MICROMD EMR VERSION 9.0

2014 OBJECTIVE MEASURE CALCULATIONS

HENRY SCHEIN®
MicroMD®

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PREFACE

WELCOME TO MICROMD EMR

From all of us here at Henry Schein Medical Systems, Inc., thank you for selecting MicroMD EMR, the definitive Electronic Medical Records (EMR) solution. This manual is a reference to the Objective Measure Calculations supported and calculated by MicroMD EMR. This manual does not cover hardware setup, networking, or installation of the program.

HOW THIS GUIDE IS ORGANIZED

We have organized this guide according to the modules within MicroMD EMR. The discussion consists mainly of the new features within the modules. You can find in-depth information about the entire module in the *MicroMD EMR User's Reference Manual* located in the **Help** menu of MicroMD EMR.

UNDERSTANDING TYPOGRAPHICAL CONVENTIONS

Before using this manual, it is important to understand the typographical conventions used to identify and describe information.

Cross-References

Cross-references to chapters, sections, page numbers, headings, etc. are shown in an *italic* typeface.

e.g., Refer to *Understanding Typographical Conventions* on page i.

Text You Type Using the Keyboard

Text that you type using the keyboard is shown in a `Courier` typeface.

e.g., Type `Anthony Smith` in the *Name* field.

Keys You Press and Buttons You Click

Keys that you press on the keyboard and buttons/icons that you click with the mouse are shown in a **bold sans-serif** typeface.

e.g., Press **Enter**.

e.g., Click **OK** to continue.

Dialog Box, Application Window Titles, and Field Names

The titles of dialog boxes and application windows are shown in *italics*. Field names and selections made from drop-down menus, etc. are also shown in *italics*.

e.g., The *Print Preview* dialog box appears.

e.g., Select *Commercial Insurance* from the drop-down list.

Notes, Warnings, and Tips

Notes, tips and warnings are provided throughout the manual. These provide additional information that is important for you to know about the topic.

NOTE | A note is an important piece of information.

STOP | You should definitely read the information in a warning. It could help you prevent a disaster.

TIP | A tip table helps you with some interesting information about different ways to use the program.

INTRODUCTION

CHAPTER 1

ABOUT THIS GUIDE

This guide documents the Objective Measure Calculations that are supported and calculated by MicroMD EMR. This version of MicroMD EMR was designed to comply with the requirements of the CMS EHR Incentive Program and Meaningful Use requirements for Eligible Providers.

REFERENCES

Additional information about Objective Measures can be found at the sites below:

The CMS EHR Incentive Program offers eligible providers opportunities for incentive payments over a multiple year period. For details on the program, visit https://www.cms.gov/ehrincentiveprograms.

This version of MicroMD EMR has been certified under the ONC EHR Certification program as a Complete EHR solution. Requirements for testing of Objective Measures under the certification included testing for all core measures and menu-set measures. All additional measures are available to MicroMD™ EMR users for calculation and use in qualifying for the incentives offered in the CMS EHR Incentive Program. To reference the certification listing for MicroMD EMR, please visit http://onc-chpl.force.com/ehrcert.

CORE-SET MEASURES AND MENU-SET MEASURES

The CMS EHR Incentive program requires each eligible provider to report 15 core-set measures and five of 10 menu-set measures to demonstrate Meaningful Use.

The menu-set measures are designed to allow providers to select measures that are able to be implemented in the short term to meet the Stage 1 Meaningful Use requirements. It is expected that future stages of Meaningful Use will make all of these measures required, but for Stage 1, each provider may choose five of the 10.

> **NOTE |** In selecting from the menu-set measures, providers have been instructed by ONC that they must choose either to submit to an immunization registry or to submit syndromic surveillance to a public health agency.

MICROMD MEANINGFUL USE FEATURES

Several MicroMD EMR features have been added to allow practices to track and report their compliance with Meaningful Use requirements. Each is documented in the MicroMD EMR Reference Manual (see references below)

Objective Measure Reporting: allows practices to track their compliance with Objective Measures by running reports with custom date ranges.

Clinical Quality Measures Reporting: allows practices to view and report their clinical quality measures reporting for their selected measures.

Encounter Ribbon: Quality Measure checking is used to see that when possible, patient charts and treatments are up-to-date based upon the Objective Measures and the Clinical Quality Measures.

ABOUT THE MEASURES

Each documented measure contains the following elements:

Measure Number/Description: provides a brief description of the measure and what it is intended to measure.

Measure Calculation: requires a Denominator, a Numerator and Exclusions from the calculation.

Denominator: calculates the patients that should be included in the measurement. For most measures, this includes patients treated during the reporting period by the specified provider.

Numerator: describes the patients in the Denominator whose treatment satisfied the requirements of the measure. For example, the patients whose allergy list contained entries or an entry to say that there are no known allergies. (i.e. not blank)

Goal: is the percentage of instances that are required by Meaningful Use rules to satisfy each measure.

Reached: is the calculated percentage of the provider's patients seen during the date range whose treatment satisfies the measurement.

REPORTING CONSIDERATIONS

Reporting Period: Users of MicroMD EMR can choose to calculate the Objective Measures reporting at any time and may specify a reporting period to report on. This reporting period may typically follow a reporting year but may be modified to include any date range.

Qualifying Thresholds: Users must exceed the threshold of the measure. For example, if the measure states that more than 50% of patients must have demographic data recorded in the system, you must exceed 50% of qualified patients with recorded information.

