Eligible Hospitals
Preparing for Meaningful Use in 2014

Eligible Professionals please see the document: MEDITECH Prepares You for Stage 2 of Meaningful Use: Eligible Professionals.

Congratulations to our customers who have achieved Stage 1 Attestation for fiscal years 2011 and 2012! At the time of this writing, there are over 540 customers who have successfully attested.

As our Eligible Hospitals (EH) and Eligible Providers (EP) continue to successfully attest for Stage 1 of Meaningful Use, MEDITECH is actively preparing for changes that will affect both Stage 1 and Stage 2 in 2014. We are participating in all Health IT Policy meetings, as well as Health IT Vendor Workgroups that work towards developing standards, interoperability, the EHR Certification Process, performance and quality measures, HIT Legislation, and other EHR issues. Furthermore, we have taken a proactive approach to enhancing our EHR based on what was included in the Stage 2 Meaningful Use Proposed Rules. We are now in the final stages of coding changes to our applications and creating both new and updated Best Practices, for use by our customers as they transition to new versions of our EHR.

The information in this document is MEDITECH’s interpretation of the Final Rule for the Department of Health and Human Services’ (HHS) Center for Medicare and Medicaid Services (CMS) Medicare and Medicaid Programs; Electronic Health Record Incentive Program Stage 2. As well as the Final Rule for the Stage 2 Certification Criteria for Electronic Health Record Technology, 2014 Edition published by the Office of the National Coordinator for Health Information Technology (ONC).

Overview of Changes and New Requirements
As originally proposed within the joint Center for Medicare and Medicaid Services/Office of the National Coordinator Meaningful Use EHR adoption initiative, the standardized EHR functionality criteria required for certification, quality reporting, and the receipt of incentive payments are scheduled to expand over time. Aspects of current Stage 1 criteria merged with new Stage 2 criteria and follow the same structure into future stages of Meaningful Use requirements. Eligible Hospitals attesting to Stage 1 in Federal Fiscal Year 2013 will have the option to report on these new criteria. Starting in 2014, most of these new Stage 1 criteria will become mandatory.

Outlined below are several changes of current Stage 1 measures for 2014 as outlined in the Center for Medicare and Medicaid Services/Office of the National Coordinator Final Rule:

- Changes to the denominator of Computerized Provider Order Entry (CPOE).
- Amendments to age limitations for recording blood pressure and changes to exclusions of height, weight, and blood pressure.
- Elimination of the “exchange of key clinical information” Core objective from Stage 1 in favor of a more robust “transitions of care” Core objective that requires electronic exchange of summary of care documents in Stage 2.
- Replacing “provide patients with an electronic copy of their health information” objective with a “view online, download, and transmit” Core objective.

Currently, for Eligible Hospitals and Critical Access Hospitals (CAH) these changes are scheduled to commence in Federal Fiscal Year October 1, 2013. Both Stage 1 and Stage 2 adopters are affected.
Stage 2 Core and Menu Objectives in 2014

To Demonstrate Meaningful Use Under Stage 2 Criteria
Eligible Hospitals and Critical Access Hospitals must meet 16 Core objectives and three Menu objectives that they select from a total list of six for a total of 19 objectives.

