Terms

EP – Eligible Professional

- Medicare Eligible Professional
  - Doctor of Medicine or Osteopathy
  - Doctor of Dental Surgery or Dental Medicine
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Chiropractor (spine subluxation)

- Medicaid Eligible Professional
  - Physician
  - Dentist
  - Certified Nurse Mid-wife
  - Nurse Practitioner
  - Physician Assistant (Rural Health Clinic / FQHC)

Unique Patient

- Page 1860 of the Federal Register states, “a unique patient means that even if a patient is seen multiple times during the EHR reporting period, they are only counted once.”

EHR Reporting Period

- For all payment years except for the 1st year, the EHR reporting period and the payment year start to finish dates are the same. For EPs this is January 1st to December 31st.
- For the 1st payment year only, the EP only has to be a “Meaningful User” for a continuous 90 day period during the payment year.

Structured Data

- Structured data is data that allows for querying and reporting against predetermined data types and understood relationships.

Medicaid Patient Volume

- To calculate Medicaid patient volume, an EP must divide:
  i. The total Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
  ii. The total patient encounters in the same 90-day period.
Medicaid Patient Encounter

- A Medicaid patient encounter means services rendered to an individual on any one day where Medicaid paid for part or all of the service; or Medicaid paid all or part of the individual’s premiums, co-payments, and cost-sharing.

HIE – Health Information Exchange

- The mobilization of healthcare information electronically across organizations within a region, community, or hospital system.

Permissible Prescription (from the CMS Meaningful Use Final Rule)

- The determination of whether a prescription is a “permissible prescription” for purposes of the eRx meaningful use objective should be made based on the guidelines for prescribing Schedule II controlled substances in effect when the notice of proposed rulemaking was published on January 13, 2010... We do not include authorizations for items such as durable medical equipment or other items and services that may require EP authorization before the patient could receive them. These are excluded from the numerator and the denominator of the measure.

Continuity of Care Document (CCD)

- An XML-based markup standard intended to specify the encoding, structure, and semantics of a patient summary clinical document for exchange.

Transition of Care

- The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility, etc.) to another.
MU Dashboard
Administrative Set Up

Access the MU Dashboard by navigating to Reporting > MU Dashboard. In the dashboard admin, which you access by clicking on Dashboard Admin from the Chart Action Bar within the MU Dashboard, you will set up criteria for each EP in your practice who will be working toward meeting Meaningful Use incentives. The dashboard admin allows you to configure...

- Whether the EP wishes to qualify for Medicare or Medicaid incentives

![Type]

- The date range for chosen for the reporting period

![From Date: 01/01/2010]  ![To Date: 12/31/2010]
- Exclusions from Measures (use the Exempt checkbox to indicate Exclusions; if no Exclusion is allowed based on federal regulations, the exempt checkbox is disabled)
- Yes/No for attestation-only measures
- The clinical Quality Measures which you would like to qualify for

<table>
<thead>
<tr>
<th>Include</th>
<th>CQM: Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>NQF 0421 - Adult Weight Screen/Follow-up</td>
</tr>
<tr>
<td>✔️</td>
<td>NQF 0013 - Hypertension: BP Mgmt</td>
</tr>
<tr>
<td>✔️</td>
<td>NQF 0028a - Tobacco Use Assessment</td>
</tr>
<tr>
<td>✔️</td>
<td>NQF 0028b - Tobacco Cessation Intervention</td>
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<tr>
<th>Include</th>
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<tbody>
<tr>
<td></td>
<td>NQF 0041 - Influenza Immunization for Patients = 50 Years Old</td>
</tr>
<tr>
<td></td>
<td>NQF 0024 - Weight Assessment/counsel for Child &amp; Adolescents</td>
</tr>
<tr>
<td></td>
<td>NQF 0038 - Child Immun. Status</td>
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<table>
<thead>
<tr>
<th>Include</th>
<th>CQM: Additional</th>
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<tbody>
<tr>
<td></td>
<td>NQF 0001 - Asthma Assessment</td>
</tr>
<tr>
<td></td>
<td>NQF 0002 - Child Pharyngits Test</td>
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<tr>
<td></td>
<td>NQF 0004 - Drug Dependence Treatment</td>
</tr>
<tr>
<td></td>
<td>NQF 0012 - Prenatal Care: HIV Screen</td>
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<tr>
<td></td>
<td>NQF 0014 - Prenatal Care: Anti-D Immune Globulin</td>
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<tr>
<td></td>
<td>NQF 0018 - Controlling High BP</td>
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<tr>
<td></td>
<td>NQF 0027 - Tobacco Use Cessation, Medical assistance</td>
</tr>
<tr>
<td>✔️</td>
<td>NQF 0031 - Breast Cancer Screen</td>
</tr>
<tr>
<td>✔️</td>
<td>NQF 0032 - Colonic Cancer Screen</td>
</tr>
</tbody>
</table>
Viewing the Meaningful Use Dashboard

