Examples:
Objectives and Measures for Meaningful Use with Centricity EMR

Core Set
(1)(i) **Objective.** Use computerized provider order entry (CPOE).

(ii) **Measure.** CPOE is used for more than 30 percent of all medication orders for unique patients with at least one medication in their medication list seen by the EP.
(2)(i) **Objective.** Implement drug-drug, drug-allergy.

(ii) **Measure.** The EP, eligible hospital or CAH has enabled this functionality.

<table>
<thead>
<tr>
<th>New Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Laura P. Simpson</td>
</tr>
<tr>
<td>Birth: 06/02/1979</td>
</tr>
<tr>
<td>Age: 30 Years Old Female</td>
</tr>
<tr>
<td>Height: 68 in (172.7 cm*)</td>
</tr>
<tr>
<td>Weight: 135 lb (61.235 kg*)</td>
</tr>
<tr>
<td>BSA: 1.73 sqm</td>
</tr>
</tbody>
</table>

**Insurance:** Best Health Insurance Corr

Eligibility: Pending

- Alarm(2)
- Meds(4)
- Probs(3)

**Current/Associated Problems**
Problems associated with this medication are highlighted.

- ASTHMA, EXTRINSIC
- ALLERGIC RHINITIS DUE TO POLLEN
- Family Hx of DIABETES MELLITUS

**Find Medication**

- Custom List: Internal Medicine

**Formulary:** < None >

This patient has no formulary.

**Define Medication**

- Medication: ALLEGRA 180 MG TABS (FEXOFENADINE HCL)
- Instructions: 1 po bid
- Start Date: 03/16/2010
- Stop Date: [ ]
- Duration: [ ] Days
- [ ] Weeks
- [ ] Months

**Prescription**

- Quantity: 30
- Refills: 3
- [ ] Brand medically necessary
- [ ] Print Pt. Handout necessary

- Pharmacy: Discount Pharmacy (retail)
  12250 SW Canyon Rd.
  Beaverton, OR 97005 USA
  Ph: (503) 644-2101
  Fax: (503) 555-1002

- Authorized By: Starr MD, Kelly G.
- Prescribing Method: [ ] Telephone
- State: Oregon

* indicates the calculated values of weight or height.
(3)(i) **Objective.** Generate and transmit permissible prescriptions electronically (eRx).

(ii) **Measure.** More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
(4)(i) **Objective.** Record the following Demographics:
(A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth.
(ii) **Measure.** More than 50 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have the demographics specified in paragraphs (c)(5)(i)(A) through (G) of this section recorded as structured data.
(5)(i) **Objective.** Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®.

(6)(i) **Objective.** Maintain active medication list.
(ii) **Measure.** More than 80 percent of all unique patients seen by the EP or admitted by the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.

(7)(i) **Objective.** Maintain active medication allergy list.
(ii) **Measure.** More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.
(8) **Objective.** (A) Record and chart changes in the following vital signs: (1) Height. (2) Weight. (3) Blood pressure. (B) Calculate and display the body mass index (BMI) for patients 2 years and older. (C) Plot and display growth charts for children 2 to 20 years including body mass index.

(ii) **Measure.** More than 50 percent of all unique patients age 2 years or older seen by the EP or admitted to the eligible hospital, record Height, weight, and blood pressure as structured data.
(9) (i) **Objective.** Record smoking status for patients 13 years old or older.  
(ii) **Measure.** More than 50 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital or CAH have “smoking status” recorded as structured data.
(10) (i) **Objective.** Implement one clinical decision support rule relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with that rule.

(i) **Measure.** Implement one clinical decision support rule.

*Optional form*
(11) (i) **Objective.** Report ambulatory quality measures to CMS or, in the case of Medicaid EPs, the States.

(ii) **Measure.** Successfully report to CMS (or, in the case of Medicaid EPs, the States) clinical quality measures in the form and manner specified by CMS.

---

**Percentage of Encounters with Medical Reconciliation**

Encounters from 01-Jan-2010 to 31-Dec-2010

This report calculates the percentage of Encounters with Medicaid Reconciliation for each provider.

**Numerator**

Encounters in the denominator where “Done” is entered in at least one of the following observations:

- MEDS REVIEW: compliance with medical treatment
- MEDRECON: populated with ‘Done’ when ‘Medication list reviewed during this update’ is checked in Update

**Meds**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDS REVIEW</td>
<td>list of meds reviewed with patient</td>
</tr>
<tr>
<td>MEDRECON</td>
<td>Medication Reconciliation</td>
</tr>
<tr>
<td>MEDLISTPRTD</td>
<td>Joint Commission (JCAHO) medical reconciliation printed and given to patient</td>
</tr>
<tr>
<td>MEDSAFTEREC</td>
<td>List of Medications after reconciliation</td>
</tr>
<tr>
<td>REW MED NCHG</td>
<td>Med list, reviewed no changes</td>
</tr>
<tr>
<td>FALLMEDREV</td>
<td>Falls risk assessment: medication review and modification</td>
</tr>
</tbody>
</table>