Stage 2 retains the Core and Menu structure for Meaningful Use objectives. Although some Stage 1 objectives were either combined or eliminated, most of the Stage 1 objectives are now Core objectives under the Stage 2 criteria. For Eligible Hospitals, many of the Stage 2 requirements have increased utilization of functions that you began to roll out in Stage 1. Therefore, continuing on your path to get more providers and other clinicians using these functions will allow you to meet many of the requirements for Stage 2. They include the following:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Applies to</th>
<th>Stage 2 Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPOE</td>
<td>Eligible Hospital</td>
<td>• 30% of Medications increased to 60% and to include 30% of Laboratory Orders and 30% of Radiology Orders.</td>
</tr>
<tr>
<td></td>
<td>Critical Access Hospital</td>
<td>• CPOE denominator - Total number of medication, radiology, and laboratory orders created by the Eligible Providers or authorized providers in the Eligible hospitals or Critical Access Hospitals inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</td>
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<tr>
<td></td>
<td></td>
<td>• New calculation method is optional for Stage 1 in 2013 and beyond, but mandatory in 2014 for Stage 2.</td>
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<tr>
<td>Drug-drug, drug allergy interaction checks</td>
<td>Eligible Hospital</td>
<td>• Stage 1 - No change.</td>
</tr>
<tr>
<td></td>
<td>Critical Access Hospital</td>
<td>• Stage 2 - This measure has been consolidated with the Clinical Decision Support objective.</td>
</tr>
<tr>
<td>Record vital signs, BMI, &amp; growth charts</td>
<td>Eligible Hospital</td>
<td>• Stage 1 remains at 50%.</td>
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<tr>
<td></td>
<td>Critical Access Hospital</td>
<td>• Stage 2 is increased to 80%.</td>
</tr>
<tr>
<td>Record smoking status for patients 13 years old or older</td>
<td>Eligible Hospital</td>
<td>• Stage 1 continues at 50%.</td>
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<tr>
<td></td>
<td>Critical Access Hospital</td>
<td>• Stage 2 is increased to 80%.</td>
</tr>
<tr>
<td>Medication list</td>
<td>Eligible Hospital</td>
<td>• Stage 1 continues with 80%.</td>
</tr>
<tr>
<td></td>
<td>Critical Access Hospital</td>
<td>• Stage 2 - This is now a consolidated objective for “Provide a summary of care for each transition of care or referral.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Per Center for Medicare and Medicaid Services Final Rule - “We continue to believe that an up-to-date problem list, active medication list, and active medication allergy list are important elements to be maintained in Certified EHR Technology. However, the continued demonstration of their Meaningful Use in Stage 2 is required by other objectives focused on the transitioning of care of patients removing the necessity of measuring them separately.”</td>
</tr>
<tr>
<td>Medication allergy</td>
<td>Eligible Hospital</td>
<td>• Stage 1 continues with 80%.</td>
</tr>
<tr>
<td>Problem list</td>
<td>Eligible Hospital Critical Access Hospital</td>
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<td>-------------</td>
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<tr>
<td>Stage 2 - This measure is now part of the new consolidated objective “Provide a summary care record for each transition of care or referral.”</td>
<td></td>
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<tr>
<td>Per Center for Medicare and Medicaid Services Notice of Proposed Rule Making - “We continue to believe that an up-to-date problem list, active medication list, and active medication allergy list are important elements to be maintained in Certified EHR Technology. However, the continued demonstration of their Meaningful Use in Stage 2 is required by other objectives focused on the transitioning of care of patients removing the necessity of measuring them separately.”</td>
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<thead>
<tr>
<th>Record demographics</th>
<th>Eligible Hospital Critical Access Hospital</th>
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<tbody>
<tr>
<td>Stage 1 continues with 80%</td>
<td></td>
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<tr>
<td>Stage 2 is increased to 80%</td>
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</tbody>
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<tr>
<th>Incorporate laboratory results</th>
<th>Eligible Hospital Critical Access Hospital</th>
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<tbody>
<tr>
<td>Stage 1 continues 40%</td>
<td></td>
</tr>
<tr>
<td>Stage 2 is increased to 55%</td>
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</tbody>
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<tr>
<th>Protect electronic health information and accounting of disclosures</th>
<th>Eligible Hospital Critical Access Hospital</th>
</tr>
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<tbody>
<tr>
<td>Conduct or review a security risk analysis, address encryption standards, and update security deficiencies.</td>
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<tr>
<td>Objective</td>
<td>Applies to</td>
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| Clinical decision support | Eligible Hospital, Critical Access Hospital | - Stage 1 continues with one clinical decision support rule that is relevant to the provider's specialty or related to a high clinical priority.  
- Stage 2 - Implement five clinical decision support interventions. Four of the five should relate to clinical quality measures at a relevant point in patient care process. Note: these can be any of the 29 clinical quality measures. They do not need to be the same measures used for certification. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. The Eligible Providers, Eligible Hospitals, or Critical Access Hospitals has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. |
| Generate at least one report listing patients of the Eligible Hospital or Critical Access Hospital with a specific condition | Eligible Hospital, Critical Access Hospital | • No changes - Generate at least one report listing patients of the Eligible Providers, Eligible Hospitals, or Critical Access Hospitals with a specific condition. |
| Provide patient education resource as identified by EHR | Eligible Hospital, Critical Access Hospital | • No changes - More than 10% of all unique patients admitted to the Eligible Hospitals or Critical Access Hospitals inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by CEHRT. |
| Medication reconciliation for patients received from another care provider | Eligible Hospital, Critical Access Hospital | • No changes - More than 50% of transitions of care. |
| Submit electronic data to immunization registries as per state law | Eligible Hospital, Critical Access Hospital | • Stage 1 - Addition of "except where prohibited" to the objective regulation text for the public health objectives.  
• Stage 2 - Must be LIVE except where prohibited and in accordance with applicable law and practice. |
| Submit electronic reportable laboratory results to public health agencies as per state law | Eligible Hospital, Critical Access Hospital | • Stage 1 - Addition of "except where prohibited" to the objective regulation text for the public health objectives.  
• Stage 2 - Must be LIVE except where prohibited and in accordance with applicable law and practice.  
• Stage 2 - Adoption of PHIN messaging specification replaces prior surveillance interface. |
New Requirements in 2014
Below is a summary of the new requirements for Eligible Hospitals.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Applies to</th>
<th>2014 Measure</th>
</tr>
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</table>
| Provide patients the ability to view online, download, and transmit information about a hospital admission | Eligible Hospital, Critical Access Hospital | - New - This requirement affects both Stage 1 and Stage 2 in 2014.  
- More than 50% of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of the Eligible Hospitals or Critical Access Hospitals have their information available online within 36 hours of discharge.  
- **(Stage 2 Only)** More than 5% of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of the Eligible Hospitals or Critical Access Hospitals view, download, or transmit to a third party their information during the reporting period. |
| Automatically track medication orders using an electronic medication administration record (eMAR) | Eligible Hospital, Critical Access Hospital | - New **(Stage 2 only)** more than 10% of medication orders created by authorized providers of the Eligible Hospitals or Critical Access Hospitals inpatient or emergency department (POS 21 or 23) during the EHR reporting period are tracked using eMAR. |
| Transitions of Care: The Eligible Hospitals or Critical Access Hospitals who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral | Eligible Hospital, Critical Access Hospital | - The Eligible Hospitals or Critical Access Hospitals that 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.  
- **(Stage 2 Only)** The Eligible Hospitals or Critical Access Hospitals that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals electronically.  
- **(Stage 2 Only)** Eligible Hospitals or Critical Access Hospitals must satisfy one of the following criteria: a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender’s EHR technology or b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period. |
| Report Clinical Quality Measures | Eligible Hospital, Critical | - Change for both Stage 1 and 2 - Beginning in 2013, there will no longer be a separate objective for reporting hospital Clinical Quality Measures as a part of Meaningful Use. It is important to note, however, |
Menu Items for Stage 2 in 2014

