

Overview of Meaningful Use Objectives
Pharmacy e-HIT Collaborative Comments

Stage 1 Final Rule	Proposed Stage 2	Proposed Stage 3	Comments	Pharmacy e-HIT Collaborative Comments for Stage 2 MU
Key:				
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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
CPOE for medication orders (30%)	CPOE (by licensed professional) for at least 1 medication, and 1 lab or radiology order for 60% of unique patients who have at least 1 such order (order does not have to be transmitted electronically)	CPOE (by licensed professional) for at least 1 medication, and 1 lab or radiology order on 80% of patients who have at least 1 such order (order does not have to be transmitted electronically)		Pharmacists are licensed professionals and, once the Pharmacist EHR (PP-EHR) is adopted and implemented, will be on board to meet the 60% threshold for 1 medication and 1 lab or radiology order for 60% of applicable orders. The Pharmacy e-HIT Collaborative recommends that all medications, labs and radiology should be ordered using CPOE.
Drug-drug/drug-allergy interaction checks	Employ drug-drug interaction checking and drug allergy checking on appropriate evidence-based interactions	Employ drug-drug interaction checking, drug allergy checking, drug age checking (medications in the elderly), drug dose checking (e.g., pediatric dosing, chemotherapy dosing), drug lab checking, and drug condition checking (including pregnancy and lactation) on appropriate evidence-based interactions	Reporting of drug interaction checks to be defined by quality measures workgroup	Pharmacists practice management systems currently employ drug-drug interaction checking and drug-allergy checking on all medications reviewed by the pharmacists. This action is a standard of practice that once the Pharmacist EHR (PP-EHR) is adopted and implemented, providers will be on board to meet the drug-drug and drug-allergy checking requirement. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
E-prescribing (eRx) (EP) (40%)	50% of orders (outpatient and hospital discharge) transmitted as eRx	80% of orders (outpatient and hospital discharge) transmitted as eRx	If receiving pharmacy cannot accept eRx, automatically generating electronic fax to pharmacy OK	Pharmacists practice management systems currently have the capability of accepting and responding to eRx's following the NCPDP SCRIPT standards. The pharmacist using the PP-EHR with prescriptive authority should meet the Stage 2 objective of assuring that 50% of orders (outpatient and hospital discharge) are transmitted as eRx. Leveraging the eRx networks for the bi-directional exchange of clinical information between providers - including pharmacists - should increase the overall adoption of eRx. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Record demographics (50%)	80% of patients have demographics recorded and can use them to produce stratified quality reports	90% of patients have demographics recorded (including IOM categories) and can use them to produce stratified quality reports		The PP-EHR functional profile conformance criteria provides for the capture of stratified demographic information. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Report CQM electronically	Continue as per Quality Measures Workgroup and CMS	Continue as per Quality Measures Workgroup and CMS	The HIT Policy Committee's Quality Measures Workgroup issued a request for comment in December; new measures will be considered after review of public comments	The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
Maintain problem list (80%)	Continue Stage 1	80% problem lists are up-to-date	Expect to drive list to be up-to-date by making it part of patient visit summary and care plans	The PP-EHR has the functionality to maintain a problem list for medication-related problems and can exchange that information electronically through the CCD. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Maintain active med list (80%)	Continue Stage 1	80% medication lists are up-to-date	Expect to drive list to be up-to-date via medication reconciliation	It is a standard of practice for pharmacists to maintain active medication lists on all patients in all practice settings. Adoption and meaningful use of the PP-EHR will assist all providers to meet the Stage 2 measurement objective. Early adopters of the PP-EHR should help all providers meet the Stage 3 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objectives.
Maintain active medication allergy list (80%)	Continue Stage 1	80% medication allergy lists are up-to-date	Expect to drive the list to be up-to-date by making it part of visit summary	It is a standard of practice for pharmacists to maintain active medication allergy lists on all patients in all practice settings. Adoption and meaningful use of the PP-EHR will assist all providers to meet the Stage 2 measurement objective. Early adopters of the PP-EHR should help all providers meet the Stage 3 measurement objectives. The Pharmacy e-HIT Collaborative agrees with the measurement objectives.