After criteria have been set for an EP, you can view progress on the MU Dashboard (keep in mind that the Dashboard updates late every night). If the user viewing the dashboard is a PrimeSUITE 2011 Care Provider, the Provider in the dashboard criteria will default to the user’s name. Otherwise, you will need to select a provider. If criteria are set, the date range applied through dashboard admin will be displayed in Dashboard Criteria. Click View to see Dashboard results.

**Dashboard Criteria**

<table>
<thead>
<tr>
<th>Provider</th>
<th>From Date</th>
<th>To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howerton, Jared</td>
<td>01/01/2010</td>
<td>12/31/2010</td>
</tr>
</tbody>
</table>

**Dashboard Results**

<table>
<thead>
<tr>
<th>Incentives</th>
<th>Expected Incentives</th>
<th>Core Objectives met</th>
<th>Menu Objectives met</th>
<th>Statistics</th>
<th>Requirement Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowable Charges</td>
<td>0.0000</td>
<td></td>
<td></td>
<td>1</td>
<td>Current%: 100%</td>
</tr>
<tr>
<td>Expected Incentives</td>
<td>0.0000</td>
<td></td>
<td></td>
<td>1</td>
<td>Required%: 30%</td>
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</table>

<table>
<thead>
<tr>
<th>Core Requirement</th>
<th>Current progress</th>
<th>Statistics</th>
<th>Requirement Status</th>
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</thead>
<tbody>
<tr>
<td>Use CPOE</td>
<td></td>
<td>1</td>
<td>Current%: 100%</td>
</tr>
<tr>
<td>Drug-Drug &amp; Drug-Allergy Checks</td>
<td></td>
<td>1</td>
<td>Requirement Met</td>
</tr>
<tr>
<td>e-Prescribing</td>
<td></td>
<td>2</td>
<td>Current%: 0%</td>
</tr>
<tr>
<td>Record Demographics</td>
<td></td>
<td>1</td>
<td>Required%: 40%</td>
</tr>
<tr>
<td>Problem List</td>
<td></td>
<td>1</td>
<td>Current%: 100%</td>
</tr>
<tr>
<td>Medication List</td>
<td></td>
<td>1</td>
<td>Required%: 80%</td>
</tr>
<tr>
<td>Medication-Allergy List</td>
<td></td>
<td>1</td>
<td>Current%: 100%</td>
</tr>
<tr>
<td>Vital Signs</td>
<td></td>
<td>1</td>
<td>Required%: 30%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td>1</td>
<td>Current%: 100%</td>
</tr>
</tbody>
</table>

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Core Objectives
Use CPOE

Objective - Use CPOE (Computerized Physician Order Entry) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

Measure - More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication entered using CPOE.

‘How To’ in PrimeSUITE 2011 – This functionality is met by utilizing PrimeSUITE 2011 Prescription Writer. Meeting this objective in PrimeSUITE 2011 can be accomplished in 2 ways – from the Medication List on the Facesheet, or from within the Plan section of a note.

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Drug-Drug & Drug-Allergy Checks

**Objective** – Implement Drug-Drug and Drug-Allergy interaction checks.

**Measure** – *Yes/No Attest*. The EP has enabled this functionality for the entire EHR reporting period.


![Drug Allergy Warning Dialog](image-url)
E-Prescribing

Objective – Generate and transmit permissible prescriptions electronically (E-Prescribing).

Measure – More than 40% of all permissible prescriptions written by the EP are transmitted electronically using PrimeSUITE 2011.

‘How To’ In PrimeSUITE 2011 - To meet this objective the providers are required to generate and transmit permissible prescriptions electronically. E-Prescribe functionality is provided by Dr. First. The prescriptions can be transmitted electronically from the Medications page on the Facesheet.
Record Demographics

**Objective** – Record all of the following demographics:

- Primary Language
- Sex
- Race
- Ethnicity
- Date of Birth

**Measure** – *More than 50%* of all unique patients seen by the EP have all 5 of these elements of demographic data recorded.

