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Meaningful Use Objective Comments

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality, safety, efficiency and reducing health disparities</p>	<p>Medication only: More than 30% of unique patients seen during the reporting period with at least one medication in their medication list have at least one medication order entered using CPOE</p>	<p>Medications: 60%</p> <p>Lab: More than 60% have at least one lab order entered</p> <p>Radiology: At least one radiology test is ordered</p>	<p>Objective: 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 to create the first record of the order.</p> <p>Measure: More than 60% of medication, laboratory, and radiology orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE</p>
<p>Comments</p> <p>The NPRM appears to include all orders in the denominator, including orders written on paper. If this interpretation is correct, and if CMS and ONC decide (e.g., based on public input) that counting paper orders is too difficult, then we recommend as an alternative that the denominator be something that is calculated automatically:</p> <ul style="list-style-type: none"> ○ Medications on the med list ○ Resulted lab tests, and ○ Resulted radiology tests. <p>The numerator would be the number of CPOE orders entered by the authorizing provider.</p> <p>As proposed, orders for medications, laboratory tests, and radiology procedures are aggregated, and the 60% threshold applies to the aggregate percent. In theory, a provider could aggregate the results of medication and laboratory test orders and get a “bye” on radiology procedure orders. Consequently, we recommend applying the 60% threshold to each order type separately.</p> <p>As a point of clarification, the previously submitted HITPC recommendations did call for lab test orders to be counted. Only radiology procedure orders were recommended to be a yes/no attestation.</p>			

