



EHR Incentive Programs: What's New for Stage 1 in 2013



Last Updated: May 2013

Beginning in 2013, there are several changes to the Stage 1 Electronic Health Record (EHR) Incentive Programs meaningful use objectives, measures, and exclusions for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs).

These changes took effect on October 1, 2012, for eligible hospitals and CAHs and on January 1, 2013, for EPs. Although some of the changes to meaningful use objectives, measures, and exclusions are optional, others are required. Below is an overview of the Stage 1 changes that apply in 2013.

REQUIRED for All Providers in 2013

Public Health Reporting Objectives

- **Change:** Clarification that providers must perform at least one test of their certified EHR technology's capability to send data to public health agencies, **except where prohibited**
- **Timing/Compliance:** Required in 2013 and beyond for all Stage 1 public health objectives
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** The intent of this modification is to encourage all EPs, eligible hospitals, and CAHs to submit public health data, even when not required by State/local law. Therefore, if providers are authorized to submit the data, they should do so even if it is not required by either law or practice.

Note: *Public health reporting objectives include submitting data to an immunization registry, submitting data to a syndromic surveillance database, or submitting reportable lab results to a public health agency.*

REMOVED for All Providers in 2013

Electronic Exchange of Key Clinical Information

- **Change:** Removal of electronic exchange of key clinical information objective for Stage 1 for EPs, eligible hospitals, and CAHs
- **Timing/Compliance:** Removed in 2013 and beyond
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** Providers will no longer have to meet or attest to this objective for the EHR Incentive Programs.

Objective Removed: Beginning in 2013, the objective for electronic exchange of key clinical information will no longer be required for Stage 1 for EPs, eligible hospitals, and CAHs. Stage 2 will include a more robust requirement for electronic health information exchange as a part of the objective for providing a summary of care record following a transition of care or referral.

OPTIONAL for All Providers in 2013

Computerized Physician Order Entry (CPOE)

- **Change:** Addition of an alternative measure based on the total number of medication orders created during the EHR reporting period
- **Timing/Compliance:** Option to choose the alternative measure in 2013 and beyond
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** Providers will have the option of using the original measure or the alternative measure to meet the CPOE objective.

Alternative Measure: More than 30 percent of medication 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 CPOE.

Record and Chart Changes in Vital Signs

- **Change:** Increase in age limit for recording blood pressure in patients to age 3; removal of age limit requirement for height and weight
- **Timing/Compliance:** Optional to implement the changes in 2013; required in 2014 and beyond
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** In 2013, providers have a choice of reporting under either the original or new age limits. However, in 2014, all providers must report using the new age limits below.

New Measure: More than 50 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

OPTIONAL for Eligible Professionals in 2013

Electronic Prescribing

- **Change:** Additional exclusion to the objective for electronic prescribing for providers who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions
- **Timing/Compliance:** Optional to select the additional exclusion starting in 2013 and beyond
- **Affected Providers:** EPs
- **What It Means:** EPs may select the additional exclusion if they qualify.

Additional Exclusion: EPs at the start of their EHR reporting period who do not have a pharmacy within their organization or one within 10 miles of their practice that accepts electronic prescriptions

Record and Chart Changes in Vital Signs

- **Change:** New exclusion for EPs: if they see no patients 3 years or older; if all three vital signs are not relevant to their scope of practice; if height and weight are not relevant to their scope of practice; or if blood pressure is not relevant to their scope of practice
- **Timing/Compliance:** Optional to select new exclusion criteria in 2013; replaces current exclusion criteria starting in 2014
- **Affected Providers:** EPs

- **What It Means:** Previously, EPs could only exclude this objective if all three vital signs were not relevant to their scope of practice or if they saw no patients 3 years or older. Beginning in 2013, EPs also can now be excluded from recording blood pressure if blood pressure is not relevant to their scope of practice, or recording height and weight if both height and weight are not relevant to their scope of practice.

If in 2013 the EP has chosen to report this measure using the new age limits (see Optional for All Providers in 2013 section above), then the EP may also exclude recording blood pressure if the EP sees no patients 3 years or older. However, since there are no longer age limits for recording height and weight under this new measure, all EPs will have to record this information in 2014 and beyond.

New Exclusion: EPs who:

1. See no patients 3 years or older are excluded from recording blood pressure;
2. Believe that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice are excluded from recording them;
3. Believe that height and weight are relevant to their scope of practice, but blood pressure is not, are excluded from recording blood pressure; or
4. Believe that blood pressure is relevant to their scope of practice, but height and weight are not, are excluded from recording height and weight.

For more details about each of these changes review the [Stage 1 Changes Tipsheet](#).