Record vital signs (50%)	80% of unique patients have vital signs recorded	80% of unique patients have vital signs recorded		It is a standard of practice for pharmacists to record vital signs while providing patient care services. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Record smoking status (50%)	80% of unique patients have smoking status recorded	90% of unique patients have smokingstatus recorded		The role of pharmacists in effective smoking cessation programs is well documented. It is a standard of practice for pharmacists to record the smoking status of patients while providing patient care services. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Implement 1 CDS rule	Use CDS to improve performance on highpriority health conditions. Establish CDS attributes for purposes of certification: 1. Authenticated (source cited); 2. Credible, evidence-based; 3. Patient-context sensitive; 4. Invokes relevant knowledge; 5. Timely; 6. Efficient workflow; 7. Integrated with EHR; 8. Presented to the appropriate party who can take action	Use CDS to improve performance on highpriority health conditions. Establish CDS attributes for purposes of certification: 1. Authenticated (source cited); 2. Credible, evidence-based; 3. Patient-context sensitive; 4. Invokes relevant knowledge; 5. Timely; 6. Efficient workflow; 7. Integrated with EHR; 8. Presented to the appropriate party who can take action		Pharmacists' practice management systems use CDS. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Implement drug formulary checks *</i>	<i>Move current measure to core</i>	<i>80% of medication orders are checked against relevant formularies</i>	<i>What is the availability of formularies for eligible professionals?</i>	A key function of pharmacists is to routinely perform formulary checks. Adoption and meaningful use of the PP-EHR will assist pharmacists and other providers in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Record existence of advance directives (EH) (50%) *</i>	<i>Make core requirement. For EP and EH: 50% of patients >=65 years old have recorded in EHR the result of an advance directive discussion and the directive itself if it exists</i>	<i>For EP and EH: 90% of patients >=65 years old have recorded in EHR the result of an advance directive discussion and the directive itself if it exists</i>	<i>Potential issues include: state statutes; challenges in outpatient settings; age; privacy; specialists; needs to be accessible and certifiable; need to define a standard</i>	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Incorporate lab results as structured data (40%) *</i>	<i>Move current measure to core, but only where results are available</i>	<i>90% of lab results electronically ordered by EHR are stored as structured data in the EHR and are reconciled with structured lab orders, where results and structured orders available</i>		Obtaining lab results as structured data is a key focus for pharmacists providing patient care services. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Generate patient lists for specific conditions*</i>	<i>Make core requirement. Generate patient lists for multiple patientspecific parameters</i>	<i>Patient lists are used to manage patients for high-priority health conditions</i>		It is a standard of practice for pharmacists to maintain patient specific condition records especially those conditions that affect medication therapy outcomes. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Send patient reminders (20%)*</i>	<i>Make core requirement.</i>	<i>20% of active patients who prefer to receive reminders electronically receive preventive or followup reminders</i>	<i>How should active patient be defined?</i>	It is a standard of practice for pharmacists providing patient care services to send reminders related to medication-related compliance. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
(NEW)	30% of visits have at least one electronic EP note	90% of visits have at least one electronic EP note	Can be scanned, narrative, structured, etc.	It is a standard of practice for pharmacists during patient visits to document progress notes into their practice management systems. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
(NEW)	30% of EH patient days have at least one electronic note by a physician, NP, or PA	80% of EH patient days have at least one electronic note by a physician, NP, or PA	Can be scanned, narrative, structured, etc.	It is a standard of practice for pharmacists during patient visits to document progress notes into their practice management systems. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective. The Pharmacy e-HIT Collaborative recommends that this objective be expanded to include pharmacists providing patient care services and not limit the objective to physicians, NPs and PAs.
(NEW)	30% of EH medication orders automatically tracked via electronic medication administration recording	80% of EH inpatient medication orders are automatically tracked via electronic medication administration recording		Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective in settings where medication administration records are used (e.g., hospitals and long term and post acute care settings). The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Engage Patients and Families in Their Care				
Provide electronic copy of health information, upon request (50%)	Continue Stage 1	90% of patients have timely access to copy of health information from electronic health record, upon request	Only applies to information already stored in the EHR	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Provide electronic copy of discharge instructions (EH) at discharge (50%)	Electronic discharge instructions for hospitals (which are given as the patient is leaving the hospital) are offered to at least 80% of patients (patients may elect to receive only a printed copy of the instructions)	Electronic discharge instructions for hospitals (which are given as the patient is leaving the hospital) are offered to at least 90% of patients in the common primary languages ⁱⁱ (patients may elect to receive only a printed copy of the instructions)	Electronic discharge instructions should include a statement of the patient's condition, discharge medications, activities and diet, follow-up appointments, pending tests that require follow up, referrals, scheduled tests [we invite comments on the elements listed above]	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
EHR-enabled patient specific educational resources (10%)	Continue Stage 1	20% offered patient specific educational resources online in the common primary languages ⁱⁱ		It is a standard of practice for pharmacists providing patient care services to provide patient specific medication-related educational information and resources. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
