Promoting Interoperability
PROGRAMS

Computerized Provider Order Entry	
Objective	Use computerized provider order entry (CPOE) for medication, 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.
Measures	Eligible hospitals and CAHs must satisfy all three measures in order to meet the objective:
	Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
	Measure 2: More than 60 percent of laboratory orders created by the authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
	Measure 3: More than 60 percent of diagnostic imaging orders created by the authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

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Definition of Terms

Computerized Provider Order Entry (CPOE): A provider's use of computer assistance to directly

enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.

Diagnostic Imaging: Includes other imaging tests such as ultrasound, magnetic resonance and computed tomography in addition to traditional radiology.

Laboratory Order: An order for any service provided by a laboratory that could not be provided by a non-laboratory.

Laboratory: A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.

Radiology Order: An order for any imaging services that uses electronic product radiation. The hospital can include orders for other types of imaging services that do not rely on electronic product radiation in this definition as long the policy is consistent across all patient and for the entire EHR reporting period.

Attestation Requirements

Measure 1:

- DENOMINATOR: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent in order for an eligible hospital or CAH to meet this measure.

Measure 2:

- DENOMINATOR: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent in order for an eligible hospital or CAH to meet this measure.

Measure 3:

- DENOMINATOR: Number of diagnostic imaging orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent in order for an eligible hospital or CAH to meet this measure.

Additional Information

- Eligible hospitals must use 2015 Edition CEHRT to meet Stage 3 meaningful use.
- The hospital is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).
- The CPOE function must be used to create the first record of the order that becomes part of the patient's medical record and before any action can be taken on the order to count in the numerator.
- In some situations, it may be impossible or inadvisable to wait to initiate an intervention until a record of the order has been created. For example, situations where an intervention is identified and immediately initiated by the provider, or initiated immediately after a verbal order by the ordering provider to a licensed healthcare professional under his/her direct supervision. Therefore, in these situations, so long as the order is entered using CPOE by a licensed healthcare professional, certified medical assistant, or other appropriately credentialed staff member to create the first record of that order as it becomes part of the patient's medical record, these orders would count in the numerator of the CPOE measure.
- Any licensed healthcare professionals and clinical staff credentialed to and with the duties equivalent of a medical assistant or is appropriately credentialed and performs assistive services similar to a medical assistant, but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines. It is up to the hospital to determine the proper credentialing, training, and duties of the medical staff entering the orders as long as they fit within the guidelines prescribed. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant
- Orders involving tele-health or remote communication (such as phone orders) may be included in the numerator as long as the order entry otherwise meets the requirements of the objective and measures.

- Hospitals may exclude orders that are predetermined for a given set of patient characteristics or for a given procedure (also known as "protocol" or "standing orders") from the calculation of CPOE numerators and denominators. Note this does not require hospitals to exclude this category of orders from their numerator and denominator (77 FR 53986).
- CPOE is the entry of the order into the patient's EHR that uses a specific function of CEHRT. CPOE does not otherwise specify how the order is filled or otherwise carried out.

Regulatory References

This objective may be found at 42 C.F.R. § 495.24 (d)(4)(ii)(A) and (B). For further discussion please see 80 FR 62840.

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this objective.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at: §170.315(a)(1) Computerized provider order entry - medications §170.315(a)(2) Computerized provider order entry - laboratory §170.315(a)(3) Computerized provider order entry – diagnostic imaging

Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criteria adopted at 45 CFR 170.315 (g)(1), (g)(2), or both, in order to assist in the calculation of this PI measure.

Standards Criteria
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub: https://www.healthit.gov/topic/certification/2015-standards-hub