<table>
<thead>
<tr>
<th>Objective</th>
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<th>Stage 2 Measure</th>
</tr>
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<tbody>
<tr>
<td>Imaging results and information are accessible through EHR</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• More than 10% of all images are accessible through Certified EHR Technology.</td>
</tr>
<tr>
<td>Record patient and family history as structured data</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• More than 20% of all unique patients have a structured data entry for one or more first-degree relatives.</td>
</tr>
<tr>
<td>Advance directives</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• More than 50% of all unique patients 65 years old or older admitted have an indication of an advance directive status recorded as structured data.</td>
</tr>
<tr>
<td>Generate and transmit permissible discharge prescriptions electronically (eRx)</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• More than 10% of hospital discharge medication orders for permissible prescriptions (for new, changed or refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.</td>
</tr>
<tr>
<td>Electronic Notes</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• More than 30% of unique patients have at least one electronic progress note created, edited and signed by an authorized provider.</td>
</tr>
<tr>
<td>Provide Electronic Laboratory Results to ambulatory providers</td>
<td>Eligible Hospital, Critical Access Hospital</td>
<td>• Hospital laboratory should send structured electronic clinical laboratory results to the ordering provider for more than 20% of electronic laboratory orders received.</td>
</tr>
</tbody>
</table>
What You Need for Stage 1 and Stage 2 in 2014

Given the Final Rule’s similarities to the Interim Rule, very little has changed from our practical and cautious approach in forecasting additional applications for Stage 2. We therefore recommend the following applications and/or functionality:

**Stage 1 and 2:**
- A Patient Portal to meet the objective of: “provide patients the ability to view online, download, and transmit information about a hospital admission.” MEDITECH’s Patient and Consumer Health Portal requires our CCD with Direct Messaging.
- Increased use of standard nomenclatures for Clinical Quality Measure reports requires a subscription to Intelligent Medical Objects (IMO) for nomenclature support.
- An update to the 2014 Edition release of our certified EHR.

