



**TECHNOSOFT**  
Instill Excellence

## Stage 2 Meaningful Use Objectives and Measures

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### **About Technosoft Solutions:**

Technosoft Solutions is a healthcare technology consulting, dedicated to providing software development services to US healthcare market for more than ten years. Technosoft has extensive experience developing and maintaining healthcare software. Technosoft Solutions bring deep domain knowledge in healthcare IT and applied operational experience in a variety Strategic, Implementation and Operational areas.

*\*Courtesy CMS Data Source: <http://www.cms.gov/EHRIncentivePrograms/>*

## Meaningful Use Stage 2

### Stage 2 Meaningful Use Objectives and Associated Measures Sorted By Core and Menu Set

Health Outcomes Policy Priority	Stage 2 Objectives Eligible Professionals      Eligible Hospitals and CAHs		Stage 2 Measures
<b>CORE SET</b>			
Improving quality, safety, efficiency, and reducing health disparities	Use computerized provider order entry ( <b>CPOE</b> ) 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.	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.	More than 60 percent 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.
	Generate and transmit permissible prescriptions electronically ( <b>eRx</b> )		More than 65 percent of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.
	Record the following <b>demographics</b>  Preferred language Gender Race Ethnicity Date of birth	Record the following demographics  Preferred language Gender Race Ethnicity Date of birth Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	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

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	Record and chart changes in vital signs:  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	Record and chart changes in vital signs:  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	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 blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data
	Record <b>smoking status</b> for patients 13 years old or older	Record smoking status for patients 13 years old or older	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

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	Use clinical decision support to improve performance on high-priority health conditions	Use clinical decision support to improve performance on high-priority health conditions	<ol style="list-style-type: none"> <li>1. Implement 5 clinical decision support interventions related to 5 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.</li> <li>2. The EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drugallergy interaction checks for the entire EHR reporting period.</li> </ol>

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	Incorporate clinical lab-test results into Certified EHR Technology as structured data	Incorporate clinical lab-test results into Certified EHR Technology as structured data	More than 55 percent 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
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care		More than 10 percent 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

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
		Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)	More than 10 percent 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.

Health Outcomes Policy Priority	Stage 2 Objectives Eligible Professionals      Eligible Hospitals and CAHs		Stage 2 Measures
Engage patients and families in their health care	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.		<ol style="list-style-type: none"> <li>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</li> <li>2. More than 10 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representative s) view, download , or transmit to a third party their health information</li> </ol>

Health Outcomes Policy Priority	Stage 2 Objectives Eligible Professionals      Eligible Hospitals and CAHs		Stage 2 Measures
		Provide patients the ability to view online, download, and transmit information about a hospital admission	<ol style="list-style-type: none"> <li>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</li> <li>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</li> </ol>
	Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients within 24 hours for more than 50 percent of office visits.

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient	Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient	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. More than 10 percent 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
	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 10 percent of unique patients seen during the EHR reporting period



Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Improve care coordination	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.	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	The EP, eligible hospital or CAH performs medication reconciliation for more than 65 percent 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).

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	<p>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>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>	<ol style="list-style-type: none"> <li>1. 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 percent of transitions of care and referrals.</li> <li>2. 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 percent of transitions of care and referrals.</li> </ol>

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Improve population and public health	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice	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
		Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period as authorized.
		Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities	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 in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data at rest 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.
<b>Menu Set</b>			
Improving quality, safety, efficiency, and reducing health disparities		Record whether a patient 65 years old or older has an advance directive	More than 50 percent 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.

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
	Imaging results and information are accessible through Certified EHR Technology.	Imaging results and information are accessible through Certified EHR Technology.	More than 40 percent 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 accessible through Certified EHR Technology
	Record patient family health history as structured data	Record patient family health history as structured data	More than 20 percent 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 firstdegree relatives
		Generate and transmit permissible discharge prescriptions electronically (eRx)	More than 10 percent 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

Health Outcomes Policy Priority	Stage 2 Objectives		Stage 2 Measures
	Eligible Professionals	Eligible Hospitals and CAHs	
Improve Population and Public Health	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice		Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period
	Capability to identify and report cancer cases to a State cancer registry, except where prohibited, and in accordance with applicable law and practice.		Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period
	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