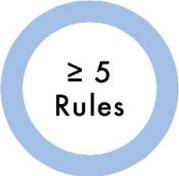


Protect Patient Health Information

	What	Providers must conduct or review a security risk analysis (SRA) in accordance with HIPAA standards, implement security updates as necessary, and correct identified security deficiencies as part of the risk management process.
	How	<p>There is no requirement that the SRA be performed by an outside firm, but a thorough analysis that will stand up to a compliance review will require expert knowledge that an experienced firm outside of the practice could provide. RevolutionEHR has partnered with <u>MetaStar</u> to provide a trusted source of virtual SRA assistance.</p> <p>Upon completion of the SRA, the user can click “Done” on the scorecard to enter the date of completion which will toggle the radio selection to “Yes” the next time the scorecard is run.</p>
	Why	RevolutionEHR is certified as a Base EHR which meets all of the ONC standards for managing data in a secure manner. The SRA focuses on how the practice manages internally stored ePHI and assists in identifying and correcting security gaps that could lead to breach of that data.

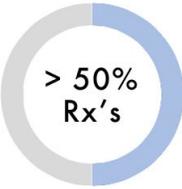
Clinical Decision Support

 	What	At least 5 clinical decision support rules related to four or more clinical quality measures must be in place for the entire reporting period. Additionally, drug interactions checks must be enabled for the entire reporting period.
	How	<p>The Clinical Decision Support screen must be added to the Assessment & Plan encounter step within Administration and it must be in place on day one of the reporting period. The five CQM-relevant CDS rules are available automatically.</p> <p>Addition of the CDS screen to Assessment & Plan as well as additional rule creation is identical to the process for patient education rules covered in <u>these video tutorials</u>.</p> <p>Drug-drug and drug-allergy checks are available through RevolutionEHR's integrated e-prescribing partner, RxNT.</p>
	Why	Clinical decision support can assist providers in assuring that all patients, particularly those with chronic conditions, receive appropriate and timely services. Drug interaction checks improve patient safety by providing real-time information about the possibility of adverse events at the time the provider is entering the order.

Alternate Specifications for Providers Due for Stage 1 in 2015

 	What	At least 1 clinical decision support rule must be in place for the entire reporting period. Additionally, drug interactions checks must be enabled for the entire reporting period.
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Computerized Provider Order Entry (CPOE)		
	What	More than 60% of medication orders, 30% of laboratory orders, and 30% of radiology orders must be recorded using CPOE.
	How	Medication orders can be entered using the “Create Rx” button or through integration with RxNT via the “Launch RxNT” button. Laboratory and radiology orders are entered on the Orders - Medical screen. Users need to indicate the order “Type” on the first slider as “Laboratory” or “Radiology”.
	Why	CPOE allows medication, laboratory, and radiology orders to be accurate, legible and checked for potential problems or errors.
Alternate Specifications for Providers Due for Stage 1 in 2015		
	What	Since the Stage 1 CPOE objective only involved orders for medications, providers due for Stage 1 in 2015 would be expected to exceed 30% on medication orders in 2015. Exclusions would be available for laboratory and radiology orders in 2015 only.

Electronic Prescribing		
	What	More than 50 percent of prescriptions written by the provider must be transmitted electronically.
	How	Users that are customers of RxNT can click the “Launch RxNT” button on the Medication screen within an encounter or within the Rx section of the record. Users can alternately utilize a non-integrated, but certified e-prescribing program.
	Why	E-prescribing offers a fast, efficient, and accurate method to order and transmit prescriptions.
Alternate Specifications for Providers Due for Stage 1 in 2015		
	What	Since the Stage 1 measure is >40%, providers due for Stage 1 in 2015 would only be expected to meet that measure.

Health Information Exchange		
 <p>> 10% Patients</p>	What	More than 10% of patients referred to another setting must have a Summary of Care document sent electronically to the receiving provider.
	How	<p>Outbound transitions of care should be logged in the Referrals screen. Each referral logged adds to the denominator of the calculation.</p> <p>To send the document electronically, the “Send Transition of Care” button within the Referrals screen can be used. This button is only functional when:</p> <ul style="list-style-type: none"> • the practice has Direct enabled; and • the referred to provider has a Direct address entered in their external provider file; and • the referred by provider has a Direct address entered in their employee file. <p>Clicking the “Send Transition of Care” button opens a new secure message window addressed to the consulting provider. Clicking the “Send” button automatically generates a “Summary of Care” document, attaches it to the message, and provides the numerator count for the measure.</p>
	Why	Providing a Summary of Care document to a consulting provider assists with coordination, continuity, and quality of care by supplying important information regarding the patient’s previous care.
Alternate Specifications for Providers Due for Stage 1 in 2015		
 <p>N/A</p>	What	Since electronic transmission of the Summary of Care document is not part of Stage 1, EPs due for Stage 1 in 2015 will be offered an exclusion from this objective 2015 only.

