AAMC

Proposed 2011 Meaningful Use Definition: Hospitals

Health Outcomes Policy Priority	Care Goals	2011* Hospital Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*	2011* Hospital Measures
Improve quality, safety, efficiency, and reduce health disparities	• 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.	• 10% of all orders (any type) directly entered by authorizing provider (e.g., MD, DO, RN, PA, NP) through CPOE[1] • 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 • Maintain active medication list • Maintain active medication allergy list • Record demographics: o Preferred language o Insurance type o Gender o Race[2] o Ethnicity • Record advance directives • Record vital signs: o Height o Weight o Blood pressure Calculate and display: o BMI • 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 clinical decision rule related to a high priority hospital condition • Check insurance eligibility electronically from public and private payers, where possible • Submit claims electronically to public and private payers	• Report quality measures to CMS including: o % of smokers offered smoking cessation counseling • % of eligible surgical patients who receive VTE prophylaxis • % 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 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.

Prepared by Will Dardani
7/23/09

Proposed 2011 Meaningful Use Definition: Hospitals

Health Outcomes Policy Priority	Care Goals	2011* Hospital Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*	2011* Hospital Measures
Engage patients and families	• Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health	• Provide patients with an electronic copy their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures) upon request[3] • Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request[3] • Provide access to patient-specific education resources	• % of all patients with access to personal health information electronically • % of all patients with access to patient-specific educational resources
Improve Care Coordination	• Exchange meaningful clinical information among professional health care team	• Capability to exchange key clinical information (e.g., discharge summary, procedures, problem list, medication list, allergies, test results), among providers of care and patient authorized entities electronically[4] • Perform medication reconciliation at relevant encounters and each transition of care[5]	• Report 30-day readmission rate • % 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	• Communicate with public health agencies	• Capability to submit electronic data to immunization registries and actual submission where required and accepted[6] • Capability to provide electronic submission of reportable data to public health agencies and actual transmission 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	• % reportable lab results submitted electronically
Ensure adequate privacy and security protections for personal health information	• Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and	• Compliance with HIPAA Privacy and Security Rules[7,8] • Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework	• 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.

Prepared by Will Dardani
7/23/09

Proposed 2011 Meaningful Use Definition: Hospitals

	compliance with applicable law • Provide transparency of data sharing to patient		

[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