



Recommended Standards and Resources for Meaningful Use

Introduction

The HITECH Act of 2009 authorizes new financial incentives through the Medicare and Medicaid programs, which requires eligible professionals and hospitals to demonstrate “meaningful use” of an EHR system to access the incentives. The parameters related to meaningful use are in regulations and included in proposed rules on EHR incentive programs and in the interim final rules on standards. There is a need to distill the requirements proposed in the rules and present them as a user-friendly tool. This tool intends to facilitate decision making by assimilating information from varied sources on essential concepts, presenting relevant resources and translating it to knowledge needed to achieve requirements related to meaningful use.

Purpose

- To create a tool that presents various metrics related to meaningful use and recommended standards and highlight correlation between them
- To present resources related to standards recommended by ONC and the workgroup.
- To support the move towards adoption of standards and meeting of the meaningful use objectives & MN 2015 interoperable EHR mandate.
- To be a working document and updated as needed
- To be made easily available (web postings, email distribution etc).

Organization

The information on meaningful use and recommended standards is organized as a framework which focuses on stage 1 meaningful use with the intent to incorporate elements of stage 2 & 3 in future and currently includes:

- Health Outcomes Policy Priority
- Care Goals
- Stage 1 Objectives
 - Eligible professionals
 - Eligible hospitals
- Stage 1 Measures & Methodology
 - Eligible professionals
 - Eligible hospitals
- Recommended standards
- Resources
 - Meaningful Use
 - Standards

For more information

Visit: Minnesota e-Health Initiative web site on HITECH (<http://www.health.state.mn.us/e-health/hitech.html>)

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Health Outcomes Policy Priority

Improving quality, safety, efficiency, and reducing health disparities

Care Goals

- 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
- Report information for quality improvement and public reporting

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)	<p>For EPs, CPOE is used for at least 80% of all orders</p> <p>Numerator: orders issued by the EP entered using the CPOE functionality of certified EHR technology during the EHR reporting period.</p> <p>Denominator: all orders issued by the EP during the EHR reporting period. (Orders issued by an EP for all populations.)</p>	<p>For eligible hospitals, CPOE is used for 10% of all orders</p> <p>Numerator: orders entered in an inpatient facility/ department that falls under the eligible hospital's CCN and by an authorized provider using CPOE functionality of certified EHR technology during the EHR reporting period. Inpatient facility/ department is defined by the place of service code 21.</p> <p>Denominator: all orders entered in an inpatient facility/department that falls under the eligible hospital's CCN and issued by the authorized providers in the hospital during the EHR reporting period. (Orders issued for all populations.)</p>		

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	The EP has enabled this functionality Attestation	The eligible hospital has enabled this functionality Attestation	Drug formulary check Applicable Part D standard required by law (i.e., NCPDP Formulary & Benefits Standard 1.0)	http://www.ncdp.org
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	At least 80% of all unique patients seen by the EP have at least one entry or an indication of none recorded as structured data Numerator: number of unique patients seen by an EP during the EHR reporting period that have at least one ICD-9-CM or SNOMED CT coded entry or an indication of none in the problem list. Denominator: number of unique patients seen by the EP during the EHR reporting period. Unique Patient: means that even if a patient is seen multiple times during the EHR reporting period they are only counted once.	At least 80% of all unique patients admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data Numerator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that have at least one ICD-9-CM or SNOMED CT coded entry or an indication of none in the problem list. Denominator: number of unique patients admitted to an inpatient facility/ department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period. Unique Patient: means that even if a patient is seen multiple times during the EHR reporting period they are only counted once.	Problem list Applicable HIPAA code set required by law (i.e., ICD-9-CM); or SNOMED CT®	http://www.ihtsdo.org/snomed-ct/ http://www.cdc.gov/nchs/icd/icd9cm.htm

