

Health Outcomes Policy Priorities	Care Goals	2011 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 Measures	2013 Objectives <i>Goal is to guide and support care processes and care coordination</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
<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 order types including medications [OP, IP] • Implement drug-drug, drug-allergy, drug-formulary checks [OP, IP] Comment101 • Maintain an up-to-date problem list [OP, IP] • Generate and transmit permissible prescriptions electronically (eRx) [OP] • Maintain active medication list [OP, IP] • Maintain active medication allergy list [OP, IP] • Record primary language, insurance type, gender, race, ethnicity [OP, IP] Comment103 • Record vital signs including height, weight, blood pressure [OP, IP] Comment104 • Incorporate lab-test results into EHR [OP, IP] • Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach [OP] • Send reminders to patients per patient preference for preventive /follow up care [OP, IP] Comment105 • Document a progress note for 	<ul style="list-style-type: none"> • Report quality measures, including: <ul style="list-style-type: none"> - % diabetics with A1c under control [OP] - % hypertensive patients with BP under control [OP] - % of patients with LDL under control [OP] - % of smokers offered smoking cessation counseling [OP, IP] • % of patients with recorded BMI [OP] • % eligible surgical patients who received VTE prophylaxis [IP] • % of orders entered directly by physicians through CPOE • Use of high-risk medications in the elderly [OP, IP] • % of patients over 50 with annual colorectal cancer screenings [OP] • % of females over 50 receiving annual 	<ul style="list-style-type: none"> • Use evidence-based order sets [OP, IP] • Record clinical documentation in EHR [IP] • Generate and transmit permissible prescriptions electronically [IP] • Manage chronic conditions using patient lists and decision support [OP, IP] • Provide clinical decision support at the point of care (e.g., reminders, alerts) [OP, IP] • Report to external disease (e.g., cancer) or device registries [OP (esp. specialists) [IP] • Conduct medication administration using bar coding [IP] 	<ul style="list-style-type: none"> • Additional quality reports using HIT-enabled NQF-endorsed quality measures [OP, IP] • % of all orders entered by physicians through CPOE [OP, IP] • Potentially preventable Emergency Department Visits and Hospitalizations [IP] • Inappropriate use of imaging (e.g. MRI for acute low back pain) [OP, IP] • Other efficiency measure (TBD) [OP, IP] 	<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 [OP, IP] • Medical device interoperability [OP, IP] • Multimedia support (e.g. x-rays) [OP, IP] 	<ul style="list-style-type: none"> • Clinical outcome measures (TBD) [OP, IP] • Efficiency measures (TBD) [OP, IP] • Safety measures (TBD) [OP, IP]

		each encounter [OP]	<p>mammogram [OP]</p> <ul style="list-style-type: none"> • % patients at high-risk for cardiac events on aspirin prophylaxis [OP] • % of patients with current pneumovax [OP] • % eligible patients who received flu vaccine [OP] • % lab results incorporated into EHR in coded format [OP,IP] • Stratify reports by gender, insurance type, primary language, race, ethnicity [OP, IP] 				
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Comment 101: CCHIT-certified 08 Ambulatory [OP] EHRs include drug-drug, drug-allergy, and drug-formulary checks, either within the system or via the ePrescribing network. CCHIT-certified 08 Inpatient [IP] EHRs include drug-drug and drug-allergy checks; drug-formulary checks were added as an 09 requirement and we believe the capability is available in the marketplace.

Comment 103: CCHIT-certified 08 systems record gender and insurance type. Primary language, race, and ethnicity have not been required for certification, but may be present in patient registration functions of billing systems. While we believe EHR vendors can add these fields, users will have difficulty populating these fields for existing patients until they have returned for a visit [OP] or been hospitalized [IP]. The ability to generate reports stratified by these parameters by 2011 is in doubt.

Comment 104: CCHIT-certified 08 Ambulatory [OP] EHRs include collection of all vital signs. CCHIT-certified 08 Inpatient [IP] systems are inspected for recording of weight but not the other vital signs. However, we believe essentially all Inpatient EHRs have this capability.

