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Meaningful Use

Key changes from NPRM (issued December 30, 2009) to Final Rule (issued July 13, 2010)

1. Objectives now broken down into core (required) and menu (select a minimum as required achieve MU from a menu set):
 - Hospitals now have 15 core
 - Providers have 14 core
 - Both have an additional 10 discretionary, must select five from the menu
2. CPOE thresholds reduced:
 - Providers and hospitals now must both perform CPOE for 30% of medication orders and at least one order must be entered electronically
 - CPOE no longer required for labs or radiology
3. Formats for the exchange of information, also known as “administrative simplification”, have been postponed until Stage 2.
4. Only one clinical decision support rule must be used. This has been reduced down from the original 5.
5. E-Prescribing threshold for providers has been reduced from 75% to 40%.
6. Required clinical quality measures has been reduced:
 - 6 required for professionals (3 core, 3 alternative, and 3 discretionary)
 - 15 required for hospitals
 - Reporting by attestation for 2011, electronic reporting kicks in 2012
 - Clinical quality measures for specialists eliminated for Stage 1
7. Advanced directives and patient education materials are now discretionary MU requirements.
8. The final meaningful use rule defines a hospital-based eligible professional as someone who performs nearly all services in an inpatient hospital setting or emergency department (90% or more)
9. The rule expands the definition of acute-care hospital to include designated Critical Access Hospitals for the Medicaid incentive program

Standards and Certification (IFR issued December 30, 2009, Final Rule issued July 13, 2010)

1. No changes have been made to final rule on standards and certification.