

Health IT Policy Committee

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



Meaningful Use Workgroup

Stage 3 Draft Recommendations

Paul Tang, Chair

George Hripcsak, Co-Chair

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Meaningful Use Workgroup Members



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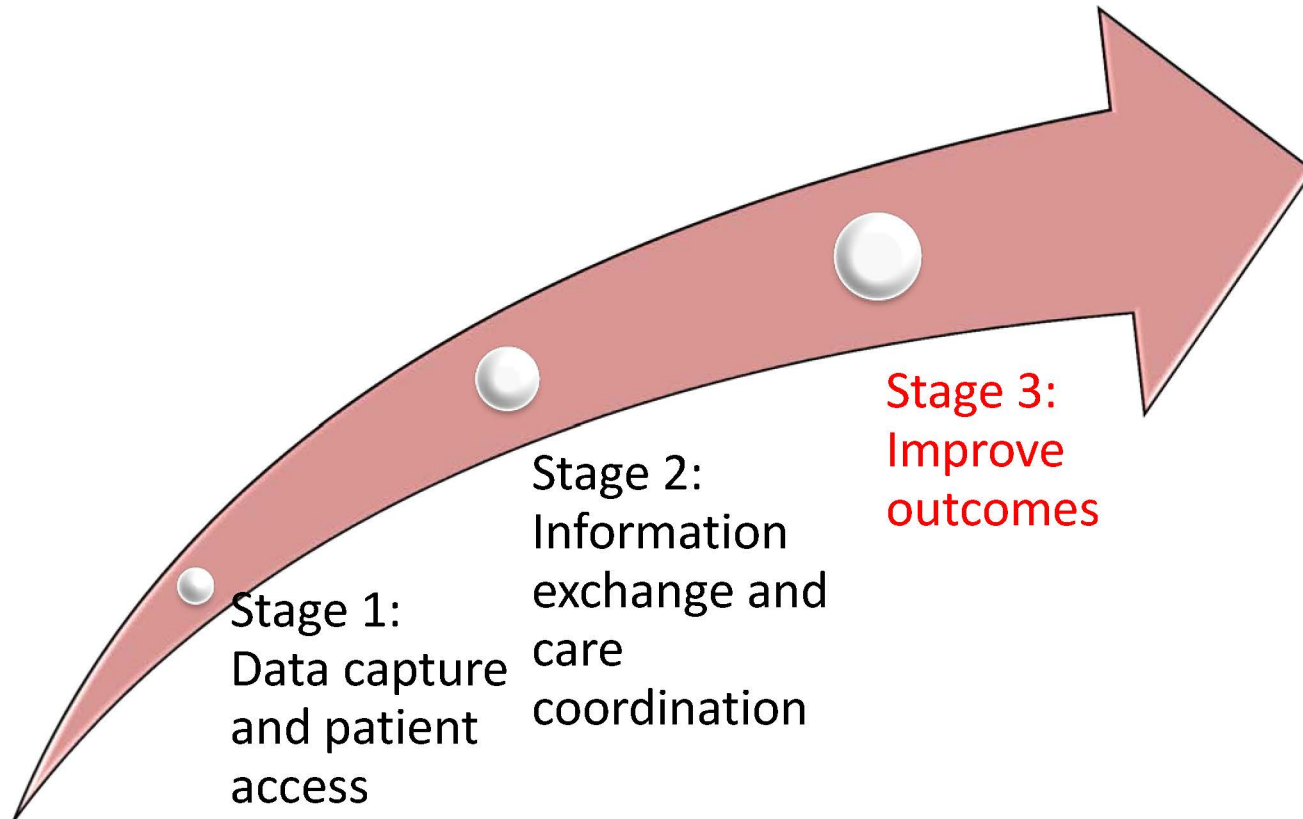


- Context for today's discussion
- Connecting the dots from outcomes to EHR functionality
- Draft recommendations for Stage 3 MU functionality objectives
- Discussion

