

## Stage 1 vs. Stage 2 ... a Unique Meaningful Use Matrix for Eligible Professionals

The following table has been specially prepared by **The Fox Group, LLC** in an effort to help providers and health IT professionals to more easily see how the criteria has changed from the **Meaningful Use Stage 1** Objectives to the recently released **Meaningful Use Stage 2** Objectives.

Health Outcomes Policy Priority	Stage 1 Objective Number	Stage 1 Objective	Stage 2 Objective Number	Stage 2 Objective	Measures (S1: Stage 1 Measure) (S2: Stage 2 Measure)
<b>Core Set</b>					
Improving quality, safety, efficiency, and reducing health disparities	1.	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	1.	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	S1: More than <b>30 percent of medication orders</b> created by the EP during the EHR reporting period are recorded using CPOE.  S2: More than <b>60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created</b> by the EP during the EHR reporting period are recorded using CPOE.
	2.	Implement drug-drug and drug-allergy interaction checks.		(Moved to Clinical Decision Support Objective #6)	S1: Enable feature
	3.	Generate and transmit permissible prescriptions electronically (eRx).	2.	Generate and transmit permissible prescriptions electronically (eRx).	S1: More than <b>40 percent</b> of all permissible prescriptions, or all prescriptions written by the EP and queried for a drug formulary and transmitted electronically using CEHRT.  S2: More than <b>50 percent</b> of all permissible prescriptions, or all prescriptions written by the EP and queried for a drug formulary and transmitted electronically using CEHRT.
	4.	Record the following demographics: <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	3.	Record the following demographics: <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	S1: More than <b>50 percent</b> of all unique patients seen by the EP during the EHR reporting period have demographics recorded as structured data.  S2: More than <b>80 percent</b> of all unique patients seen by the EP during the HER reporting period have demographics recorded as structured data.

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	5.	Maintain an up-to-date problem list of current and active diagnoses.		Now part of Objective 15, Summary of Care record.	
	6.	Maintain active medication List.		Now part of Objective 15, Summary of Care record.	
	7.	Maintain active medication allergy list.		Now part of Objective 15, Summary of Care record	
	8.	1. Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>• Height/length</li> <li>• Weight</li> <li>• Blood pressure (age 3 and over)</li> </ul> 2. Calculate and display BMI. 3. Plot and display growth charts for patients 0-20 years, including BMI	4.	1. Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>• Height/length</li> <li>• Weight</li> <li>• Blood pressure (age 3 and over)</li> </ul> 2. Calculate and display BMI. 3. Plot and display growth charts for patients 0-20 years, including BMI	S1: For more than <b>50% of all unique patients age 2</b> and over seen by the EP height, weight and blood pressure are recorded as structured data.  S2: More than <b>80 percent</b> of all unique patients seen by the EP during the EHR reporting period have <b>blood pressure (for patients age 3 and over only)</b> and height/length and weight (for all ages) recorded as structured data.
	9.	Record smoking status for patients 13 years old or older.	5.	Record smoking status for patients 13 years old or older.	S1: More than <b>50 percent</b> of all unique patients 13 years old or older seen by the EP during the EHR reporting period have smoking status recorded as structured data  S2: More than <b>80 percent</b> of all unique patients 13 years old or older seen by the EP during the EHR reporting period have smoking status recorded as structured data.

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	11.	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	6.	Use clinical decision support to improve performance on high-priority health conditions.	S1: Implement one clinical decision support rule. S2: 1. Implement <b>five</b> clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. 2. The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
	10.	Report ambulatory clinical quality measures to CMS or the States.		Included in regulation, but not as an Objective.	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.
	2. (Menu)	Incorporate clinical lab-test results into Certified EHR Technology as structured data.	7.	Incorporate clinical lab-test results into Certified EHR Technology as structured data.	S1: More than <b>40</b> percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified HER Technology as structured data.  S2: More than <b>55</b> percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.

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	3. (Menu)	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	8.	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. (Menu)	Send reminders to patients per patient preference for preventive/ follow up care.	9.	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminder, per patient preference.	S1: 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.  S2: More than 10 percent of all unique patients who have had two or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
Engage patients and families in their health care	12. (Deleted)	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.	10. (NEW)	Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	S1: 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.  S2: 1. More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information. 2. More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

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	13.	Provide clinical summaries for patients for each office visit.	11.	Provide clinical summaries for patients for each office visit.	S1: Clinical summaries provided to patients for more than 50% of all office visits within <b>3 business days</b> .  Clinical summaries provided to patients or patient-authorized representatives within <b>1 business day</b> for more than 50 percent of office visits.
	6. (Menu)	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	12.	Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	S1: More than 10% of all unique patients seen by the EP are provided patient-specific education resources.  S2: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
			13. (NEW)	Use secure electronic messaging to communicate with patients on relevant health information.	A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
Improve care coordination	7. (Menu)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform a medication reconciliation.	14.	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform a medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

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	8. (Menu)	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	15.	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	<p>SP1: 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.</p> <p>SP 2:</p> <ol style="list-style-type: none"> <li>1. The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.</li> <li>2. The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either-- (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.</li> <li>3. An EP must satisfy one of the two following criteria:               <ol style="list-style-type: none"> <li>(A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed or designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or,</li> <li>(B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</li> </ol> </li> </ol>

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Improve population and public health	9. (Menu)	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	16.	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.	<p>S1: 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).</p> <p>S2: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.</p>
	14. (Deleted)	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.			<p>S1: Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.</p>

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Ensure adequate privacy and security protections for personal health information	15.	Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	17.	Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.	<p>S1: 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.</p> <p>S2: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process.</p>
<b>Menu Set</b>					
Improving quality, safety, efficiency, and reducing health disparities			1. (NEW)	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology.
			2. (NEW)	Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.



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			3. (NEW)	Record electronic notes in patient records.	<p>Enter at least one electronic progress note created, edited and signed by an eligible professional for more than 30 percent of unique patients with at least one office visit during the EHR reporting period.</p> <p>Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.</p>
Improve Population and Public Health	10. (Menu)	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	4.	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	<p>S1: 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).</p> <p>S2: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.</p>
			5. (NEW)	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.

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			6. (NEW)	Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.

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