



Proposed 2011 Meaningful Use Definition: Eligible Professionals

Health Outcomes Priority Policy	Care Goals	2011* Objectives for Eligible Professionals <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* Measures for Eligible Professionals
<p>Improve quality, safety, efficiency, and reduce health disparities</p>	<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 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 reporting, etc. 	<ul style="list-style-type: none"> • Use CPOE for all orders¹ • 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) • Maintain active medication list • Maintain active medication allergy list • Record demographics: <ul style="list-style-type: none"> ○ Preferred language ○ Insurance type ○ Gender ○ Race² ○ Ethnicity • Record advance directives • Record vital signs: <ul style="list-style-type: none"> ○ Height ○ Weight ○ Blood pressure Calculate and display: <ul style="list-style-type: none"> ○ BMI • 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 clinical decision rule relevant to specialty or high clinical priority • 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 	<ul style="list-style-type: none"> • Report quality measures to CMS including: <ul style="list-style-type: none"> ○ % diabetics with A1c under control ○ % hypertensive patients with BP under control ○ % of patients with LDL under control ○ % of smokers offered smoking cessation counseling • % of patients with recorded BMI • % 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 • % of females over 50 receiving annual mammogram • % of patients at high-risk for cardiac events on aspirin prophylaxis • % of patients who received flu vaccine • % of lab results incorporated into EHR in coded format • Stratify reports by gender, insurance type, primary language, race, ethnicity • % of all medications entered into EHR as generic, when generic options exist in the relevant drug class • % of orders for high-cost imaging services with specific structured indications recorded • % of claims submitted electronically to all payers • % patient encounters with insurance eligibility confirmed

¹ - 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

² - Race and ethnicity codes should follow federal guidelines (see Census Bureau)

*- 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.



Proposed 2011 Meaningful Use Definition: Eligible Professionals

Health Outcomes Priority Policy	Care Goals	2011 Objectives* for Eligible Professionals <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 Measures* for Eligible Professionals
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 request³ Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)³ Provide access to patient-specific education resources Provide clinical summaries for patients for each encounter 	<ul style="list-style-type: none"> % of all patients with access to personal health information electronically % of all patients with access to patient-specific educational resources % of encounters for which clinical summaries were provided
Improve Care Coordination	<ul style="list-style-type: none"> Exchange meaningful clinical information among professional health care team 	<ul style="list-style-type: none"> Capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results), among providers of care and patient authorized entities electronically⁴ Perform medication reconciliation at relevant encounters and each transition of care⁵ 	<ul style="list-style-type: none"> % of encounters where med reconciliation was performed Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) % of transitions in care for which summary care record is shared (e.g., electronic, paper, e-Fax)
Improve populations and public health	<ul style="list-style-type: none"> Communicate with public health agencies 	<ul style="list-style-type: none"> Capability to submit electronic data to immunization registries and actual submission where required and accepted⁶ Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice 	<ul style="list-style-type: none"> Report up-to-date status for childhood immunizations⁶
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 data sharing to patient 	<ul style="list-style-type: none"> Compliance with HIPAA Privacy and Security Rules^{7,8} 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

*- 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.

HIT Policy Committee Meaningful Use Matrix 7/16/09 Version



³ - Electronic access to and copies of may be provided by a number of electronic methods (e.g., PHR, patient portal, CD, USB Drive)

⁴ - Health information exchange capability and demonstrated exchange to be specified by Health Information Exchange Work Group of HIT Policy Committee

⁵ - Transition of care defined as moving from one health care setting or provider to another

⁶ - Applicability to Medicare versus Medicaid meaningful use is to be determined

⁷ - The HIT Policy Committee recommends that CMS withhold meaningful use payment for any entity until confirmed HIPAA privacy or security violation has been resolved

⁸ - 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

*- 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.

Prepared by Will Dardani
7/23/09