

Health Information Technology Policy Committee Recommendations for Stage 2 Meaningful Use

July 7, 2011

| Health Outcomes Policy Priority | Stage 1 Final Rule | | Stage 2 Proposed by HITPC | | Stage 3 Comments |
|---|---|--------------------|---|---|--|
| | Eligible Professionals | Eligible Hospitals | Eligible Professionals | Eligible Hospitals | |
| Improve quality, safety, efficiency, and reduce health disparities | Medication only: More than 30% of unique patients seen during the reporting period with at least one medication in their medication list have at least one medication order entered using CPOE | | Medications: Increase threshold to 60% Lab: More than 60% of unique patients seen during the reporting period with at least one lab test result have at least one lab order entered using CPOE Radiology: At least one radiology test is ordered using CPOE (unless no radiology test is ordered) | | |
| | Implement drug-drug and drug-allergy interaction checks | | Employ drug interaction checking (drug-drug, drug-allergy) with the ability for the provider to refine DDI rules | | The goal is to have nationally endorsed lists of DDI with higher positive predictive value and ability to record reason for overriding alert |
| | Generate and transmit more than 40% of all permissible prescriptions electronically | N/A | Increase threshold to 50% | Generate and transmit more than 10% of all hospital discharge orders for permissible prescriptions electronically | |

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| | Eligible Professionals | Eligible Hospitals | Eligible Professionals | Eligible Hospitals | |
| Improve quality, safety, efficiency, and reduce health disparities, continued | Record demographics as structured data for more than 50% of all unique patients: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of Birth | Record demographics as structured data for more than 50% of all unique patients: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of Birth • Date of preliminary cause of death in the event of mortality | Record demographics for more than 80% of all unique patients seen during the reporting period with the ability to use the data to produce stratified quality reports | | Use more granular demographic categories per IOM report (HITSC needs to work on standards for granular demographics) |
| | Maintain an up-to-date problem list of current and active diagnoses for more than 80% of all unique patients: have at least one entry or an indication that no problems are known for patient recorded as structured data | | No change | | |
| | Maintain active medication list: more than 80% of all unique patients have at least one entry recorded as structured data (or indication that the patient is on no meds) | | No change | | |
| | Maintain active medication allergy list: More than 80% of all unique patients seen during the reporting period have at least one entry (or indication that the patient has no known medication allergies) recorded as structured data | | No change | | |

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| | Eligible Professionals | Eligible Hospitals | Eligible Professionals | Eligible Hospitals | |
| Improve quality, safety, efficiency, and reduce health disparities, continued | Record and chart changes in vital signs: more than 50% of all unique patients age 2 and over have vital signs recorded as structured data <ul style="list-style-type: none"> • Height • Weight • Blood Pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI | | Record and chart vital signs: more than 80% of all unique patients seen during the reporting period age 2 and over have vital signs recorded as structured data: <ul style="list-style-type: none"> • height • weight • blood pressure (for patients 3 and older) • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI | | |
| | Record smoking status for patients 13 years old and older: more than 50% of all unique patients seen during the reporting period 13 years or older have smoking status recorded as structured data | | Increase threshold to 80% | | Add new field in certification for secondhand smoke |
| | Implement one clinical decision support rule relevant to specialty or high clinical priority along with ability to track compliance with that rule | Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule | Use clinical decision support HITSC: Suggest changing certification criteria definition as indicated on comment summary | | |
| | MENU: Implement drug-formulary checks with access to at least one drug formulary | | Implement drug formulary checks according to local needs (e.g., may use internal or external formulary, which may include generic substitution as a “formulary check”) | | |
| | Report ambulatory clinical quality measures to CMS or States | Report Hospital Clinical quality measures to CMS or the States | No change | No change | |

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| Improve quality, safety, efficiency, and reduce health disparities, continued | N/A | MENU: Record advanced directives for more than 50% patients 65 years old or older | Record whether an advance directive exists (with date and timestamp of recording) for at least 25 unique patients seen during the reporting period have recorded and provide access to a copy of the directive itself if it exists | Record whether an advance directive exists (with date and timestamp of recording) for more than 50% of patients 65 years and older and provide access to a copy of the directive itself if it exists | Signal ability to store and retrieve a copy of the current AD for Stage 3 |
| | MENU: Incorporate clinical lab test results into certified EHR technology as structured data for more than 40% of all clinical lab tests results ordered whose results are either in a positive/negative or numerical format | | Incorporate lab results as structured data for more than 40% of all clinical lab tests ordered through the EHR for a patient during the reporting period HITSC: Use LOINC where available | | |
| | N/A | | | Hospital labs send (directly or indirectly) structured electronic clinical lab results to outpatient providers for more than 40% of electronic orders received | |
| | MENU: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach | | Generate lists of patients by <i>multiple</i> specific conditions to use for quality improvement, reduction of disparities, research or outreach | | |