(NEW for EH)	80% of patients offered the ability to view and download via a web-based portal ⁱⁱⁱ , within 36 hours of discharge, relevant information contained in the record about EH inpatient encounters. Data are available in human-readable and structured forms (HITSC to define).	80% of patients offered the ability to view and download via a web-based portal ⁱⁱⁱ , within 36 hours of discharge, relevant information contained in the record about EH inpatient encounters. Data are available in human-readable and structured forms (HITSC to define).	Inpatient summaries include: hospitalization admit and discharge date and location; reason for hospitalization; providers; problem list; medication lists; medication allergies; procedures; immunizations; vital signs at discharge; diagnostic test results (when available); discharge instructions; care transitions summary and plan; discharge summary (when available); gender, race, ethnicity, date of birth; preferred language; advance directives; smoking status. [we invite comments on the elements listed above]	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Provide clinical summaries for each office visit (EP) (50%)	Patients have the ability to view and download relevant information about a clinical encounter within 24 hours of the encounter. Follow-up tests that are linked to encounter orders but not ready during the encounter should be included in future summaries of that encounter, within 4 days of becoming available. Data are available in humanreadable and structured forms (HITSC to define)	Patients have the ability to view and download relevant information about a clinical encounter within 24 hours of the encounter. Follow-up tests that are linked to encounter orders but not ready during the encounter should be included in future summaries of that encounter, within 4 days of becoming available. Data are available in humanreadable and structured forms (HITSC to define)	The following encounter data are included (where relevant): encounter date and location; reasons for encounter; provider; problem list; medication list; medication allergies; procedures; immunizations; vital signs; diagnostic test results; clinical instructions; orders: future appointment requests, referrals, scheduled tests; gender, race, ethnicity, date of birth; preferred language; advance directives; smoking status. [we invite comments on the elements listed above]	The expansion of the role of pharmacists in delivery of clinical services will assist all providers in meeting this measurement objective. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Provide timely electronic access (EP) (10%)	Patients have the ability to view and download (on demand) relevant information contained in the longitudinal record, which has been updated within 4 days of the information being available to the practice. Patient should be able to filter or organize information by date, encounter, etc. Data are available in human-readable and structured forms (HITSC to define).	Patients have the ability to view and download (on demand) relevant information contained in the longitudinal record, which has been updated within 4 days of the information being available to the practice. Patient should be able to filter or organize information by date, encounter, etc. Data are available in human-readable and structured forms (HITSC to define).	The following data elements are included: encounter dates and locations; reasons for encounters; providers; problem list; medication list; medication allergies; procedures; immunizations; vital signs; diagnostic test results; clinical instructions; orders; longitudinal care plan; gender, race, ethnicity, date of birth; preferred language; advance directives; smoking status. [we invite comments on the elements listed above]	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
This objective sets the measures for Provide timely electronic access (EP) and for Provide clinical summaries for each office visit (EP)	EPs: 20% of patients use a web-based portal ⁱⁱⁱ to access their information (for an encounter or for the longitudinal record) at least once. Exclusions: patients without ability to access the Internet	EPs: 30% of patients use a web-based portal ⁱⁱⁱ to access their information (for an encounter or for the longitudinal record) at least once. Exclusions: patients without ability to access the Internet		Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
(NEW)	EPs: online secure patient messaging is in use	EPs: online secure patient messaging is in use		Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
(NEW)	Patient preferences for communication medium recorded for 20% of patients	Patient preferences for communication medium recorded for 80% of patients	How should communication medium be delineated?	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
		Offer electronic self management tools to patients with high priority health conditions	We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective	It is a standard of practice for pharmacists to provide electronic self management tools especially for conditions that affect medication therapy outcomes. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
		EHRs have capability to exchange data with PHRs using standards-based health data exchange	We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective	Exchanging pharmacist-provided patient care service data with patients and caregiver, including the ability to provide the data to the PHR, contributes to improved patient outcomes. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 3 measurement objective by the Stage 2 timeline. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
		Patients offered capability to report experience of care measures online	We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective	Pharmacists reporting care measures, including medication therapy outcomes and adverse drug events, contribute to improved patient outcomes. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 3 measurement objective by the Stage 2 timeline. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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Improving Quality, Safety, Efficiency & Reducing Health Disparities				
		Offer capability to upload and incorporate patient generated data (e.g., electronically collected patient survey data, biometric home monitoring data, patient suggestions of corrections to errors in the record) into EHRs and clinician workflow	We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective	Pharmacists capability to upload and incorporate patient-generated data into the PP-EHR will contribute to improved patient outcomes. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 3 measurement objective by the Stage 2 timeline. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Improve Care Coordination				