**Denominator**

All encounters - Office Visit and Office Procedure documents - with clinical date between and

- Harry Winston MD 1/28=4%
- Kelly Starr MD 0/3=0%
- Tess Highlander RN 0/1=0%
- Lynn Choong MD 0/1=0%
- Tristan Lee 1/50=2%
- Sam Mitchell MD 0/1=0%
- Henry Topper 0/9=0%
- Jerry Quinn MD 0/2=0%
Meaningful Use Dashboard via MQIC Portal
### Quality Reporting

**Centricity Practice Solution 10**

#### Meaningful Use

**MEASURE**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>VALUE</th>
<th>NUMERAC</th>
<th>DENOMIN</th>
<th>EXCLUDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>001: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus</td>
<td>29.8%</td>
<td>180</td>
<td>665</td>
<td>73</td>
</tr>
<tr>
<td>002: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</td>
<td>49.1%</td>
<td>205</td>
<td>540</td>
<td>73</td>
</tr>
<tr>
<td>003: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus</td>
<td>55.7%</td>
<td>340</td>
<td>610</td>
<td>3</td>
</tr>
<tr>
<td>006: Coronary Artery Disease (CAD): Oral Antplatelet Therapy Prescribed for Patients with CAD</td>
<td>86.2%</td>
<td>60</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td>007: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction</td>
<td>6.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old</td>
<td>10.0%</td>
<td>38</td>
<td>292</td>
<td>1</td>
</tr>
<tr>
<td>111: Preventive Care and Screening: Pneumonia Vaccination for Patients ≥ 65 Years and Older</td>
<td>41.0%</td>
<td>7</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>112: Preventive Care and Screening: Screening Mammography</td>
<td>0.0%</td>
<td>0</td>
<td>231</td>
<td>0</td>
</tr>
<tr>
<td>121: Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone)</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>131: Hepatitis C: Hepatitis A Vaccination in Patients with HCV</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>141: Hepatitis C: Hepatitis B Vaccination in Patients with HCV</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Data as of 12-Mar-2010 Patient Count = 0

Please select measures and click on Show Patient List.

---

Not for Patient Use - Product Under Development
Data Submission

2011 via CMS Portal

2012 via Automated PQRI Format XML

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(i) **Objective.** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request.

(ii) **Measure.** More than 50 percent of all patients of the EP who request for an electronic copy of their health information are provided it within 3 business days.
Provide CCD via secure media

Eastside Internal Medicine Clinical Summary on November 17, 2009 by Harry S. Winston MD

Don C. Bassett
Gender: Male DOB: June 12, 1947

Conditions or Problems

<table>
<thead>
<tr>
<th>Problem Name</th>
<th>Problem Code</th>
<th>Onset Date</th>
<th>Status</th>
<th>Entry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONGESTIVE HEART FAILURE</td>
<td>ICD-428.0</td>
<td>2002/04/03</td>
<td>Active</td>
<td>2003/09/27</td>
</tr>
<tr>
<td>Symptoms of HOARSE VOICE QUALITY</td>
<td></td>
<td>2002/04/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFUSION, PLEURAL</td>
<td>ICD-511.9</td>
<td>2003/03/25</td>
<td>Active</td>
<td>2003/09/27</td>
</tr>
<tr>
<td>EDEMA</td>
<td>ICD-782.3</td>
<td>2003/03/25</td>
<td>Active</td>
<td>2003/09/27</td>
</tr>
</tbody>
</table>

Allergies, Adverse Reactions, Alerts

No known active allergies or adverse reactions

Medication List

<table>
<thead>
<tr>
<th>Medication</th>
<th>Instructions</th>
<th>Start Date</th>
<th>Stop Date</th>
<th>Product Name</th>
<th>NDC</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZAROXOLYN TAB 5MG</td>
<td>1 po qd</td>
<td>2002/04/03</td>
<td></td>
<td>ZAROXOLYN</td>
<td>00585085071</td>
<td>METOLAZONE</td>
</tr>
<tr>
<td>FUROSEMIDE TABS 20 MG</td>
<td>1 po bid</td>
<td>2002/04/03</td>
<td></td>
<td>FUROSEMIDE</td>
<td>000005370823</td>
<td>FUROSEMIDE</td>
</tr>
</tbody>
</table>

Authored by: Harry S. Winston MD on November 17, 2009
**Objective.** Provide clinical summaries to patients for each office visit.

**Measure.** Clinical summaries provided to patients for at least 80 percent of all office visits.
(14)(i) **Objective.** Capability to exchange key clinical information among providers of care and patient authorized entities electronically.