Meaningful Use Staging Plan



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- February 2012, MU WG begins working on MU3
- November 2012, Issue RFC
- January 2013, RFC presentation to HITPC
 - 606 responses
 - Provider organizations (Clinician/Institutional)
 - Eligible hospitals and professionals
 - Vendors and vendor trade groups
 - Allied professional organizations
 - EHR consultants
 - Federal agencies
 - Payers
 - Other (e.g. REC community, individual citizens)
- February 14, 2014, Draft recommendations to HITPC
- Total of 112 MU WG and subgroup public calls deliberating MU3

Timetable for Stage 3 Recommendations and Rule Making



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- Feb 2014: Draft stage 3 recommendations reviewed with HITPC
- March 2014: HITPC approval of stage 3 recommendations
- Fall 2014: NPRM for stage 3
- 1st half 2015: Final Rule for stage 3
- Effective: 2017



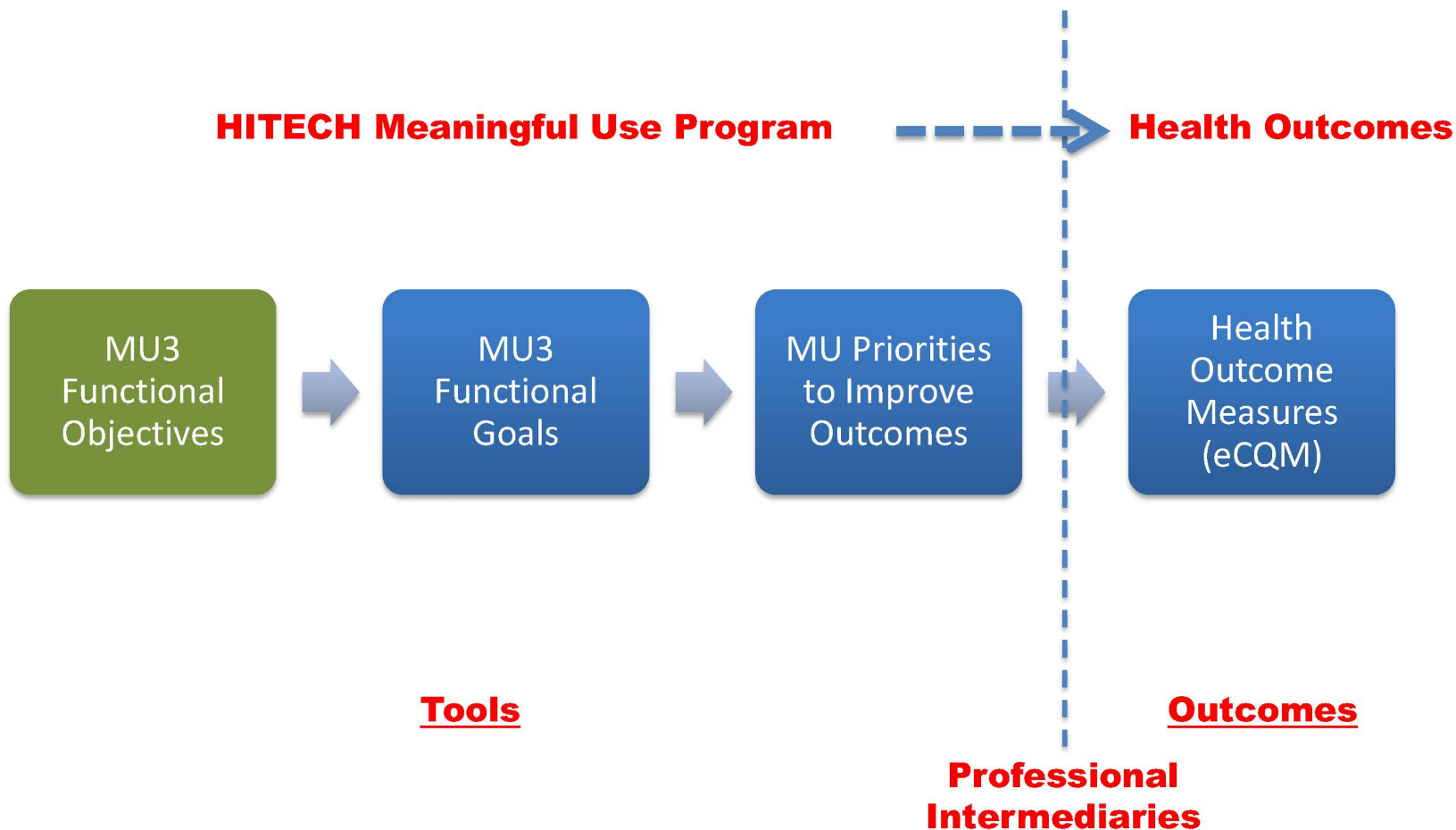
- Supports **new model of care** (e.g., team-based, outcomes-oriented, population management)
- Addresses **national health priorities** (e.g., NQS, prevention, Partnerships for Patients, Million Hearts)
- **Broad applicability** (since MU is a floor)
 - Provider specialties (e.g., primary care, specialty care)
 - Patient health needs
 - Areas of the country
- **Address key gaps (e.g., information exchange, patient engagement, reducing disparities)** in EHR functionality that the market will not drive alone, but are essential for all providers
- Not "topped out" or **not already driven by market forces**
- **Mature standards** widely adopted or could be widely adopted by 2017 (for stage 3)