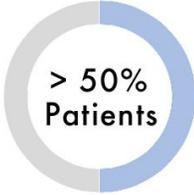
Patient-Specific Education

	What	More than 10% of unique patients seen are provided patient-specific education resources.
	How	<p>There are two ways to satisfy this objective in RevolutionEHR:</p> <ul style="list-style-type: none"> • Create and implement patient education rules that trigger based on problem list, medication list, or lab test results. After adding the Patient Education screen to the Assessment & Plan step, the user will see these rules when applicable and can indicate the form of delivery in the “Confirmation Status” drop down list. Indicating form of delivery is the scoring action. • Click the Infobutton next to entries in diagnosis and medication lists. This will link to MedlinePlus Connect where additional information about the condition or medication can be discussed or provided to the patient. Clicking Infobutton is the scoring action.
	Why	Patient-specific education enables providers to supply their patients with relevant information to help them better understand their diagnoses and, ultimately, make more informed decisions about their health.

Alternate Specifications for Providers Due for Stage 1 in 2015

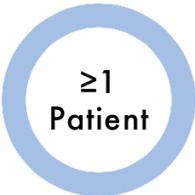
	What	Since Patient-Specific Education is a menu objective in Stage 1, it's possible that a provider wouldn't have planned to report on it. These providers will be offered an exclusion in 2015 only.
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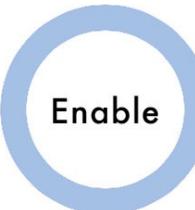
Medication Reconciliation

	What	More than 50% of all new patients plus those referred to the provider or other relevant encounters must have medication reconciliation performed.
	How	<p>A new patient is automatically included in the denominator of the measure. An established patient undergoing an inbound transition of care or an otherwise relevant encounter with an external medication list is included in the denominator when the “TOC Document Received” box on the RFV screen is checked.</p> <p>Those patients who then have a consolidation between an external medication list and the one in RevolutionEHR can be said to have medication reconciliation performed. The user must then check the box on the Medication screen labeled “Medication Reconciliation Performed.” New patients who have this box checked will count in the numerator of the measure. Established patients who have the “Medication Reconciliation Performed” box checked who also had the “TOC Document Received” box checked will represent the numerator for the calculation.</p>
	Why	Patient safety is improved and errors are reduced when an accurate list of a patient's current medications is obtained and consolidated within RevolutionEHR.

Alternate Specifications for Providers Due for Stage 1 in 2015

	What	Since Medication Reconciliation is a menu objective in Stage 1, it's possible that a provider wouldn't have planned to report on it. These providers will be offered an exclusion in 2015 only.
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Patient Electronic Access		
 	What	Patient Electronic Access has two measures in Stage 2: <ul style="list-style-type: none"> • More than 50 percent of unique patients seen must have access to RevolutionPHR within 4 days of their encounter. • At least 1 unique patient seen must use the PHR to View, Download, or Transmit their health information.
	How	RevolutionPHR access is established on the Login Information slider within the Demographics screen. The “Allow Login” box can be checked to allow a username and temporary password to be generated. Once saved and the encounter signed within 4 days, the measure numerator will increase by one. For the second measure, a patient will need to click on the View, Download, or Transmit links available within the “About Me” or “Appointments” section of the PHR.
	Why	Providing patients with electronic access to their health information promotes both patient and family engagement while also facilitating continuity of care with other providers.
Alternate Specifications for Providers Due for Stage 1 in 2015		
	What	More than 50 percent of unique patients seen must have access to RevolutionPHR within 4 days of their encounter. Since actual use of the PHR is not a requirement in Stage 1, providers due for Stage 1 in 2015 will be allowed to exclude from the second measure in 2015 only.

Secure Messaging		
	What	The capability for patients to send and receive secure messages must be enabled for the entire reporting period.
	How	Patients with RevolutionPHR access are capable of securely messaging any provider within the practice. Since this feature is enabled for all practices, the objective is automatically satisfied.
	Why	Secure messaging is an inexpensive tool that allows providers and patients to communicate about potentially sensitive health information even in times when both parties aren’t simultaneously available.
Alternate Specifications for Providers Due for Stage 1 in 2015		
	What	Since Secure Electronic Messaging isn’t an objective in Stage 1, providers due for Stage 1 in 2015 will be offered an exclusion from this objective in 2015 only.

Public Health		
	What	The EP is in active engagement with at least 2 public health agencies or clinical data registries to submit electronic public health data.
	How	<p>“Active engagement” means the provider is in the process of moving toward sending actual patient data to a PHA or CDR. This can be demonstrated by:</p> <ol style="list-style-type: none"> 1. Completing registration with a PHA or CDR to submit data; or 2. Initiating the testing and validation of electronic data submission with a PHA or CDR; or 3. Actively submitting patient data to a PHA or CDR
	Why	Submission of data to registries improves healthcare community awareness of historical data, allows practice benchmarking, and enables tracking of trends in patient care.
Alternate Specifications for Providers Due for Stage 1 in 2015		
	What	The EP is in active engagement with at least 1 public health agency or clinical data registry to submit electronic public health data.