Meaningful Use Matrix

Health Outcomes Policy Priorities	**Care Goals**	**2011 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 Measures**	**2013 Objectives** ***Goal is to guide and support care processes and care coordination***	**2013 Measures**	**2015 Objectives** ***Goal is to achieve and improve performance and support care processes and on key health system outcomes***	**2015 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	• Use CPOE for all order types including medications [OP, IP] • Implement drug-drug, drug-allergy, drug-formulary checks [OP, IP] • 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] • Record vital signs including height, weight, blood pressure [OP, IP] • 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]	• Report quality measures, including: - % 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]	• 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]	• 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]	• 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]	• Clinical outcome measures (TBD) [OP, IP] • Efficiency measures (TBD) [OP, IP] • Safety measures (TBD) [OP, IP]

		• Document a progress note for each encounter [OP]	• % of females over 50 receiving annual mammogram [OP] • % 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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Engage patients and families	• Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health	• 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] • Provide access to patient-specific educational resources [OP, IP] • Provide clinical summaries for patients for each encounter [OP, IP]	• % 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]	• 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]	• 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, IP] • Implemented	• 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]	• 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]

					ability to incorporate data uploaded from home monitoring devices [OP]		

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Improve care coordination	• Exchange meaningful clinical information among professional health care team	• Exchange key clinical information among providers of care (e.g., problems, medications, allergies, test results) [OP, IP] • Perform medication reconciliation at relevant encounters [OP, IP]	• 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]	• 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]	• 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]	• Access comprehensive patient data from all available sources	• Aggregated clinical summaries from multiple sources available to authorized users [OP, IP] • NQF-endorsed Care Coordination Measures (TBD)

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Improve population and public health	• Communicate with public health agencies	• Submit electronic data to immunization registries where required and accepted [OP, IP] • Provide electronic submissions of reportable lab results to public health agencies [IP] • Provide electronic syndrome surveillance data to public health agencies according to applicable law and practice [IP]	• Report up-to-date status for childhood immunizations [OP] • % reportable lab results submitted electronically [IP]	• 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]	• % 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	• 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]	• HIT-enabled population measures TBD [OP] • HIT-enabled surveillance measure [OP, IP]

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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 applicable law • Provide transparency of data sharing to patient	• 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[1]	• 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	• 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	• Provide summarized or de-identified data, when sufficient, to satisfying a data request for pop. health purposes	• 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	• 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

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[1] The Nationwide Privacy and Security Framework was released by The Department of Health and Human Services in December 2008. It is anticipated that further revisions may be made to this document during the calendar year 2010.