

Health Outcomes Policy Priority	Care Goals	2011 <sup>1</sup> 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 <sup>1</sup> Measures	2013 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>		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
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
<b>Improve quality, safety, efficiency, and reduce health disparities</b>	<ul style="list-style-type: none"> <li>Provide access to comprehensive patient health data for patient's health care team</li> <li>Use evidence-based order sets and CPOE</li> <li>Apply clinical decision support at the point of care</li> <li>Generate lists of patients who need care and use them</li> </ul>	<ul style="list-style-type: none"> <li>Use CPOE for all orders<sup>2</sup></li> <li>Implement drug-drug, drug-allergy, drug-formulary checks</li> <li>Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED</li> </ul>	<ul style="list-style-type: none"> <li>10% of all orders (any type) directly entered by authorizing provider (e.g., MD, DO, RN, PA, NP) through CPOE<sup>2</sup></li> <li>Implement drug-drug, drug-allergy, drug-formulary checks</li> <li>Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED</li> </ul>	<ul style="list-style-type: none"> <li>Report quality measures to CMS including: <ul style="list-style-type: none"> <li>% diabetics with A1c under control [EP]</li> <li>% hypertensive patients with BP under control [EP]</li> <li>% of patients with LDL under control [EP]</li> <li>% of smokers offered smoking cessation counseling [EP, IP]</li> </ul> </li> <li>% of patients with recorded BMI [EP]</li> <li>% eligible surgical patients who receive VTE prophylaxis [IP]</li> <li>% of orders (for medications, lab tests,</li> </ul>	<ul style="list-style-type: none"> <li>Use CPOE for all orders</li> <li>Use evidence-based order sets</li> <li>Manage chronic conditions using patient lists and decision support</li> </ul>	<ul style="list-style-type: none"> <li>Use CPOE for all order types</li> <li>Use evidence-based order sets</li> <li>Record clinical documentation in EHR</li> <li>Generate and transmit permissible discharge prescriptions electronically</li> <li>Manage chronic conditions using patient lists and decision</li> </ul>	<ul style="list-style-type: none"> <li>Additional quality reports using HIT-enabled NQF-endorsed quality measures [EP, IP]</li> <li>% of all orders entered by physicians through CPOE [EP, IP]</li> <li>Potentially preventable Emergency Department Visits and Hospitalizations [IP]</li> <li>Inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>Achieve minimal levels of performance on quality, safety, and efficiency measures</li> <li>Implement clinical decision support for national high priority conditions</li> <li>Medical device interoperability</li> <li>Multimedia support (e.g., x-rays)</li> </ul>	<ul style="list-style-type: none"> <li>Clinical outcome measures (TBD) [OP, IP]</li> <li>Efficiency measures (TBD) [OP, IP]</li> <li>Safety measures (TBD) [OP, IP]</li> </ul>

<sup>1</sup> 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.

<sup>2</sup> 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

<sup>3</sup> Race and ethnicity codes should follow federal guidelines (see Census Bureau)