**Stage 2 Only:**
- Deployment of the Electronic Medication Administration Record with Bedside Verification.
- e-Prescribing interfaces - including both MEDITECH applications in conjunction with DrFirst if you select the Menu option for e-Prescribing. In addition, you must be utilizing centralized allergy functionality currently available in all MEDITECH releases.
- An interface to support the Direct messaging options as part of the provide patients the ability to transmit information about a hospital admission and as another option for accomplishing the transition of care summary record objectives. This will be packaged with our CCD interface solution.
- An Orders In/Result Out Interface Suite to support the provide electronic laboratory results to ambulatory provider Menu item.

**A Larger Impact of Stage 2: Clinical Quality Measures**

The Center for Medicare and Medicaid Services has published on its [website](#) the complete set of Clinical Quality Measures for Stage 2 of the Meaningful Use program. Beginning in 2014, the reporting of Clinical Quality Measures will change for all providers. EHR technology that has been certified to the 2014 Edition standards and certification criteria will have been tested for enhanced Clinical Quality Measures related capabilities. Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals will be required to report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record Incentive Programs. Although Clinical Quality Measures reporting has been removed as a Core objective for both Eligible Professionals and Eligible Hospitals and Critical Access Hospitals, all providers are required to report on Clinical Quality Measures in order to demonstrate Meaningful Use.

Under the 2014 Final, regardless of stage, Eligible Professionals would need to meet nine Clinical Quality Measures out of a list of 64, and hospitals would need to meet 16 Clinical Quality Measures out of a list of 29. We have reviewed all measures and are developing Best Practices and reporting tools for each measure.

In addition, all providers must select Clinical Quality Measures from at least three of the six key healthcare policy domains recommended by the Department of Health and Human Services’ National Quality Strategy:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness

Beginning in 2014, all Medicare Eligible Providers beyond their first year of demonstrating Meaningful Use must [electronically report their](#) Clinical Quality Measures data to CMS. Medicaid Eligible Providers and hospitals that are eligible only for the Medicaid EHR Incentive Program will electronically report their Clinical Quality Measures data to their state.
An important part of the Clinical Quality Measures includes mapping standard nomenclatures within the EHR. National and international standards are becoming a necessity for exchanging data for interoperability and for quality reporting. For Stage 1, MEDITECH designed an infrastructure to support nomenclatures such as: SNOMED, LOINC, and RxNorm. Stage 2 requirements for supporting additional standard nomenclatures into our EHR are far greater than those of Stage 1. The existing infrastructure needs to be robust and accommodate frequent updates and changes needed to support the evolution of standard nomenclature adoption.

The key areas to include as standard nomenclature maps are: Problems, Orders, Procedures, Queries, Group Responses, Laboratory Tests, Laboratory Results, Imaging Exams, Operating Room Procedures, Patient Locations, Medications, Interventions, Problems, Allergens, and Chief Complaints.

**Intelligent Medical Objects**

As part of our efforts to ensure our customers meet Meaningful Use and achieve the highest levels of interoperability using our software, MEDITECH made the strategic decision to integrate with a nomenclature mapping vendor to provide standard nomenclature throughout our software.

MEDITECH is working with Intelligent Medical Objects as part of our initial integration project (we may choose to integrate with additional vendors in the future). Intelligent Medical Objects provides extensive mapping of virtually all standard terminologies used in healthcare, and we will incorporate their mapping of SNOMED, ICD-9/ICD-10, CPT, LOINC, HCPC, and CVX in our initial project.

**Public Health Interfaces**

Stage 2 continues to promote improvement in public and population health. In the Stage 2 Final Rule, public health interfaces are now all Core measures for Eligible Hospitals and Critical Access Hospitals. Actual patient data will be required for the Meaningful Use measures that include ongoing submission of patient data. The wording in the measures for all public health interfaces have changed in Stage 2 to include “except where prohibited.”