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	Implement drug-drug and drug-allergy interaction checks	Employ drug interaction checking (drug-drug, drug-allergy) provider to refine DDI rules	Consolidated
	<p>Comments</p> <p>(1) We agree with the consolidation, especially because DDI is still separate in the consolidated objective.</p> <p>(2) We believe DDI deserves special attention because current commercial DDI databases are well known to have high false positives, which contribute to alert fatigue. Providers should be able to revise DDI rules.</p>		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	EP only: Generate and transmit more than 40% of all permissible prescriptions electronically	EP: Increase threshold to 50% EH: Generate and transmit more than 10% of all hospital discharge orders for permissible prescriptions electronically	EP Objective: Generate and transmit permissible prescriptions electronically (eRx) EP Measure: More than 65 % of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology. EH Objective: Generate and transmit permissible discharge prescriptions electronically (eRx) EH Measure: More than 10% of hospital discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology
	<p>Comments</p> <p>65% may be high due to patient preference and pharmacy capabilities in certain geographies; we recommend 50%.</p>		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality safety, efficiency and reducing health disparities</p>	<p>Record demographics as structured data for more than 50% of all unique patients:</p> <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth • (Hospital Only) date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	<p>Record demographics for more than 80% of all unique patients seen during the reporting period with the ability to use the data to produce stratified quality reports</p>	<p>Objective: Record the following demographics:</p> <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth <p>Measure: More than 80 percent 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</p> <ul style="list-style-type: none"> • (Hospital Only) date and preliminary cause of death in the event of mortality in the eligible hospital or CAH
	<p>Comments Agree with 80%. Would recommend adoption of CDC demographic standards, which are more granular than (but can be mapped to) 1997 OMB standards.</p>		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality safety, efficiency and reducing health disparities</p>	<p>Maintain an up-to-date problem list of current and active diagnoses for more than 80% of all unique patients: have at least one entry or an indication that no problems are known for patient recorded as structured data</p>	<p>No change</p>	<p>Consolidated with summary of care</p>
	<p>Comments We recommend keeping these three lists as separate objectives for the following reasons: 1) they were and still will be important motivators for clinicians to enter and maintain accurate lists; 2) the stage 1 requirement is very minimal; we were planning to add more rigorous capabilities in stage 3 to facilitate maintaining complete and accurate lists 3) just having these elements in a transition of care document (which may be difficult or impossible for clinicians to access) does not give the information the visibility it deserves; 4) removing the objectives sends a signal that these 3 items are less important than other items like demographics and vital signs.</p>		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	Maintain active medication list: more than 80% of all unique patients have at least one entry recorded as structured data (or indication that the patient is on no meds)	No change	Consolidated with summary of care
	<p>Comments</p> <p>We recommend keeping these 3 lists as separate objectives for the following reasons: 1) they were and still will be important motivators for clinicians to enter and maintain accurate lists; 2) the stage 1 requirement is very minimal; we were planning to add more rigorous capabilities in stage 3 to facilitate maintaining complete and accurate lists 3) just having these elements in a transition of care document (which may be difficult or impossible for clinicians to access) does not give the information the visibility it deserves; 4) removing the objectives sends a signal that these 3 items are less important than other items like demographics and vital signs.</p>		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	Maintain active medication allergy list: More than 80% of all unique patients seen during the reporting period have at least one entry (or indication that the patient has no known medication allergies) recorded as structured data	No change	Consolidated with summary of care
	<p>Comments</p> <p>We recommend keeping these 3 lists as separate objectives for the following reasons: 1) they were and still will be important motivators for clinicians to enter and maintain accurate lists; 2) the stage 1 requirement is very minimal; we were planning to add more rigorous capabilities in stage 3 to facilitate maintaining complete and accurate lists 3) just having these elements in a transition of care document (which may be difficult or impossible for clinicians to access) does not give the information the visibility it deserves; 4) removing the objectives sends a signal that these 3 items are less important than other items like demographics and vital signs.</p>		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality safety, efficiency and reducing health disparities</p>	<p>Record and chart changes in vital signs: more than 50% of all unique patients age 2 and over have vital signs recorded as structured data</p> <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	<p>Record and chart vital signs: more than 80% of all unique patients seen during the reporting period age 2 and over have vital signs recorded as structured data:</p> <ul style="list-style-type: none"> • Height • Weight • Blood pressure (age 3 and over) • Calculate and display BMI • Plot and display growth charts for patients 0-20 years, including BMI 	<p>Objective: Record and chart changes in vital signs:</p> <ul style="list-style-type: none"> • Height/Length • Weight • Blood pressure (age 3 and over) • Calculate and display BMI • Plot and display growth charts for patients 0-20 years, including BMI <p>Measure: More than 80 percent 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), blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recoded as structured data</p>
	<p>Comments: Agree.</p>		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality safety, efficiency and reducing health disparities</p>	<p>Record smoking status for patients 13 years old and older: more than 50% of all unique patients seen during the reporting period 13 years or older have smoking status recorded as structured data</p>	<p>Increase threshold to 80%</p>	<p>Objective: Record smoking status for patients 13 years old or older</p> <p>Measure: More than 80% 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 as structured data</p>
	<p>Comments: Agree.</p>		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	MENU: Implement drug-formulary checks with access to at least one drug formulary	Implement drug formulary checks according to local needs (e.g., may use internal or external formulary, which may include generic substitution as a “formulary check”)	Consolidated - included within eRX core objective
	Comments Agree.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	Report ambulatory and hospital clinical quality measures to CMS or States	No change	Removed - Objective is incorporated directly into the definition of a meaningful EHR user and eliminated as an objective under 42 CFR 495.6
	Comments: Agree.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	EH MENU: Record advanced directives for more than 50% patients 65 years old or older	Record an advance directive exists for EP: Record whether an advance directive exists (with date and timestamp of recording) for at least 25 unique patients seen during the reporting period have recorded and provide access to a copy of the directive itself if it exists EH: Record whether an advance directive exists (with date and timestamp of recording) for more than 50% of patients 65 years and older and provide access to a copy of the directive itself if it exists	EP: N/A EH Objective: Record whether a patient 65 years old or older has an advance directive EH Menu Measure: 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) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
	Comments EP: We recommend adding a Menu requirement - More than 10% of patients who are 65 or older seen during the reporting period have an indication of an advance directive status recorded as structured data. We strongly recommend moving this proposed menu requirement to core for Stage 3. EH: This is an important objective and we recommend the original stage 1 objective should be moved to core for hospitals in stage 2.		

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Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve quality, safety, efficiency and reducing health disparities</p>	<p>EP: Implement one clinical decision support rule relevant to specialty or high clinical priority along with ability to track compliance with that rule</p> <p>EH: Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule</p>	<p>Use CDS to improve performance on high-priority health conditions. Establish CDS attributes for purposes of certification:</p> <ol style="list-style-type: none"> 1. Display source/citation of CDS 2. Configurable based on patient context (e.g., inpatient, outpatient, problems, meds, allergies, lab results) 3. Presented at a relevant point in clinical workflow 4. Alerts presented to users who can act on alert (e.g., licensed professionals) 5. Integrated with EHR (i.e., not standalone) 	<p>Objective: Use clinical decision support to improve performance on high priority health conditions</p> <p>Measure:</p> <ol style="list-style-type: none"> 1. Implement five clinical decision support interventions related to five or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period. 2. The EP, eligible hospital, or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
<p>Comments</p> <p>In addition to DDI, require an additional decision support function addressing efficiency such as reducing overuse of high-cost imaging or use of generic medications.</p> <p>We recommend use of the original HITPCs recommendation for five CDS attributes. We note that these attributes are incorporated into the certification NPRM, with two exceptions:</p> <ol style="list-style-type: none"> a. We recommend simplifying the citation of the basis of a CDS intervention to include the reference source and any external funding of the development or implementation of the CDS intervention. b. We recommend not having a special call-out for "linked references" since it is just one type of CDS intervention and our goal was to be flexible and not prescriptive 			

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	MENU: Incorporate clinical lab test results into certified EHR technology as structured data for more than 40% of all clinical lab tests results ordered whose results are either in a positive/negative or numerical format	EP/EH: Incorporate lab results as structured data for more than 40% of all clinical lab tests ordered through the EHR for a patient during the reporting period HITSC: Use LOINC where available	Objective: Incorporate clinical lab-test results into EHR as structured data Measure: More than 55% of all clinical lab tests results ordered by the EP or by authorized providers 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
	Comments Agree. Okay to count individual tests.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	MENU: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate lists of patients by multiple specific conditions to use for quality improvement, reduction of disparities, research or outreach	EP Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach EP Measure: Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.
	Comments Agree. We recommend that queries for patient lists be able to accommodate multiple specific conditions (e.g., health condition, disparity variables) to ensure that EHRs were certified to handle more than one variable.		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	EP MENU: Send preventive or follow-up reminders to more than 20% of all unique patients 65+ years old or 5 years old or younger	EP: More than 10% of all active patients are sent a clinical reminder (reminder for an existing appointment does not count)	EP Objective: Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care EP Measure: More than 10% of all unique patients who have had an office visit with the EP within the 24 months prior to the beginning of the EHR reporting period were sent a reminder, per patient preference
	Comments EP: Agree. It may require exclusions for some specialists, such as surgeons who do not require follow up after the initial post-op visit or manage preventive services.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	N/A	EH: Medication orders automatically tracked via electronic medication administration record in-use in at least one hospital ward/unit	EH Objective: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR) Measure: More than 10% of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are tracked using eMAR.
	Comments Agree.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality, safety, efficiency and reducing health disparities	N/A	N/A	Objective: Incorporate imaging results and information into Certified EHR Technology Menu Measure: More than 40% of all scans and tests whose result is an image 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 and 23) during the EHR reporting period are incorporated into or accessible through Certified EHR Technology
	Comments (1) We agree with the proposed objective, but would recommend a 10% threshold with an exclusion if they have no access to electronic images (e.g., local imaging centers do not offer electronic access). (2) Re: question about a potential measure requiring exchanging images for 10%. While we agree with the spirit of the potential measure, we believe that Stage 2 is too soon to expect EPs and EHs to share images with outside providers.		