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	<p>to reach out to patients (e.g., reminders, care instructions, etc.)</p> <ul style="list-style-type: none"> <li>Report to patient registries for quality improvement, public reporting, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Generate and transmit permissible prescriptions electronically (eRx)</li> <li>Maintain active medication list</li> <li>Maintain active medication allergy list</li> <li>Record demographics: <ul style="list-style-type: none"> <li>o preferred language</li> <li>o insurance type</li> <li>o gender</li> <li>o race<sup>3</sup></li> <li>o ethnicity</li> </ul> </li> <li>Record advance directives</li> <li>Record vital</li> </ul>	<ul style="list-style-type: none"> <li>Maintain active medication list</li> <li>Maintain active medication allergy list</li> <li>Record demographics: <ul style="list-style-type: none"> <li>o preferred language</li> <li>o insurance type,</li> <li>o gender</li> <li>o race<sup>3</sup></li> <li>o ethnicity</li> </ul> </li> <li>Record advance directives</li> <li>Record vital</li> </ul>	<p>procedures, radiology, and referrals) entered directly by physicians through CPOE</p> <ul style="list-style-type: none"> <li>Use of high-risk medications (Re: Beers criteria) in the elderly</li> <li>% of patients over 50 with annual colorectal cancer screenings [EP]</li> <li>% of females over 50 receiving annual mammogram [EP]</li> <li>% patients at high-risk for cardiac events on aspirin prophylaxis [EP]</li> <li>% of patients who received flu vaccine [EP]</li> <li>% lab results incorporated into EHR in coded format [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>Provide clinical decision support at the point of care (e.g., reminders, alerts)</li> <li>Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries, approved by CMS</li> </ul>	<p>support</p> <ul style="list-style-type: none"> <li>Provide clinical decision support at the point of care (e.g., reminders, alerts)</li> <li>Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries</li> <li>Conduct closed loop medication management, including eMAR and</li> </ul>	<p>use of imaging (e.g., MRI for acute low back pain) [EP, IP]</p> <ul style="list-style-type: none"> <li>Other efficiency measures (TBD) [EP, IP]</li> </ul>						

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		signs: o height o weight o blood pressure Calculate and display: o BMI <ul style="list-style-type: none"> <li>Record smoking status</li> <li>Incorporate lab-test results into EHR as structured data</li> <li>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach</li> <li>Report</li> </ul>	signs: o height o weight o blood pressure Calculate and display: o BMI <ul style="list-style-type: none"> <li>Record smoking status</li> <li>Incorporate lab-test results into EHR as structured data</li> <li>Generate lists of patients by specific conditions</li> <li>Report hospital</li> </ul>	<ul style="list-style-type: none"> <li>Stratify reports by gender, insurance type, primary language, race ethnicity [EP, IP]</li> <li>% of all medications, entered into EHR as generic, when generic options exist in the relevant drug class [EP, IP]</li> <li>% of orders for high-cost imaging services with specific structured indications recorded [EP, IP]</li> <li>% claims submitted electronically to all payers [EP, IP]</li> <li>% patient encounters with insurance eligibility confirmed [EP, IP]</li> </ul>		computer-assisted administration				

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		ambulatory quality measures to CMS  <ul style="list-style-type: none"> <li>Send reminders to patients per patient preference for preventive/ follow up care</li> <li>Implement one clinical decision rule relevant to specialty or high clinical priority</li> <li>Document a progress note for each encounter</li> <li>Check insurance eligibility electronically from public and private payers, where possible</li> </ul>	quality measures to CMS  <ul style="list-style-type: none"> <li>Implement one clinical decision rule related to a high priority hospital condition</li> <li>Check insurance eligibility electronically from public and private payers, where possible</li> </ul>										

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		<ul style="list-style-type: none"> <li>Submit claims electronically to public and private payers.</li> </ul>	<ul style="list-style-type: none"> <li>Submit claims electronically to public and private payers.</li> </ul>										
<b>Engage patients and families</b>	<ul style="list-style-type: none"> <li>Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health</li> </ul>	<ul style="list-style-type: none"> <li>Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures),</li> </ul>	<ul style="list-style-type: none"> <li>% of all patients with access to personal health information electronically [EP, IP]</li> <li>% of all patients with access to patient-specific educational resources [EP, IP]</li> <li>% of encounters for which clinical</li> </ul>	<ul style="list-style-type: none"> <li>Access for all patients to PHR populated in real time with health data</li> <li>Offer secure patient-provider messaging capability</li> </ul>	<ul style="list-style-type: none"> <li>Access for all patients to PHR populated in real time with patient health data</li> </ul>	<ul style="list-style-type: none"> <li>% of patients with full access to PHR populated in real time with EHR data [OP, IP]</li> <li>Additional patient access and experience reports using</li> </ul>	<ul style="list-style-type: none"> <li>Patients have access to self-management tools</li> <li>Electronic reporting on experience of care</li> </ul>	<ul style="list-style-type: none"> <li>NPP quality measures, related to patient and family engagement [OP, IP]</li> </ul>				

