

RECORD DEMOGRAPHICS

(Core Objective #3)

OBJECTIVE: Record the following demographics: preferred language, sex, race, ethnicity, date of birth.

MEASURE: More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.

EXCLUSION: No exclusion.

CMS Website for Record Demographics Measure:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_3_Recording_Demographics.pdf

PowerSoftMD Video Link:

<http://www.powersoftmd.com/FlashMU/MUDemographics.htm>

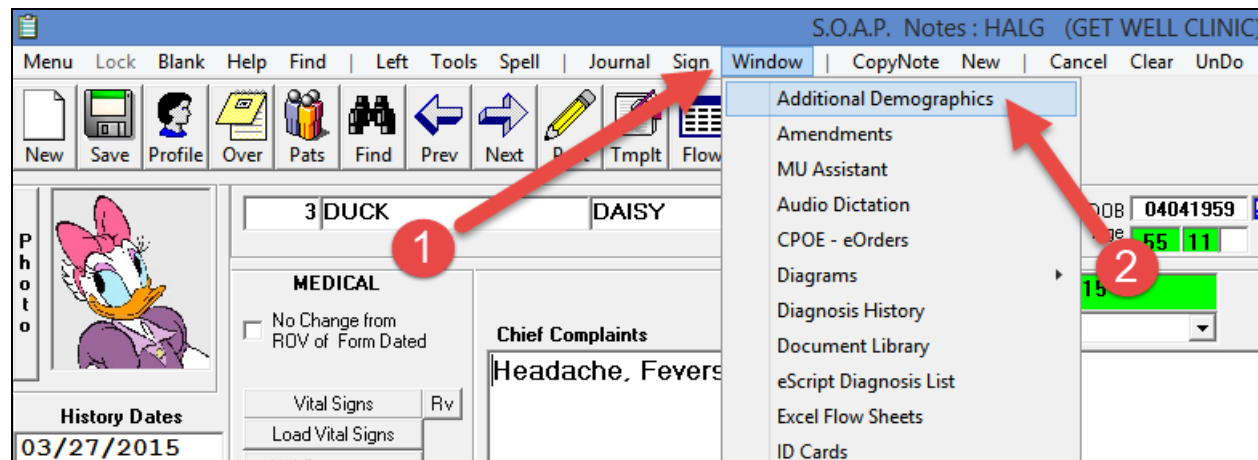
NUMERATOR: (Patients Credited) Matching Patients with preferred language, sex, race, ethnicity, and birthdate recorded, OR the patients' refusal recorded.

DENOMINATOR: (Patients Considered) Total Number of Unique Patients seen in the Reporting Period.

PLEASE NOTE: This measure also appears on the “MU Assistant” (if you have it enabled) that pops up when you open a SOAP Note.

HOW TO:

- 1) Open a Patient Screen (SOAP Note, EMR Profile, or General).
- 2) Click the top toolbar tool "Window", then click “Additional Demographics”



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- 4) All fields highlighted in light blue must be filled for Demographics. In addition, for the Patient Reminders Measure, you need fill out the “Preferred Patient Contact Info” area.

The screenshot shows a software window titled "Additional Demographics" with a "Tools" menu. The form contains several sections with light blue highlighted fields. A red arrow labeled "1" points to the "Last Name" field in the "Name" section. Another red arrow labeled "2" points to the "USPS Mail" checkbox in the "Preferred Patient Contact Info" section. A text box at the bottom states: "Empty Light Blue Fields should be filled in for Meaningful Use, as well as indicating the Preferred Patient's Contact Info".

Additional Demographics

Tools

Additional Demographics

00003 Acct No DUCK DAISY J Name

1 Kin

Birth Date Sex

Race 1

Race 2

Ethnicity

Preferred Language Type

Last Name First Name Initial

Street

City State Zip Code

Phone

Relationship

Immunization Registry Information

Status Date

Publicity Code Date

Mother's Maiden Name

Last Name First Name Initial

Optional ID Number Patient Info Protection County/Parish Code

Preferred Patient Contact Info

☒ USPS Mail ☐ Home Phone 816 888-9399 ☒ Work Phone 816 333-9999

☐ Cell Phone 816 857-9350 ☐ Fax

☐ SMS

☐ eMail Address

Save Empty Light Blue Fields should be filled in for Meaningful Use, as well as indicating the Preferred Patient's Contact Info Cancel Save/Exit