EXCLUSIONS

Meeting an exclusion for a menu set objective does not count towards the number of menu set objectives that must be satisfied to meet meaningful use. (Required for 2014-onward). A total of five (5) menu set objectives must be met.

STAGE 1 CALCULATED MEASURES

CHAPTER 2

1 CORE MEASURE – USE CPOE FOR MEDICATION ORDERS

	Description
Stage 1 Objective	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
Stage 1 Measures	More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. Optional Alternate: More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Patient must have at least one encounter during the reporting period Patient must have at least one prescription documented during the reporting period.
Exclusion	EPs who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement. Patients are excluded if they have no know medications entered (no long term medications listed).
Alternative Measure	More than 30 percent of medication 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. 2013 - Onward (Optional)
Denominator:	Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period. Medication orders also should be given during the EHR reporting period. **MedInfo > Medical > Medications**
Numerator:	Number of patients in the denominator that have at least one medication order entered using CPOE. Medication orders should be given during the encounter in the EHR reporting period. **MedInfo > Medical > Medications**

3 CORE MEASURE – MAINTAIN UP-TO-DATE PROBLEM LIST

	Description
Stage 1 Objective	Maintain an up-to-date problem list of current and active diagnoses
Stage 1 Measures	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have an entry in their problem list (which would indicate either a diagnosis or an indication of No Active Problems.) ▪ Ensure that the *Onset*, *Status*, and *Status Date* fields are completed for each problem list entry.
Denominator:	Number of unique patients seen by the EP during the EHR reporting period.
Numerator:	Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

4 CORE MEASURE – GENERATE AND TRANSMIT PERMISSIBLE PRESCRIPTIONS ELECTRONICALLY

	Description
Stage 1 Objective	Generate and transmit permissible prescriptions electronically (eRx)
Stage 1 Measures	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Eligible prescriptions include all prescriptions which are able to be sent thru the Surescripts Network (electronically). ▪ If a specific provider is defined in *Provider* dropdown, the system will only count prescriptions if the prescribing provider had an encounter with the selected patient during the recording period. **TIP |** Prescriptions for Controlled Substances are not included in this calculation.
Denominator:	Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

	Description
Numerator:	Number of prescriptions in the denominator generated and transmitted electronically.
Additional Exclusion	Any EP who: does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period. 2013 – Onward (Required)

5 CORE MEASURE – MAINTAIN ACTIVE MEDICATION LIST

	Description
Stage 1 Objective	Maintain Active Medication List
Stage 1 Measures	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have an entry in their medication list (which would indicate either a list of medications or No LTMs).
Denominator:	Number of unique patients seen by the EP during the EHR reporting period.
Numerator:	Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

6 CORE MEASURE – MAINTAIN ACTIVE MEDICATION ALLERGY LIST

	Description
Stage 1 Objective	Maintain active medication allergy list
Stage 1 Measures	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have an entry in their allergy list (which would indicate either a medication allergy or No Known Allergies).
Denominator:	Number of unique patients seen by the EP during the EHR reporting period.
Numerator:	Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

7 CORE MEASURE – RECORD DEMOGRAPHICS

	Description
Stage 1 Objective	Record Demographics including preferred language, gender, race, ethnicity, date of birth.
Stage 1 Measures	More than 50% of all unique patients seen by the EP have demographics recorded as structured data
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have all required entries completed in their demographic entry
Denominator:	Number of unique patients seen by the EP during the EHR reporting period.
Numerator:	Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

8 CORE MEASURE – RECORD AND CHART CHANGES IN VITAL SIGNS

	Description
Stage 1 Objective	Record and chart changes in vital signs: ▪ Height ▪ Weight ▪ Blood pressure ▪ Calculate and display BMI ▪ Plot and display growth charts for children 2-20 years, including BMI
Stage 1 Measures	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data. *New Measure (Optional 2013; Required 2014 and beyond):* For more than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient Vital Signs were recorded (Height, Weight, Blood Pressure)
Denominator:	Number of unique patients (age 3 or over for blood pressure) seen by the EP during the EHR reporting period. It considers the EMR manager settings of Vitals Measurement. **EMR Manager < System Settings < Practice** If the Vitals Measurement settings is set to All Within Scope or Height/Weight Out of Scope then patient's age is also checked to be >=3. For BP Out of Scope setting, age is not considered.
Numerator:	Number of patients in the denominator who have at least one entry of their height, weight and blood pressure (ages 3 and over) recorded as structured data. It considers the EMR manager settings of Vitals Measurement. **EMR Manager < System Settings < Practice** **All Within Scope** - Patient should have Vital signs recorded for Height/Weight and BMI. Also if the patient's age > 3 then Blood Pressure also should be recorded. **BP Out of Scope** - Patient should have Vital signs recorded for

	Description
	Height/Weight and BMI. **Height/Weight Out of Scope** - Patient should have Vital signs recorded for Blood Pressure. **MedInfo > Medical > Vital Signs**
Exclusion	Any EP who (1) Sees no patients 3 years or older is excluded from recording blood pressure; (2) Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them; (3) Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or (4) Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight. 2014 – Onward (Required)

9 CORE MEASURE – RECORD SMOKING STATUS

	Description
Stage 1 Objective	Record smoking status for patients 13 years old or older
Stage 1 Measures	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patients have smoking status recorded (**Medical Information** tab> **Histories** > **Habits** > **Smoking Status** > selection of one of the items in the dropdown window).
Denominator:	Number of unique patients age 13 or older seen by the EP during the HER Reporting period.
Numerator:	Number of patients in the denominator with smoking status recorded as structured data.