Role of Meaningful Use and Improving Outcomes

Connecting the Dots



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- Clinical decision support
 - Most evidence for improving outcomes associated with EHRs
- Patient engagement
 - Inadequately addressed opportunity
- Care coordination
 - Requirement for advanced care models
- Population management
 - Requirement for advanced payment models

Improving quality of care and safety: Stage 3 Priorities



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Stage 3 Functional Objectives

- *CDS*
 - Structured data
 - ➔ – *Imaging*
 - Family history
 - Hospital labs
- *Care planning* (advance directives)
- Reminders
- *Electronic progress notes*
 - Safety
 - ➔ – *eMAR*
 - Order tracking
 - UDI
 - Med adherence

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
- Reduce billing fraud

MU Outcome Goals

- Patients receive evidence-based care
- Patients are not harmed by their care
- Patients do not receive inappropriate care

➔ *Red: Changes*

➔ *Blue: Newly introduced*

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



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Functionality Needed to Achieve Goals

- **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 disease 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** enable intervention tools such as:
 1. Ability to track CDS interventions and user responses
 2. Perform age-appropriate maximum daily-dose weight based calculation
 3. Consume external CDS rules

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

Blue: Newly introduced

Improving quality of care and safety:

Care planning



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Functionality Needed to Achieve Goals

- **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:** CEHRT has the functionality 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).

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

Red: Changes

Blue: Newly introduced



Functionality Needed to Achieve Goals

- **Core:** EHs automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)
- Threshold: Medium
- **Certification criteria:** CEHRT provides the ability to generate and report on discrepancies between what was ordered and what/when/how the medication was actually administered to use for quality improvement

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

Red: Changes

Blue: Newly introduced



Functionality Needed to Achieve Goals

- For both **EPs (menu)** and **EHRs (core)** imaging results should be included in the EHR. **Access to the images themselves should be available through the EHR (e.g., via a link).**
- Threshold: Low

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

→ Blue: Newly introduced

Improving quality of care and safety: Electronic notes



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Functionality Needed to Achieve Goals

- **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: Low
- **Certification Criteria:** Help the reader understand the origin of any copied text and identify relevant changes made to the original text.
 - Example method: provide functionality analogous to “track changes” in Microsoft Word™ to make the original source of copied text clear and any subsequent changes made

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care
- Reduce billing fraud

Red: Changes

Blue: Newly introduced

Improving quality of care and safety: Order tracking



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Functionality Needed to Achieve Goals

