



**MEMOTEXT®**

## **The Meaning of Meaningful Use**

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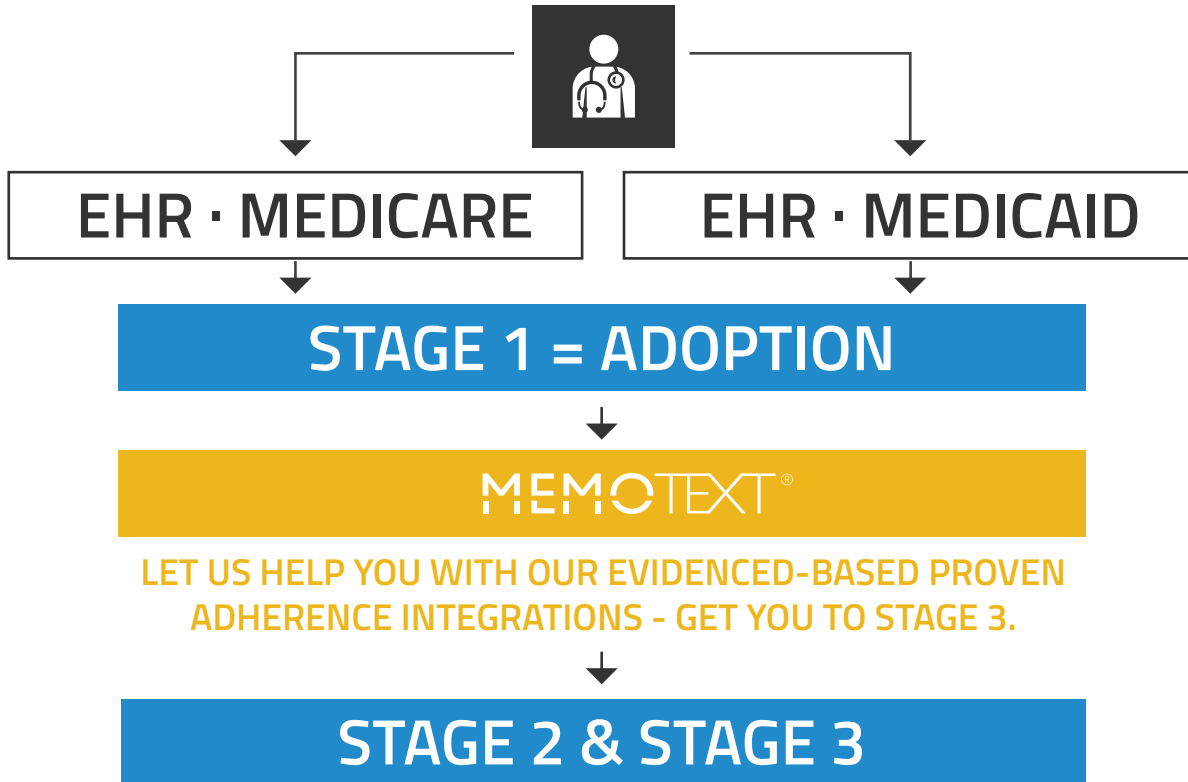
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**POWERED BY MEMOTEXT®**

# HOW DOES MEMOTEXT® TACKLES INTEGRATION

If you're an American health care provider or are involved in digital health, odds are you've been hearing a lot about Meaningful Use (MU) Stage 3 in recent years.



## MEMOTEXT® INTEGRATION EXAMPLES

MEMOTEXT programs have the capacity to integrate with the patient's EMRs allowing instantaneous updates and transmissions

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MENU OBJECTIVE 1 & 3  
CORE OBJECTIVE 10

We build secure HIPPA compliant portals for case workers and care providers to access and manage patient data, we also provide patients with the ability to download data in standardized reports

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CORE OBJECTIVE 7 & 8

We have a structured collection of demographic information and family history built-in to our algorithms

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MENU OBJECTIVE 4  
CORE OBJECTIVE 3 & 5

## CORE OBJECTIVES

- ✓3. Record the following demographics: preferred language, sex, race, ethnicity, date of birth
- ✓4. Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0–20 years, including BMI
- ✓5. Record smoking status for patients 13 years old or older.
- ✓6. Use clinical decision support to improve performance on high-priority health conditions
- ✓7. Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP
- ✓8. Provide clinical summaries for patients for each office visit
- ✓9. Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities
- ✓10. Incorporate clinical lab-test results into Certified EHR Technology as structured data
- ✓12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care

and send these patients the reminders, per patient preference

- ✓13. Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient
- ✓16. Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice
- ✓17. Use secure electronic messaging to communicate with patients on relevant health information

## MENU OBJECTIVES

- ✓1. Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice
- ✓2. Record electronic notes in patient records
- ✓3. Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT
- ✓4. Record patient family health history as structured data
- ✓6. Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice

## EXTERNAL INTEGRATIONS

- ✓Menu Objective 5: Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice
- ✓Core Objective 1: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines
- ✓Core Objective 2: Generate and transmit permissible prescriptions electronically (eRx)
- ✓Core Objective 11: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- ✓Core Objective 14: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation
- ✓Core Objective 15: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral