Technology for
Healthcare
Excellence

Stage I Meaningful Use

Meaningful Use Objectives for Hospitals and Critical Access Hospitals

Meaningful Use Requirements

- **15 Clinical Quality Measures**
  All fifteen (15) of the Clinical Quality Measures must be met.
- **14 Core Objectives**
  All fourteen (14) of the Core Objectives must be met.
- **5 Menu Set Objectives**
  Five (5) of the ten (10) Menu Set Objectives must be met.
  At least one (1) of the public health objectives must be part of the chosen Menu Set Objectives

Clinical Quality Measures for Eligible Hospitals or CAHs

All 15 Clinical Quality Measures must be met; Must meet all Core Objectives, 5 Menu Set Objectives and all Clinical Quality Measures

	Eligible Hospital/CAH Clinical Quality Measures
1.	Emergency Department Throughput - admitted patients - Median time from ED arrival to ED departure for admitted patients
2.	Emergency Department Throughput - admitted patients - Admission decision time to ED departure time for admitted patients
3.	Ischemic Stroke - Discharge on anti-thrombotics
4.	Ischemic Stroke - Anticoagulation for A-fib/flutter
5.	Ischemic Stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset
6.	Ischemic or Hemorrhagic Stroke - Antithrombotic therapy by day 2
7.	Ischemic Stroke - Discharge on statins
8.	Ischemic or Hemorrhagic Stroke - Stroke education
9.	Ischemic or Hemorrhagic Stroke - Rehabilitation assessment
10.	VTE prophylaxis within 24 hours of arrival
11.	Intensive Care Unit VTE prophylaxis
12.	Anticoagulation overlap therapy
13.	Platelet monitoring on unfractionated heparin
14.	VTE discharge instructions
15.	Incidence of potentially preventable VTE

Technology for Healthcare Excellence (THE) Consortium

THE Consortium, brought to you by CRHC, in partnership with ClinicNET, provides expert consultation, education and resources to facilities seeking to adopt new or support their current Health Information Technology (HIT) efforts. Using economies of scale, THE Consortium reduces the burden placed on individual facilities to have internal HIT resources and expertise. As a Consortium member, providers and hospitals can rest assured that they are making sound business decisions that will have a positive impact on their ability to engage and support staff and provide the highest level of care possible for patients. THE Consortium is committed to ensuring all members meet the incentive funding meaningful use requirements determined by the Federal HITECH Act.

Colorado Rural Health Center
The State Office of Rural Health

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ClinicNET
Strengthening Colorado's Health Care Safety Net

Core Objectives for Eligible Hospitals or CAHs

Must meet all Core Objectives, 5 Menu Set Objectives and all Clinical Quality Measures

Core Objective	Objective Explanation	Measure	Exclusions
Computerized Physician Order Entry (CPOE)[1]	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 or CAH have at least one medication entered using CPOE	None
Report Ambulatory Clinical Quality Measures to CMS/ States[1]	Report clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; for 2012, electronically submit clinical quality measures	None
Implement One Clinical Decision Support Rule[1]	Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule	None
Provide Patients with an Electronic Copy of their Health Information, upon request[1]	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital or CAH who request an electronic copy of their health information are provided it within 3 business days	Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period
Drug-Drug and Drug-Allergy Interaction Checks[1]	Implement drug-drug and drug-allergy interaction checks	The EP, eligible hospital or CAH has enabled this functionality for the entire EHR reporting period	None
Record Demographics[1]	Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the even of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data	None
Maintain Up-to-date Problem List of Current and Active Diagnoses[1]	Maintain 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 or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data	None
Maintain Active Medication List[1]	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	None
Maintain Active Medication Allergy List[1]	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	None
Record and Chart Changes in Vital Signs[1]	Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, 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 the EP or admitted to the eligible hospital or CAH, height, weight, and blood pressure are recorded as structured data	None
Record Smoking Status for Patients 13 Years or Older[1]	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data	Any eligible hospital or CAH that admits no patients 13 years or older to their inpatient or emergency departments (POS 21 or 23)
Provide Patients with an Electronic Copy of their Discharge Instructions at Time of Discharge, Upon Request	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH who request an electronic copy of their discharge instructions are provided it	Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of the discharge instructions during the EHR reporting period.
Capability to Exchange Key Clinical Information Among Providers of Care and Patient-authorized Entities Electronically[1]	Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information	None
Protect Electronic Health Information[1]	Protect electronic health information created or maintained by 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 updates as necessary and correct identified security deficiencies as part of the EP's, eligible hospital's or CAH's risk management process	None

[1] Menu Set Objective for eligible professionals (EPs) - measurement and exceptions may differ.