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
Generate and transmit permissible prescriptions electronically (eRx)		<p>At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology</p> <p>Numerator: number of prescriptions for other than controlled substances generated and transmitted electronically during the EHR reporting period.</p> <p>Denominator: number of prescriptions written for other than controlled substances during the EHR reporting period.</p>		<p>Content exchange standard Applicable Part D standard required by law (e.g., NCPDP SCRIPT 8.1) or NCPDP SCRIPT 8.1 and NCPDP SCRIPT 10.6</p> <p>Vocabulary standard Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+</p>	<p>http://www.ncdp.org</p> <p>http://www.nlm.nih.gov/research/umls/rxnorm/</p>
Maintain active medication list	Maintain active medication list	<p>At least 80% of all unique patients seen by the EP have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data</p> <p>Numerator: number of unique patients seen by the EP during the EHR reporting period who have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication)</p>	<p>At least 80% of all unique patients admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data</p> <p>Numerator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital’s CCN during the EHR reporting period who have at least one entry (or an indication of “none” if the patient is not</p>	<p>Medication list Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+</p>	<p>http://www.nlm.nih.gov/research/umls/rxnorm/</p>

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
		<p>recorded as structured data in their medication list.</p> <p>Denominator: number of unique patients seen by the EP during the EHR reporting period.</p>	<p>currently prescribed any medication) recorded as structured data in their medication list.</p> <p>Denominator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.</p>		
Maintain active medication allergy list	Maintain active medication allergy list	<p>At least 80% of all unique patients seen by the EP have at least one entry or (an indication of "none" if the patient has no medication allergies) recorded as structured data</p> <p>Numerator: number of unique patients seen by the EP during the EHR reporting period who have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data in their medication list.</p> <p>Denominator: number of unique patients seen by the EP during the EHR reporting period.</p>	<p>At least 80% of all unique patients admitted to the eligible hospital have at least one entry or (an indication of "none" if the patient has no medication allergies) recorded as structured data</p> <p>Numerator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data in their medication list.</p> <p>Denominator: number of unique patients seen by the EP or admitted to an inpatient</p>	No standard adopted at this time.	

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
			facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.		
Record demographics - preferred language - insurance type - gender - race - ethnicity - date of birth	Record demographics - preferred language - insurance type - gender - race - ethnicity - date of birth - date and cause of death in the event of mortality	At least 80% of all unique patients seen by the EP have demographics recorded as structured data Numerator: number of unique patients seen by the EP during the EHR reporting period who have all required demographic elements (preferred language, insurance type, gender, race, and ethnicity, date of birth and, for hospitals, date and cause of death in the case of mortality) recorded as structured data in their electronic record. Denominator: number of unique patients seen by the EP during the EHR reporting period.	At least 80% of all unique patients admitted to the eligible hospital have demographics recorded as structured data Numerator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have all required demographic elements (preferred language, insurance type, gender, race, and ethnicity, date of birth and, for hospitals, date and cause of death in the case of mortality) recorded as structured data in their electronic record. Denominator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.		

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
<p>Record and chart changes in vital signs:</p> <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. 	<p>Record and chart changes in vital signs:</p> <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. 	<p>For at least 80% of all unique patients age 2 and over seen by the EP, record blood pressure and BMI; additionally plot growth chart for children age 2-20</p> <p>Numerator: number of unique patients age 2 and over seen by the EP during the EHR reporting period who have a record of their blood pressure, and BMI (growth chart for children 2–20) in their record.</p> <p>Denominator: number of unique patients age 2 or over seen by the EP during the EHR reporting period.</p>	<p>For at least 80% of all unique patients age 2 and over admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2-20</p> <p>Numerator: number of unique patients age 2 and over admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital’s CCN during the EHR reporting period who have a record of their blood pressure, and BMI (growth chart for children 2–20) in their record.</p> <p>Denominator: number of unique patients age 2 or over admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital’s CCN during the EHR reporting period.</p>	<p>Vital Signs No standard adopted at this time</p> <p>Units of Measure No standard adopted at this time</p>	
<p>Record smoking status for patients 13 years old or older</p>	<p>Record smoking status for patients 13 years old or older</p>	<p>At least 80% of all unique patients 13 years old or older seen by the EP have “smoking status” recorded</p> <p>Numerator: number of unique patients age 13 or older seen by the EP during the EHR reporting period</p>	<p>At least 80% of all unique patients 13 years old or older admitted to the eligible hospital have “smoking status” recorded</p> <p>Numerator: number of unique patients age 13 or older admitted to an inpatient facility/department (POS 21)</p>		