‘*How To* in PrimeSUITE 2011’ - All of these demographics are captured on the Registration Information page.
Problem List

Objective – Maintain an up-to-date problem list of current and active diagnoses.

Measure – 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.

‘How To’ in PrimeSUITE 2011 - The problem list can be updated from the patient’s Facesheet by accessing the History Wizard and selecting the Problems tab from across the top, or by simply clicking (None Listed) under Problem List from the Facesheet and selecting the new status from the drop down. Additionally, the diagnosis made during an office visit can be added to a patient’s problem list in the assessment section of the note at point of care.
Medication List

Objective – Maintain an active medication list.

Measure – 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.

‘How To’ in PrimeSUITE 2011 - Medications can be prescribed, refilled, adjusted, or discontinued from either the Medication list on the Facesheet, or from the Plan section of a note. For a new patient/patient whose Facesheet has not yet been set up, opening the Medication list will allow you to select ‘None Listed’, ‘No Known’, ‘No Relevant’, or ‘No Current’ if applicable.
Medication-Allergy List

**Objective** - Maintain an up-to-date medication allergy list. Note that only medication allergies are required to be recorded – Environmental and Food allergies are not required to meet Meaningful Use criteria.

**Measure** - 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.

‘How To’ in **PrimeSUITE 2011** - Medication allergies are recorded on the Facesheet under Allergies.
Vital Signs

Objective – Record and chart the following vital signs:

- Height
- Weight
- Blood Pressure
- Calculate and Display BMI (body mass index)
- Plot & Display Growth Charts for Children 2-20 Years, including BMI

Measure – More than 50% of all unique patients age 2 and over seen by the EP height, weight, and blood pressure recorded as structured data.

‘How To’ in PrimeSUITE 2011 – Accessing the Vital Signs is done from either the Facesheet or from the Vitals section of a note at point of care.
Smoking Status

Objective – Record smoking status for patients 13 years old or older.

Measurement – More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

‘How To’ in PrimeSUITE 2011 - Substance Use is recorded under Social History from the Facesheet.
Clinical Decision Support

Objective – Implement one clinical decision support rules relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

Measure – Yes/No Attest.

Report Clinical Quality Measures

Objective – Report ambulatory clinical quality measures to CMS (Centers for Medicare/Medicaid Services) or, in the case of Medicaid EPs, the States. For 2011, provide aggregate numerator, denominator, and Exclusions through attestation (Yes/No).

Measure – Yes/No Attest

‘How To’ in PrimeSUITE 2011 – Access the Meaningful Use Dashboard by navigating to Reporting > MU Dashboard and then select Dashboard Admin from the Chart Action Bar. The data for the Quality Measures are captured during the encounter.
Exchange Key Clinical Information

**Objective** – Capability to exchange key clinical information among providers of care and patient authorized entities electronically.

**Measure** – Yes/No Attest. Perform one test of **PrimeSUITE 2011**’s capacity to electronically exchange key clinical information.

‘How To’ in **PrimeSUITE 2011** – Navigate to System > Document Import and then select Data Submission from the Chart Action Bar. This will bring you to the data submission page.
Electronic Copy of Health Information

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

Measure – More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days.

‘How To’ in PrimeSUITE 2011 – To meet this Meaningful Use objective, each time a patient requests their Health Record in electronic form, a Task should be created using the new task type “Electronic Record Request”. This task will be used to track the request for the measure. Once the task is created, navigate to System > Document Import and select the Data Submission option from the Chart Action Bar. Here you can export an electronic copy of the record for the patient. Once this has been done, return to the Task and mark as complete.
Clinical Summaries

Objective – Provide clinical summaries for patients for each office visit.

Measure – Provided to patients for More than 50% of all office visits within 3 business days.

‘How To’ in PrimeSUITE 2011 – To access the Clinical Visit Summary, navigate to the patient’s Visit History from the Facesheet. Listed under Visit History will be dates of the most recent visits and their associated documents. The information contained in the Clinical Visit Summary is pulling from these associated documents.
Privacy & Security

Objective – Protect electronic health information created or maintained by PrimeSUITE 2011 through the implementation of appropriate technical capabilities. Each EP must 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.

Measure – Yes/No Attest.

‘How To’ in PrimeSUITE 2011 – PrimeSUITE 2011 has built in Privacy and Security technology that meets or exceeds the standards set forth by the ONC for Meaningful Use. Each EP is required to conduct/review a security risk analysis.

