





Readiness

CHECKLIST

-  1. Determine Provider Eligibility
-  2. Select Incentive Program
-  3. Register for Program
www.CMS.gov/EHRIncentivePrograms
-  4. Determine Attestation Target Date and Reporting Process
-  5. Select or Confirm **ONC-ATCB certified EHR**



















Meaningful Use is an opportunity to **optimize** your practice, gain **incentive dollars**, and improve **patient outcomes** with your electronic health record (EHR) system. **Are you ready?**

HealthPOINT, South Dakota's Regional Extension Center, has created this **Meaningful Use Readiness Checklist** to help you **begin the process** of achieving Stage 1 Meaningful Use.

If you have not assessed, addressed, or achieved the Readiness factors and Meaningful Use criteria in this checklist, **you may need HealthPOINT's assistance.**

READINESS

		Organizational Alignment	Management Capacity	Operational Capacity	Technical Capacity					
PEOPLE	ASSESSED	RESOURCES								
		Existing Staff • Capacity? • Training?	New Staff • Available? • Cost?	EHR Vendor • Scope? • Available? • Cost? • Local?	New Vendor • Available? • Cost? • Local?	Health POINT				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROCESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNOLOGY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MEANINGFUL USE STAGE 1

Improve Quality, Safety, Efficiency, & reduce Health Disparities

Improve Care Coordination

Ensure Privacy & Security of PHI

Engage Patients & Families in Their Care

Improve Population & Public Health

CORE SET

REQUIRED



COMPLETED

RESOURCES

Existing Staff	New Staff	EHR Vendor	New Vendor	Health POINT
• Capacity? • Training?	• Available? • Cost?	• Scope? • Available? • Cost? • Local?	• Available? • Cost? • Local?	

<input checked="" type="checkbox"/>	Do you use computerized physician order entry (CPOE) for medication orders and do more than 30% of your patients have at least one medication in their medication list ordered by CPOE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Are at least 40% of your permissible prescriptions sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you report on ambulatory clinical quality measures (CQMs) from your EHR? Do you know how to utilize your EHR system to report on six CQMs (3 required, 3 elective)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Have you implemented at least one clinical decision support rule besides drug-drug and drug-allergy interaction checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you, upon request, provide at least 50% of your patients with an electronic copy of their health information within three business days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you provide clinical summaries for 50% of all office visits within three business days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Is drug-drug and drug-allergy interaction checking enabled in your EHR system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you record demographics, including preferred language, gender, race, ethnicity and date of birth, as structured data for more than 50% of your patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you maintain an up-to-date problem list of current and active diagnoses for more than 80% of your patients? Does the problem list have at least one structured entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you maintain an active medication list for more than 80% of your patients? Does the medication list have at least one structured entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you maintain an active medication allergy list for more than 80% of your patients? Does the medication allergy list have at least one structured entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you record and chart changes in vital signs (height, weight and BP) for more than 50% of patients age 2 and over as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Do you record smoking status for more than 50% of all unique patients 13 years and older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Does your EHR have the ability to exchange key clinical information among providers electronically? Have you conducted at least one test of this functionality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Have you conducted a security risk analysis for your system in the last 90 days, incorporating any available security updates and correcting all identified deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MENU SET

SELECT 5

<input type="checkbox"/>	Is drug formulary checking enabled in your EHR system? Have you accessed at least one internal or external drug formulary from your EHR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you incorporate clinical lab test results into your EHR as structured data for more than 40% of all clinical lab test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Have you generated at least one report of patients by specific condition to use for quality improvement, reduction of disparities, research or outreach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you send reminders to more than 20% of unique patients 65 years or older or 5 years old or younger for preventive/follow-up care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you provide more than 10% of unique patients access to their health information within four business days of information being updated in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you use your EHR to identify patient-specific education resources and provide such resources to more than 10% of unique patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you perform medication reconciliation for more than 50% of transitions of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you create and provide a summary of care record for more than 50% of transitions of care or referrals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Have you submitted at least one test of electronic data to the state's immunization registry, including follow up submission if the test is successful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Have you submitted at least one test of electronic syndromic surveillance data to public health agencies, including follow up submission if the test is successful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CLINICAL QUALITY MEASURES

SELECT 3

<input type="checkbox"/>	Hypertension; blood pressure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Tobacco use assessment and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Adult weight screening and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Weight Assessment and Counseling for Children and Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Influenza Immunization for Patients ≥ 50 Years Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Childhood Immunization Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SELECT 3

<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SET OF 38 CQM



For more information, contact HealthPOINT via the web at www.healthpoint.dsu.edu, via phone at 605-256-5555, or mail us at HealthPOINT, Dakota State University, 820 N. Washington, Madison SD 57042.