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Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	N/A	N/A	Objective: Record patient family health history as structured data Menu Measure: More than 20% of all unique patients seen by the EP or admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed
	Comments Agree with this measure as a menu item.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	N/A	EP: Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of unique visits during the reporting period (non-searchable, scanned notes do not qualify) EH: Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of eligible hospital days (non-searchable, scanned notes do not qualify)	Objective <u>not</u> included – asked for comment Objective/Measure: Record electronic notes in patient records for more than 30 percent of office visits. While we believe that medical evaluation entries by providers are an important component of patient records that can provide information not otherwise captured within standardized fields, we believe there is evidence to suggest that electronic notes are already widely used by providers of Certified EHR Technology and therefore do not need to be included as a meaningful use objective.
	Comments Because some certified EHRs do not have clinical documentation, and we believe that having a complete record, including progress notes, is required to deliver high quality, efficient care, we recommend that provision for recording progress notes should be a meaningful use objective, as originally recommended by HITPC: EP: Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of unique visits during the reporting period (non-searchable, scanned notes do not qualify). Notes should be text-searchable. EH: Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of eligible hospital days (non-searchable, scanned notes do not qualify). Notes should be text-searchable. Support the NPRM language on text-searchable notes in certification.		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve quality safety, efficiency and reducing health disparities	N/A	Hospital labs send (directly or indirectly) structured electronic clinical lab results to outpatient providers for more than 40% of electronic lab orders received. * HITSC: Use LOINC where available	Objective <u>not</u> included – asked for comment Hospital Objective: Provide structured electronic lab results to eligible professionals. Hospital Measure: Hospital labs send (directly or indirectly) structured electronic clinical lab results to the ordering provider for more than 40 percent of electronic lab orders received.
	Comments: We reconfirm our initial recommendation for hospitals to send structured lab results electronically to ambulatory providers using certified electronic health record technology: Hospital labs send (directly or indirectly) structured electronic clinical lab results to outpatient providers for more than 40% of electronic lab orders received. LOINC should be used where available.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	EP: Provide more than 50% of all patients with an electronic copy of their health information upon request	Combined with other objectives	Replaced
	Workgroup Comments Meaningful Use workgroup: Agree.		
	Comments: Agree.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	EH: Provide more than 50% of all patients with an electronic copy of their discharge instructions at the time of discharge upon request	Combined with other objectives	Replaced
	Comments Agree.		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Engage patients and families in their care health disparities</p>	<p>Provide more than 10% of all unique patients timely electronic access to their health information subject to the EP’s discretion to withhold certain information</p>	<p>EP: More than 10% of patients and families view and have the ability to download their longitudinal health information; information is available to all patients within 24 hours of an encounter (or within 4 days after the information is available to EPs)</p> <p>EH: More than 10% of patients and families view and have the ability to download information about a hospital admission; information is made available within 36 hours of the encounter</p>	<p>Replaced</p>
	<p>Comments: Agree.</p>		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	N/A	N/A	<p>EP Objective: 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.</p> <p>EP Measure: 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</p> <p>2. More than 10 % 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</p> <p>EH Objective: Provide patients the ability to view online and download information about a hospital admission</p> <p>EH Measure: 1. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge 2. More than 10 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the reporting period</p>
	<p>Comments</p> <ul style="list-style-type: none"> We appreciate and agree with the intent to keep the timeliness criterion simple (ie, have only 1 timeline). However, we believe there is value in providing the patient with prompt access to the summary of an encounter (which we define as an office visit or other contact in which an order is generated). We propose that a single timeliness criterion be applied, and that it be shortened to "within two business days of information becoming available to the EP." Denominator: All active patients seen within the last 2 years, less those in the adolescent category (will vary for provider due to individual state laws) Numerator: Log-on to account at any point in time; can be done by proxy (e.g. parent, child) threshold would have to be 10% or greater. Exclusion allowed for low broadband access (according to FCC) and special hardship cases (e.g. Amish). Information of that record is viewed, downloaded, transmitted in a way that is successful to the patient (transmit can include transmission from one provider to patient's personal record or another provider if the patient chooses). 		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	<p>EP: Provide clinical summaries for more than 50% of all office visits within 3 business days</p>	<p>Provide clinical summaries to patients for more than 50% of all office visits within 24 hours; pending information, such as lab results, should be available to patients within 4 days of becoming available to EPs; (electronically accessible for viewing counts)</p>	<p>EP Objective: Provide clinical summaries for patients for each office visit</p> <p>Measure: Clinical summaries provided to patients within 24 hours for more than 50 % of office visits.</p>
<p>Comments The NPRM says that HITPC recommended that for clinical summaries information be made available within 24 hrs or within 4 business days of info becoming available. The HITPC actually recommended that for clinical summaries information be made available within 24 hrs or within 4 (calendar) days of becoming available. That is consistent with our new recommendation to use 2 business days overall to achieve a single timeline for all data.</p>			

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Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	MENU: Use certified EHR technology to identify patient-specific educational resources for more than 10% of all unique patients and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific educational resources and provide those to the more than 10% of all unique patients	<p>EP/EH Objective: Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient</p> <p>EP Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all office visits by the EP.</p> <p>EH Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology</p>
	Comments: Agree.		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	N/A	Offer secure online messaging to patients: at least 25 patients	<p>Objective: Use secure electronic messaging to communicate with patients on relevant health information</p> <p>Measure: A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 10 % of unique patients seen during the EHR reporting period</p>
	<p>Comments</p> <ul style="list-style-type: none"> We are concerned that 10% is too high to achieve by Stage 2. We recommend lowering the threshold to 5% (which is 10% of the necessary 50% with portal access) for patient-initiated messages. The patient-initiated message could be a response to a provider message. Exclusion allowed for low broadband access (according to FCC) and special hardship cases (e.g. Amish). 		