(ii) **Measure.** Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

*Centricity Practice – Clinical Messenger features shown*
(15)(i) **Objective.** Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.

(ii) **Measure.** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary.

Sec. 164.308 Administrative safeguards.

(a) A covered entity must, in accordance with Sec. 164.306:

(1)(i) Standard: Security management process. Implement policies and procedures to prevent, detect, contain, and correct security violations.

(ii) Implementation specifications:

(A) Risk analysis (Required). Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.

(B) Risk management (Required). Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with Sec. 164.306(a).

(C) Sanction policy (Required). Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity.

(D) Information system activity review (Required). Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.
Examples:
Objectives and Measures for Meaningful Use with Centricity EMR

Menu Set
Select 5 of 10 Objectives including 1 public health criteria
(1)(i) **Objective.** Implement drug formulary checks.  
(ii) **Measure.** The EP, eligible hospital or CAH has enabled this functionality.
(2)(i) **Objective.** Incorporate clinical lab-test results into EHR as structured data.

(ii) **Measure.** At least 50 percent of all clinical lab tests results ordered by the EP or authorized provider of the hospital 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.
(3)(i) **Objective.** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research and outreach.  
(ii) **Measure.** Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.
(4)(i) **Objective.** Send reminders to patients per patient preference for preventive/follow-up care.

(ii) **Measure.** Reminder sent to more than 20 percent of all unique patients 65 years of age and older or 5 years old or younger were sent an appropriate reminder during the reporting period.
(5)(i) **Objective.** Provide patients with timely electronic access to their health information (including diagnostic test results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.

(ii) **Measure.** More than 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information subject to the EP’s discretion to withhold certain information.
(6)(i) **Objective:** Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

(ii) **Measure:** More than 10% of all unique patients seen by the EP are provided patient-specific education resources.

---

**Chickenpox**

Chickenpox is a common but serious infection caused by a virus. This infection can be spread very easily from person to person. It is most common in children (under 15 years old). If your child has not already had the chickenpox, they can get a chickenpox shot after 12 months of age. Children less than 13 years old need one dose of the vaccine while teenagers and adults need two doses given 4 to 6 weeks apart.

**HOME CARE**

Children with chickenpox may have these problems:

- Fever.
- An itchy red rash that starts on the front or back of the body. It can start out looking like bug bites. This rash then spreads all over the body. It usually starts as red bumps and then changes to a red fluid filled blister. These blisters dry up and form scabs.
- The child may feel sick to their stomach and be throwing up.
- The child may have stomach pain or not be hungry.
- Do not let your children be around others who may have chickenpox. Children with chickenpox will be sick for about 7 to 10 days.
- Do not send your child to school or daycare until all of the sores have dried or crusted.

**What to do for chickenpox:**

- Take the child’s temperature at least every four hours in the way your doctor has told you.
(7)(i) **Objective.** Perform medication reconciliation at relevant encounters and each transition of care.

(ii) **Measure.** Perform medication reconciliation for more than 50 percent of relevant encounters and transitions of care.

Note: This Rx History contains prescription records provided by community pharmacies and pharmacy benefit managers (PBM)s. Such Rx History may be incomplete and prescriber should not rely solely on this Rx History data to make any clinical decisions. It is the responsibility of the prescriber to validate and verify the information directly with the patient or via other appropriate means.
Medication Reconciliation Option

<table>
<thead>
<tr>
<th>Description</th>
<th>Instructions</th>
<th>Start Date</th>
<th>Last Refill</th>
<th>BMN?</th>
<th>Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZMACORT AER 100MCG (TRIAMCINO</td>
<td>4 puffs po bid</td>
<td>05/09/2005</td>
<td>#1 x 2, 05/24/2005, Kelly G.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANCENASE A0 INHA 0.042 % (BECL)</td>
<td>2 puffs tid</td>
<td>05/09/2005</td>
<td>#1 x 2, 05/24/2005, Kelly G.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLEGRA CAPS 60 MG (FEXOFENADIN)</td>
<td>1 po qd</td>
<td>05/09/2005</td>
<td>#30 x 2, 05/24/2005, Kelly G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL AER 90MCG (ALBUTEROL)</td>
<td>2 puffs po q 4 hrs pm</td>
<td>05/09/2005</td>
<td>#30 x 0, 05/24/2005, Kelly G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed on 03/16/2010 9:18 AM by Kelly G. Starr MD

Formulary: < None >
(8)(i) **Objective.** Provide summary care record for each transition of care and referral.

(ii) **Measure.** Provide summary of care record for more than 50 percent of transitions of care and referrals.

---

*Centricity Practice – Clinical Messenger features shown*
(9)(i) **Objective**: Capability to submit electronic data to immunization registries and actual submission where required and accepted.

(ii) **Measure**: Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries.
(10)(i) **Objective.** Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.

(ii) **Measure.** Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically).