

Meaningful Use Matrix – Tagged for Reference

Health Outcomes Policy Priority	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	
		Eligible Providers	Hospitals	Eligible Providers	Hospitals
<p>P1: Improve quality, safety, efficiency, and reduce health disparities</p>	<ul style="list-style-type: none"> • P1.G1: Provide access to comprehensive patient health data for patient's health care team • P1.G2: Use evidence-based order sets and CPOE • P1.G3: Apply clinical decision support at the point of care • P1.G4: Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc) • P1.G5: Report to patient registries for quality improvement, public reporting, etc 	<ul style="list-style-type: none"> • P1.EP.01: Use CPOE for all orders (electronic interfaces not required) • P1.EP.02: Implement drug-drug, drug-allergy, drug-formulary checks • P1.EP.03: Maintain an up-to-date problem list of current and active diagnosis based on ICD-9 or SNOMED. • P1.EP.04: Generate and transmit permissible prescriptions electronically (eRx) • P1.EP.05: Maintain active medication list • P1.EP.06: Maintain active medication allergy list • P1.EP.07: Record demographics <ul style="list-style-type: none"> ○ preferred language, ○ insurance type, ○ gender, ○ race, ○ ethnicity • P1.EP.08: Record advance directives. • P1.EP.09: Record vital signs <ul style="list-style-type: none"> ○ height, ○ weight, 	<ul style="list-style-type: none"> • P1.IP.01: 10% of all orders (any type) directly entered by authorizing provider (e.g. MD, DO, RN, PA, NP) through CPOE. (electronic interfaces not required) • P1.IP.02: Implement drug-drug, drug-allergy, drug-formulary checks. • P1.IP.03: Maintain an up-to-date problem list of current and active diagnosis based on ICD-9 or SNOMED • P1.IP.04: Maintain active medication list • P1.IP.05: Maintain active medication allergy list • P1.IP.06: Record demographics <ul style="list-style-type: none"> ○ preferred language, ○ insurance type, ○ gender ○ race, ○ ethnicity • P1.IP.07: Record advance directives • P1.IP.08: Record vital signs <ul style="list-style-type: none"> ○ height, ○ weight, 	<ul style="list-style-type: none"> • P1.EP.M1: Report quality measures to CMS including: <ul style="list-style-type: none"> ○ % diabetics with A1c under control ○ %hypertensive patients with BP under control ○ % of patients with LDL under control ○ % of smokers offered cessation counseling • P1.EP.M2: % of patients with recorded BMI • P1.EP.M3: % of orders (for medications, lab tests, procedures, radiology and referrals) entered directly by physicians through CPOE • P1.EP.M4: Use of high-risk medications (re: Beers criteria) in the elderly • P1.EP.M5: % of patients over 50 with annual colorectal cancer screenings • P1.EP.M6: % of females over 50 receiving annual mammogram • P1.EP.M7: % patients at high-risk for cardiac events on aspirin prophylaxis • P1.EP.M8: % of patients who received flu vaccine • P1.EP.M9: % lab results incorporated into EHR in coded format 	<ul style="list-style-type: none"> • P1.IP.M1: Report quality measures to CMS including: <ul style="list-style-type: none"> ○ % of smokers offered cessation counseling • P1.IP.M2: % of eligible surgical patients who receive VTE prophylaxis • P1.IP.M3: % of orders (for medications, lab tests, procedures, radiology and referrals) entered directly by physicians through CPOE • P1.IP.M4: Use of high-risk medications (re: Beers criteria) in the elderly • P1.IP.M5: % patients at high-risk for cardiac events on aspirin prophylaxis • P1.IP.M6: % lab results incorporated into EHR in coded format • P1.IP.M7: Stratify reports by gender, insurance type, primary language, race, ethnicity • P1.IP.M8: % of all medications, entered into EHR as generic, when generic options exist in the relevant drug class • P1.IP.M9: % of orders for high-cost imaging services with specific structured indications recorded • P1.IP.M10: % claims submitted electronically to all payers • P1.IP.M11: % patient