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
		<p>who have a record of their smoking status.</p> <p>Denominator: number of unique patients age 13 or older seen by the EP during the EHR reporting period.</p>	<p>that falls under the eligible hospital's CCN during the EHR reporting period who have a record of their smoking status.</p> <p>Denominator: number of unique patients age 13 or older admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.</p>		
Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	<p>At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data</p> <p>Numerator: number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number and are incorporated as structured data into certified EHR technology.</p> <p>Denominator: number of lab tests ordered during the EHR reporting period by</p>	<p>At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data</p> <p>Numerator: number of lab tests ordered during the EHR reporting period by the authorized providers of the eligible hospital for patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN whose results are expressed in a positive or negative affirmation or as a number and are incorporated as structured data into certified EHR technology.</p> <p>Denominator: number of lab</p>	LOINC® when LOINC® codes have been received from a laboratory	http://loinc.org/

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
		the EP whose results are expressed in a positive or negative affirmation or as a number.	tests ordered during the EHR reporting period by the authorized providers of the eligible hospital for patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN whose results are expressed in a positive or negative affirmation or as a number.		
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Generate at least one report listing patients of the EP with a specific condition. Attestation	Generate at least one report listing patients of the eligible hospital with a specific condition. Attestation		
Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule	For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule	Content Exchange Standard CMS PQRI 2008 Registry XML Specification	http://www.cms.gov/PQRI/
Send reminders to patients per patient preference for preventive/ follow up care		Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over Numerator: number of			

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
		<p>unique patients age 50 or over seen by the EP during the EHR reporting period who are provided reminders.</p> <p>Denominator: number of unique patients seen by the EP during the EHR reporting period.</p>			
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules	Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules	<p>Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP is responsible for as described further in section II(A)(3).</p> <p>Attestation</p>	<p>Implement 5 clinical decision support rules relevant to the clinical quality metrics the Eligible Hospital is responsible for as described further in section II(A)(3).</p> <p>Attestation</p>		
Check insurance eligibility electronically from public and private payers	Check insurance eligibility electronically from public and private payers	<p>Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP</p> <p>Numerator: number of unique patients seen by the EP during the EHR reporting period whose insurance eligibility is checked electronically.</p> <p>Denominator: number of unique patients seen by the</p>	<p>Insurance eligibility checked electronically for at least 80% of all unique patients admitted to the eligible hospital</p> <p>Numerator: number of unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period whose insurance eligibility is checked electronically.</p> <p>Denominator: number of</p>	<p>Content Exchange Standard</p> <p>Applicable HIPAA transaction standards required by law</p>	

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Eligible Hospitals	Eligible Professionals	Eligible Hospitals		
		EP during the EHR reporting period whose insurer allows for the electronic verification of eligibility.	unique patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period whose insurer allows for the electronic verification of eligibility.		
Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.	At least 80% of all claims filed electronically by the EP Numerator: number of claims submitted electronically using certified EHR technology for patients seen by the EP during the EHR reporting period. Denominator: number of claims filed seen by the EP during the EHR reporting period.	At least 80% of all claims filed electronically by the eligible hospital Numerator: number of claims submitted electronically using certified EHR technology for patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period. Denominator: number of claims filed on being admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	Content Exchange Standard Applicable HIPAA transaction standards required by law	

Health Outcomes Policy Priority

Engage patients and families in their health care

Care Goals

Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request	<p>At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours</p> <p>Numerator: number of patients seen by the EP during the EHR reporting period that request an electronic copy of their health information and receive it within 48 hours.</p> <p>Denominator: number of patients seen by the EP who request an electronic copy of their health information during the EHR reporting period.</p>	<p>At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours</p> <p>Numerator: number of patients admitted to an inpatient facility/ department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that request an electronic copy of their health information and receive it within 48 hours.</p> <p>Denominator: number of patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN who request an electronic copy of their health information during the EHR reporting period.</p>		
	Provide patients with an electronic copy of their discharge		At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions		