	Description
Exclusion	An EP who sees no patients 13 years or older would be excluded from this requirement. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.

11 CORE MEASURE – PROVIDE PATIENTS WITH TIMELY ELECTRONIC ACCESS

	Description
Stage 1 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.
Stage 1 Measures	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.
Health Outcomes Policy Priority	Engage patients and families in their health care
MicroMD EMR Considerations:	▪ This measure requires the license and use of MicroMD Patient Portal. For information and pricing for the MicroMD Patient Portal, please contact your local support organization. ▪ Patient must have at least one encounter during the reporting period ▪ While providers may send documents to the patient portal at any time, a Desktop function "Portal Updates" was created to provide a tickler for EPs to monitor that the "web-enabled" patients whose information has changed has been published to the patient portal in a timely fashion. ▪ While publishing a document to a patient (portal account), providers will have the document displayed prior to publishing. During this time, a provider may choose to annotate (block off information that they wish to withhold – or circle or comment on specific information) using the built-in annotation tools. Additionally, providers may type a message that will appear with the published document when viewed by the patient.
Exclusion	If an EP neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period, they would be excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.
Denominator / Numerator:	Measure a:

	Description
	DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information. Patient's documents should be published through patient Portal. **Desktop Navigator < Portal updates** THRESHOLD: The resulting percentage must be more than 50 percent in order for an EP to meet this measure. Measure b: DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information. Patient's chart should be exported in CCR/CCD/CDA format to Patient Portal and then downloaded or viewed from Patient Portal. **Chart Tools < Export Chart (CCR)** THRESHOLD: The resulting percentage must be more than 5 percent in order for an EP to meet this measure.

12 CORE MEASURE – PROVIDE CLINICAL SUMMARIES TO PATIENTS FOR EACH OFFICE VISIT

	Description
Stage 1 Objective	Provide clinical summaries for patients for each office visit
Stage 1 Measures	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Health Outcomes Policy Priority	Engage patients and families in their health care
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Providing the Patient Care Plan document will satisfy this measurement. This can be printed from the Encounter Ribbon or the Scheduled Visits function.
Denominator:	Number of office visits by the EP during the EHR reporting period.
Numerator:	Number of office visits in the denominator for which the patient is provided a clinical summary within three business days.
Exclusion	EPs who have no office visits during the EHR reporting period would be excluded from this requirement. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.

1 MENU SET MEASURE – SUBMIT DATA TO IMMUNIZATION REGISTRIES

	Description
Stage 1 Objective	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice
Stage 1 Measures	Performed at least one test of certified EHR technology's capacity 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 submits such information have the capacity to receive the information electronically)
Health Outcomes Policy Priority	Improve population and public health

	Description
MicroMD EMR Considerations:	To meet this requirement, the state-specific or generic Immunization Registry must be set up in the EMR Manager. ▪ If you have not purchased your state-specific Immunization Registry interface, please contact your MicroMD support organization. ▪ Note that the generic Immunization Registry function will create export records based on the HL-7 2.3 standards. These records will be available on the practice network and may be submitted by the practice to the state Immunization Registry based on available protocols.
Exclusion	If an EP does not perform immunizations during the EHR reporting period, or if there is no immunization registry that has the capacity to receive the information electronically, then the EP would be excluded from this requirement. EPs must select NO next to the appropriate exclusion(s), then click the APPLY button in order to attest to the exclusion(s).

4 MENU SET MEASURE – INCORPORATE CLINICAL LAB TEST RESULTS

	Description
Stage 1 Objective	Incorporate clinical lab test results into certified EHR technology as structured data
Stage 1 Measures	More than 40% of all clinical lab tests results ordered by the EP 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
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Lab Results which are recorded as numeric values will be included in the measure calculation. ▪ Note that lab results that are being manually entered should not contain special characters or text qualifiers such as % or mg, etc.
Exclusion	If an EP orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period they would be excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

6 MENU SET MEASURE – SEND PATIENT REMINDERS PER PATIENT PREFERENCE

	Description
Stage 1 Objective	Send reminders to patients per patient preference for preventive/ follow up care
Stage 1 Measures	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Use MicroMD EMR Patient Recall module to generate reminders for patients in need of preventative or follow-up care.
Exclusion	If an EP has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology that EP is excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

7 MENU SET MEASURE – PROVIDE PATIENT-SPECIFIC EDUCATION RESOURCES

	Description
Stage 1 Objective	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate
Stage 1 Measures	More than 10% of all unique patients seen by the EP are provided patient-specific education resources
Health Outcomes Policy Priority	Engage patients and families in their health care
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have an entry in their encounter plan that indicates that patient education was given during the encounter

8 MENU SET MEASURE – PERFORM MEDICATION RECONCILIATION

	Description
Stage 1 Objective	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
Stage 1 Measures	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP
Health Outcomes Policy Priority	Improve Care Coordination
MicroMD EMR Considerations:	▪ In MicroMD EMR, Transition of Care (In) will be used to satisfy this measure. A Transition of Care (In) may be created on the Desktop or in the Patient's Workflow Communicator. ▪ Additionally, Referrals In on the desktop will allow providers to link a transition of care with referrals. ▪ Providers may indicate that Medication Reconciliation is performed by clicking the **Reviewed** button in the **Medical Info** > **Medications Category** **TIP |** The Rule Manager may be set to remind the EP that medication reconciliation needs to be performed for a patient. This can be done when the patient chart is open or when an encounter is created for the patient.
Exclusion	If an EP was not on the receiving end of any transition of care during the EHR reporting period they would be excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