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| Improve quality, safety, efficiency, and reduce health disparities, continued | MENU: Send preventive or follow-up reminders to more than 20% of all unique patients 65+ years old or 5 years old or younger | | More than 10% of all active patients are sent a clinical reminder (reminder for an existing appointment does not count) | | |
| | N/A | | Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of unique visits during the reporting period (non-searchable, scanned notes do not qualify) | Enter at least one electronic note by a physician, physician assistant, or nurse practitioner, broadly defined, for more than 30% of eligible hospital days (non-searchable, scanned notes do not qualify) | |

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| Improve quality, safety, efficiency, and reduce health disparities, continued | N/A | N/A | N/A | Medication orders automatically tracked via electronic medication administration record in-use in at least one hospital ward/unit (“automatically” implies “5 rights” recorded without manual transcription) | |
| | N/A | | N/A | | Record family history (seek HITSC input on appropriate standards) |
| Engage patients and families in their care | Provide more than 50% of all patients with an electronic copy of their health information upon request | N/A | Combined with other objectives | N/A | |
| | N/A | Provide more than 50% of all patients with an electronic copy of their discharge instructions at the time of discharge upon request | N/A | Combined with other objectives | |

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| Engage patients and families in their care, continued | Provide more than 10% of all unique patients timely electronic access to their health information subject to the EP's discretion to withhold certain information | N/A | More than 10% of patients and families view and have the ability to download their longitudinal health information; information is available to all patients within 24 hours of an encounter (or within 4 days after the information is available to EPs) | More than 10% of patients and families view and have the ability to download information about a hospital admission; information is made available within 36 hours of the encounter | |
| | Provide clinical summaries for more than 50% of all office visits within 3 business days | N/A | Provide clinical summaries to patients for more than 50% of all office visits within 24 hours; pending information, such as lab results, should be available to patients within 4 days of becoming available to EPs; (electronically accessible for viewing counts) | N/A | |

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| Engage patients and families in their care, continued | MENU: Use certified EHR technology to identify patient-specific educational resources for more than 10% of all unique patients and provide those resources to the patient if appropriate | | Use certified EHR technology to identify patient-specific educational resources and provide those to the more than 10% of all unique patients | | |
| | N/A | N/A | Offer secure online messaging to patients: at least 25 patients have sent secure messages online | N/A | |
| | N/A | N/A | Record patient preferences for communication medium for more than 20% of all unique patients seen during the reporting period | N/A | |
| | N/A | N/A | N/A | N/A | Provide mechanism for patient-entered data (supply list); consider "information reconciliation" to correct errors |

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| Improve Care Coordination | Perform at least one test of the capability to exchange key clinical information among providers of care and patient authorized entities electronically | | HIE test eliminated in favor of use objectives | | |
| | MENU: Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP, eligible hospital, or CAH | | Move to core. | | |
| | MENU: Provide a summary of care record for more than 50% of all transitions and referrals of care | | Record and provide (by paper or electronically) a summary of care record for more than 50% of transitions of care for the referring EP or EH | | |
| | N/A | | Record care plan goals and patient instructions in the care plan for more than 10% of all active patients | | |
| | N/A | | Record health care team members (including at a minimum PCP, if available) for more than 10% of all patients seen during the reporting period; this information can be unstructured | | Record health care team members (including at a minimum PCP, if available) using NPI for more than 10% of all patients seen during the reporting period |

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| Improve Care Coordination | N/A | | Send a care summary (including care plan and care team if available) electronically to the receiving provider for at least 25 patients undergoing a transition of care | Send a care summary (including care plan and care team if available) electronically to the receiving provider or post-acute care facility for more than 10% of all discharges | |
| Improve population and public health | MENU: Perform at least one test of the capability to submit electronic data to immunization registries or Immunization Information systems and actual submission in accordance with applicable law and practice | | Attest to at least one submission of data in accordance with applicable law and practice | | View cumulative immunization record and recommendations |
| | N/A | Perform at least one test of the capability to submit electronic data on reportable lab results to public health agencies and actual submission in accordance with applicable law and practice | N/A | Attest to submitting to at least one organization in accordance with applicable law and practice | |
| | Perform at least one test of the capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice | | Attest to at least one submission in accordance with applicable law and practice | | |

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| Improve population and public health, continued | N/A | | N/A | | Patient-generated data submitted to public health agencies |
| Ensure adequate privacy and security protections for personal health information | Conduct or review a security risk analysis and implement security updates as necessary and correct identified security deficiencies as part of the its risk management process | | Perform, or update, security risk assessment and address deficiencies | | |
| | N/A | | Address encryption of data at rest | | |
| | N/A | | N/A | | Signal that Stage 3 may require meeting conditions of participation in NWHIN |

Note: In the proposed stage 2 objectives, **all objectives are considered core** (i.e., there are no “menu” items proposed).