Comment 105: CCHIT-certified 08 Ambulatory [OP] EHRs are able to identify preventive services, tests or counseling due on a patient and produce for a provider a list of overdue services. Automatic generation and sending of these reminders to patients was added as an 09 requirement and we believe it is available in the marketplace. For Inpatient [IP] systems this has not been a recognized requirement and we do not believe it is significantly present in the marketplace.

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Engage patients and families	<ul style="list-style-type: none"> Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health 	<ul style="list-style-type: none"> Provide patients with electronic copy of- or electronic access to- clinical information (including lab results, problem list, medication lists, allergies) per patient preference (e.g., through PHR) [OP, IP] Comment201 Provide access to patient-specific educational resources [OP, IP] Comment202 Provide clinical summaries for patients for each encounter [OP, IP] Comment203 	<ul style="list-style-type: none"> % of all patients with access to personal health information electronically [OP, IP] % of all patients with access to patient-specific educational resources [OP, IP] % of encounters for which clinical summaries were provided [OP, IP] 	<ul style="list-style-type: none"> Offer secure patient-provider messaging capability [OP] Provide access to patient-specific educational resources in common primary languages [OP, IP] Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options) [OP, IP] Documentation of family medical history [OP, IP] Upload data from home monitoring devices [OP] 	<ul style="list-style-type: none"> Additional patient access and experience reports using NQF-endorsed HIT-enabled quality measures [OP, IP] % of patients with access to secure patient messaging [OP] % of educational content in common primary languages [OP, IP] % of all patients with preferences recorded [OP] % of transitions were summary care record is shared [OP, 	<ul style="list-style-type: none"> Access for all patients to PHR populated in real time with data from EHR [OP, IP] Patients have access to self-management tools [OP] Electronic reporting on experience of care [OP, IP] 	<ul style="list-style-type: none"> NPP quality measures related to patient and family engagement [OP, IP] % of patients with full access to PHR populated in real time with EHR data [OP, IP]

					IP] <ul style="list-style-type: none"> Implemented ability to incorporate data uploaded from home monitoring devices [OP] 		
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Comment 201: CCHIT-certified 08 Ambulatory [OP] and Inpatient [IP] EHRs are required to be capable of generating a clinical summary document (medications and allergies as of 08) using the HITSP standard CCD format. Making these summaries directly available to patients requires a linked PHR application, HIT with patient portal, or other service provider. EHR-linked PHR applications are available in a limited number of EHR systems in the marketplace, but we believe the technology is achievable in time for 2011.

Comment 202: CCHIT-certified 08 Ambulatory [OP] systems have robust patient education resource capabilities. This has not been a requirement for CCHIT-certified Inpatient [IP] systems.

Comment 203: See comment 201.

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Improve care coordination	<ul style="list-style-type: none"> Exchange meaningful clinical information among professional health care team 	<ul style="list-style-type: none"> Exchange key clinical information among providers of care (e.g., problems, medications, allergies, test results) [OP, IP] Comment301 Perform medication reconciliation at relevant encounters [OP, IP] Comment302 	<ul style="list-style-type: none"> Report 30-day readmission rate [IP] % of encounters where med reconciliation was performed [OP, IP] Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [OP, IP] % of transitions in care for which summary care record is shared (e.g., electronic, paper, eFax) [OP, IP] 	<ul style="list-style-type: none"> Retrieve and act on electronic prescription fill data [OP, IP] Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge) [OP, IP] Perform medication reconciliation at each transition of care from one health care setting to another [OP, IP] 	<ul style="list-style-type: none"> Additional public reports using NQF-endorsed HIT-enabled quality measures [OP, IP] % of transitions where med reconciliation was performed [OP, IP] % of encounters where fill data accessed [OP] % of encounters where clinical information is shared with external clinical entities [OP, IP] 	<ul style="list-style-type: none"> Access comprehensive patient data from all available sources 	<ul style="list-style-type: none"> Aggregated clinical summaries from multiple sources available to authorized users [OP, IP] NQF-endorsed Care Coordination Measures (TBD)