<sup>4</sup> Electronic access to and copies of may be provided by a number of secure electronic methods (e.g., PHR, patient portal, CD, USB drive)

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		<ul style="list-style-type: none"> <li>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)<sup>4</sup></li> <li>Provide access to patient-specific education resources</li> <li>Provide clinical summaries for patients for each encounter</li> </ul>	<ul style="list-style-type: none"> <li>Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request<sup>4</sup></li> <li>Provide access to patient-specific education resources</li> </ul>	summaries were provided [EP]	<ul style="list-style-type: none"> <li>Provide access to patient-specific educational resources in common primary languages</li> <li>Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options)</li> <li>Documentation of family medical history, in compliance with GINA</li> <li>Upload data from home monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Provide access to patient-specific educational resources in common primary languages</li> <li>Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options)</li> <li>Documentation of family medical history, in compliance with GINA</li> </ul>	<ul style="list-style-type: none"> <li>NQF-endorsed HIT-enabled quality measures [EP, IP]</li> <li>% of patients with access to secure patient messaging [EP]</li> <li>% of educational content in common primary languages [EP, IP]</li> <li>% of all patients with preferences recorded [IP]</li> <li>% of transitions where summary care record is shared [EP, IP]</li> </ul>		

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						device							
<b>Improve care coordination</b>	<ul style="list-style-type: none"> <li>Exchange meaningful clinical information among professional health care team</li> </ul>	<ul style="list-style-type: none"> <li>Capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>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<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>Report 30-day readmission rate [IP]</li> <li>% of encounters where med reconciliation was performed [EP, IP]</li> <li>Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [EP, IP]</li> <li>% of transitions in care for which summary care record is shared</li> </ul>	<ul style="list-style-type: none"> <li>Retrieve and act on electronic prescription fill data</li> <li>Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge)</li> <li>Perform medication</li> </ul>	<ul style="list-style-type: none"> <li>Retrieve and act on electronic prescription fill data</li> <li>Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge)</li> <li>Perform</li> </ul>	<ul style="list-style-type: none"> <li>Access to comprehensive patient data from all available sources</li> <li>10 % reduction in 30-day readmission rates for 2013 compared to 2012</li> <li>Improvement in NQF-endorsed measures of care</li> </ul>	<ul style="list-style-type: none"> <li>Access comprehensive patient data from all available sources</li> </ul>	<ul style="list-style-type: none"> <li>Aggregate clinical summaries from multiple sources available to authorized users [OP, IP]</li> <li>NQF-endorsed Care Coordination Measures (TBD)</li> </ul>				

<sup>5</sup> Health information exchange capability and demonstrated exchange to be further specified by Health Information Exchange Work Group of HIT Policy Committee.

<sup>6</sup> Transition of care defined as moving from one health care setting or provider to another

