

Health IT Policy Council Recommendations to National Coordinator for Defining Meaningful Use
Final- August 2009

Health Outcome s Policy Priority	Care Goals	2011 ¹ Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		2011 ¹ Measures	2013 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		2013 Measures	2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>	2015 Measures
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
Improve quality, safety, efficiency, and reduce health disparities	<ul style="list-style-type: none"> Provide access to comprehensive patient health data for patient's health care team Use evidence-based order sets and CPOE Apply clinical decision support at the 	<ul style="list-style-type: none"> Use CPOE for all orders² Implement drug-drug, drug-allergy, drug-formulary checks Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED Generate and transmit permissible prescriptions electronically (eRx) 	<ul style="list-style-type: none"> 10% of all orders (any type) directly entered by authorizing provider (e.g., MD, DO, RN, PA, NP) through CPOE² Implement drug-drug, drug-allergy, drug-formulary checks Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED 	<ul style="list-style-type: none"> Report quality measures to CMS including: <ul style="list-style-type: none"> % diabetics with A1c under control [EP] % hypertensive patients with BP under control [EP] % of patients with LDL under control [EP] % of smokers offered smoking cessation counseling [EP, IP] % of patients with recorded BMI [EP] 	<ul style="list-style-type: none"> Use CPOE for all orders Use evidence-based order sets Record family medical history 	<ul style="list-style-type: none"> Use CPOE for all order types Use evidence-based order sets Conduct closed loop medication management, including eMAR and computer-assisted administration Record all clinical documentation in EHR Record family medical history Generate and transmit permissible discharge prescriptions 	<ul style="list-style-type: none"> Additional quality reports using HIT-enabled NQF-endorsed quality measures [EP, IP] % of all orders entered by physicians through CPOE [EP, IP] Potentially preventable Emergency Department Visits and Hospitalizations [IP] Inappropriate use of imaging 	<ul style="list-style-type: none"> Achieve minimal levels of performance on quality, safety, and efficiency measures Implement clinical decision support for national high priority conditions Medical device interoperability Multimedia support (e.g., x-rays) 	<ul style="list-style-type: none"> Clinical outcome measures (TBD) [OP, IP] Efficiency measures (TBD) [OP, IP] Safety measures (TBD) [OP, IP]

¹ The HIT Policy Committee recommends that incentives be paid according to an "adoption year" timeframe rather than a calendar year timeframe. Under this scenario, qualifying for the first-year incentive payment would be assessed using the "2011 Measures." The payment rate and phaseout of payments would follow the calendar dates in the statute, but qualifying for incentives would use the "adoption-year" approach.

² CPOE requires computer-based entry by providers of orders (medication, laboratory, procedure, diagnostic imaging, immunization, referral) but electronic interfaces to receiving entities are not required in 2011

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	<ul style="list-style-type: none"> point of care Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc.) Report to patient registries for quality improvement, public 	<ul style="list-style-type: none"> Maintain active medication list Maintain active medication allergy list Record demographics: <ul style="list-style-type: none"> o preferred language o insurance type o gender o race³ o ethnicity Record advance directives Record vital signs: <ul style="list-style-type: none"> o height o weight o blood pressure Calculate and display: <ul style="list-style-type: none"> o BMI 	<ul style="list-style-type: none"> Maintain active medication list Maintain active medication allergy list Record demographics: <ul style="list-style-type: none"> o preferred language o insurance type, o gender o race³ o ethnicity Record advance directives Record vital signs: <ul style="list-style-type: none"> o height o weight o blood pressure Calculate and display: <ul style="list-style-type: none"> o BMI 	<ul style="list-style-type: none"> % eligible surgical patients who receive VTE prophylaxis [IP] % of orders (for medications, lab tests, procedures, radiology, and referrals) entered directly by physicians through CPOE Use of high-risk medications (Re: Beers criteria) in the elderly % of patients over 50 with annual colorectal cancer screenings [EP] 	<ul style="list-style-type: none"> Manage chronic conditions using patient lists Use clinical decision support at the point of care (e.g., reminders, alerts) Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries, approved by CMS, electronically where possible and accepted by registry 	<p>electronically</p> <ul style="list-style-type: none"> Use patient-specific care plans Use clinical decision support at the point of care (e.g., reminders, alerts) Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries approved by CMS, electronically where possible and accepted by registry 	<p>(e.g., MRI for acute low back pain) [EP, IP]</p> <ul style="list-style-type: none"> Other efficiency measures (TBD) [EP, IP] 		

³ Race and ethnicity codes should follow federal guidelines (see Census Bureau)

