



Measures of EHR Use

Listed below are some of the basic measures of EHR use:

- Physicians utilizing a certified EHR should be employing a computerized physician order entry (CPOE) at least 80% of the time.
- Physicians using a certified EHR should be filing at least 75% of their prescription electronically.
- Physicians using a certified EHR should be utilizing their active medication list and active medication-allergy list at least 80% of the time.
- Physicians should be able to provide an electronic copy of patient information within 48 hours at least 80% of the time (upon request).
- Physicians should be able to produce electronic patient reminders (upon request) at least 50% of the time.
- Patients should be allowed to access electronic information (i.e. lab results) with 96 hours of availability at least 10% of the time.
- Physicians should also be using their medication reconciliation and their ICD-9-CM/SNOWED-CT at least 80% of the time in a certified electronic health record.
- Lab results must be stored as structured data at least 50% of the time when using a certified electronic health record.
- Physicians should also be able to provide a clinical summary of each patient visit at least 80% of the time.
- Physicians should ensure that their electronic health record has a drug screening functionality and that it is enabled.
- Physicians should be sure to utilize at least five (5) clinical decision support alerts.
- Physicians should also be sure to submit at least one (1) reportable lab, immunization report, and syndromic surveillance report to the public health department.
- Lastly, physicians should be able to have electronic data information exchange with at least one provider not in the same organization.