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UroChartEHR Meets Needs of Meaningful Use

Springfield, Missouri – July 16, 2010 – On Tuesday, July 13, the Centers for Medicare and Medicaid Services released final regulations for the EHR incentive program. This document serves as a reference to illustrate the criteria imposed by CMS that UroChartEHR already offers and can be immediately implemented.

Overview:

CMS' final rule implements provisions under the Recovery Act that provide incentive payments to physicians for the adoption and "meaningful" use of certified EHRs. The final rules include:

- Medicare physicians may earn EHR incentive payments for up to five years, with payments **beginning as early as 2011, up to a maximum amount of \$44,000.**
- Those who do not adopt and begin "Meaningfully Use" using certified EHRs by 2015 would face financial penalties.
- Those who adopt the EHR will be required to adhere to "Meaningful Use" criteria. CMS' final rule finalizes the definition of "Meaningful Use" of certified EHRs, keeping in place the staged approach for phasing in criteria for demonstrating "Meaningful Use."
- This final rule focuses on Stage 1 criteria. However, CMS recognized that synchronizing the stage of "Meaningful Use" and payment year among all providers would be a significant challenge by 2015, particularly for those providers who adopt and implement EHR technology later in the EHR incentive program.
 - As a result, CMS states in the rule that it has decided to remove language discussing possible direction for any year beyond 2014 and will consider this in future rule-making.
- Under the final rule, **Stage 1 encompasses 25 meaningful use objectives.**
- CMS agreed with the medical community that requiring physicians to satisfy all 25 meaningful use objectives and their associated measures in order to be considered a meaningful EHR user would impose too great a burden and would result in an unacceptably low number of physicians being able to qualify in the first two years of the program. Therefore, CMS states that **in order to qualify as a meaningful EHR user, a physician must successfully meet 10 of 16 measures within the core set and five of 10 in the menu set.**



UroChartEHR CAPABILITIES OF MEANINGFUL USE OBJECTIVES AND MEASURES: CORE SET

UroChartEHR Capabilities	Objective	Measure
	Use Computerized Physician Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the provider have at least one medication order entered using CPOE
	Implement drug-to-drug and drug-allergy interaction checks	The physician has enabled this functionality for the entire EHR reporting period
	Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the provider are transmitted electronically using certified EHR technology
	Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth 	More than 50% of all unique patients seen by the physician have demographics recorded as structured data
	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the physician have at least one entry or an indication that no problems are known for the patient recorded as structured data
	Maintain active medication list	More than 80% of all unique patients seen by the physician have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
	Maintain active medication allergy list	More than 80% of all unique patients seen by the physician have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the physician have



		smoking status recorded as structured data
UroChartEHR will deliver this capability in its coming release	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance of that rule	Implement one clinical decision support rule
UroChartEHR will deliver this capability in its coming release	Report ambulatory clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation. For 2010, electronically submit the clinical quality measures
UroChartEHR is enhancing this capability to include diagnostic test results in its coming release	Capability to exchange key clinical information (ie: problem list, medication list, medication allergies, diagnostic test results) among providers of care and patient-authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	More than 50% of all patients of the physician who request an electronic copy of their health information are provided it within three business days
	Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within three business days
	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process






UroChartEHR currently offers this capability



- Ten of 16 measures from the Core set are required to meet "Meaningful Use" Criteria



UroChartEHR CAPABILITIES OF MEANINGFUL USE OBJECTIVES AND MEASURES: MENU SET

UroChartEHR Capabilities	Objective	Measure
	Implement drug formulary checks	Formulary and provider have access to at least one internal or external drug formulary for the entire EHR reporting period
	Incorporate clinical lab test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the physician for patients during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the physician with a specific condition
UroChartEHR will allow clients to export lists of patients who need reminders and the method they wish to be contacted	Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
UroChartEHR is building a Patient Portal where patients will be able to view their records when needed	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the provider	More than 10% of all unique patients seen by the physician are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the provider's discretion to withhold certain information



	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the physician are provided patient-specific education resources
	The physician who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The physician performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the physician
UroChartEHR will enhance this capability to offer CCRs in its coming release	The physician who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The physician who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals
UroChartEHR will deliver this capability in its coming release	<u>POPULATION AND PUBLIC HEALTH:</u> Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the physician submits such information have the capacity to receive the information electronically)
UroChartEHR will deliver this capability in its coming release	<u>POPULATION AND PUBLIC HEALTH:</u> Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which physician submits such information have the capacity to receive the information electronically)

 UroChartEHR currently offers this capability



- Physicians may select five objectives from the menu set and must choose at least one of the Population & Public Health measures on the menu set.

“We want UroChartEHR customers to be among the first providers in the country to submit their applications for the first ARRA payment in 2011.”

Craig Frazier, CEO
UroChartEHR, Intuitive Medical Software

About Intuitive Medical Software, LLC

Founded by Dr. Howard Follis, Intuitive Medical Software, LLC develops software products for select surgical and medical specialty physicians in the US. UroChartEHR, IMS' flagship product, is streamlined for urology practices. Recognizing the short-comings of generic EHRs when used in specialty practices, IMS has developed an EHR software product that combines a unique, efficient user interface with state-of-the-art database architecture. UroChartEHR includes IMS' patent-pending timeline method of organizing electronic medical records. IMS' current customers have found that once the urologists and their staff become familiar with the system, their clinic's efficiency and productivity rise. With its innovative approach to specialty EHR software, IMS plays a significant role in transforming the quality of our nation's healthcare. Intuitive Medical Software, LLC is not associated or affiliated in any way with Intuitive Surgical, Inc.

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