Greenway Medical Technologies, Inc.
PrimeSuite 2011

Certification Facts™

CCHIT CERTIFIED 2011

Ambulatory EHR
+Cardiovascular Medicine with Advanced Reporting
+Child Health

This product has been inspected against integrated functionality, interoperability and security criteria independently developed by CCHIT's broadly representative, expert work groups. Using CCHIT’s testing methods, this product has been found in full compliance with the criteria in effect on the date of inspection.

©2010 inspected and certified by the Certification Commission for Health Information technology (CCHIT®).

Also ONC-ATCB Certified 2011/2012

From cchit.org
Menu Objectives
Drug-Formulary Checks

**Objective** – The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

**Measure** – **Yes/No Attest**. The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

‘How To’ in **PrimeSUITE 2011** - Dr. First provides formulary checks for drugs that are E-Prescribed from **PrimeSUITE 2011**.
Lab-Test Results into **PrimeSUITE 2011**

**Objective** – Incorporate clinical lab-test results into **PrimeSUITE 2011** as structured data.

**Measure** – **More than 40%** of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a **positive/negative** or **numerical** format are incorporated in **PrimeSUITE 2011** as structured data (data that can be shared electronically).

‘**How-To**’ in **PrimeSUITE 2011** – For laboratory orders where an expected result is **positive/negative** or **numerical**, make sure that you are either manually entering the results into **PrimeSUITE 2011** Flowsheets or receiving electronic lab results through **PrimeEXCHANGE**.
Patient List

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

Measure – Yes/No Attest.

‘How To’ in PrimeSUITE 2011 – This functionality can also be accomplished by creating reports from Chart Data sets.
Patient Reminder

**Objective** – Send reminders to patients per patient preference (preferred communication from the Patient Registration Information page) for preventative/follow up care. To access the Patient Registration Information page, navigate to **Registration > Information**.

![Image of Patient Reminder Settings]

**Measure** – More than 20% of all unique patients 65 years or older or 5 years or younger were sent an appropriate reminder during the EHR reporting period.

‘**How To’ in PrimeSUITE 2011** – Change the status of these Recalls to indicate that the patient has been notified by their preferred method of communication. The purpose is to be able to report how many patients have a recall and how many were actually notified of the recall.
Timely Electronic Access

**Objective** – Provide patients with timely electronic access to their health information within **four business days** of the information being available to the EP. In order to meet this menu set objective **PrimePATIENT** must be installed.

**Measure** – **More than 10% of all unique patients** seen by the EP are provided timely (available to the patient within **four business days** of being updated in **PrimeSUITE 2011**) electronic access to their health information **subject to the EP discretion to withhold certain information**.

‘**How To**’ in **PrimeSUITE 2011** – This is essentially the same as Clinical Summaries, the difference being for Timely Electronic Access, this information just needs to be made available in **PrimePATIENT**.
Patient Education

**Objective** – Use PrimeSUITE 2011 technology to identify patient-specific education resource and provide those resources to the patient if appropriate.

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

‘How-To’ in PrimeSUITE 2011 – If Patient Education materials were distributed to the patient during the visit, check the new Provided Education Materials box in the Plan section of a note.
Medication Reconciliation

**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.

**Measure** – 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.

‘How To’ in **PrimeSUITE 2011** – For visits where the EP is the recipient of a transition of care, check the new Transition of Care checkbox from the Medication List or History and Habits Wizard. If the EP also performs manual medication reconciliation, check the new Medication Have Been Reconciled checkbox as well to meet the objective.
Summary of Care

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 a Summary of Care record for each transaction of care or referral.

Measure – 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.

‘How-To’ in PrimeSUITE 2011 – The Plan section will now include two new checkboxes – Care Transition and Summary of Care Provided.
Immunization Registries

Objective – Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.

Measure – Perform at least one test of PrimeSUITE 2011’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.)

‘How-To’ in PrimeSUITE 2011 – If your site has an immunization interface to an Immunization Registry that can accept HL-7 immunization messages through PrimeEXCHANGE, each time an Immunization Dose is administered/recorded, a message is automatically sent to the interfaced registry.
Syndromic Surveillance

**Objective** – Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

**Measure** – **Performed at least one test of PrimeSUITE 2011**’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.)

‘**How-To**’ in **PrimeSUITE 2011** – If the Public Health agency in the EP’s area can receive HL-7 Syndromic Surveillance messages and **PrimeEXCHANGE** has an interface to the agency, when diagnosing a patient with illnesses related to specified syndromic surveillance programs (e.g. Novel H1N1 Influenza, smallpox, etc.) an HL-7 message can be automatically submitted.