9 MENU SET MEASURE – PROVIDE SUMMARY OF CARE FOR EACH TRANSITION OF CARE

	Description
Stage 1 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 of care record for each transition of care or referral
Stage 1 Measures	The EP 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
Health Outcomes Policy Priority	Improve Care Coordination
MicroMD EMR Considerations:	▪ The patient must have at least one completed encounter during the reporting period. ▪ In MicroMD EMR, Transition of Care (Out) will be used to satisfy this measure. A Transition of Care (Out) may be created on the Desktop or in the Patient's Workflow Communicator. ▪ Additionally, Referrals Out on the desktop will allow providers to link a transition of care with referrals. ▪ A CCD or CCR must be created for the patient being transitioned to satisfy this measure. A button to create the documents is available in the *Transition of Care* window. Users can also print a chart to satisfy the measure for the patient.
Exclusion	If an EP does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period then they would be excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

STAGE 1 MEASURES REQUIRING ONLY A YES/NO ATTESTATION

CHAPTER 3

2 CORE MEASURE – IMPLEMENT DRUG-DRUG AND DRUG-ALLERGY INTERACTION CHECKS

	Description
Stage 1 Objective	Implement drug-drug and drug-allergy interaction checks

	Description
Stage 1 Measures	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Drug-Drug and Drug-Allergy warnings are set at a default setting for all users by the System Administrator. ▪ Individual users (who are granted access) may take the opportunity to change these settings to increase or decrease the level of warnings provided.

10 CORE MEASURE – IMPLEMENT ONE CLINICAL DECISION SUPPORT RULE

	Description
Stage 1 Objective	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule
Stage 1 Measures	Implement one clinical decision support rule
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	MicroMD EMR can provide Clinical Decision Support in many different areas. These tools can assist providers by providing suggestions based upon the data that is documented in the patient's chart. These tools include: ▪ **Health Maintenance** > **Screening and Prevention Guidelines** - can suggest care for patients based on their age, gender, past medical history, problem list, etc. ▪ **Health Maintenance** > **Immunizations** - can suggest immunizations based on age, gender and other clinical information. ▪ **Patient Education** – can be set to automatically prompt providers to provide education materials during the patient encounter based on a patient's chart information or data that was documented during the patient encounter. ▪ **Rule Manager** – can be set to automatically provide reminders based upon the information that is documented in the patient's chart.

13 CORE MEASURE – PROTECT ELECTRONIC HEALTH INFORMATION

	Description
Stage 1 Objective	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

	Description
Stage 1 Measures	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process
Health Outcomes Policy Priority	Ensure adequate, privacy and, security, protections for, personal health information
MicroMD EMR Considerations:	While MicroMD EMR is only a part of the required security risk analysis, it is important to note that all software security requirements have been demonstrated successfully during the certification process. It is recommended that each practice would validate that each of the items are reviewed for proper setup in their practice. The tested Items include: ▪ Authentication – verifying that the person seeking access to the electronic health information is the one authorized to do so. ▪ Access Control – an ability to create, activate and deactivate users – as well as to assign access levels within the software ▪ Emergency Access – an ability to allow certain users to "Break the Glass" and obtain access to charts that they would be otherwise restricted from seeing. ▪ Automatic Log-Off – an automatic function that will terminate an electronic session that has been inactive for a pre-determined amount of time. ▪ Audit Log – an ability to produce audit logs of access to patient health information. ▪ Integrity and Encryption – an ability to encrypt data based on specified standards with assurance that the data has not been altered in the process

2 MENU SET MEASURE – SUBMIT DATA TO PUBLIC HEALTH (SYNDROMIC SURVEILLANCE)

	Description
Stage 1 Objective	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice
Stage 1 Measures	Performed at least one test of certified EHR technology's capacity 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 an EP submits such information have the capacity to receive the information electronically)
Health Outcomes Policy Priority	Improve population and public health

	Description
MicroMD EMR Considerations:	To meet this requirement, the specific public health agency interface or generic surveillance monitoring must be set up in the EMR Manager. ▪ If you have not purchased your specific public health agency interface, please contact your MicroMD support organization. ▪ Note that the generic Surveillance Monitoring function will create export records based on the HL-7 2.3 standards. These records will be available on the practice network and may be submitted by the practice to the public health agency based on available protocols.
Exclusion	If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period or if no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

3 MENU SET MEASURE – IMPLEMENT DRUG FORMULARY CHECKS

	Description
Stage 1 Objective	Implement drug-formulary checks
Stage 1 Measures	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
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Drug Formulary windows may be disabled by individual user. To utilize this measure, the formulary checking must be activated in user-preferences.
Exclusion	An EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this objective and associated measure. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.

5 MENU SET MEASURE – GENERATE A LIST OF PATIENTS BY SPECIFIC CONDITION

	Description
Stage 1 Objective	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
Stage 1 Measures	Generate at least one report listing patients of the EP with a specific condition

	Description
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	MicroMD EMR contains many useful reports, but to satisfy this measure, select **Administration** > **Reports** > **Patient Lists** > and any report using the template "Patient Query". This report will provide you with the ability to produce reports of patients based on gender, race, provider, age, problem list, encounter assessments, medications and lab results.

STAGE 2 CALCULATED MEASURES

CHAPTER 3

REQUIREMENTS AND OBJECTIVES

Stage 2 uses a core and menu structure for objectives that providers must achieve in order to demonstrate meaningful use. Core objectives are objectives that all providers must meet. There is also a predetermined number of menu objectives that providers must select from a list and meet in order to demonstrate meaningful use.*

To demonstrate meaningful use under Stage 2 criteria:

- EPs must meet 17 core objectives and 3 menu objectives selected from a list of 6, for a total of 20 objectives.
- EHs and CAHs must meet 16 core objectives and 3 menu objectives selected from a list of 6, for a total of 19 objectives.

*The above text is credited to the U.S. Health Information Knowledgebase (ushik.ahrq.gov)

1 Core Measure – CPOE for Medication, Laboratory and Radiology Orders

	Description
Stage 2 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.
Stage 2 Measures	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities.
MicroMD EMR Considerations:	Measure a: Patient must have at least one encounter and at least one documented prescription during the reporting period. Measure b: Patient must have at least one encounter and at least one documented Radiology order during the reporting period. Measure c: Patient must have at least one encounter and at least one documented Laboratory order during the reporting period.
Exclusion	Any EP who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD

	Description
	Measure 1: Medication DENOMINATOR: Number of medication orders created by the EP during the EHR reporting period. **MedInfo > Medical > Medications** NUMERATOR: The number of orders in the denominator recorded using CPOE. **MedInfo > Medical > Medications** THRESHOLD: The resulting percentage must be more than 60 percent in order for an EP to meet this measure. **NOTE |** It will always show 100 percent since there is no other way to enter a medication order except through the application **Measure 2: Radiology** DENOMINATOR: Number of radiology orders created by the EP during the EHR reporting period. Radiology orders are distinguished by their CPT code between 70000 and 76499. **MedInfo > Orders > Procedure Orders** NUMERATOR: The number of orders in the denominator recorded using CPOE. **MedInfo > Orders > Procedure Orders** THRESHOLD: The resulting percentage must be more than 30 percent in order for an EP to meet this measure. **NOTE |** It will always show 100 percent since there is no other way to enter a radiology order except through the application. **Measure 3: Laboratory** DENOMINATOR: Number of laboratory orders created by the EP during the EHR reporting period. **MedInfo > Orders > Laboratory Orders** NUMERATOR: The number of laboratory orders in the denominator recorded using CPOE. **MedInfo > Orders > Laboratory Orders** THRESHOLD: The resulting percentage must be more than 30 percent in order for an EP to meet this measure. **NOTE |** It will always show 100 percent since there is no other way to enter a laboratory order except through the application.

2 Core Measure – e-Prescribing (eRx)

	Description
Stage 2 Objective	Generate and transmit permissible prescriptions electronically (eRx).
Stage 2 Measures	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Eligible prescriptions include all prescriptions which are able to be sent thru the Surescripts Network (electronically). ▪ If a specific provider is defined in *Provider* dropdown, the system will only count prescriptions if the prescribing provider had an encounter with the selected patient during the recording period. **TIP |** Prescriptions for Controlled Substances are not included in this calculation.
Exclusion	Any EP who: (1) Writes fewer than 100 permissible prescriptions during the EHR reporting period. (2) Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period. **MedInfo > Medical > Medications** NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT. **MedInfo > Medical > Medications** THRESHOLD: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.

3 Core Measure – Record Demographics

	Description
Stage 2 Objective	Record the following demographics: preferred language, sex, race, ethnicity, date of birth.
Stage 2 Measures	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have all required entries completed in their demographic entry
Exclusion	None.
Attestation Requirements	DENOMINATOR/ NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data. **Demographics > Personal Details (Gender, Race, Ethnicity, Language and Date of Birth)** THRESHOLD: The resulting percentage must be more than 80 percent in order for an EP to meet this measure.

4 Core Measure – Record Vital Signs

	Description
Stage 2 Objective	Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.
Stage 2 Measures	More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient Vital Signs were recorded (Height, Weight, Blood Pressure)
Exclusion	Any EP who: (1) Sees no patients 3 years or older is excluded from recording blood pressure. (2) Believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them. (3) Believes that height/length and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure. (4) Believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. It considers the EMR manager settings of Vitals Measurement. **EMR Manager > System Settings > Practice** If the Vitals Measurement settings is set to Height/Weight Out of Scope then patient's age is also checked to be >=3. For other settings, age is not considered. NUMERATOR: Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data. It considers the EMR manager settings of Vitals Measurement.

	Description
	EMR Manager > System Settings > Practice **All Within Scope** - Patient should have Vital signs recorded for Height/Weight and BMI. Also if the patient's age > 3 then Blood Pressure also should be recorded. **BP Out of Scope** - Patient should have Vital signs recorded for Height/Weight and BMI. **Height/Weight Out of Scope** - Patient should have Vital signs recorded for Blood Pressure. **MedInfo > Medical > Vital Signs** THRESHOLD: The resulting percentage must be more than 80 percent in order for an EP to meet this measure.

5 Core Measure – Record Smoking Status

	Description
Stage 2 Objective	Record smoking status for patients 13 years old or older.
Stage 2 Measures	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patients have smoking status recorded
Exclusions:	Any EP that neither sees nor admits any patients 13 years old or older.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients age 13 or older seen by the EP during the EHR reporting period. NUMERATOR: The number of patients in the denominator with smoking status recorded as structured data. Smoking status should be one selected from the dropdown. **Medical Information > Histories > Habits > Smoking Status Category** THRESHOLD: The resulting percentage must be more than 80 percent in order for an EP to meet this measure.

7 Core Measure – Patient Electronic Access

	Description
Stage 2 Objective	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.
Stage 2 Measures	Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information. Measure 2: More than 5 percent 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.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ This measure requires the license and use of MicroMD Patient Portal. For information and pricing for the MicroMD Patient Portal, please contact your local support organization. ▪ Patient must have at least one encounter during the reporting period. ▪ While providers may send documents to the patient portal at any time, a Desktop function "Portal Updates" was created to provide a tickler for EPs to monitor that the "web-enabled" patients whose information has changed has been published to the patient portal in a timely fashion. ▪ While publishing a document to a patient (portal account), providers will have the document displayed prior to publishing. During this time, a provider may choose to annotate (block off information that they wish to withhold – or circle or comment on specific information) using the built-in annotation tools. Additionally, providers may type a message that will appear with the published document when viewed by the patient.
Exclusion	Any EP who: (1) Neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact information, may exclude both measures. (2) Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second measure.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD

	Description
	Measure a: DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information. Patient's documents should be published through patient Portal. **Desktop Navigator < Portal updates** THRESHOLD: The resulting percentage must be more than 50 percent in order for an EP to meet this measure. Measure b: DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information. Patient's chart should be exported in CCR/CCD/CDA format to Patient Portal and then downloaded or viewed from Patient Portal. **Chart Tools < Export Chart (CCR)** THRESHOLD: The resulting percentage must be more than 5 percent in order for an EP to meet this measure.

8 Core Measure – Clinical Summaries

	Description
Stage 2 Objective	Provide clinical summaries for patients for each office visit.
Stage 2 Measures	Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.
Health Outcomes Policy Priority	Engage patients and families in their health care
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Providing the Patient Care Plan document will satisfy this measurement. This can be printed from the Encounter Ribbon or the Scheduled Visits function.
Exclusion	Any EP who has no office visits during the EHR reporting period.
Attestation Requirements	DENOMINATOR/ NUMERATOR/THRESHOLD DENOMINATOR: Number of office visits conducted by the EP during the EHR reporting period. NUMERATOR: Number of office visits in the denominator where the patient or a patient-authorized representative is provided a clinical summary of their visit within one (1) business day. **Encounter > Administration tab > Patient Care Plan** THRESHOLD: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.

10 Core Measure – Clinical Lab-Test Results

	Description
Stage 2 Objective	Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data
Stage 2 Measures	More than 55 percent of all clinical lab tests results ordered by the EP 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.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Lab Results which are recorded as numeric values will be included in the measure calculation. ▪ Note that lab results that are being manually entered should not contain special characters or text qualifiers such as % or mg, etc.
Exclusion	Any EP who orders no lab tests where results are either in a positive/negative affirmation or numeric format during the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number. **MedInfo > Medical > Lab Result** NUMERATOR: Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT as structured data. **MedInfo > Medical > Lab Result** THRESHOLD: The resulting percentage must be more than 55 percent in order for an EP to meet this measure.

12 Core Measure – Preventive Care

	Description
Stage 2 Objective	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.
Stage 2 Measures	More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Use MicroMD EMR Patient Recall module to generate reminders for patients in need of preventative or follow-up care.
Exclusion	Any EP who has had no office visits in the 24 months before the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period. NUMERATOR: Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period. **Desktop Navigator > Administrative Panel > Administration > Patient Recalls** THRESHOLD: The resulting percentage must be more than 10 percent in order for an EP to meet this measure.

13 Core Measure – Patient-Specific Education Resources

	Description
Stage 2 Objective	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.
Stage 2 Measures	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
Health Outcomes Policy Priority	Engage patients and families in their health care.
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient must have an entry in their encounter plan that indicates that patient education was given during the encounter
Exclusion	Any EP who has no office visits during the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients with office visits seen by the EP during the EHR reporting period. NUMERATOR: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology. **Encounter > Administration tab > Patient Education** THRESHOLD: The resulting percentage must be more than 10 percent in order for an EP to meet this measure.

14 Core Measure – Medication Reconciliation

	Description
Stage 2 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.
Stage 2 Measures	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
Health Outcomes Policy Priority	Improve Care Coordination.
MicroMD EMR Considerations:	▪ In MicroMD EMR, Transition of Care (In) will be used to satisfy this measure. A Transition of Care (In) may be created on the Desktop or in the Patient's Workflow Communicator. ▪ Additionally, Referrals In on the desktop will allow providers to link a transition of care with referrals. ▪ Providers may indicate that Medication Reconciliation is performed by clicking the Reviewed button in the *Medical Info > Medications Category* **TIP |** The Rule Manager may be set to remind the EP that medication reconciliation needs to be performed for a patient. This can be done when the patient chart is open or when an encounter is created for the patient.
Exclusion	Any EP who was not the recipient of any transitions of care during the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of transitions of care (IN) during the EHR reporting period for which the EP was the receiving party of the transition. **Desktop Navigator > Transition of Care** **Chart Tools > Workflow Comm. > Transition of Care** **Desktop Navigator > Referrals In > Transition of Care** NUMERATOR: The number of transitions of care in the denominator where medication reconciliation was performed. Medications Review date should be after or on Transition of care begin date and Medications Review date should be before or on Transition of care End date **Medical Info > Medications > Reviewed** THRESHOLD: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.