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	reporting , etc.	<ul style="list-style-type: none"> Record smoking status Incorporate lab-test results into EHR as structured data Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach Report ambulatory quality measures to CMS Send reminders to patients per patient preference for preventive/ follow up care Implement one 	<ul style="list-style-type: none"> Record smoking status Incorporate lab-test results into EHR as structured data Generate lists of patients by specific conditions Report hospital quality measures to CMS Implement one 	<ul style="list-style-type: none"> % of females over 50 receiving annual mammogram [EP] % patients at high-risk for cardiac events on aspirin prophylaxis [EP] % of patients who received flu vaccine [EP] % lab results incorporated into EHR in coded format [EP, IP] Stratify reports by gender, insurance type, primary language, race ethnicity [EP, IP] % of all 					

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		clinical decision rule relevant to specialty or high clinical priority <ul style="list-style-type: none"> • Document a progress note for each encounter • Check insurance eligibility electronically from public and private payers, where possible • Submit claims electronically to public and private payers. 	clinical decision rule related to a high priority hospital condition <ul style="list-style-type: none"> • Check insurance eligibility electronically from public and private payers, where possible • Submit claims electronically to public and private payers. 	medications, entered into EHR as generic, when generic options exist in the relevant drug class [EP, IP] <ul style="list-style-type: none"> • % of orders for high-cost imaging services with specific structured indications recorded [EP, IP] • % claims submitted electronically to all payers [EP, IP] • % patient encounters with insurance eligibility confirmed [EP, IP] 					

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Engage patients and families	<ul style="list-style-type: none"> Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health 	<ul style="list-style-type: none"> Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request⁴ Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)⁴ Provide access to patient-specific education resources 	<ul style="list-style-type: none"> Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures), upon request⁴ Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request⁴ Provide access to patient-specific education resources 	<ul style="list-style-type: none"> % of all patients with access to personal health information electronically [EP, IP] % of all patients with access to patient-specific educational resources [EP, IP] % of encounters for which clinical summaries were provided [EP] 	<ul style="list-style-type: none"> Access for all patients to PHR populated in real time with health data Offer secure patient-provider messaging capability Provide access to patient-specific educational resources in common primary languages Record patient preferences (e.g., preferred communication media, health care proxies, treatment options) 	<ul style="list-style-type: none"> Access for all patients to PHR populated in real time with patient health data Provide access to patient-specific educational resources in common primary languages Record patient preferences (e.g., preferred communication media, health care proxies, treatment options) 	<ul style="list-style-type: none"> % of patients with full access to PHR populated in real time with EHR data [OP, IP] Additional patient access and experience reports using NQF-endorsed HIT-enabled quality measures [EP, IP] % of patients with access to secure patient messaging [EP] % of educational 	<ul style="list-style-type: none"> Patients have access to self-management tools Electronic reporting on experience of care 	<ul style="list-style-type: none"> NPP quality measures, related to patient and family engagement [OP, IP]

⁴ Electronic access to and copies of may be provided by a number of secure electronic methods (e.g., PHR, patient portal, CD, USB drive)

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		<ul style="list-style-type: none"> Provide clinical summaries for patients for each encounter 			<ul style="list-style-type: none"> Incorporate data from home monitoring device 		<p>content in common primary languages [EP, IP]</p> <ul style="list-style-type: none"> % of all patients with preferences recorded [IP] % of transitions where summary care record is shared [EP, IP] Implemented ability to incorporate data uploaded from home monitoring devices [EP] 		
Improve care coordination	<ul style="list-style-type: none"> Exchange meaningful clinical information 	<ul style="list-style-type: none"> Capability to exchange key clinical information (e.g., problem list, medication list, 	<ul style="list-style-type: none"> Capability to exchange key clinical information (e.g., discharge summary, 	<ul style="list-style-type: none"> Report 30-day readmission rate [IP] % of encounters 	<ul style="list-style-type: none"> Retrieve and act on electronic prescription fill data 	<ul style="list-style-type: none"> Retrieve and act on electronic prescription fill data Produce and share 	<ul style="list-style-type: none"> Access to comprehensive patient data from all available 	<ul style="list-style-type: none"> Access comprehensive patient data from all available 	<ul style="list-style-type: none"> Aggregate clinical summaries from multiple

