

## Stage 1 Meaningful Use Criteria For Eligible Professionals (EP)

*Source: CMS EHR Incentive Program Final Rule*

### Core Set

<i>Objective</i>	<i>Measure</i>	
1. Use CPOE	More than 30 percent of unique patients with at least one medication have at least one medication order entered using CPOE	
2. Implement drug-drug and drug-allergy, checks	The EP has enabled this functionality	
3. Generate and transmit permissible prescriptions electronically	More than 40 percent of all prescriptions written are transmitted electronically using certified EHR technology	
4. Record demographics <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Gender</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	More than 50 percent of all unique patients seen have demographics recorded as structured data	
5. Maintain an up-to-date problem list of current and active diagnoses	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication of none recorded as structured data.	
6. Maintain active medication list	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data.	
7. Maintain active medication allergy list	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication of "none" if the patient has no medication allergies) recorded as structured data.	
8. Record and chart changes in vital signs <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>• Blood pressure</li> <li>• Calculate and display BMI</li> <li>• Plot and display growth charts for children 2-20, including BMI</li> </ul>	Record height, weight and blood pressure as structured data for more than 50 percent of all unique patients age 2 and over seen by the EP	
9. Record smoking status for patients 13 years old or older	More than 50 percent of all unique patients 13 years old or older seen by the EP have "smoking status" recorded as structured data.	
10. Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with those rules	Implement one clinical decision support rule	
11. Report ambulatory quality measures to CMS or the States	For 2011, provide aggregate numerator and 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
12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list,	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days	

medication lists, and allergies) upon request	
13. Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days
14. Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and 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
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

### Menu Set

<i>Objective</i>	<i>Measure</i>
1. Implement drug-formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary
2. Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40 percent of all clinical lab test 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
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
4. Send reminders to patients per patient preference for preventative/follow up care	More than 20 percent of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
5. Provide patients with timely 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 percent of all unique patients are provided with electronic access to their health information within 4 business days of being updated in the certified EHR technology
6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	More than 10 percent of all unique patients seen during the EHR reporting period are provided patient-specific education resources
7. Perform medication reconciliation	Perform medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP

<p>8. Provide summary of care record for each transition of care or referral</p>	<p>EP provides a summary of care record for more than 50 percent of transitions of care and referrals</p>
<p>9. Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</p>	<p>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</p>
<p>10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>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</p>