Menu Set Objectives for Eligible Hospitals or CAHs

Choose 5 Objectives of the 10 Menu Set; Must meet all Core Objectives, 5 Menu Set Objectives and all Clinical Quality Measures

Core Objective	Objective Explanation	Measure	Exclusions
Drug-formulary Checks[1]	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	None
Record Advanced Directives for Patients 65 Years or Older	Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH have an indication of an advance directive status recorded	An eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.
Incorporate Clinical Lab Test Results as Structured Data[1]	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP, or an authorized provider of the eligible hospital or CAH, for patients admitted 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	None
Generate Lists of Patients by Specific Conditions[1]	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	None
Use Certified EHR Technology to Identify Patient-specific Education Resources and Provide to Patient, if appropriate[1]	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 or CAH are provided patient-specific education resources	None
Medication Reconciliation[1]	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 transitioned into the care of the EP or admitted to the eligible hospital or CAH	None
Summary of Care Record for each Transition of Care/ Referrals[1]	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a 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	None
Capability to Submit Electronic Data to Immunization Registries/Systems[1,2]	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 the certified EHR technology's capability 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 such information electronically)	An eligible hospital or CAH that administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.
Capability to Provide Electronic Submission of Reportable Lab Results to Public Health Agencies[2]	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	Performed at least one test of certified EHR technology's capacity to provide 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 the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	No public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.
Capability to Provide Electronic Syndromic Surveillance Data to Public Health Agencies[1,2]	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 the certified EHR technology's capability 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 the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically	No public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.

[1] Menu Set Objective for eligible professionals (EPs) - measurement and exceptions may differ

[2] At least 1 public health objective must be selected

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Medicare & Medicaid Electronic Health Record (EHR)

Incentive Programs

Payment Calculation

Critical Access Hospitals (CAHs) and all Eligible Hospitals can apply for incentive payments for both the Medicare and Medicaid programs.

CAHs / Medicare

Payments for CAHs begin in 2011; however, CAHs do not have to begin receiving payments in 2011. Payments can begin from 2011 - 2015; however, if a CAH demonstrates Meaningful Use (MU) in 2013 or later, payment will decrease.

Eligible Hospitals / Medicare

Payments for Eligible Hospitals begin in 2011; however, hospitals do not have to begin receiving payments in 2011. Payments can begin from 2011 - 2015; however, if a hospital demonstrates Meaningful Use (MU) in 2014 or later, payment will be adjusted.

CAHs & Eligible Hospitals / Medicaid

Hospitals/CAHs can begin receiving payments in 2011, but they are not required to start receiving payments in 2011 and can begin receiving payments any year from 2011 - 2016. Hospitals/CAHs can receive EHR Incentive Payments from both Medicare and Medicaid if eligible.

Incentive Payment Calculation

Incentive payment is the **product** of:

1. The reasonable costs for the purchase of a certified EHR system
2. The Medicare Share plus 20 percentage points

1. Reasonable Costs

- Reasonable cost is based on any costs incurred for the purchase of a certified EHR during the cost reporting period and any similarly incurred costs from previous cost reporting periods to the extent that they have not been fully depreciated.
- Reasonable cost includes acquisition costs, excluding any depreciation of depreciable assets such as computers and associated hardware and software.

Incentive Payment Calculation

Incentive payment is the **product** of:

1. An initial amount
2. The Medicare Share
3. A Transition Factor applicable to the payment year

Initial Amount
Medicare Share
x Transition Factor
Incentive Payment

1. Initial Amount

Hospitals with **1,149 or fewer discharges** during payment year	Hospitals with **1,150 - 23,000 discharges** during payment year	Hospitals with **23,001 or more discharges** during payment year
Base Amount: $2,000,000	Base Amount: $2,000,000	Base Amount: $2,000,000
Discharge-Related Amt: $0	Discharge-Related Amt: $200 x (n*-1,149)	Discharge-Related Amt: $200 x (23,001 - 1,149)
Total Initial Amount: $2,000,000	Total Initial Amount: $2M - $6,370,400	Total Initial Amount: $6,370,400

**n = # of discharges during payment year*

2. Medicare Share

$$\frac{\text{\# of IP Part A Bed Days} + \text{\# of IP Part C Days}}{\text{Total IP Bed Days} \times \left(\frac{\text{Total Charges} - \text{Charity Care Attributable Charges}}{\text{Total Charges}}\right)}$$

CAHs/Medicare only:

+20% pts

3. Transition Factor

Fiscal Year That Eligible Hospital First Receives the Incentive Payment					
FY	**2011**	**2012**	**2013**	**2014**	**2015**
2011	1.00				
2012	0.75	1.00			
2013	0.50	0.75	1.00		
2014	0.25	0.50	0.75	0.75	
2015		0.25	0.50	0.50	0.50
2016			0.25	0.25	0.25

3. Transition Factor

Year	Transition Factor
Year 1	1.00
Year 2	0.75
Year 3	0.50
Year 4	0.25

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