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	on among professional health care team	<p>allergies, test results) among providers of care and patient authorized entities electronically⁵</p> <ul style="list-style-type: none"> Perform medication reconciliation at relevant encounters and each transition of care⁶ 	<p>procedures, problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically⁵</p> <ul style="list-style-type: none"> Perform medication reconciliation at relevant encounters and each transition of care⁶ 	<p>where med reconciliation was performed [EP, IP]</p> <ul style="list-style-type: none"> Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [EP, IP] % of transitions in care for which summary care record is shared (e.g., electronic, paper, e-Fax) [EP, IP] 	<ul style="list-style-type: none"> Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge) Perform medication reconciliation at each transition of care from one health care setting to another 	<p>an electronic summary care record for every transition in care (place of service, consults, discharge)</p> <ul style="list-style-type: none"> Perform medication reconciliation at each transition of care from one health care setting to another 	<p>sources</p> <ul style="list-style-type: none"> 10 % reduction in 30-day readmission rates for 2013 compared to 2012 Improvement in NQF-endorsed measures of care coordination. 	<p>sources</p>	<p>sources available to authorized users [OP, IP]</p> <ul style="list-style-type: none"> NQF-endorsed Care Coordination Measures (TBD)
Improve population and	<ul style="list-style-type: none"> Communicate with 	<ul style="list-style-type: none"> Capability to submit electronic data to immunization 	<ul style="list-style-type: none"> Capability to submit electronic data to immunization 	<ul style="list-style-type: none"> Report up-to-date status for childhood 	<ul style="list-style-type: none"> Receive immunization histories and 	<ul style="list-style-type: none"> Receive immunization histories and 	<ul style="list-style-type: none"> % of patients for whom an assessment of 	<ul style="list-style-type: none"> Use of epidemiologic data 	<ul style="list-style-type: none"> HIT-enabled population

⁵ Health information exchange capability and demonstrated exchange to be further specified by Health Information Exchange Work Group of HIT Policy Committee.

⁶ Transition of care defined as moving from one health care setting or provider to another

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public health	public health agencies	registries and actual submission where required and accepted. ⁷ <ul style="list-style-type: none"> Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice 	registries and actual submission where required and accepted. ⁹ <ul style="list-style-type: none"> Capability to provide electronic submission of reportable lab results to public health agencies and actual submission where it can be received. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice 	immunizations [EP] ⁹ <ul style="list-style-type: none"> % reportable lab results submitted electronically [IP] 	recommendations from immunization registries ⁹ <ul style="list-style-type: none"> Receive health alerts from public health agencies Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifiers 	recommendations from immunization registries ⁹ <ul style="list-style-type: none"> Receive health alerts from public health agencies Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifiers 	immunization need and status has been completed during the visit [EP] ⁹ <ul style="list-style-type: none"> % of patients for whom a public health alert should have triggered and audit evidence that a trigger appeared during the encounter 	<ul style="list-style-type: none"> Automated real-time surveillance (adverse events, near misses, disease outbreaks, bioterrorism) Clinical dashboards Dynamic and Ad hoc quality reports 	measures [OP, IP] <ul style="list-style-type: none"> HIT-enabled surveillance measure [OP, IP]

⁷ Applicability to Medicare versus Medicaid meaningful use is to be determined

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Ensure adequate privacy and security protections for personal health information	<ul style="list-style-type: none"> Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. Provide transparency of 	<ul style="list-style-type: none"> Compliance with HIPAA Privacy and Security Rules^{8, 9} Compliance with fair data sharing practices set forth in the <u>Nationwide Privacy and Security Framework</u> 	<ul style="list-style-type: none"> Compliance with HIPAA Privacy and Security Rule^{8, 9} Compliance with fair data sharing practices set forth in the <u>Nationwide Privacy and Security Framework</u> 	<ul style="list-style-type: none"> Full compliance with HIPAA Privacy and Security Rules Conduct or update a security risk assessment and implement security updates as necessary 	<ul style="list-style-type: none"> Use summarized or de-identified data when reporting data for population health purposes (e.g., public health, quality reporting, and research), where appropriate, so that important information is available with minimal privacy risk. 		<ul style="list-style-type: none"> Provide summarized or de-identified data when reporting data for health purposes (e.g., public health, quality reporting, and research), where appropriate, so that important information is available with minimal privacy risk. 	<ul style="list-style-type: none"> Provide patients, on request, with an accounting of treatment, payment, and health care operations disclosures Protect sensitive health information to minimize reluctance of patient to seek care because of privacy concerns. 	<ul style="list-style-type: none"> Provide patients, on request, with a timely accounting of disclosures for treatment, payment, and health care operations, in compliance with applicable law. Incorporate and utilize tech-

⁸ The HIT Policy Committee recommends that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved

⁹ The HIT Policy Committee recommends that state Medicaid administrators withhold meaningful use payment for any entity until any confirmed state privacy or security violation has been resolved

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	data sharing to patient.										nology to segment sensitive data

Additional Notes:

1. While all process measures (e.g., CPOE adoption) apply to all eligible providers, applicability of quality or outcome measures to specialists will be defined in the rule-making process. In 2013, disease- and/or specialty-specific registries are included as objectives. Specific measures will be included in refinements to the 2013 recommendations.
2. Additional efficiency measures to consider for 2013 recommendations include: generic therapeutic substitutions for medications
3. NQF is working with measure developers to refine existing administratively defined quality measures referenced in this matrix to be redefined using clinical and administrative data from EHRs