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Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Engage patients and families in their care health disparities	N/A	Record patient preferences for communication medium for more than 20% of all unique patients seen during the reporting period	Objective not included – asked for comment EP Objective/Measure: Record patient preferences for communication medium for more than 20 % of all unique patients seen during the EHR reporting period. We believe that this requirement is better incorporated with other objectives that require patient communication and is not necessary as a standalone objective.
	Comments : We recommend inclusion of this objective as a Core measure. HITPC's intent was to capture a patient's preferred communication method in order for the system to use that media for future non-urgent communication. This respects the patient's wishes and is more efficient for the provider. We recommend that the preferred communication field support multiple message types (e.g., non-urgent clinical, administrative) and preferred media (e.g., electronic, phone, SMS message).		

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve Care Coordination	Perform at least one test of the capability to exchange key clinical information	HIE test eliminated in favor of actual use case objectives	Removed for an actual use case
	Comments We agree with eliminating the test for Stage 2. For Stage 1, we suggested option 4 (actual electronic transmission of a summary of care document).		

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve Care Coordination	MENU: Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP, eligible hospital, or CAH	Move to core.	EP Objective: 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. EP Measure: The EP, eligible hospital or CAH performs medication reconciliation for more than 65% 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) EH Objective: The 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 EH Measure: The EP, eligible hospital or CAH performs medication reconciliation for more than 65% 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)
	Comments: Maintain the 50% threshold to eliminate the need to define exclusions. Will need to define certification criteria to allow provider to indicate that a transition is about to occur or has occurred.		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
<p>Improve Care Coordination</p>	<p>MENU: Provide a summary of care record for more than 50% of all transitions and referrals of care</p>	<ol style="list-style-type: none"> Record and provide (by paper or electronically) a summary of care record for more than 50% of transitions of care for the referring EP or EH Record care plan goals and patient instructions in the care plan for more than 10% of all active patients 	<p>EP Objective: 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 care record for each transition of care or referral.</p> <p>EH Objective: The 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 care record for each transition of care or referral.</p> <p>Measure:</p> <ol style="list-style-type: none"> The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 65 % of transitions of care and referrals. The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record using certified EHR technology to a recipient with no organizational affiliation and using a different Certified EHR Technology vendor than the sender for more than 10 % of transitions of care and referrals.
<p>Comments</p> <ul style="list-style-type: none"> In order to facilitate timely and meaningful referrals, we recommend that the care plan section of the summary of care document include the reason(s) for referral or transition and the results of the referral (recommendations). In order to support the measure, the provider needs to capture the fact that a transition is about to occur. Part 1 of measure: <ul style="list-style-type: none"> Lower threshold to 50% of transitions or referrals provided a summary of care record Part 2 of measure: <ul style="list-style-type: none"> Recommend removing the cross-vendor requirement. While it is essential that the exchange of information comply with prescribed standards, requiring that the transmission occur between different vendor systems may cause unintended consequences in some geographic regions where a few vendors may have a dominant market share. Query should count in the numerator but the credit needs to go to the provider whose system is being queried, not to the provider who initiated the query. This would only apply to "planned transitions". 			

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve Care Coordination	N/A	Record health care team members (including at a minimum PCP, if available) for more than 10% of all patients seen during the reporting period; this information can be unstructured	Objective <u>not</u> included – asked for comment Objective/Measure: Record health care team members (including at a minimum PCP, if available) for more than 10 percent of all patients seen during the reporting period; this information can be unstructured. We believe that this requirement is better incorporated with other objectives that require summary of care documents and is not necessary as a standalone objective.
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve Care Coordination	N/A	EP: Send a care summary (including care plan and care team if available) electronically to the receiving provider for at least 25 patients undergoing a transition of care EH: Send a care summary (including care plan and care team if available) electronically to the receiving provider or post-acute care facility for more than 10% of all discharges	Objective <u>not</u> included – asked for comment Objective/Measure: Record care plan goals and patient instructions in the care plan for more than 10 percent of patients seen during the reporting period. We believe that this requirement is better incorporated with other objectives that require summary of care documents and is not necessary as a standalone objective.

