

# Component I: Core

## Module J: Electronic Health Records

### Topic 3: Meaningful Use

#### Statement of Purpose

To prepare the learner with knowledge of the Electronic Health Record, specifically how to document the patient visit and include data requirements for Meaningful Use Stage 1 and 2.

#### Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define the key terms.
2. Introduce Meaningful Use (MU) as it pertains to Medical Documentation within the Electronic Health Record (EHR).
3. List CORE Meaningful Use Objectives for Stage 1.
4. List MENU set Meaningful Use Objectives for Stage 1.
5. Explain Clinical Quality Measure (CQM) requirements within one of the CORE Measures for Stage 1.
6. Describe new requirements within Meaningful Use Stage 2.

#### Terminology

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| 1. Alerts  | 14. Encryption   |
| 2. Body Mass Index (BMI)                                 | 15. Electronic prescribing (eRx)   |
| 3. Clinical Decision Support (CDS)                       | 16. The Health Insurance Portability and Accountability Act (HIPAA)      |
| 4. Certified Electronic Health Record Technology (CEHRT) | 17. Health Information Exchange (HIE)                                    |
| 5. Centers for Medicare and Medicaid Services (CMS)      | 18. Meaningful Use   |
| 6. Computer Provider Order Entry (CPOE)                  | 19. Medical record   |
| 7. Clinical Quality Measures (CQM)                       | 20. Notice of Privacy Practices (NPP)                                    |
| 8. Decision support                                      | 21. Patient Education  |
| 9. Demographics  | 22. Patient Portal   |
| 10. Electronic Health Record (EHR)                       | 23. Protected Health Information (PHI)                                   |
| 11. Eligible Professionals (EP's)                        | 24. Practice Management (PM)   |
| 12. Eligibility  | 25. Progress note/SOAP note (Subjective, Objective, Assessment and Plan) |
| 13. Encounter  | 26. Provider   |
|  | 27. Workflow   |

#### References

1. Correa, C. (2011). *Getting Started in the Computerized Medical Office: Fundamentals and Practice* (2<sup>nd</sup> Ed.). Clifton Park, NY, Delmar Cengage Learning.
2. Davis, F.A. (2013). *Taber's Cyclopedic Medical Dictionary* (22<sup>nd</sup> Ed.). Philadelphia: F.A. Davis.
3. Garte, R. (2012). *Essentials of Electronic Health Records* (1<sup>st</sup> Ed.) Upper Saddle River, NJ: Pearson Prentice Hall.
4. Larsen, W. (2011). *Computerized Medical Office Procedures: A Worktext Using Medisoft v16* (3<sup>rd</sup> Ed.). Philadelphia, PA: Saunders Elsevier.

5. Sanderson, S. (2012). *Practice Management and EHR: A Total Patient Encounter for Medisoft Clinical* (1<sup>st</sup>Ed.). McGraw-Hill.
6. Dennerll, J.T., & Davis, P.E. (2010). *Medical Terminology: A Programmed Systems Approach* (10<sup>th</sup> Ed.). Clifton Park, NY: Delmar, Cengage Learning.