- **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:**
 - Display abnormal tests
 - 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

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

Blue: Newly introduced

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



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Functionality Needed to Achieve Goals

- **NEW**
- **Menu: EPs and EEs** should record the FDA Unique Device Identifier (UDI) when patients have devices implanted for each newly implanted device
- Threshold: High

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

➔ Red: Changes

Blue: Newly introduced

Improving quality of care and safety: Medication adherence



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Functionality Needed to Achieve Goals

- **NEW**
- **Certification Criteria**
 - Access medication fill information from pharmacy benefit manager (PBM)
 - Access Prescription drug monitoring program (PDMP) data in a streamlined way (e.g., sign-in to PDMP system)

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

Blue: Newly introduced



Functionality Needed to Achieve Goals

- **Certification criteria**
- CEHRT provides the ability to capture
 - ➔ – Patient preferred method of communication
 - ➔ – occupation and industry codes
 - ➔ – Sexual orientation, gender identity (optional fields)
 - ➔ – Disability status
 - ➔○ Differentiate between patient reported & medically determined
- **Communication preferences** will be applied to the clinical summary, reminders, and patient education objectives
 - Providers should have the ability to select options that are technically feasible for them, these could include: Email, text, patient portal, telephone, regular mail

Stage 3 Functionality Goals

- Patient conditions are treated appropriately (e.g. age, race, education, LGBT)

➔ Red: Changes

Blue: Newly introduced

Engaging patients and families in their care: Stage 3 Priorities



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Stage 3 Functional Objectives

- View, download, transmit
- Amendments
- Patient Generated Health Data
- Clinical summary
- Patient-specific educational resources
- Secure messaging

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

MU Outcome Goals

- Patients understand their disease and treatments
- Share information in the health record
- Patients take an active role in managing their health

→ Red: Changes

Blue: Newly introduced

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



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Functionality Needed to Achieve Goals

- 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

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

→ Red: Changes

Blue: Newly introduced

Engaging patients and families in their care: Amendments



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Functionality Needed to Achieve Goals

- **NEW**
- **Certification Criteria:** Provide patients with an easy way to request an amendment to their record online (e.g., offer corrections, additions, or updates to the record)

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

➔ Red: Changes

Blue: Newly introduced

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



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Functionality Needed to Achieve Goals

- **New**
- **Menu: Eligible Professionals and Eligible Hospitals** receive provider-requested, electronically submitted patient-generated health information through either:
 - structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status)
 - or secure messaging
- Threshold: Low

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

➔ Red: Changes

Blue: Newly introduced

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



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Functionality Needed to Achieve Goals

- **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: **CEHRT allows provider organizations to configure the summary reports to provide relevant, actionable information related to a visit.**
- **Threshold:** Medium

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

Red: Changes

Blue: Newly introduced

Engaging patients and families in their care:

Patient education



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Functionality Needed to Achieve Goals

- **EPs and EHs use** CEHRT capability to provide patient-specific **educational material in the patient's preferred non-English language and preferred form/media** (e.g., online, print-out from CEHRT)
- **Certification criteria:** EHRs are capable of providing patient-specific non-English educational materials based on patient preference
- Thresholds
 - At least one patient receives non-English educational material according to the patient's language preference

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Provide tools to help patients actively participate in their care

➔ Red: Changes

Blue: Newly introduced

Improving care coordination: Stage 3 Priorities



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Stage 3 Functional Objectives

- Medication reconciliation
- Summary of care for transfers of care, consult requests and reports
- Notifications

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions
- Care plan components are shared amongst care team

MU Outcome Goals

- All members of a patient's care team (including patient and caregivers) participate in implementing coordinated care plan

Red: Changes

Blue: Newly introduced

Improving care coordination: Summary of care



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Functionality Needed to Achieve Goals

- EPs/EHs/CAHs provide a summary of care record during transitions of care
- • **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
 - Threshold: No Change

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions
- Care plan components are shared amongst care team