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		<ul style="list-style-type: none"> ○ blood pressure, Calculate and display ○ BMI • P1. EP.O10: Record smoking status • P1. EP.O11: Incorporate lab-test results into EHR as structured data • P1. EP.O12: Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach • P1. EP.O13: Report ambulatory quality measures to CMS • P1. EP.O14: Send reminders to patients per patient preference for preventive /follow up care. • P1. EP.O15: Implement one clinical decision rule relevant to specialty or high clinical priority. • P1. EP.O16: Document a progress note for each encounter • P1. EP.O17: Check insurance eligibility electronically from public and private payers where possible. • P1. EP.O18: Submit claims electronically to public and private payers. 	<ul style="list-style-type: none"> ○ blood pressure, Calculate and display ○ BMI • P1.IP.O9: Record smoking status. • P1.IP.O10: Incorporate lab-test results into EHR as structured data • P1.IP.O11: Generate lists of patients by specific condition • P1.IP.O12: Report hospital quality measures to CMS • P1.IP.O13: Implement one clinical decision rule related to a high priority hospital condition • P1.IP.O14: Check insurance eligibility electronically from public and private payers where possible. • P1.IP.O15: Submit claims electronically to public and private payers. 	<ul style="list-style-type: none"> • P1.EP.M10: Stratify reports by gender, insurance type, primary language, race, ethnicity • P1.EP.M11: % of all medications, entered into EHR as generic, when generic options exist in the relevant drug class • P1.EP.M12: % of orders for high-cost imaging services with specific structured indications recorded • P1.EP.M13: % claims submitted electronically to all payers • P1.EP.M14: % patient encounters with insurance eligibility confirmed 	<p>encounters with insurance eligibility confirmed</p>
<p>P2: Engage patients and families</p>	<ul style="list-style-type: none"> • P2.G1: Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their 	<ul style="list-style-type: none"> • P2. EP.O1: Provide patients with electronic copy of- or electronic access to- their health information (including lab results, problem list, medication lists, allergies) upon request • P2. EP.O2: Provide patients 	<ul style="list-style-type: none"> • P2.IP.O1: Provide patients with electronic copy of- or electronic access to- their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures) 	<ul style="list-style-type: none"> • P2.EP.M1: % of all patients with access to personal health information electronically • P2.EP.M2: % of all patients with access to patient-specific educational resources • P2.EP.M3: % of encounters for which clinical summaries were 	<ul style="list-style-type: none"> • P2.IP.M1: % of all patients with access to personal health information electronically • P2.IP.M2: % of all patients with access to patient-specific educational resources

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	health	<p>with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)</p> <ul style="list-style-type: none"> • P2. EP.03: Provide access to patient-specific educational resources • P2. EP.04: Provide clinical summaries for patients for each encounter. 	<p>upon request</p> <ul style="list-style-type: none"> • P2.IP.02: Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request. • P2.IP.03: Provide access to patient-specific educational resources 	provided	
P3: Improve care coordination	<ul style="list-style-type: none"> • P3.G1: Exchange meaningful clinical information among professional health care team 	<ul style="list-style-type: none"> • P3. EP.01: Capability to exchange key clinical information (e.g.problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically. • P3. EP.02: Perform medication reconciliation at relevant encounters and at each transition of care. 	<ul style="list-style-type: none"> • P3.IP.01: 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. • P3.IP.02: Perform medication reconciliation at relevant encounters and at each transition of care. 	<ul style="list-style-type: none"> • P3.EP.M1: % of encounters where med reconciliation was performed • P3.EP.M2: Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) • P3.EP.M3: % of transitions in care for which summary care record is shared (e.g., electronic, paper, eFax) 	<ul style="list-style-type: none"> • P3.IP.M1: Report 30-day readmission rate • P3.IP.M2: % of encounters where med reconciliation was performed • P3.IP.M3: Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) • P3.IP.M4: % of transitions in care for which summary care record is shared (e.g., electronic, paper, eFax)
P4: Improve population and public health	<ul style="list-style-type: none"> • P4.G1: Communicate with public health agencies 	<ul style="list-style-type: none"> • P4. EP.01: Capability to submit electronic data to immunization registries where required and accepted • P4. EP.02: Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. 	<ul style="list-style-type: none"> • P4.IP.01: Capability to submit electronic data to immunization registries where required and accepted • P4.IP.02: Capability to provide electronic submissions of reportable lab results to public health agencies and actual submission where it can be received. • P4.IP.03: Capability to provide electronic syndrome surveillance data to public health agencies and actual transmission according to applicable law and practice. 	<ul style="list-style-type: none"> • P4.EP.M1: Report up-to-date status for childhood immunizations 	<ul style="list-style-type: none"> • P4.IP.M1: % reportable lab results submitted electronically

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<p>P5: Ensure adequate privacy and security protection for personal health information</p>	<ul style="list-style-type: none"> • P5.G1: Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law • P5.G2: Provide transparency of data sharing to patient 	<ul style="list-style-type: none"> • P5. EP.O1: Compliance with HIPAA Privacy and Security Rules. • P5. EP.O2: Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework 	<ul style="list-style-type: none"> • P5.IP.O1: Compliance with HIPAA Privacy and Security Rules. • P5.IP.O2: Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework 	<ul style="list-style-type: none"> • P5.EP.M1: Full compliance with HIPAA Privacy and Security Rules • P5.EP.M2: Conduct or update a security risk assessment and implement security updates as necessary 	<ul style="list-style-type: none"> • P5.IP.M1: Full compliance with HIPAA Privacy and Security Rules • P5.IP.M2: Conduct or update a security risk assessment and implement security updates as necessary
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