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		<ul style="list-style-type: none"> <li>Perform medication reconciliation at relevant encounters and each transition of care<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>Perform medication reconciliation at relevant encounters and each transition of care<sup>6</sup></li> </ul>	(e.g., electronic, paper, e-Fax) [EP, IP]	reconciliation at each transition of care from one health care setting to another	medication reconciliation at each transition of care from one health care setting to another	coordination.						
<b>Improve population and public health</b>	<ul style="list-style-type: none"> <li>Communicate with public health agencies</li> </ul>	<ul style="list-style-type: none"> <li>Capability to submit electronic data to immunization registries and actual submission where required and accepted.<sup>7</sup></li> <li>Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission</li> </ul>	<ul style="list-style-type: none"> <li>Capability to submit electronic data to immunization registries and actual submission where required and accepted.<sup>7</sup></li> <li>Capability to provide electronic submission of reportable lab results to public health agencies and actual submission</li> </ul>	<ul style="list-style-type: none"> <li>Report up-to-date status for childhood immunizations [EP]<sup>7</sup></li> <li>% reportable lab results submitted electronically [IP]</li> </ul>	<ul style="list-style-type: none"> <li>Receive immunization histories and recommendations from immunization registries<sup>7</sup></li> <li>Receive health alerts from public health agencies</li> <li>Provide sufficiently anonymized electronic syndrome surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Receive immunization histories and recommendations from immunization registries<sup>7</sup></li> <li>Receive health alerts from public health agencies</li> <li>Provide sufficiently anonymized electronic syndrome surveillance</li> </ul>	<ul style="list-style-type: none"> <li>% of patients for whom an assessment of immunization need and status has been completed during the visit [EP]<sup>7</sup></li> <li>% of patients for whom a public health alert should have triggered and audit evidence that a trigger appeared during the</li> </ul>	<ul style="list-style-type: none"> <li>Use of epidemiologic data</li> <li>Automated real-time surveillance (adverse events, near misses, disease outbreaks, bioterrorism)</li> <li>Clinical dashboards</li> <li>Dynamic and Ad hoc</li> </ul>	<ul style="list-style-type: none"> <li>HIT-enabled population measures [OP, IP]</li> <li>HIT-enabled surveillance measure [OP, IP]</li> </ul>				

<sup>7</sup> Applicability to Medicare versus Medicaid meaningful use is to be determined



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		according to applicable law and practice	where it can be received. <ul style="list-style-type: none"> <li>• Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice</li> </ul>		data to public health agencies with capacity to link to personal identifiers	data to public health agencies with capacity to link to personal identifiers	encounter	quality reports	
<b>Ensure adequate privacy and security protections for personal health information</b>	<ul style="list-style-type: none"> <li>• Ensure privacy and security protections for confidential information through operating policies, procedures,</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with HIPAA Privacy and Security Rules<sup>8,9</sup></li> <li>• Compliance with fair data sharing practices set forth in the</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with HIPAA Privacy and Security Rule<sup>8,9</sup></li> <li>• Compliance with fair data sharing practices set forth in the</li> </ul>	<ul style="list-style-type: none"> <li>• Full compliance with HIPAA Privacy and Security Rules</li> <li>• Conduct or update a security risk assessment and implement security updates as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Use summarized or de-identified data when reporting data for population health purposes (e.g., public health, quality</li> </ul>		<ul style="list-style-type: none"> <li>• Provide summarized or de-identified data when reporting data for health purposes (e.g., public health, quality reporting, and</li> </ul>	<ul style="list-style-type: none"> <li>• Provide patients, on request, with an accounting of treatment, payment, and health care operations disclosures</li> </ul>	<ul style="list-style-type: none"> <li>• Provide patients, on request, with a timely accounting of disclosures for</li> </ul>

<sup>8</sup> The HIT Policy Committee recommends that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved

<sup>9</sup> 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

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	and technologies and compliance with applicable law. <ul style="list-style-type: none"> <li>Provide transparency of data sharing to patient.</li> </ul>	<u>Nationwide Privacy and Security Framework</u>	<u>Nationwide Privacy and Security Framework</u>			reporting, and research), where appropriate, so that important information is available with minimal privacy risk.		research), where appropriate, so that important information is available with minimal privacy risk.		<ul style="list-style-type: none"> <li>Protect sensitive health information to minimize reluctance of patient to seek care because of privacy concerns.</li> </ul>		treatment, payment, and health care operations, in compliance with applicable law. <ul style="list-style-type: none"> <li>Incorporate and utilize technology to segment sensitive data</li> </ul>	

Additional Notes:

1. While all process measures (e.g., CPOE adoption) apply to all eligible providers, applicability of quality or outcome measures to specialists will be defined in the rule-making process. In 2013, disease- and/or specialty-specific registries are included as objectives. Specific measures will be included in refinements to the 2013 recommendations.
2. Additional efficiency measures to consider for 2013 recommendations include: generic therapeutic substitutions for medications
3. NQF is working with measure developers to refine existing administratively defined quality measures referenced in this matrix to be redefined using clinical and administrative data from EHRs