Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Standards Task Force

Review of HITPC Meaningful Use Stage 3 Recommendations

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HITPC Recommended Objectives

Improving Quality of Care and Safety

1. Clinical decision support
2. Order tracking
3. Demographics/patient information
4. Care planning – advance directive
5. Electronic notes
6. Hospital labs
7. Unique device identifiers

Engaging Patients and Families in their Care

8. View, download, transmit
9. Patient generated health data
10. Secure messaging
11. Visit Summary/clinical summary
12. Patient education

Improving Care Coordination

13. Summary of Care at Transitions
14. Notifications
15. Medication Reconciliation

Improving Population and Public Health

16. Immunization history
17. Registries
18. Electronic lab reporting
19. Syndromic surveillance

Improving quality of care and safety: Clinical decision support (CDS)

Use of CDS to Improve Quality of Care and Safety

- **Core: EP/EH/CAH** use of multiple CDS interventions that apply to CQMs **in at least 4 of the 6 NQS priorities**
- Recommended intervention areas:
  1. Preventive care
  2. Chronic condition management
  3. Appropriateness of lab/rad orders
  4. Advanced medication-related decision support
  5. Improving problem, meds, allergy lists
  6. Drug-drug /drug-allergy interaction checks

Certification criteria:

1. Ability to track "actionable" (i.e., suggested action is embedded in the alert) CDS interventions and user actions in response to interventions
2. Perform age-appropriate maximum daily-dose weight based calculation

Provider Use Effort	Standards Maturity	Development Effort
High	**Low**	**High** Nature of tracking a response is a substantive effort. Suggest aligning payment reform with an outcome, rather than prescriptive CDS.

Red: Changes from stage 2 **Blue: Newly introduced** **Bright Red: edits for clarity**

Improving quality of care and safety: Order tracking

Tracking Orders to Improve Quality of Care and Safety

- **NEW Menu: EPs**
- Assist with follow-up on orders to improve the management of results.
- Results of specialty consult requests are returned to the ordering provider [pertains to specialists]
- Threshold: Low
- Certification criteria:
  - EHR should display the abnormal flags for test results if it is indicated in the lab-result message
  - Date complete
  - Notify when available or not completed
  - Record date and time results reviewed and by whom
  - Match results with the order to accurately result each order or detect when not been completed

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Low**	**High** There are a variety of different concepts with varying levels of difficulty included. Suggest including display of abnormal lab results and sign-off.

Blue: Newly introduced *Bright Red*: edits for clarity

Reducing health disparities: Demographics/patient information

Patient Information Captured and Used to Reduce Health Disparities
• **Certification criteria to achieve goals:** – Ability to capture patient preferred method of communication – Ability to capture occupation and industry codes – Ability to capture sexual orientation, gender identity – Ability to capture disability status • Communication preferences will be applied to visit summary, reminders, and patient education

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Low** Standards are still evolving for some of these items, although occupation and industry codes does has a high standards maturity.	**Medium** Could potentially be HIGH. There are significant workflow changes that could result due to the communication preferences. Patients could provide a default means of communication, without limiting to only that form of communication.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Care planning – advance directive

Recording Advance Directives to Improve Quality of Care and Safety
• **Core** for EHs, introduce as **Menu** for EPs • Record whether a patient 65 years old or older has an advance directive • Threshold: Medium • Certification criteria: ability to store the document in the record and/or include more information about the document (e.g., link to document or instructions regarding where to find the document or where to find more information about it).

Provider Use Effort	Standards Maturity	Development Effort
Low	**High** Maturity is high if the intent was a simple yes/no check box and link to a URL.	**Low** Development is low, if correctly assumed this was a yes/no check box and link to a URL.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Electronic notes

Use of Electronic Progress Notes to Improve Quality of Care and Safety
• **Core: EPs** record an electronic progress note, authored by the eligible professional. • Electronic progress notes (excluding the discharge summary) should be authored by an authorized provider of the **EH or CAH (Core)** – Notes must be text-searchable • Threshold: High

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Medium** Concerned about the significant threshold increase. Is the intent to provide the ability to search across multiple notes?	**High** Creating de novo functionality and export capabilities Discharge summary is an ambiguous term. Assume meant "Hospital Course" and "Discharge Instructions" and intends that such text notes be included in the Discharge Summary C-CDA Template or equivalent standard?

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red*: edits for clarity**

Improving quality of care and safety: Hospital Labs

Hospital Lab Results shared to Improve Quality of Care and Safety
• **Eligible Hospitals** provide structured electronic lab results using LOINC to ordering providers • Threshold: Low

Provider Use Effort	Standards Maturity	Development Effort
Low	**High**	**High** Concerned about LOINC readiness, development could be substantial.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Unique device identifier (UDI)

Recording FDA UDI to Improve Quality of Care and Safety
• **NEW** • **Menu: EPs and EHs** should record the FDA Unique Device Identifier (UDI) when patients have devices implanted for each newly implanted device • Threshold: High

Provider Use Effort	Standards Maturity	Development Effort
Low	**Low**	**Low** Development is low if only want a text field, but this provides low utility. Development effort would be much higher if some type of validation is required. This would allow the ability to identify whether a device has been recalled, but would be much harder.

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: View, download, transmit

Access to health Information to Engage Patients and Families in their Care

- **EPs/EHs** provide patients with the ability to view online, download, and transmit (VDT) their health information within **24 hours** if generated during the course of a visit
- Threshold for availability: High
- Threshold for use: low
  - **Labs or other types of information** not generated within the course of the visit available to patients **within four (4) business days of** availability
- Add family history to data available through VDT

Provider Use Effort	Standards Maturity	Development Effort
High	**Low** Low maturity if need structured family history. The wording is different than stage 2, was this intended?	**Medium** Significant operational issues. Concerned about timing to make this available to the patient. Workflow and attestation implications, but certification itself is not difficult.

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Patient Generated Health Data (PGHD)

Use of PGHD to Engage Patients and Families in their Care
• New • **Menu: Eligible Professionals and Eligible Hospitals** receive provider-requested, electronically submitted patient-generated health information through either *(at the discretion of the provider):* – structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status) – or secure messaging • Threshold: Low

Provider Use Effort	Standards Maturity	Development Effort
High	**Low**	**High** Developers have to incorporate functionality for both strategies which can be configurable by the provider and results in high development

Red: Changes from stage 2 Blue: Newly introduced *Bright Red*: edits for clarity

Engaging patients and families in their care: Secure messaging

Functionality Needed to Achieve Goals
• No Change in objective • **Core: Eligible Professionals** • Patients use secure electronic messaging to communicate with EPs on clinical matters. • Threshold: Low (e.g. 5% of patients send secure messages) • Certification criteria: – Capability to indicate whether the patient is expecting a response to a message they initiate – Capability to track the response to a patient-generated message (e.g., no response, secure message reply, telephone reply)

Provider Effort	Standards Maturity	Development Effort
Medium	**Low**	**High** The industry already has implemented workflow solutions to ensure closing the loop on communications, prescribe the workflow is inappropriate. Encourage the concept, but discourage the specificity.

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Visit summary/clinical summary

Visit summaries used to Engage Patients and Families in their Care
• **Core: EPs** provide office-visit summaries to patients or patient-authorized representatives with relevant, actionable information, and instructions pertaining to the visit in the form/media preferred by the patient • Certification criteria: EHRs allow provider organizations to configure the summary reports to provide relevant, actionable information related to a visit. • **Threshold:** Medium

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Low** Uncertain how to define usability or relevant and actionable with a standard. Should not mandate usability, how is usability measured?	**High** This is impossible to certify. Suggest providing patient access through VDT, rather than form/media preferred by the patient.

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Patient education

Functionality Needed to Achieve Goals
• Continue educational material objective from stage 2 for Eligible Professionals and Hospitals – Threshold: Low • Additionally, **Eligible Providers and Hospitals** use CEHRT capability to provide patient-specific educational material in non-English speaking patient's preferred language, if material is publicly available, using preferred media (e.g., online, print-out from CEHRT). – Threshold: Low • Certification criteria: EHRs have capability for provider to providing patient-specific educational materials in at least one non-English language

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Medium** Medium, if using infobutton and language. Unsure how useful this objective is.	**Medium/High** Medium/High, depending upon the number of languages supported and the nature the materials available.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving care coordination: Summary of care

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A Summary of Care is Provided at Transitions to Improve Care Coordination

- **EPs/EHs/CAHs** provide a summary of care record during transitions of care
- Threshold: No Change
- Types of transitions:
  - Transfers of care from one site of care to another (e.g.. Hospital to: PCP, hospital, SNF, HHA, home, etc)
  - Consult (referral) request (e.g., PCP to Specialist; PCP, SNF to ED) **[pertains to EPs only]**
  - Consult result note (e.g. consult note, ER note)

- Summary of care may (at the discretion of the provider organization) include, as relevant:
  - A narrative (synopsis, expectations, results of a consult) **[required for all transitions]**
  - Overarching patient goals and/or problem-specific goals
  - Patient instructions (interventions for care)
  - Information about known care team members