15 Core Measure – Summary of Care

	Description
Stage 2 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.
Stage 2 Measures	EPs must satisfy both of the following measures in order to meet the objective: Measure 1: The EP 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 percent of transitions of care and referrals. Measure 2: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN. Measure 3: An EP must satisfy one of the following criteria: Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at 495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2). Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.
Health Outcomes Policy Priority	Improve Care Coordination.
MicroMD EMR Considerations:	▪ The patient must have at least one completed encounter during the reporting period. ▪ In MicroMD EMR, Transition of Care (Out) will be used to satisfy this measure. A Transition of Care (Out) may be created on the Desktop or in the Patient's Workflow Communicator. ▪ Additionally, Referrals Out on the desktop will allow providers to link a transition of care with referrals. ▪ A CCD or CCR must be created for the patient being transitioned to satisfy this measure. A button to create the documents is available in the Transition of Care window. Users can also print a chart to satisfy the measure for the patient. ▪ Mail Message (from the Desktop Navigator) should be used

	Description
	to send at least 10% of the electronic transitions.
Exclusion	Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all three measures.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD MEASURE a: DENOMINATOR: Number of transitions of care (OUT) and referrals during the EHR reporting period for which the EP was the transferring or referring provider. **Desktop Navigator > Transition of Care** **Chart Tools > Workflow Comm > Transition of Care** **Desktop Navigator > Referrals Out > Transition of Care** NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was provided. Charts printing and Export should be done after or on Transition of care begin date and before or on Transition of care End date **Desktop Navigator >Transition of Care > Export CCR/CCD** **Chart Tools > Chart Reports > Chart** **Print Menu > Print Chart** THRESHOLD: The percentage must be more than 50 percent in order for an EP to meet this measure. MEASURE b: DENOMINATOR: Number of transitions of care (OUT) and referrals during the EHR reporting period for which the EP was the transferring or referring provider. **Desktop Navigator > Transition of Care** **Chart Tools > Workflow Comm. > Transition of Care** **Desktop Navigator > Referrals Out > Transition of Care** NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using CEHRT to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization. Charts printing ,Export and message sent with CDA attachment through Net2Net should be done after or on Transition of care begin date and before or on Transition of care End date.

	Description
	Desktop Navigator > Transition of Care > Export CCR/CCD **Chart Tools > Chart Reports > Chart** **Print Menu > Print Chart** AND **Desktop Navigator > Mail > Chart Data** For Net2Net communications it needs to be setup in EMR manager – **Communication > Direct Mail** THRESHOLD: The percentage must be more than 10 percent in order for an EP to meet this measure.

17 Core Measure – Use Secure Electronic Messaging

	Description
Stage 2 Objective	Use secure electronic messaging to communicate with patients on relevant health information.
Stage 2 Measures	A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
Health Outcomes Policy Priority	Improve Care Coordination.
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Secure Messaging should be done through the MicroMD Patient Portal.
Exclusion	Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period. Secure Messaging should be done through the MicroMD Patient Portal.

	Description
	THRESHOLD: The resulting percentage must be more than 5 percent in order for an EP to meet this measure.

2 Menu Set Measure – Electronic Notes

	Description
Stage 2 Objective	Record electronic notes in patient records.
Stage 2 Measures	Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR Measure reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Patient must have at least one encounter during the reporting period.
Exclusion	None
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD DENOMINATOR: Number of unique patients with at least one office visit during the EHR reporting period for EPs during the EHR reporting period. NUMERATOR: The number of unique patients in the denominator who have at least one electronic progress note from an eligible professional recorded as text searchable data. **NOTE |** It will always show 100 percent as our notes are always searchable THRESHOLD: The resulting percentage must be more than 30 percent in order for an EP to meet this measure.

3 Menu Set Measure – Imaging Results

	Description
Stage 2 Objective	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.
Stage 2 Measures	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Patient must have at least one encounter and at least one documented Radiology order during the reporting period.
Exclusion	Any EP who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION DENOMINATOR: Number of tests whose result is one or more images ordered by the EP during the EHR reporting period. Radiology orders are distinguished by their CPT code between 70000 and 76499 **MedInfo > Orders > Procedure Orders** NUMERATOR: The number of results in the denominator that are accessible through CEHRT. Results should have some documents attached to it. **MedInfo > Medical > Diagnostic Test** THRESHOLD: The resulting percentage must be more than 10 percent in order to meet this measure.

4 Menu Set Measure – Family Health History

	Description
Stage 2 Objective	Record patient family health history as structured data.
Stage 2 Measures	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	Patient must have at least one encounter during the reporting period.
Exclusion	Any EP who has no office visits during the EHR reporting period.
Attestation Requirements	DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period. NUMERATOR: The number of patients in the denominator with a structured data entry for one or more first-degree relatives. **MedInfo > Histories > Family History** THRESHOLD: The resulting percentage must be more than 20 percent in order to meet this measure.

