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| EMR Name/Model | SynaMed |
| EMR Vendor | SynaMed LLC |

| Stage 1 objectives | | Stage 1 measures | EMR Module/Feature |
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| Eligible professionals | Hospitals | | |
| Use CPOE | Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP) | For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders. | We have a CPOE option at the end of all of our office notes. Doctors are able to customize their own CPOE templates of their most commonly ordered labs, procedures, etc. for quick entry into the patient's chart. Please note, the ability to actually measure whether 80% of all orders use CPOE is currently in development. |
| Implement drug-drug, drug-allergy, drug-formulary checks. | Implement drug-drug, drug-allergy, drug-formulary checks. | The EP/eligible hospital has enabled this functionality | We use First Data Bank's registry to automatically check all potential medication interactions automatically at the point of prescription. |
| Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®. | Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®. | At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data. | Part of our office note has a section of active diagnosis that can be classified as transient or chronic. We are also able to suggest diagnosis to the EP based on information entered in the HPI, ROS and PE sections of the note. Please note, the ability to actually measure whether at least 80% of unique patients have at least one entry or indication of none is currently in development. |
| Generate and transmit permissible prescriptions electronically (eRx) | | At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology | We work with SureScripts for electronic prescriptions. Prescriptions can be sent, refill requests approved, and medication history checked, all directly from SynaMed. Please note, the ability to actually measure whether at least 75% of permissible prescriptions are transmitted electronically is currently in development. |

| Stage 1 objectives | | Stage 1 measures | | EMR Module/Feature |
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| Eligible professionals | Hospitals | | | |
| Maintain active medication list. | Maintain active medication list. | At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data. | | We maintain an active medications list, deactivated medications list, and a combination of both to perform medication reconciliation. Please note, the ability to actually measure whether at least 80% of all unique patient seen by the EP have at least one entry or indication of none is currently in development. |
| Maintain active medication allergy list. | Maintain active medication allergy list. | At least 80% of all unique patients seen, by the EP or admitted to the eligible hospital have at least one entry or (an indication of “none” if the patient has no medication allergies) recorded as structured data. | | Yes, we have both medication allergies (useful in drug checks) as well as a general allergy/adverse reactions list. Please note, the ability to actually measure whether at least 80% of all unique patient seen by the EP have at least one entry or indication of none is currently in development. |
| Record demographics | Record demographics .. | At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data. | | Yes, but please note the ability to actually measure whether at least 80% of all unique patients have thi demographic element recorded is in development. |
| preferred language | preferred language | | | See above |
| insurance type | insurance type | | | See above |
| gender | gender | | | See above |
| race | race | | | See above |
| ethnicity | ethnicity | | | See above |
| date of birth | date of birth | | | See above |
| | date and cause of death in the event of mortality | | | See above |

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| Record and chart changes in vital signs: | Record and chart changes in vital signs: | For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2–20. | | Yes, we have both charts and graphs to display changes in a patient's vitals over time. Please note, the ability to actually measure whether at least 80% of all unique patients have their vital signs recorded and charted is in development. |
| height | height | | | See above |
| weight | weight | | | See above |
| blood pressure | blood pressure | | | See above |
| Calculate and display: BMI. | Calculate and display: BMI. | | | See above |
| Plot and display growth charts for children 2–20 years, including BMI. | Plot and display growth charts for children 2–20 years, including BMI. | | | See above |
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| Record smoking status for patients 13 years old or older. | Record smoking status for patients 13 years old or older. | At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have “smoking status” recorded. | | This feature is currently in the development phase and will be implemented shortly. |
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| Incorporate clinical lab-test results into EHR as structured data. | Incorporate clinical lab-test results into EHR as structured data. | At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. | | Yes, lab information in discrete fields can be attached from an interface or entered manually. Please note, the ability to actually measure whether 50% of clinical lab tests ordered are incorporated is currently in development. |
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| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach. | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach. | Generate at least one report listing patients of the EP or eligible hospital with a specific condition. | | Yes, via pre-generated EMR reports or advanced patient search option. |
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| Eligible professionals | Hospitals | | |
| Report ambulatory quality measures to CMS or the States. | Report hospital quality measures to CMS or the States. | For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule. | Currently, in the development phase. |
| | | For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule. | Currently, in the development phase. |
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| Send reminders to patients per patient preference for preventive/follow up care. | | Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over. | Yes, this can be done by assigning HM items in the notes section during a patient's visit. A reminder will be sent to a staff member to contact the patient regarding the specific HM item as the time comes closer to the next visit/follow-up of care. Please note, the ability to actually measure if at least 50% of all unique patients are sent reminders is currently in development. |
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| Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules. | Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules. | Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3). | Yes, the system incorporates more than 5 clinical decision support. |
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| Check insurance eligibility electronically from public and private payers. | Check insurance eligibility electronically from public and private payers. | Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital. | Yes, one of the clearinghouses we interface with has individual and batch eligibility. Please note, the ability to actually measure whether 80% of all unique patients have been checked for insurance eligibility electronically is currently in development. |

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| Submit claims electronically to public and private payers. | Submit claims electronically to public and private payers. | At least 80% of all claims filed electronically by the EP or the eligible hospital. | | Yes, the system offers the ability to submit claims electronically to both public and private payers. Please note, the ability to actually measure whether 80% of claims are submitted electronically is in development. |
| Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request. | Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request. | At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours. | | Yes, we can send patient's their health information instantaneously via our patient portal secure email system. Please note, the ability to measure whether 80% of patients receive their health information within 48 hours of request is currently in development. |
| | Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request. | At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it. | | Not Available |
| Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP. | | At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information. | | Yes, patients are provided timely electronic access to their health information through use of the system secure messaging feature. The physician can email the patient his/her health information directly to their Patient Portal account or other email address. Please note, the capability to measure whether 10% of all unique patients receive their health information is currently in development. |
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| Provide clinical summaries for patients for each office visit. | | Clinical summaries are provided for at least 80% of all office visits. | Clinical summaries can be provided to the patient for each visit if the doctor chooses to print elements of the visit note or the note in its entirety through the clinical summary. Please note, the capability to actually measure whether 80% of summaries have been provided for all office visits is currently in development. |
| Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically. | Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, 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. | Yes, key clinical information can be exchanged electronically through the system. |
| Provide summary care record for each transition of care and referral. | Provide summary care record for each transition of care and referral. | Provide summary of care record for at least 80% of transitions of care and referrals. | Yes, the patient has access to their CCR through Patient Portal and referrals |
| Capability to submit electronic data to immunization registries and actual submission where required and accepted. | Capability to submit electronic data to immunization registries and actual submission where required and accepted. | Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries. | Yes, the system is capable and has tested the ability to submit electronic data to immunization registries. Providers must indicate to which registry they wish to submit, and SynaMed will interface with the registry. |
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| Eligible professionals | Hospitals | | | |
| | Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received. | Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically). | | Yes, the system is capable and has tested the ability to submit reportable lab results to public health agencies. Providers must indicate to which agency they wish to submit, and SynaMed will interface with the agency. |
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| Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. | Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to 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 (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically). | | This feature is currently in the development phase. |
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| Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. | 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. | | Yes |
| | | Specify protocol used for security risk | | |
| | | NIST | | |
| | | COBIT | | |
| | | ISO | | |
| | | DIACAP | | |
| | | Other (specify) | | |
| | | None | | X |