Comment 301: Within care organizations, EHRs provide robust sharing of all clinical information. For exchanging information between separate organizations, CCHIT-certified 08 Ambulatory [OP] and Inpatient [IP] systems are capable of sending and receiving clinical summaries (medication and allergy data as of 08) in the HITSP-standard CCD format, but will require the presence of HIE services for secure transport of the information and other infrastructure functions. The availability of these HIE services will depend on the success of ONC initiatives.

Comment 302: CCHIT-certified 08 Inpatient [IP] systems have robust medication reconciliation functions. Ambulatory [OP] EHRs have robust medication management but reconciliation operations are largely manual.

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Improve population and public health	<ul style="list-style-type: none"> Communicate with public health agencies 	<ul style="list-style-type: none"> Submit electronic data to immunization registries where required and accepted [OP, IP] Comment401 Provide electronic submissions of reportable lab results to public health agencies [IP] Comment402 Provide electronic syndrome surveillance data to public health agencies according to applicable law and practice [IP] Comment403 	<ul style="list-style-type: none"> Report up-to-date status for childhood immunizations [OP] % reportable lab results submitted electronically [IP] 	<ul style="list-style-type: none"> Receive immunization histories and recommendations from immunization registries [OP, IP] Receive health alerts from public health agencies [OP, IP] Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifiers [OP,IP] 	<ul style="list-style-type: none"> % of patients for whom an assessment of immunization need and status has been completed during the visit [OP] % 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"> Use of epidemiologic data [OP, IP] Automated real-time surveillance (adverse events, near misses, disease outbreaks, bioterrorism) [OP, IP] Clinical dashboards [IP, OP] Dynamic and Ad hoc quality reports [OP, IP] 	<ul style="list-style-type: none"> HIT-enabled population measures TBD [OP] HIT-enabled surveillance measure [OP, IP]

Comment 401: CCHIT-certified 08 Ambulatory [OP] and Inpatient [IP] EHRs capture immunization information in structured form. Electronic submission to registries is on the CCHIT “Roadmap” for future years. We recommend that the 2011 objective focus on collection of structured data on immunizations within the EHR, and that submission to external registries be required in the 2013 objectives.

Comment 402: CCHIT-certified 08 Inpatient [IP] EHRs are required to receive lab results and incorporate them. Electronic reporting to public health agencies is on the CCHIT “Roadmap” for future years. We recommend that the 2011 objective focus on collection of structured data on lab results within the EHR, and that submission of reportable lab results to public health agencies be required in the 2013 objectives.

Comment 403: CCHIT-certified 08 Ambulatory [OP] and Inpatient [IP] EHRs record relevant clinical data for syndrome surveillance. Reporting to public health agencies is on the CCHIT “Roadmap” for future years. We recommend that the 2011 objective focus on collection of structured data useful for syndrome surveillance within the EHR, and that submission to public health agencies be required in the 2013 objectives.

Health Outcomes Policy Priorities	Care Goals	2011 Objectives	2011 Measures	2013 Objectives	2013 Measures	2015 Objectives	2015 Measures
<p>Ensure adequate privacy and security protections for personal health information</p>	<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 and state laws Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework Comment501 	<ul style="list-style-type: none"> Full compliance with HIPAA Privacy and Security Rules An entity under investigation for a HIPAA privacy or security violation cannot achieve meaningful use until the entity is cleared by the investigating authority 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 sufficient, to satisfying a data request for pop. health purposes 	<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 technology to segment sensitive data

Comment 501: The Framework was issued in December 2008. There has not been sufficient time to fully evaluate current certification criteria against the framework’s provisions. We believe it likely that EHRs certified against the current criteria support compliance, but some elements of the framework may depend on organizational policies rather than EHR capabilities.