STAGE 2 MEASURES REQUIRING ONLY A YES/NO ATTESTATION

CHAPTER 5

6 Core Measure – Clinical Decision Support Rule

	Description
Stage 2 Objective	Use clinical decision support to improve performance on high-priority health conditions.
Stage 2 Measures	Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	▪ Patient must have at least one encounter during the reporting period ▪ Patient Vital Signs were recorded (Height, Weight, Blood Pressure)
Exclusion	For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.
Attestation Requirements	YES/NO EPs must attest YES to implementing five clinical decision support interventions and enabling and implementing functionality for drug-drug and drug-allergy interaction to meet this measure.

9 Core Measure – Protect Electronic Health Information

	Description
Stage 2 Objective	Protect electronic health information created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities.
Stage 2 Measures	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 stored in CEHRT 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 for EPs.
Health Outcomes Policy Priority	Maintain the security and integrity of electronic health information
MicroMD EMR Considerations:	While MicroMD EMR is only a part of the required security risk analysis, it is important to note that all software security requirements have been demonstrated successfully during the certification process. It is recommended that each practice would validate that each of the items are reviewed for proper setup in their practice. The tested Items include: ▪ Authentication – verifying that the person seeking access to the electronic health information is the one authorized to do so. ▪ Access Control – an ability to create, activate and deactivate users – as well as to assign access levels within the software ▪ Emergency Access – an ability to allow certain users to "Break the Glass" and obtain access to charts that they would be otherwise restricted from seeing. ▪ Automatic Log-Off – an automatic function that will terminate an electronic session that has been inactive for a pre-determined amount of time. ▪ Audit Log – an ability to produce audit logs of access to patient health information. ▪ Integrity and Encryption – an ability to encrypt data based on specified standards with assurance that the data has not been altered in the process
Exclusion	None.
Attestation Requirements	YES/NO Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as needed

	Description
	to meet this measure.

11 Core Measure – Patient Lists

	Description
Stage 2 Objective	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
Stage 2 Measures	Generate at least one report listing patients of the EP with a specific condition.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	MicroMD EMR contains many useful reports, but to satisfy this measure, select **Administration** > **Reports** > **Patient Lists** > and any report using the template "Patient Query". This report will provide you with the ability to produce reports of patients based on gender, race, provider, age, problem list, encounter assessments, medications and lab results.
Exclusion	None.
Attestation Requirements	YES/NO Eligible professionals (EPs) must attest YES to having generated at least one report listing patients of the EP with a specific condition to meet this measure.

16 Core Measure – Immunization Registries Data Submission

	Description
Stage 2 Objective	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
Stage 2 Measures	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
Health Outcomes Policy Priority	Improve population and public health.
MicroMD EMR Considerations:	▪ To meet this requirement, the state-specific or generic Immunization Registry must be set up in the EMR Manager. ▪ If you have not purchased your state-specific Immunization Registry interface, please contact your MicroMD support organization. ▪ Note that the generic Immunization Registry function will create export records based on the HL-7 2.3 standards. These records will be available on the practice network and may be submitted by the practice to the state Immunization Registry based on available protocols.
Exclusion	Any EP that meets one or more of the following criteria may be excluded from this objective: (1) the EP does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period; (2) the EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for CEHRT at the start of their EHR reporting period; (3) the EP operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data; or (4) the EP operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs.
Attestation Requirements	YES/NO The EP must attest YES to meeting one of the following criteria under the umbrella of ongoing submission. Ongoing submission was already achieved for an EHR reporting period

	Description
	in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f)(1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved. Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

1 Menu Set Measure – Syndromic Surveillance Data Submission

	Description
Stage 1 Objective	Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
Stage 1 Measures	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	
Exclusion	Any EP that meets one or more of the following criteria may be excluded from this objective: (1) the EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period; (2) the EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period; (3) the EP operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data; or (4) the EP operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs.
Attestation Requirements	YES/NO EPs must attest YES to successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing

	Description
	and validation.

5 Menu Set Measure – Report Cancer Cases

	Description
Stage 1 Objective	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.
Stage 1 Measures	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	
Exclusion	Any EP that meets at least 1 of the following criteria may be excluded from this objective: (1) The EP does not diagnose or directly treat cancer; (2) The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period; (3) The EP operates in a jurisdiction where no PHA provides information timely on capability to receive electronic cancer case information; or (4) The EP operates in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period can enroll additional EPs.
Attestation Requirements	YES/NO EPs must attest YES to successful ongoing submission of cancer case information from certified electronic health record technology (CEHRT) to a public health central cancer registry for the entire EHR reporting period. Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. Registration of intent to initiate ongoing submission was made by the

	Description
	deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

6 Menu Set Measure – Report Specific Cases

	Description
Stage 1 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.
Stage 1 Measures	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.
Health Outcomes Policy Priority	Improving quality, safety, efficiency, and reducing health disparities
MicroMD EMR Considerations:	
Exclusion	Any EP that meets at least 1 of the following criteria may be excluded from this objective: (1) The EP does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction; (2) The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period; (3) The EP operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries; or (4) The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period can enroll additional EPs.
Attestation Requirements	YES/NO EPs must attest YES to successfully submitting specific case information from CEHRT to a specialized registry for the entire reporting period to meet this measure.

	Description
	Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

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Henry Schein MicroMD
760 Boardman-Canfield Road
Boardman, OH 44512

www.micromd.com

330-758-8832