR in a meaningful manner (e.g. e-prescribing)

Components of Meaningful Use

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. Some of these objectives are called “meaningful use” objectives, which simply means the measureable benchmarks providers must meet to qualify for the incentive payments.

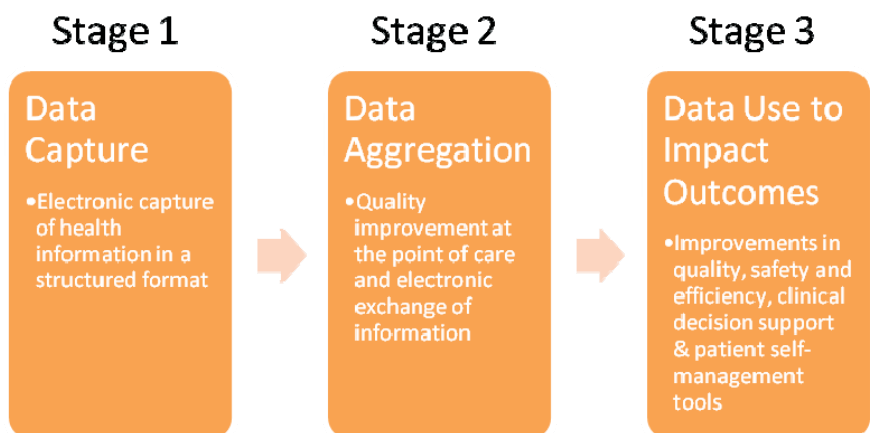
These meaningful use requirements vary between the Medicare and the Medicaid incentive programs. To qualify for incentive payments, meaningful use requirements must be met in the following ways:

Medicare EHR incentive program— Eligible professionals and hospitals must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program.

Medicaid EHR incentive program— Eligible professionals and hospitals may qualify for incentive payments for the adoption, implementation, upgrade or the demonstration of meaningful use in their first year of participation. They must successfully demonstrate meaningful use for the remaining years they participate in the program.

Meaningful use has three stages with goals for each stage. During Stage 1 (2011 & 2012), providers must meet certain objectives/measures and 80% of patients must have records in the certified EHR technology. The reporting period for the first year is 90 days and one year subsequently.

Stages of Meaningful Use*



Eligible Professionals

Meaningful use includes both a core set and a menu set of objectives that are specific for eligible professionals (EPs). There are a total of 25 meaningful use objectives. Fifteen core objectives are required; the remaining five objectives may be chosen from the list of 10 menu-set objectives. EPs must complete 20 of the 25 objectives to qualify for an incentive payment during Stage 1. Objective completion does not apply to the Medicaid incentive program in year one.

15 Required Core Objectives

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years and older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

Select Five Menu Set Objectives

- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/follow-up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems*
- Capability to provide electronic syndromic surveillance data public health agencies*

*At least one public health objective must be selected

Eligible Hospitals

Meaningful use includes both a core set and a menu set of objectives that are specific for eligible hospitals. There are a total of 24 meaningful use objectives. Fourteen are core objectives that are required, and the remaining 5 objectives may be chosen from the list of 10 menu set objectives. Eligible hospitals must report on 19 of the 24 objectives during Stage 1. Objective completion does not apply to the Medicaid incentive program in year one.

14 Required Core Objectives

1. Computerized physician order entry (CPOE)
2. Drug-drug and drug-allergy interaction checks
3. Record demographics
4. Implement one clinical decision support rule
5. Maintain up-to-date problem list of current and active diagnoses
6. Maintain active medication list
7. Maintain active medication allergy list
8. Record and charge changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report hospital clinical quality measures to CMS or States
11. Provide patients with an electronic copy of their health information, upon request
12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
14. Protect electronic health information

Select Five Menu Set Objectives

- Drug formulary checks
- Record advanced directives for patients 65 years or older
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems*
- Capability to provide electronic submission of reportable lab results to public health agencies*
- Capability to provide electronic syndromic surveillance data to public health agencies*

*At least one public health objective must be selected



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