

Meaningful Use Stage 3 Objectives for Eligible Hospitals/CAHs

Objectives - Eligible Hospitals/CAHs	Measures	Comments
1 - Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative and physical safeguards	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.	Same as Stage 2 with some minor tweaks adding language requiring administrative and physical safeguards. Cross-references HIPAA Privacy and Security Rules, the latter of which requires a security risk analysis. The requirements of the meaningful use measures are narrower than the HIPAA requirement, as the analysis only has to be done once annually. Risk analysis would be conducted each reporting period, which will be every calendar year as proposed.
2 - Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 25% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.	Was menu in stage 2 with lower 10% threshold.
3 - Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	<p>Measure 1. The EP, eligible hospital and CAH must implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP, eligible hospital, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	No change from stage 2.
4 - Use computerized provider order entry (CPOE) for medication,	Measure 1. More than 80 percent of medication orders created by	Thresholds increased from 60 percent for first measure and 30

<p>laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant; who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>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 computerized provider order entry.</p> <p>Measure 2: More than 60 percent of laboratory 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 computerized provider order entry.</p> <p>Measure 3: More than 60 percent of diagnostic imaging 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 computerized provider order entry.</p>	<p>percent for second and third measures.</p>
<p>5 - The eligible hospital or CAH provides access for patients to view online, download, and transmit their health information, or retrieve their health information through an API, within 24 hours of its availability.</p>	<p>Measure 1: For more than 80 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(1) The patient (or the patient authorized representative) is provided access to view online, download, and transmit his or her health information within 24 hours of its availability to the provider; or</p> <p>1) (2) The patient (or the patient authorized representative) is provided access to an ONC certified API that can be used by third-party applications or devices to provide patients (or patient authorized representatives) access to their health information, within 24 hours of its availability to the provider.</p> <p>Measure 2: The EP, eligible hospital or CAH must use clinically relevant</p>	<p>The two measures in the VDT objective from stage 2 are now split between this objective and the patient engagement measure.</p> <p>The threshold for this first measure is higher than in stage 2 (50% in stage 2). Access also has to be provided in shorter timeframe--24 hours instead of 36 hours in stage 2.</p> <p>Patient-specific education measure threshold increased from 10 percent to 35 percent. The measure also differs in that the stage 3 measure requires the patient to have electronic access to the resource, while in stage 2 the resources only needed to be identified using CEHRT but could be provided in</p>

	information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	any format to the patient.
6 - Use communications functions of certified EHR technology to engage with patients or their authorized representatives about the patient's care.	<p>Measure 1: During the EHR reporting period, more than 25 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider. An EP may meet the measure by either-</p> <p>-</p> <p>(1) More than 25 percent of all unique patients (or patient-authorized representatives) seen by the EP or discharged from the eligible hospital or CAH during the EHR reporting period view, download or transmit to a third party their health information; or</p> <p>(2) More than 25 percent of all unique patients (or patient-authorized representatives) seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period access their health information through the use of an ONC-certified API that can be used by third-party applications or devices.</p> <p>Measure 2: During the EHR reporting period, for more than 35 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or their authorized representatives), or in</p>	VDT threshold has been increased from 5 percent to 25 percent.

	<p>response to a secure message sent by the patient.</p> <p>Measure 3: Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for more than 15 percent of all unique patients seen by the EP or discharged by the eligible hospital or CAH during the EHR reporting period.</p>	
<p>7 - The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, retrieves a summary of care record upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of certified EHR technology.</p>	<p>Measure 1: For more than 50 percent of transitions of care and referrals, the EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care-- (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.</p> <p>Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital or CAH incorporates into the patient's record in their EHR an electronic summary of care document from a source other than the provider's EHR system.</p> <p>Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital, or CAH performs clinical information reconciliation. The provider would choose at least two of the following three clinical information sets on which to perform reconciliations:</p> <p>Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.</p> <p>Medication allergy. Review of the patient's known allergic medications.</p> <p>Current Problem list. Review of the</p>	<p>Threshold for electronic exchange of summary of care record increased from 10 percent to 50 percent.</p>

	patient's current and active diagnoses.	
8 - The eligible hospital or CAH is in active engagement with a PHA or CDR to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.	<p>Providers must report data on an ongoing basis to established public health registries.</p> <p>Measure 1 – Immunization Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p>Measure 2 – Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs, or an emergency or urgent care department for eligible hospitals and CAHs (POS 23).</p> <p>Measure 3 - Case Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.</p> <p>Measure 4 - Public Health Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to public health registries.</p> <p>Measure 5 – Clinical Data Registry Reporting: The EP, eligible hospital, or CAH is in active engagement to submit data to a clinical data registry.</p> <p>Measure 6 – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.</p>	<p>Consolidates existing stage 2 measures and then adds three measures – clinical data registry, case reporting, and public health registry.</p> <p>Change in objective language from requiring “ongoing submission” to requiring “active engagement.”</p>

	<p>EP Objective: report to 3 of the following registries:</p> <ul style="list-style-type: none"> Immunization Syndromic Surveillance Case Reporting Public Health Clinical Data <p>EPs may choose to report to more than one public health registry to meet the number of measures required to meet the objective.</p> <p>EPs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.</p> <p>EH/CAH Objective: report to 4 of the following registries:</p> <ul style="list-style-type: none"> Immunization Syndromic Surveillance Case Reporting Public Health Clinical Data Electronic Reportable Laboratory Results <p>Eligible hospitals and CAHs may choose to report to more than one public health registry to meet the number of measures required to meet the objective.</p> <p>Eligible hospitals and CAHs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.</p>	
--	---	--