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve population and public health	MENU: Perform at least one test of the capability to submit electronic data to immunization registries or Immunization Information systems and actual submission in accordance with applicable law and practice	Attest to at least one submission of data in accordance with applicable law and practice	Objective: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice Measure: 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>Comments</p> <ul style="list-style-type: none"> We understand that it may be challenging for public health departments to be fully prepared to accept electronic submissions of all three public health objectives by 2014. If HHS needs to maintain flexibility (e.g., retain menu option), we recommend that immunization registries be the highest priority. Need clarification on "except where prohibited." Participation should be encouraged beyond transfers required by law, but we are concerned about unintended consequences (e.g., temptation to pass new laws prohibiting transfer to avoid penalizing local health providers). 		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve population and public health	Perform at least one test of the capability to submit electronic data on reportable lab results to public health agencies and actual submission in accordance with applicable law and practice	EH: Attest to submitting to at least one organization in accordance with applicable law and practice	EH Objective: Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period as authorized, and in accordance with applicable State law and practice.
	<p>Comments</p> <ul style="list-style-type: none"> We understand that it may be challenging for public health departments to be fully prepared to accept electronic submissions of all three public health objectives by 2014. If HHS needs to maintain flexibility (e.g., retain menu option), we recommend that immunization registries be the highest priority. Need clarification on "except where prohibited." Participation should be encouraged beyond transfers required by law, but we are concerned about unintended consequences (e.g., temptation to pass new laws prohibiting transfer to avoid penalizing local health providers). Need to define "successful ongoing submission" 		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve population and public health	Perform at least one test of the capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Attest to at least one submission in accordance with applicable law and practice	<p>Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and in accordance with applicable law and practice</p> <p>EP Menu Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period</p> <p>Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and in accordance with applicable law and practice</p> <p>EH CORE Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period</p>
	<p>Comments</p> <ul style="list-style-type: none"> We understand that it may be challenging for public health departments to be fully prepared to accept electronic submissions of all three public health objectives by 2014. If HHS needs to maintain flexibility (e.g., retain menu option), we recommend that immunization registries be the highest priority. Need clarification on "except where prohibited." Participation should be encouraged beyond transfers required by law, but we are concerned about unintended consequences (e.g., temptation to pass new laws prohibiting transfer to avoid penalizing local health providers). Need to define "successful ongoing submission" 		
Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve population and public health	N/A	N/A	<p>EP Objective: Capability to identify and report cancer cases to a State cancer registry, except where prohibited, and in accordance with applicable law and practice.</p> <p>EP Menu Measure: Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period</p>
	<p>Comments</p> <ul style="list-style-type: none"> Recommend consolidating two registry objectives (cancer and specialty registry) into one menu objective. 		

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

Policy Priority	Stage 1 Final Rule	Stage 2 - Proposed by HITPC	Stage 2 NPRM
Improve population and public health	N/A	N/A	<p>EP Objective: 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.</p> <p>EP Menu Measure: Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period</p>
	<p>Comments: Recommend consolidating two registry objectives (cancer and specialty registry) into one menu objective.</p>		

Comments Solicited in NPRM

General Comment Topic	Stage 2 NPRM Language
Core and Menu	<p>We are proposing a total of 17 core objectives and 5 menu objectives for EPs. We propose that an EP must meet the criteria or an exclusion for all of the core objectives and the criteria for 3 of the 5 menu objectives. This is a change from our current Stage 1 policy where an EP could reduce by the number of exclusions applicable to the EP the number of menu set objectives that the EP would otherwise need to meet. We received feedback on Stage 1 that we have received from providers and health care associations leads us to believe that most EPs had difficulty understanding the concept of deferral of a menu objective in Stage 1, so we are proposing this change for Stage 2, as well as for Stage 1 beginning in 2014, to make the selection of menu objectives easier for EPs. We are proposing this change because we are concerned that under the current Stage 1 requirements EPs could select and exclude menu objectives when there are other menu objectives they can legitimately meet, thereby making it easier for them to demonstrate meaningful use than EPs who attempt to legitimately meet the full complement of menu objectives.</p>
<p>Comments Strong support for this new approach.</p>	