**MEDITECH Product Requirements**

Interoperability interfaces for public health (version 2.51):

- Syndromic surveillance interface.
- Immunization interface.
- Reportable laboratory results interface.
Overview of the 2014 EHR Certification Criteria

In the Stage 2 Final Rule, the terminology for certified EHRs has been modified. They are no longer referred to as Stage 1 and Stage 2 certification. Moving forward, the Office of the National Coordinator refers to the permanent certification program and the new criteria as the 2014 Edition Certified EHR Technology (CEHRT).

The 2014 Edition Certification EHR Technology criteria support the changes to the Medicare and Medicaid EHR Incentive Programs, including the new and revised objectives and measures for Stages 1 and 2 of Meaningful Use. These certification criteria seek to enhance care coordination, patient and family engagement, interoperability, and the security, safety, and efficacy of EHR technology.

The Office of the National Coordinator's 2014 Edition Certification EHR Technology Criteria are:

**Eligible Hospitals and Critical Access Hospitals Seeking to Achieve Meaningful Use Stage 1 in and after FFY 2014:**
Eligible Hospitals and Critical Access Hospitals Seeking to Achieve Meaningful Use Stage 2 in and after FFY 2014:

2014 Certification Criteria associated with MU Core Stage 2:
- Drug-drug, drug-allergy interaction checks (170.314(a)(2))
- Vital signs, BMI, & growth charts (170.314(a)(6))
- Smoking status (170.314(a)(13))
- Patient list creation (170.314(a)(14))
- Patient-specific education resources (170.314(a)(15))
- eMAR (170.314(a)(16))
- Clinical information reconciliation (170.314(a)(4))
- Incorporate lab tests & values/results (170.314(a)(6))
- View, download, & transmit to 3rd Party (170.314(a)(10))
- Immunization information (170.314(a)(14))
- Transmission to immunization registries (170.314(a)(12))
- Transmission to PH agencies – syndromic surveillance (170.314(a)(13))
- Transmission of reportable lab tests & values/results (170.314(a)(4))

2014 Certification Criteria associated with a Base EHR:
- CPOE (170.314(a)(13))
- Demographics (170.314(a)(3))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Clinical decision support (170.314(a)(9))
- Transitions of care (170.314(a)(11))
- Data portability (170.314(a)(7))
- Clinical quality measures (170.314(a)(1)-(5))
- Privacy and Security CC:
  - Authorization, access control, & authentication (170.314(a)(1))
  - Audit trails & tamper resistance (170.314(a)(2))
  - Audit report(s) (170.314(a)(6))
  - Amendments (170.314(a)(9))
  - Automatic log-off (170.314(a)(13))
  - Emergency access (170.314(a)(9))
  - End-user device encryption (170.314(a)(6))
  - Integrity (170.314(a)(4))
  - Accounting of disclosures* (170.314(a)(9))

2014 Certification Criteria associated with MU Menu Stage 2:
- Electronic notes (170.314(a)(9))
- Drug-formulary checks (170.314(a)(10))
- Image results (170.314(a)(12))
- Family health history (170.314(a)(13))
- Advance directives (170.314(a)(17))
- eRx (170.314(a)(13))
- Transmission of lab tests & values/results to providers (170.314(a)(9))
Preparing New Releases

At this time, MEDITECH is targeting MAGIC 5.66, Client/Server 5.66, 6.07, and 6.13 for 2014 certification. These new releases will support your organization’s efforts in deploying the changes in Stage 1 and new requirements in Stage 2.

1) Patient and Consumer Health Portal.

2) Additional Privacy & Security Requirements:
   - Standardized encryption of all connections to SSL/TLS.
   - Encryption of downloads - CD, USB, and data provenance tracking.
   - Enhanced patient centric audit logs in MIS.

3) Increased Standard Nomenclature Requirements:
   - Logical Observation Identifiers Names and Codes (LOINC) – Laboratory.
   - Systematized Nomenclature of Medicine (SNOMED) - Problem List.
   - ICD-9 and ICD-10 - Problem List.
   - RxNorm – medications.
   - CVX Codes - vaccines administered.