Perform test of HIE	Connect to at least three external providers in primary referral network (but outside delivery system that uses the same EHR) or establish an ongoing bidirectional connection to at least one health information exchange	Connect to at least 30% of external providers in primary referral network or establish an ongoing bidirectional connection to at least one health information exchange	Successful HIE will require development and use of infrastructure like entity-level provider directories (ELPD)	Pharmacy practice management systems have been connected to external providers for years while receiving real-time electronic prescription information. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Perform medication reconciliation (50%)*</i>	<i>Medication reconciliation conducted at 80% of care transitions by receiving provider (transitions from another setting of care, or from another provider of care, or the provider believes it is relevant)</i>	<i>Medication reconciliation conducted at 90% of care transitions by receiving provider</i>		It is a standard of practice for pharmacists providing patient care services to conduct medication reconciliation of all medications, including over-the-counter medications, dietary supplements and herbal products especially during transition of care. Adoption and meaningful use of the PP-EHR will assist pharmacists and other providers in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
<i>Provide summary of care record (50%)*</i>	<i>Move to Core</i>	<i>Summary care record provided electronically for 80% of transitions and referrals</i>		It is a standard of practice for pharmacists providing patient care services to provide a medication-related summary of care record including a medication action plan. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
(NEW)	List of care team members (including PCP) available for 10% of patients in EHR	List of care team members (including the PCP) available for 50% of patients via electronic exchange		Pharmacists are an integral part of the care team. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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(NEW)	Record a longitudinal care plan for 20% of patients with high priority health conditions	Longitudinal care plan available for electronic exchange for 50% of patients with high-priority health conditions	What elements should be included in a longitudinal care plan including: care team members; diagnoses; medications; allergies; goals of care; other elements?	Pharmacists providing patient care services record longitudinal care plans for patients with high priority health conditions especially in the community pharmacy and long term-post acute care settings. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Improve Population and Public Health				
Submit immunization data*	<i>EH and EP: Mandatory test. Some immunizations are submitted on an ongoing basis to Immunization Information System (IIS), if accepted and as required by law</i>	<i>EH and EP: Mandatory test. Immunizations are submitted to IIS, if accepted and as required by law. During well child/adult visits, providers review IIS records via their EHR.</i>	<i>Stage 2 implies at least some data is submitted to IIS. EH and EP may choose not, for example, to send data through IIS to different states in Stage 2. The goal is to eventually review IIS generated recommendations</i>	Pharmacists, especially in community pharmacy settings, are nationally recognized as key providers of immunizations. Ensuring bi-directional communication between the PP-EHR and other providers' EHRs will ensure that pharmacist-provided immunization data is included in the meaningful use of EHRs. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Submit reportable lab data*	<i>EH: move Stage 1 to core EP: lab reporting menu. For EPs, ensure that reportable lab results and conditions are submitted to public health agencies either directly or through their performing labs (if accepted and as required by law).</i>	<i>Mandatory test. EH: submit reportable lab results and reportable conditions if accepted and as required by law. Include complete contact information (e.g., patient address, phone and municipality) in 30% (EH) of reports. EP: ensure that reportable lab results and reportable conditions are submitted to public health agencies either directly or through performing labs (if accepted and as required by law)</i>		Pharmacists generate and receive lab data. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Submit syndromic surveillance data*	<i>Move to core.</i>	<i>Mandatory test; submit if accepted</i>		Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 2 measurement objective. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
		<i>Public Health Button for EH and EP: Mandatory test and submit if accepted. Submit notifiable conditions using a reportable public health submission button. EHR can receive and present public health alerts or follow up requests.</i>	<i>We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective</i>	Pharmacists play an active role in identifying public health related issues. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 3 measurement objective by the Stage 2 timeline. The Pharmacy e-HIT Collaborative agrees with the measurement objective.

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		<i>Patient-generated data submitted to public health agencies</i>	<i>We are seeking comment on what steps will be needed in stage 2 to achieve this proposed stage 3 objective</i>	Pharmacists play an active role in identifying public health related issues. Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the Stage 3 measurement objective by the Stage 2 timeline. The Pharmacy e-HIT Collaborative agrees with the measurement objective.
Ensure Adequate Privacy and Security Protections for Personal Health Information				
Conduct security review analysis & correct deficiencies			Additional privacy and security objectives under consideration via the HIT Policy Committee's Privacy & Security Tiger Team	Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the additional privacy and security objectives under consideration by the HIT Policy Committee's Privacy & Security Tiger team. The Pharmacy e-HIT Collaborative will encourage our members to follow the objectives provided by the HIT Policy Committee.
* Menu Option for Stage 1				
Other Issues:				