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

General Comment Topic	Stage 2 NPRM Language
<p>Stage 2 Core and Menu Objectives</p>	<p>In the Stage 1 final rule we outlined Stage 1 criteria, we finalized a separate set of core objectives and menu objectives for both EPs and eligible hospitals and CAHs. EPs and hospitals must meet or qualify for an exclusion to all of the core objectives and 5 out of the 10 menu measures in order to qualify for an EHR incentive payment. In this proposed rule, we propose to maintain the same core-menu structure for the program for Stage 2. We propose that EPs must meet or qualify for an exclusion to 17 core objectives and 3 of 5 menu objectives. We propose that eligible hospitals and CAHs must meet or qualify for an exclusion to 16 core objectives and 2 of 4 menu objectives. FR 13700</p>
<p>Comments We agree with use of the menu approach to provide:</p> <ol style="list-style-type: none"> 1. Flexibility 2. Strong signals with lead time to develop/implement new functionality 3. Accommodation for all-or-nothing qualification rule 	
General Comment Topic	Stage 2 NPRM Language
<p>CPOE - licensed healthcare professionals</p>	<p>With this new proposal, we invite public comment on whether the stipulation that the CPOE function be used only by licensed healthcare professionals remains necessary or if CPOE can be expanded to include non licensed healthcare professionals such as scribes. FR13709</p>
<p>Comments The essential feature is that the EP or EH professional be able to view and act upon the automated decision support and be accountable for the order. See Comments under CPOE.</p>	
General Comment Topic	Stage 2 NPRM Language
<p>eRx - OTC meds</p>	<p>We do not believe that OTC medicines will be routinely electronically prescribed and propose to continue to exclude them from the definition of a prescription. However, we encourage public comment on this assumption FR 13710</p>
<p>Comments We believe it is important for EHRs to be able to capture OTC medicines (without transmitting to pharmacy) and to ensure that these medicines can be used to detect drug-drug interactions. We agree, however, that for measurement purposes, OTCs can continue to be excluded from the denominator.</p>	

Meaningful Use Comments on Stage 2 CMS EHR Incentive Program NPRM

General Comment Topic	Stage 2 NPRM Language
<p>Demographics - disability status</p>	<p>We encourage public comment on the burden and ability of including disability status for patients as part of the data collection for this objective. We believe that the recording of disability status for certain patients can improve care coordination, and so we are considering making the recording of disability status an option for providers. We seek comment on the burden incorporating such an option would impose on EHR vendors, as well as the burden that collection of this data might impose on EPs, eligible hospitals, and CAHs. FR 13712</p>
<p>Comments Important signal to send for Stage 3, but data standards do not exist yet. The ACS questions on disability status from the National Health Interview Survey (NHIS) is a logical starting point for collecting demographic information about people with disabilities, since these questions have been widely tested and are in use in multiple government surveys. The ACS questions were also adopted as the data standard for disability status in the HHS/OMH survey standards.</p>	
General Comment Topic	Stage 2 NPRM Language
<p>Summary of Care Record - Care Plan</p>	<p>For purposes of meaningful use measurement we propose that a care plan must include at a minimum the following components: problem (the focus of the care plan), goal (the target outcome) and any instructions that the provider has given to the patient. A goal is a defined target or measure to be achieved in the process of patient care (an expected outcome). We encourage EPs to develop the most robust care plan that is warranted by the situation. We also welcome Comments on both our description of a care plan and whether a description is necessary for purpose of meaningful use. FR 13716</p>
<p>Comments Although the information content in the summary of care document (intended for providers) may overlap with the content in clinical summaries (intended for patients), the way the information is expressed in the patient-facing document should be understandable to patients. We note that “relevant past diagnoses” requires a precise definition and would require human intervention to implement.</p>	
General Comment Topic	Stage 2 NPRM Language
<p>Public Health - Syndromic Surveillance Menu item</p>	<p>We specifically invite comment on the proposal to leave syndromic surveillance in the menu set for EPs, while requiring it in the core set for eligible hospitals and CAHs. FR 13726</p>
<p>Comments We understand that it may be challenging for public health departments to be fully prepared to accept electronic submissions of all three public health objectives by 2014. If HHS needs to maintain flexibility (e.g., retain menu option), we recommend that immunization registries be the highest priority.</p>	