

CMS Final Rule Meaningful Use Stage 1 Objectives and Measures

CORE SET – Eligible Professionals, Eligible Hospital, or CAH required to satisfy all core set of objectives

Meaningful Use Category	EP	Hospital/CAH	Measure Brief	Stage 1 Objective -	Stage 1 Measures
				For all incentive programs unless otherwise noted	
CPOE ^{1,3}	•	•	30%	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
Implement drug-drug and drug allergy interaction checks ⁴	•	•	Enabled	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
ePrescribing ³	•	•	40%	[EP only] 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
Demographics ^{1,2}	•	•	50%	Record demographics preferred language o gender o race o ethnicity o date of birth o date of birth of date and preliminary cause of death in the event of mortality in the eligible hospital or CAH [forHospitals only]	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
Problem List ^{1,2}	•	•	80%	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
Medication List ^{1,2}	•	•	80%	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
Medication Allergy List ^{1,2}	•	•	80%	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
Vital Signs ^{1,3}	•	•	50%	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	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), height, weight and blood pressure are recorded as structured data
Smoking Status ^{1,3}	•	•	50%	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
Clinical Decision Support ⁴	•	•	One rule	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
Calculate and Transmit CMS Quality Measures ⁴	•	•	Hospitals or CAH –15 EP – 6	Report ambulatory clinical quality measures to CMS or 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
Electronic Copy of Health Information ^{1,3}	•	•	50%	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 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
Electronic Copy of Discharge Instructions ^{1,3}	•	•	50%	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request [Hospital Only]	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
Clinical Summaries ³	•	•	50%	Provide clinical summaries for patients for each office visit [EP only]	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Exchange Key Clinical Information ⁴	•	•	One test	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	Performed at least one test
Privacy / Security ⁴	•	•	Conduct or review Security risk analysis	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

Disclaimer - This chart is not an official federal document and has been created for public use and convenience by Robin Raiford, RN-BC, CPHIMS, FHIMS.

*Note for CPOE, Vital Signs, Smoking Status, Advance Directives, Patient Reminders – the text reflects "Unique Patients" but they are listed in "Actions" in an EHR in Table 3 which is how it is noted in this document
Please refer to [The Official Web Site for the Medicare and Medicaid EHR Incentive Programs](#) for official publications*

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MENU SET – Select 5 Measures that includes one from Population Health – The other 5 Measures defer to Stage 2

Implement drug-formulary checks ⁴	•	•	Enabled for entire reporting period	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
Advance Directives ³ New!		•	50%	Record advance directives for patients 65 years old or older [Hospital only]	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
Lab Results into EHR ^{1,3}	•	•	40%	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
Patient List ⁴	•	•	One List	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
Patient Reminders ³	•		20%	Send reminders to patients per patient preference for preventive/ follow up care [EP only]	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
Timely Electronic Access to Health Information ²	•		10%	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 [EP only]	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
Patient Specific Education ^{1,2} New!	•	•	10%	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
Medication Reconciliation ^{1,3}	•	•	50%	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)
Summary of Care ³	•	•	50%	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
Immunization Registries ⁴	•	•	One test	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)
Submit Lab Results to Public Health Agencies ⁴	•		One test	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 [Hospital only]	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)
Syndromic Surveillance ⁴	•	•	One test	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)

¹ Emergency Department Place of Service (POS) 23 included in Hospital Measure

² Denominator of UNIQUE PATIENTS Regardless of Whether the Patient's Records Are Maintained Using Certified EHR Technology Unique Patients

³ Measures with a Denominator of Based on Counting ACTIONS for Patients whose Records are Maintained Using Certified EHR Technology Stage 1 Objectives

⁴ Yes/No Attestation

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