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
	instructions and procedures at time of discharge, upon request		<p>and procedures are provided it</p> <p>Numerator: number of patients discharged from an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that request an electronic copy of their discharge instructions and procedures and receive it.</p> <p>Denominator: number of patients discharged from an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN who request an electronic copy of their discharge instructions and procedures during the EHR reporting period.</p>		
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP		<p>At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information</p> <p>Numerator: number of unique patients seen during the EHR reporting period who have timely, electronic access to their health information (for example, have established a user account and</p>			

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
		password on a patient portal). Denominator: number of unique patients seen during the EHR reporting period.			
Provide clinical summaries for patients for each office visit		Clinical summaries are provided for at least 80% of all office visits Numerator: number of unique patients seen in the office during the EHR reporting period who are provided a clinical summary of their visit. Denominator: number of unique patients seen in the office during the EHR reporting period.		HL7 CDA R2 CCD Level 2 or ASTM CCR	http://www.hl7.org http://www.astm.org/COMMIT/COMMITTEE/E31.htm

Health Outcomes Policy Priority: Improve care coordination

Care Goals

Exchange meaningful clinical information among professional health care team

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information Attestation	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information Attestation	<p>Problem list Applicable HIPAA code set required by law (i.e., ICD-9-CM); or SNOMED CT®</p> <p>Medication list Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+</p> <p>Procedures Applicable HIPAA code sets required by law (i.e., ICD-9-CM or CPT-4®)</p>	<p>http://www.ihtsdo.org/snomed-ct/</p> <p>http://www.cdc.gov/nchs/icd/icd9cm.htm</p> <p>http://www.nlm.nih.gov/research/umls/rxnorm/</p> <p>http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml</p>
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care Numerator: number of relevant encounters and transitions of care for	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care Numerator: number of relevant encounters and transitions of care for which an inpatient facility/department		

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
		<p>which the EP was a participant during the EHR reporting period where medication reconciliation was performed.</p> <p>Denominator: number of relevant encounters and transitions of care for which the EP was a participant during the EHR reporting period.</p>	<p>(POS 21) that falls under the eligible hospital's CCN was a participant during the EHR reporting period where medication reconciliation was performed.</p> <p>Denominator: number of relevant encounters and transitions of care for which the inpatient facility/ department (POS 21) that falls under the eligible hospital's CCN was a participant during the EHR reporting period.</p>		
Provide summary care record for each transition of care and referral	Provide summary care record for each transition of care and referral	<p>Provide summary of care record for at least 80% of transitions of care and referrals</p> <p>Numerator: number of transitions of care and referrals for which the EP was the transferring or referring provider during the EHR reporting period where a summary of care record was provided.</p> <p>Denominator: number of transitions of care for which the EP was the transferring or referring provider during the EHR reporting period.</p>	<p>Provide summary of care record for at least 80% of transitions of care and referrals</p> <p>Numerator: number of transitions of care and referrals for which the inpatient facility/department (POS 21) that falls under the eligible hospital's CCN was the transferring or referring provider during the EHR reporting period where a summary of care record was provided.</p> <p>Denominator: number of transitions of care for which the inpatient facility/ department (POS 21) that falls under the eligible hospital's CCN was the transferring or referring provider during the EHR reporting period.</p>	HL7 CDA R2 CCD Level 2 or ASTM CCR	http://www.hl7.org http://www.astm.org/COMMIT/COMMITTEE/E31.htm

Health Outcomes Policy Priority

Improve population and public health

Care Goals

Communicate with public health agencies

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries Attestation	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries Attestation	Content Exchange Standard HL7 2.3.1 or HL7 2.5.1 Vocabulary Standard CVX	http://wwwlhl7.org
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically) Attestation		Content Exchange Standard HL7 2.5.1 Vocabulary Standard LOINC® when LOINC® codes have been received from a laboratory	http://loinc.org/
Capability to provide electronic syndromic surveillance data to public health agencies and	Capability to provide electronic syndromic surveillance data to public health agencies and actual	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an eligible	Content Exchange Standard HL7 2.3.1 or HL7 2.5.1	http://wwwlhl7.org

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
actual transmission according to applicable law and practice	transmission according to applicable law and practice	agencies to which an EP submits such information have the capacity to receive the information electronically) Attestation	hospital submits such information have the capacity to receive the information electronically) Attestation	Vocabulary standard According to Applicable Public Health Agency Requirements	

Health Outcomes Policy Priority

Ensure adequate privacy and security protections for personal health information

Care Goals

- 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.

