PCC Pediatric EHR Solutions

2014 Meaningful Use Stage 2 Core Objectives

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
CPOE (Computerized Provider Order Entry) For Medication, Laboratory and Radiology Orders Objective 1 of 17	>60% - medication orders >30% - radiology orders >30% - Laboratory orders	Three separate measures are reported: Measure 1: Number of medication orders created by the EP during the EHR reporting period Measure 2: Number of radiology orders created by the EP during the EHR reporting period Measure 3: Number of laboratory orders created by the EP during the EHR reporting period	For each measure, the numerator is the number of orders in the denominator recorded using CPOE	Measure 1: The provider must use PCC eRx to prescribe medications. If a patient's medication history includes only medications entered as historical medications, that patient will not count in the numerator. Measure 2: All radiology orders are recorded using CPOE, so all EPs should meet this measure. They do not have to be discrete orders. Measure 3: All lab orders are recorded using CPOE, so all EPs should meet this measure. They do not have to be discrete orders.	Any EP who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.
Generate and Transmit Permissible Prescriptions Electronically Objective 2 of 17	>50	Number of prescriptions written for drugs requiring a prescription in order to be dispensed (including or not including controlled substances) during the EHR reporting period	The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.	The provider must use PCC eRx to prescribe medications. EPs will have the option to include or exclude controlled substances when reporting this measure. Provider entries in the Partner table need to be appropriately mapped to EHR users for this measure to report accurately.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period. If there is not a pharmacy within your organization and there are no pharmacies that accept electronic Rx within 10 miles of your practice location at the start of your EHR reporting period.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Record Demographics (Preferred language, sex, race, ethnicity and date of birth) Objective 3 of 17	>80	Number of unique patients seen by the EP during the EHR reporting period.	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.	The patient must have all five pieces of information entered in order to qualify for this measure. The demographic information can be entered in the EHR or in Partner (checkin, notjane, addpatient). The demographic data can be recorded before, during or after the reporting period.	None
Record and Chart Changes in Vital Signs Objective 4 of 17	>80	Number of unique patients seen by the EP during the EHR reporting period.	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.	Historic growth chart points as well as visit-based height/length and weight will count toward this measure. The patient must have all three pieces of information entered to meet the measure. All three entries do not have to be entered in the same visit. You do not need to record blood pressure for patients under 3 years old. The measure will look back to previous visits to gather vital information.	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

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Record Smoking Status for patients 13 years and older Objective 5 of 17	>80	Number of unique patients age 13 and older seen by the EP during the EHR reporting period	Number of patients age 13 and older at time of visit with smoking status recorded as structured data.	The "Smoking Status (ARRA)" component should be added to your protocols. The list cannot be edited, the options are mandated by CMS. The smoking status can be recorded before, during or after the reporting period.	Any EP who does not see patients age 13 and older.
Use clinical decision support to improve performance on high-priority health conditions. Objective 6 of 17	N/A	N/A (Attestation)	N/A (Attestation)	Measure 1: EP must attest they have implemented **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. This can be accomplished using PCC EHR Clinical Alerts Measure 2: The EP must attest they have enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. This is a built-in default for PCC eRx.	For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
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. Objective 7 of 17	>50% Measure 1 >5% Measure 2	Measure 1 and Measure 2: Number of unique patients seen by the EP during the EHR reporting period.	Measure 1: 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 to view, download, and transmit to a third party. Measure 2: 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	Measure 1: More than 50% of your patients seen in the reporting period need to have a MyKidsChart user with access to their records. Measure 2: More than 5% of your patients seen in reporting period need to either view, download, or transmit their health information. PCC will log these actions. Simply viewing this information in portal will count toward the numerator. The portal user's action can be completed before, during or after the reporting period.	Any EP who 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. Any EP that 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.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Provide Clinical Summaries to Patients for Each Visit Objective 8 of 17	>50	Number of office visits conducted by the EP during the EHR reporting period.	Number of office visits in the denominator where the patient or a patient-authorized representative is provided (or declines) a clinical summary of their visit within one (1) business day.	The Clinical Summary is the "Patient Visit Summary" which can be printed from the Reports menu or from the "Appointment Details" section at the top of the visit ribbon. You are now given the opportunity to mark the visit summary as declined if the patient does not want one printed. This will count towards the numerator. Patients connected to an active MyKidsChart user at the time of the visit are automatically counted towards the numerator.	None
Protect Electronic Health Information Objective 9 of 17	N/A	N/A (Attestation)	N/A (Attestation)	Conduct or review a security risk analysis of certified EHR technology and implement updates as necessary at least once prior to the end of the EHR reporting period. The testing could occur prior to the beginning of the first EHR reporting period. However, a new review would have to occur for each subsequent reporting period.	None