Discussion: Although structured data is helpful, use of free text in the summary of care document is acceptable. When structured fields are used, they should be based on standards . Summary of care documents contain data relevant to the purpose of the transition (i.e. not all fields need to be completed for each purpose)

Provider Use Effort	Standards Maturity	Development Effort
High	**Medium** Standards are available, but not yet widely in production.	**Medium/High** Medium, if incorporating into c-CDA from existing workflow . High, due to uncertainty around time requirement which could potentially entail novel data needs.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving care coordination: Notifications

Notifications of Significant Healthcare Events are Sent to Improve Care Coordination

- **NEW**
- **Menu: Eligible Hospitals and CAHs** send electronic notifications of significant healthcare events within 4 hours to known members of the patient's care team (e.g., the primary care provider, referring provider, or care coordinator) with the patient's consent if required
- Significant events include:
  - Arrival at an Emergency Department (ED)
  - Admission to a hospital
  - Discharge from an ED or hospital
  - Death
- Low threshold

Provider Use Effort	Standards Maturity	Development Effort
High	**Low** HL7 events are mature, but capture of recipient Direct Address and transmission/incorporation of HL7 via Direct is low maturity.	**High** New concept. High development effort to capturing Direct addresses at registration and then delivering to those addresses

Red: Changes Blue: Newly introduced *Bright Red*: edits for clarity

Improving care coordination: Medication Reconciliation

Functionality Needed to Achieve Goals
• **No Change** • **Core: Eligible Professionals, Hospitals, and CAHs** who receive patients from another setting of care perform medication reconciliation. • Threshold: No Change

Provider Use Effort	Standards Maturity	Development Effort
Low	**High** Already included in stage 2. In practice, the ubiquity of medication information sent in the c-CDA by trading partners is immature.	**Low** Already included in stage 2.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Immunization history

Use of Immunization History to Improve Population and Public Health
• **Core: EPs, EHs, CAHs** receive a patient's immunization history supplied by an immunization registry or immunization information system, allowing healthcare professionals to use structured historical immunization information in the clinical workflow • Threshold: Low, a simple use case • **Certification criteria:** – Ability to receive and present a standard set of structured, externally-generated immunization history and capture the act and date of review within the EP/EH practice – Ability to receive results of external CDS pertaining to a patient's immunization

Provider Use Effort	Standards Maturity	Development Effort
Medium	**Low** Gating factor is lack of specificity in transport ("push") and query/response ("pull") from public health entities. HealtheDecisions maturity is low	**High** Novel workflows that do not exist outside of a few pilots.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Registries

Transmit Data to Registry to Improve Population and Public Health

- **Menu: EPs/ Menu: EHs**
- Purpose: Electronically transmit data from CEHRT in standardized form (i.e., data elements, structure and transport mechanisms) to one registry
- Reporting should use one of the following mechanisms:
  1. Upload information from EHR to registry using standards ~~c-CDA~~
  2. Leverage national or local networks using federated query technologies

Discussion: CEHRT is capable (certification criteria only) of allowing end-user to configure which data will be sent to the registries. Registries are important to population management, but there are concerns that this objective will be difficult to implement.

Provider Use Effort	Standards Maturity	Development Effort
High	**Low** No way to enumerate a finite number of standards for the many registries out there. No universal mechanism of delivery. No content standard available.	**High** Recommend signaling that registries should use Direct and controlled vocabularies for common form of content.

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red*: edits for clarity**

Improving population and public health: Electronic lab reporting

Electronic Laboratory Results Submitted to Improve Population and Public Health
• **No Change** • **Core: EHs and CAHs** submit electronic reportable laboratory results, for the entire reporting period, to public health agencies, except where prohibited, and in accordance with applicable law and practice

Provider Use Effort	Standards Maturity	Development Effort
Low	**High** already exist in stage 2. Implementation is difficult. Important for health departments to use Direct; would make transactions easier.	**Low** Already exists in stage 2.

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Syndromic surveillance

Submit Syndromic Surveillance Data to Improve Population and Public Health
• **EH ONLY** • **Eligible Hospitals and CAHs (core)** submit syndromic surveillance data for the entire reporting period from CEHRT to public health agencies, except where prohibited, and in accordance with applicable law and practice

Provider Use Effort	Standards Maturity	Development Effort
Medium	**High**	**Low**

Red: Changes from stage 2 **Blue: Newly introduced**

Reduction of Disparities

- CQM requirements should include a requirement to stratify one CQM report by a disparity relevant to the provider

Task Force Feedback
Collecting data to stratify could potentially be very difficult; data could be coming from multiple systems. Were hospitals considered in this recommendation?