Stage 1 Objectives		Stage 1 Measures and Methodology		Recommended Standards	Related Resources (Link to meaningful use resources) (Link to standards resources)
Eligible Professionals	Hospitals	Eligible Professionals	Hospitals		
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary Attestation	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary Attestation		

Resources for Meaningful Use

Electronic Health Record Incentive Program – Proposed Rules

<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>

Centers for Medicare and Medicaid Services

Fact sheets on proposed rules for electronic health records incentive program

http://www.cms.gov/Recovery/11_HealthIT.asp

Minnesota e-Health Initiative

Meaningful Use and HITECH Act Resources

<http://www.health.state.mn.us/e-health/muhome.html>

Key Health Alliance

Regional extension center for Health Information Technology for Minnesota and North Dakota

<http://www.stratishealth.org/expertise/healthit/clinics/HITREC.html>

MDH-Office of Rural Health and Primary Care

Electronic Health Records (EHR) adoption tools for providers, including those targeted for rural and urban safety-net providers

<http://www.health.state.mn.us/divs/orhpc/hit/tool.html>

Healthcare Information and Management Systems Society (HIMSS)

Meaningful Use, Certification Criteria and Standards, and HHS Certification Process

<http://www.himss.org/EconomicStimulus/>

National e-Health Initiative

Meaningful use resources

<http://www.ehealthinitiative.org/meaningful-use-resources.html>

Resources from Vendors and Implementation sites

- **Baylor** Guidelines for Change Management
- **Good Samaritan** Implementation Guidance
- **Epic**
 - Meaningful Use Workbook and Guide
- **Eclipsys**
 - Workbooks and Guidelines
- **McKesson**
 - General Education Session: www.mckesson.com/AchieveHIT
 - Detailed Stimulus Assessment
 - Customer Segmentation Tools
- **eClinicalWorks**
 - Educational webinars
- **E-MDs**
 - Outreach Program includes hosted webinars, website collateral and outreach to clinician stakeholders that are active in EHR adoption activities.



MINNESOTA e-HEALTH INITIATIVE

Introduction to e-Health Standards, Federal Standards Recommendations and Certification Process

Federal Interim Final Rules on Standards

Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule

<http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf>

Federal Proposed Rules on Certification

Proposed Rules on Establishment of Certification Programs for Health Information Technology

<http://edocket.access.gpo.gov/2010/pdf/2010-4991.pdf>

Minnesota e-Health Initiative

Minnesota requirements, recommendations and resources

<http://www.health.state.mn.us/e-health/standards/index.html>

Healthcare Information and Management Systems Society (HIMSS)

Meaningful Use, Certification Criteria and Standards, and HHS Certification Process

<http://www.himss.org/EconomicStimulus/>

National Council of Prescription Drug Programs (NCPDP)

NCPDP creates and promotes data interchange standards for the pharmacy services sector of the healthcare industry

<http://www.ncdp.org/standards.aspx>

Health Level Seven International (HL7)

<http://www.hl7.org/implement/standards/index.cfm>

Agency for Healthcare Research and Quality (AHRQ)

Standards Knowledge Library

http://healthit.ahrq.gov/portal/server.pt?open=514&objID=5554&mode=2&holderDisplayURL=http://prodportallb.ahrq.gov:7087/publishedcontent/publish/communities/k_o/knowledge_library/key_topics/health_briefing_01232006100413/standards.html

Nationwide Health Information Network (NHIN) Overview

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1142&parentname=CommunityPage&parentid=1&mode=2>

NHIN Exchange

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1407&parentname=CommunityPage&parentid=8&mode=2&in_hi_userid=11113&cached=true

NHIN Direct Project

<http://nhindirect.org/>