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Incorporate Lab Test Results as Structured Data Objective 10 of 17	>55	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.	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.	This measure tracks individual lab tests, not lab orders. Use the lab configuration tool to configure discrete lab tests for all lab orders. Any e-lab results received automatically count if positive, negative, or numeric.	You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach. Objective 11 of 17	N/A	N/A (Attestation)	N/A (Attestation)	Eligible professionals (EPs) can attest YES to this if they have used PCC EHR "Patient Lists" functionality to generate lists of patients based on problems/diagnoses	None
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. Objective 12 of 17	>10	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.	Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period.	The reminders need to be for preventive or follow-up care. The reminders must be generated using the "Patient Reminders" tool in the EHR to qualify for the measure.	Any EP who has had no office visits in the 24 months before the EHR reporting period.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Use clinically relevant information from Certified EHR Technology to identify patient- specific education resources and provide those resources to the patient. Objective 13 of 17	>10	The number of unique patients with at least one office visit, seen by the EP during the EHR reporting period.	Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology. The patient-specific education resources can be provided before, during or after the reporting period.	The patient education must be generated using the EHR. The provider will click Patient Education under the reports menu. The three drop-down menus on the screen will populate the patient's: Problems, Medications and Lab Tests. You must select an item from a drop-down menu and then print in order for the patient to meet the measure.	Any EP who has no office visits during the EHR reporting period.
Performed Medication Reconciliation for Transitions of Care Objective 14 of 17	>50	Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.	The number of transitions of care in the denominator where medication reconciliation was performed.	Any referral ordered using the Referral component in the EHR will automatically populate the denominator of the measure. More details are coming soon on how to meet this measure.	Any EP who was not the recipient of any transitions of care during the EHR reporting period.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Provide Summary of Care for Transitions of Care Objective 15 of 17	Measure 1: >50% Measure 2: >10% Measure 3: N/A	Measure 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. Measure 2: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. Measure 3: N/A (Attestation)	Measure 1: The number of transitions of care and referrals in the denominator where a summary of care record was provided. Measure 2: 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. Measure 3: N/A (Attestation)	TBD - Details coming soon	Measure 1-3: 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.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Submit Electronic Data to Immunization Registries or Immunization Information System Objective 16 of 17	N/A	N/A (Attestation)	N/A (Attestation)	PCC EHR currently submits immunization data to many state registries. Contact PCC support to determine if you are submitting to your state or if a connection can be established.	Any EP that meets one or more of the following criteria may be excluded from this objective: (1) 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) 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) Operates in a jurisdiction for which no immunization registry or immunization information system provides information timely on capability to receive immunization data; or (4) 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.

MU Criteria	%	Denominator	Numerator	How to Meet the Measure in PCC EHR	Exclusions
Use secure electronic messaging to communicate with patients on relevant health information. Objective 17 of 17	>5	Number of unique patients seen by the EP during the EHR reporting period.	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.	Patients should use the secure messaging functionality in PCC's My Kids Chart patient portal.	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.

PCC Pediatric EHR Solutions

2014 Meaningful Use Stage 2 Menu Objectives (Choose 3 of 6)

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Submit electronic syndromic surveillance data to public health agencies Menu Objective 1 of 6	N/A	N/A (Attestation)	N/A (Attestation)	To attest for this measure, you must attest to successful ongoing submission of electronic syndromic surveillance data from PCC EHR to a public health agency for the entire EHR reporting period.	The EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period OR 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. OR The EP operates in a jurisdiction where no public health agency provides timely information on capability to receive syndromic surveillance data. OR 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.

PCC Pediatric EHR Solutions

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
Record electronic notes in patient records. Menu Objective 2 of 6	>30	Number of unique patients with at least one office visit with the EP during the EHR reporting period	The number of unique patients in the denominator who have at least one electronic progress note from the eligible professional recorded as text searchable data. The electronic progress note can be created, edited or signed by the EP before, during or after the reporting period.	All electronic notes and text within a visit chart note, the medical summary, or another protocol-based chart section are searchable. To meet this measure, the EP would need to create or edit at least one note for patients seen during the EHR reporting period. If the EP did not create or edit a chart note, but the EP did sign the visit, this patient will be counted in the numerator.	Any EP who has no office visits during the EHR reporting period.
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT. Menu Objective 3 of 6	>10	Number of tests whose result consists of one or more images ordered by the EP during the EHR reporting period.	The number of results in the denominator that are accessible through CEHRT.	To meet this measure, discrete radiology orders will need to have scanned images attached to them. The image results can be made available through CEHRT before, during or after the reporting period.	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.
Record patient family health history as structured data Menu Objective 4 of 6	>20	Number of unique patients seen by the EP during the EHR reporting period.	The number of patients in the denominator with a structured data entry for one or more first-degree relatives (parents, siblings, and offspring). The numerator will also be populated if a structured data entry of family health history indicates that the information is unknown. The first-degree family health history can be recorded before, during or after the reporting period.	Family health history should be captured discretely in the chart-wide "Family Medical History" component. The history would need to be captured for first-degree relatives (parents, siblings, or offspring) in order to be counted in the numerator. Tracking an "Unknown" family medical history will count toward the numerator.	Any EP who has no office visits during the EHR reporting period.

MU Criteria	%	Denominator	Numerator	Meeting Measure in PCC EHR	Exclusions
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. Menu Objective 5 of 6	N/A	N/A (Attestation)	N/A (Attestation)	EPs must attest YES to successful ongoing submission of cancer case information from PCC EHR to a public health central cancer registry for the entire EHR reporting period. PCC EHR does not currently submit to any central cancer registries.	
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. Menu Objective 6 of 6	N/A	N/A (Attestation)	N/A (Attestation)	EPs must attest YES to successfully submitting specific case information from PCC EHR to a specialized registry for the entire reporting period to meet this measure. PCC EHR does not currently submit to any specialized registries (aside from immunization registries).	