4) Clinical Quality Reporting Requirements:
   - Value sets use vocabularies not used widely in EHRs.
   - Stage 2 currently has 29 Clinical Quality Measures for Eligible Hospitals specific for Meaningful Use. Data capture must be in discrete fields and includes increased data sets.

We are currently evaluating all update schedules to provide timely access to the certified Stage 2 releases in order to meet your goals. Your coordinators will be in touch with you regarding your ARRA Stage 2 planning and timing.

As a reminder the following MEDITECH products/applications are still required for Stage 2:

Core HCIS
- Admissions
- Health Information Management
- Management Information System
- Pharmacy
- Laboratory and Microbiology
- Departmental or Imaging and Therapeutic Services
- Order Entry/Order Management
- Patient Care Inquiry/Enterprise Medical Record
- Nursing/Patient Care Systems (Stage 2 BMV)
- Physician Care Manager.

The applications below will be certified as part of MEDITECH’s Complete EHR, MEDITECH’s Modular Certification or Other Vendor Certified Application:

- Emergency Department
- Data Repository with IMO - for Clinical Quality Measures reporting (if not using another vendor product or reporting service)
- Interoperability Interfaces for Public Health
  - Syndromic Surveillance Interface
  - Immunization Interface
  - Reportable Laboratory Interface
- Patient Discharge Instructions (your own, other vendor certified solution)
- Patient Portal (MEDITECH’s CCD suite with Direct Messaging is required if using MEDITECH’s Patient and Consumer Health Portal).
- CCD Interface Suite with Direct Messaging
Additional Information on New Required Products

**Patient and Consumer Health Portal**
MEDITECH’s Patient and Consumer Health Portal helps healthcare organizations engage consumers and their families in their care by enabling healthcare consumers to review and submit updates to their health record information and communicate securely with their care providers.

**Electronic Medication Administration Record & Bedside Verification**
MEDITECH’s electronic Medication Administration Record is a central location for clinicians to review and document all activity related to the medication administration process. For example, caregivers use the electronic Medication Administration Record to acknowledge medication orders and document the administration/non-administration of medications.

Care providers can also use MEDITECH’s Bedside Verification functionality in conjunction with the electronic Medication Administration Record to further automate medication administration and provide an additional level of patient safety. Bedside Verification uses bar code scanning technology to validate medication information against patient information stored in the electronic Medication Administration Record.

**Direct Messaging Interface**
A new interface will be made available to customers who want to take advantage of sending and receiving CCDA (Consolidated CDA) documents via the Direct Toolsets. This is an additional CCDA transmission protocol that augments the existing XDS versions of the CCDA. The ability to send and receive a CCDA to/from providers directly into the MEDITECH system requires the MEDITECH version of this interface, as well as a connection to any HISP provider and Certificate Management Authority.

For more information, please schedule a call with your Interoperability Specialist.

**Infobutton**
The HL7 Context-Aware Knowledge Retrieval (Infobutton) Standard is available to MEDITECH customers as part of the 5.6.6, 6.0.7, and 6.1.3 releases. Workflow and patient care are further enhanced with clinicians being given the ability to obtain URL based clinical decision support and patient education materials from various points within a patient’s chart and at discharge. Many of the leading content vendors with existing relationships with MEDITECH provide this subscription service.

Support of this functionality is provided by Physician Care Manager for our 6.0 customers and Physician Documentation/Provider Workload Management for our MAGIC and Client Server customers. As such, please contact the applicable Application Specialist for more information.

**e-Prescribing Interfaces from MEDITECH and Subscription with DrFirst (Menu Item)**
MEDITECH’s e-Prescribing capabilities are offered in collaboration with DrFirst, national provider of the award-winning, GoldRx Certified Rcopia electronic prescription management system. Capabilities supported include the ability to electronically submit prescriptions to outpatient pharmacies, review medication claim histories, electronically query a patient’s prescription drug plan to ensure eligibility, and check the insurance formulary for covered medications.

**Resources**

**HealthIT.gov Meaningful Use Stage 2 Resource for Policy Researchers and Implementers**

**CMS – EHR Incentive Programs**
HHS/ONC - Federal Advisory Committees (FACAs)

LSS - Industry Resource Center
http://www.lssdata.com/govt/.