

Stage 2 Core Set for Eligible Professionals			
	Objective	Measure	Exclusion
1	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	>60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE	An EP who writes <100 medication orders <100 laboratory orders <100 radiology orders during the EHR reporting period.
2	Generate and transmit permissible prescriptions electronically (eRx)	>50% of all permissible prescriptions, or all prescriptions written by the EP and queried for a drug formulary and transmitted electronically using CEHRT	An EP who writes fewer than 100 permissible prescriptions during the EHR reporting period, or does not have a pharmacy within their organization and there are no pharmacies that accept eRx within 10 miles of the practice location at the start of the reporting period.
3	Record the following demographics <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth</li> </ul>	>80% of all unique patients seen by the EP during the EHR reporting period have demographics recorded as structured data	None
4	Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>• Height/length</li> <li>• Weight</li> <li>• Blood pressure (age 3 and over)</li> <li>• Calculate and display BMI</li> <li>• Plot and display growth chart for patients 0-20 years, including BMI</li> </ul>	>80% 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/length and weight (for all ages) recorded as structured data	-An EP who sees no patients 3 years or older is excluded from recording blood pressure. -EP believes that all three vital signs have no relevance to their scope of practice. -EP who believes height/length and weight, but not blood pressure are relevant, may exclude blood pressure. -EP who believes blood pressure but not height/length and weight are relevant, may exclude height/length and weight.
5	Record smoking status for patients 13 years old or older	>80% of all unique patients 13 years old or older seen by the EP during the EHR reporting period have smoking status recorded as structured data	An EP who sees no patients 13 years or older
6	Use clinical decision support to improve performance on high priority health conditions	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 any EP's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. 2. The EP, has enabled and implemented the functionality for drug drug and drug allergy interaction checks for the entire EHR reporting period.	An EP who writes fewer than 100 medication orders
7	Provide patient the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP	1. >50% 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. 2. >5% 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.	An EP who neither orders nor creates any of the information listed for inclusions as part of the measure, except for 'Patient Name' and 'Provider name and office contact information' -An EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% 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 reporting period is excluded from Part 2 of this measure only.
8	Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients or patient authorized representatives within 1 business day for >50% of office visits	An EP who has no office visits during the EHR reporting period.
9	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period	None
10	Incorporate clinical lab-test results into CEHRT as structured data	>55% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in CEHRT as structured data	An EP who orders no lab tests whose results are either in a positive/negative affirmation or numerical format

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11	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate 1+ report listing patients of the EP, with a specific condition	None
12	Use clinically relevant information to identify patients who should receive reminders for preventive/ follow-up care and send these patients a reminder, per patient preference.	>10% of all unique patients who have had two 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 Note: Must be for new actions, not already existing actions (i.e. already scheduled appointments)	An EP who has had no office visits in the 24 months before the beginning of the EHR reporting period
13	Use clinically relevant information from CEHRT to identify patient specific educational resources and provide those resources to the patient	Patient specific educational resources identified by CEHRT are provided to patients for >10% of all unique patients with office visits seen by the EP during the EHR reporting period	An EP who has no office visits during the EHR reporting period
14	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	The EP performs medication reconciliation for >50% of transitions of care in which the patient is transitioned into the care of the EP	An EP who was not the recipient of any transitions of care during the EHR reporting period
15	The EP who transitions their patient to another setting of care or provider care or refers their patient to another provider of care provides a summary of care record for each transition of care referral	1. The EP provides a summary of care record for >50% of transitions of care and referrals. 2. The EP electronically (or through NwHIN Exchange) provides a summary of care record for >10% of such transitions and referrals 3. An EP must satisfy one of the two following criteria: (A) Conducts one or more successful electronic exchanges of a summary of care document with a recipient who has different EHR technology (B) Conducts one or more successful tests with the CMS designated test EHR (Randomizer) during the EHR reporting period.	An EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period
16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period	EP meets 1 or more: -An EP who does not administer any of the immunizations to any of the populations for which the data is collected by their jurisdiction's immunization registry/ information system. -An EP operating in a jurisdiction for which no immunization registry/ information system is capable of accepting the specific standards required for CEHRT at the start of the reporting period - <sup>****</sup> provides information timely on capability to receive data - <sup>****</sup> can enroll additional EPs at the beginning of the reporting period
17	Use secure electronic messaging to communicate with patients on relevant health information	A secure message was sent using the electronic messaging function of CEHRT by >5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period	An EP who has no office visits during the EHR reporting period. Or, an EP who conducts 50% or more of his patient encounters in a county that does not have 50% 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.

Stage 2 Menu Set for Eligible Professionals

	Objective	Measure	Exclusion
1	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period	An EP with at least one: -Is not in a category of providers who collect ambulatory syndromic surveillance information on their patients -Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specified standards required for CEHRT at the start of the reporting period -""provides information timely on capability to receive syndromic surveillance data -"" can enroll additional EPs at the beginning of the reporting period
2	Record electronic notes in patient records	Enter 1+ electronic progress note created, edited and signed by an EP for more than 30% of unique patients with 1+ office visit during the EHR reporting period.  Electronic progress notes must be text searchable. Non searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.	None
3	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT	More than 10% of all tests whose result is one or more image ordered by the EP during the EHR reporting period are accessible through CEHRT	Any EP who either orders less than 100 tests whose result is an image during the reporting period, OR has no access to electronic imaging results at the start of the EHR reporting period
4	Record patient family health history as structured data	More than 20% 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	Any EP who has no office visits during the EHR reporting period
5	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	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period	An EP with one of the following: -Does not diagnose or directly treat cancer -operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specified standards required for CEHRT at the start of the reporting period -""provides information timely on capability to receive electronic cancer case information -"" can enroll additional EPs at the beginning of the reporting period
6	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	Successful ongoing submission of specific case information from cCEHRT to a specialized registry for the entire EHR reporting period	An EP with one: -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 -operates in a jurisdiction for which no specialized registry sponsored by a public health agency or a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specified standards required for CEHRT at the start of the reporting period -""provides information timely on capability to receive information into their specialized registries -"" can enroll additional EPs at the beginning of the reporting period