**Websites**

1. <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>

Content Outline/Theory Objectives	Suggested Learning Activities
<p><b>Objective 1</b>  <b>Spell and define key terms.</b></p> <ul style="list-style-type: none"> <li>A. Review the terms listed in the terminology section.</li> <li>B. Spell the listed terms accurately.</li> <li>C. Pronounce the terms correctly.</li> <li>D. Use the terms in their proper context.</li> </ul>	<ul style="list-style-type: none"> <li>A. Matching exercise.</li> <li>B. Administer vocabulary pre-test and post-test.</li> <li>C. Discuss learning gaps and plan for applying vocabulary.</li> </ul>
<p><b>Objective 2</b>  <b>Introduce Meaningful Use (MU) as it pertains to Medical Documentation within the Electronic Health Record (EHR).</b></p> <ul style="list-style-type: none"> <li>A. Most documentation within the Electronic Health Record (EHR) is similar to the paper chart. However, the workflow can be somewhat different in the EHR as opposed to the paper chart. In addition, Eligible Professionals (EP's) must show Meaningful Use (MU) of the EHR in order to receive government incentive dollars to help offset the cost of implementing the system. Eligible Professionals must: <ul style="list-style-type: none"> <li>1. Choose a certified vendor product and implement the system software.</li> <li>2. Train on the new vendor software.</li> <li>3. Document new data elements within the EHR as it pertains to Meaningful Use objectives for Stage 1 (found in Objective 3 and 4).</li> <li>4. Meet required thresholds for each measure for a consecutive 90-day period (Later in Stage 1 this became a full year) <ul style="list-style-type: none"> <li>a. To obtain the status of "meaningfully using the system" will allow the EP to register with The Centers for Medicare and Medicaid Services (CMS) for incentive dollars.</li> <li>b. After registration, the EP will report on those met measures and apply for the incentive dollars. Note: The amounts are different for Medicare or Medicaid.</li> </ul> </li> </ul> </li> </ul> <p>1) <a href="http://www.cms.gov/ehrincentiveprograms">www.cms.gov/ehrincentiveprograms</a></p>	<ul style="list-style-type: none"> <li>A. Lecture/Discuss</li> <li>B. Assigned Readings</li> <li>C. Review <a href="http://www.cms.gov/ehrincentiveprograms">www.cms.gov/ehrincentiveprograms</a></li> </ul>
<p><b>Objective 3</b>  <b>List CORE Meaningful Use Objectives for Stage 1.</b></p> <ul style="list-style-type: none"> <li>A. Eligible Professionals must meet the required 15 Core Meaningful Use objectives below <ul style="list-style-type: none"> <li>1. Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</li> <li>2. Implement drug-drug and drug-allergy interaction checks.</li> <li>3. Maintain an up-to-date Problem List (PL) of current and active diagnoses.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discuss</li> <li>B. Assigned Readings</li> </ul>

4. Generate and transmit permissible prescriptions electronically (eRX).
  5. Maintain active medication list.
  6. Maintain active medication allergy list.
  7. Record all the following demographics
    - a. Preferred language.
    - b. Gender.
    - c. Race.
    - d. Ethnicity.
    - e. Date of birth.
  8. Record and chart changes in the following measurements
    - a. Height.
    - b. Weight.
    - c. Blood pressure.
    - d. Calculated Body Mass Index (BMI).
    - e. Plot and display growth charts for children 2-20 years, including BMI.
  9. Record smoking status for patients 13 years old or older.
  10. Report ambulatory Clinical Quality Measures (CQM) to CMS or in the case of Medicaid EPs the States.
  11. Implement one Clinical Decision Support rule (CDS) relevant to specialty or high clinical priority along with the ability to track compliance with that rule.
  12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication list, medication allergies) upon request.
  13. Provide Clinical Visit Summaries for patients for each office visit.
  14. Demonstrate capability to exchange key clinical information (for example, problem list, medication list, allergies and diagnostic test results) among providers of care and patient authorized entities electronically.
  15. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
- B. As noted in Objective 2, the set thresholds must be met for 90 days consecutively.
- C. For detailed descriptions of each measure visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

<p><b>Objective 4</b>  <b>List MENU Set Meaningful Use Objectives for Stage 1.</b></p> <p>A. Eligible Professionals must meet five out of ten MENU Set Meaningful Use objectives below.</p> <ol style="list-style-type: none"> <li>1. Implement drug formulary checks</li> <li>2. Incorporate clinical lab-test results into EHR as structured data.</li> <li>3. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.</li> <li>4. Send patient reminders per patient preference for preventive/follow-up care.</li> <li>5. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within four business days of the information being available to the EP.</li> <li>6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate.</li> <li>7. 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.</li> <li>8. The EP who transitions or refers their patient to another setting of care or provider of care should provide summary of care record for each transition of care or referral.</li> <li>9. Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to law and practice.</li> <li>10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.</li> </ol> <p>B. As noted in Objective 2, the set thresholds must be met for 90-days consecutively.</p> <p>C. <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf</a></p> <ol style="list-style-type: none"> <li>1. Use the above link for detailed descriptions of each measure.</li> </ol>	<p>A. Lecture/Discuss  B. Assigned Readings</p>
<p><b>Objective 5</b>  <b>Explain Clinical Quality Measure (CQM) requirements within one of the CORE Objectives for Stage 1.</b></p> <p>A. In addition to meeting Core and Menu Objectives, Eligible Professionals are also required to report on six Clinical Quality Measures (CQM) which is equal to CORE Objective #10.</p>	<p>A. Lecture/Discuss  B. Assigned Readings</p>

