

Meaningful Use Regulation for Electronic Medical Record (EMR)

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- Core Set: Must achieve all 15 measures:
 1. Record pt. demographics as structured data (>50%)
 2. Record vitals signs & chart changes (>50%)
 3. Maintain up-to-date problem list (>80)
 4. Maintain active medication list (>80)
 5. Maintain active medication allergy list (>80%)

Core Set: Must achieve all 15 measures:

6. Record smoking status for pts 13 or older (>50%)
7. Clinical summaries of office visits provided to pts within 3 days (>50%) (electronic not specified)
8. Electronic copy of health information
 - Within 3 days upon pt request (>50%)
 - Hospital discharge summaries (>50%)
9. Generate and transmit Rx electronically (>40%)
10. Computer order entry for med orders (>30%)
(applies to hospital)

Core Set: Must achieve all 15 measures:

11. Drug-drug interaction checks
12. Electronically exchange information
Among providers & pt authorized entities
13. Implement 1 clinical decision support rule and track compliance
14. Implement systems to protect privacy
15. Report clinical quality measures to CMS or states (2012 electronically)

Menu Set (5 of 10)

- 1. Implement formulary drug checks
- 2. Incorporate clinical labs as structural data
- 3. Generate lists of pts by condition (minimum 1)
- 4. Provide pt-specific education resources
- 5. Perform med reconciliation between care settings

Menu Set (5 of 10)

6. Provide summary of care-transitions (>50%)
7. Submit immunization data to registries
8. Submit syndromic surveillance data to public health agencies
9. Hospitals
 - Record advance directives (>50%) or
 - Submit electronic data of reportable results to public health agencies
10. Professionals
 - Remind pts-prevention and follow-up care (>20%)
 - Provide electronic access to health information