<p>B. These six CQMs consist of three required core measures (or three alternative core measures) and three additional measures (selected from a set of 38 clinical quality measures)</p> <ol style="list-style-type: none"> <li>1. If the EP is unable to meet the three core measures he/she can then select from the alternative core.</li> <li>2. An additional three are then selected from the remaining 38 clinical quality measures.</li> </ol> <p>C. <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html</a></p> <ol style="list-style-type: none"> <li>1. Use the above link for complete list of Clinical Quality Measures.</li> </ol> <p>D. Per CMS: Starting in 2014 all CQMs will be submitted electronically to CMS.</p>	
<p>Stage 2 Meaningful Use guidelines include many of the same objectives from Stage 1, however most that were Menu</p> <p>A. The new CORE objectives include:</p> <ol style="list-style-type: none"> <li>1. Core objective #7: to provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP <ol style="list-style-type: none"> <li>a. Note: This is similar to Stage 1 Menu objective which required access to their health information.</li> </ol> </li> <li>2. Core objective #10: to incorporate clinical lab-test results into Certified EHR Technology as structured data <ol style="list-style-type: none"> <li>a. Note: This changed from a Stage 1 Menu objective to a Core objective.</li> </ol> </li> <li>3. Core objective #11: to generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach <ol style="list-style-type: none"> <li>a. Note: This changed from a Stage 1 Menu objective to a Core objective.</li> </ol> </li> <li>4. Core objective #12: to use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference <ol style="list-style-type: none"> <li>a. Note: This is similar to Stage 1 Menu objective which had these reminders going out to all patients.</li> </ol> </li> <li>5. Core objective #13: to use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient. <ol style="list-style-type: none"> <li>a. Note: This changed from a Stage 1 Menu objective to a Core objective.</li> </ol> </li> <li>6. Core objective #14: the EP who receives a patient</li> </ol>	<p>A. Lecture/Discuss</p> <p>B. Assigned Readings</p>

from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

- a. Note: This changed from a Stage 1 Menu objective to a Core objective and has slightly different wording.
7. Core objective #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 should provide a summary care record for each transition of care or referral.
  - a. Note: This changed from a Stage 1 Menu objective to a Core objective.
  - b. Some previous Stage 1 Core measures were combined into this Stage 2 objective.
  - c. This note will appear in the link below to indicate that measure is now part of Core objective #15: *This measure is incorporated into the Stage 2 measure of Summary of Care Document at Transitions of Care and Referrals.*
8. Core objective #16: the capability to submit electronic data to immunization registries or immunization information systems except where prohibited and in accordance with applicable law and practice.
9. Core objective #17 to use secure electronic messaging to communicate with patients on relevant health information.
  - a. Note: New objective to Stage 2.
  - b. Text messages and regular email are not considered secure.
  - c. Use of the Patient Portal would suffice as this electronic messaging is encrypted.
10. The following link gives in depth detail as to which Stage 1 objectives have changed, been fulfilled in Stage 1 or went from a Menu objective to a Core objective. Also note the updates on Objectives 1-6, 8 and 9 not listed above.
  - a. <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTable sforEP.pdf>
  - b. In addition, some changes have been incorporated to be certain that EPs are only transmitting data through a secure network.
11. EP's are required to meet all Core objectives
12. The new MENU objectives include:
  - a. Menu objective #2 to record electronic notes in patient records.
  - b. Menu objective #3. Imaging results

<p>consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.</p> <ul style="list-style-type: none"> <li>c. Record family health history as structured data.</li> <li>d. 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.</li> <li>e. 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.</li> <li>f. Please note that the following Menu objective from Stage 1 remained on the Menu objectives for Stage 2. Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited and in accordance with applicable law and practice. <ul style="list-style-type: none"> <li>1) Note: In Stage 1 it was only a test, but in Stage 2 ongoing submission is required.</li> </ul> </li> </ul> <p>13. Please refer back to the link listed on item C for a detailed explanation of each new Menu objective.</p> <p>14. EPs will be required to meet 3 of these 6 Menu objectives in Stage 2.</p>	
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