→ Red: Changes

Improving care coordination: Notifications



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Functionality Needed to Achieve Goals

- **NEW**
- **Menu: Eligible Hospitals and CAHs** send electronic notifications of significant healthcare events in a timely manner 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

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions
- Care plan components are shared amongst care team

➔ Red: Changes

Blue: Newly introduced

Improving population and public health: Stage 3 Priorities



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Stage 3 Functional Objectives

- Sharing immunization data
- Case reports
- Registries
- Electronic lab reporting
- Submission of electronic syndromic surveillance data

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

MU Outcome Goals

- Providers understand and improve the health status of their patient population
- Public health officials know and improve the health status of their jurisdiction

Red: Changes to objective
Blue: Newly introduced

Improving population and public health: Immunization history



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Functionality Needed to Achieve Goals

- **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:** CEHRT functionality provides 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

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

→ **Red: Changes**
Blue: Newly introduced



Functionality Needed to Achieve Goals

- **NEW**
- **Certification criteria:**
 - CEHRT is capable of using external knowledge (i.e., CDC/CSTE Reportable Conditions Knowledge Management System) to prompt an end-user when criteria are met for case reporting.
 - When case reporting criteria are met, CEHRT is capable of recording and maintaining an audit for the date and time of prompt.
 - CEHRT is capable of using external knowledge to collect standardized case reports (e.g., structured data capture) and preparing a standardized case report (e.g., consolidated CDA) that may be submitted to the state/local jurisdiction and the data/time of submission is available for audit.

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

→ Red: Changes

Blue: Newly introduced



Functionality Needed to Achieve Goals

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

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of identifying patient populations and to drive health and care improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

Red: Changes

Blue: Newly introduced



- Objective:
 - Desire to shift from specifying EHR functional objectives to “deeming” partial fulfillment of MU incentive qualifications by achieving good outcomes
 - Explored deeming as an *optional pathway* that promotes innovation, reduces burden, and rewards good performance
 - Deeming would allow high MU performers (or significant improvers) who have already met all functional objectives in stages 1 and 2 to attest for MU by satisfying a subset of MU objectives
 - Not qualifying for deeming (by performance) does NOT affect susceptibility to MU penalties (i.e., no downside risk)
- Potential Elements of a Deeming Framework
 - Eligibility: High performer or high improver (based on 12 mo reporting)
 - Achieve high performance on 2 eCQMs in each of two high priority categories (total of 4 measures)
 - Reduce disparity gap in 1 area

Deeming Details

Challenges



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- Lack of broadly applicable eCQM outcome measures
- Not all outcome measures are “HIT sensitive”
- Comparison performance (against benchmark or for improvement) would require multi-year, broad based experience with outcome measures
- To be truly optional, would need to know whether can meet performance targets to be deemed in time to meet the full MU objectives if not meeting performance targets for deeming
- Difficult to implement before outcomes-oriented eCQMs available



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



DISCUSSION



ADDITIONAL MATERIAL

Improving quality of care and safety: Reminders



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Functionality Needed to Achieve Goals

- **No Change in objective**
- **Core: EPs** use relevant data to identify patients who should receive reminders for preventive/follow-up care
- Threshold: Low
- Reminders should be shared with the patient according to their preference (e.g., online, printed handout), if the provider has implemented the technical capability to meet the patient's preference

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

Red: Changes

Blue: Newly introduced

Improving quality of care and safety: Family History



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Functionality Needed to Achieve Goals

- • **No Change in objective**
- **Menu: Eligible Professionals and Hospitals** record patient family health history as structured data for one or more first-degree relatives
- Threshold: Low
- • **Certification criteria:** CEHRT have the capability to take family history into account for CDS interventions

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

Blue: Newly introduced

Improving quality of care and safety: Hospital Labs



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Functionality Needed to Achieve Goals

- **Eligible Hospitals** provide structured electronic lab results using **LOINC** to ordering providers
- Threshold: Low

Stage 3 Functionality Goals

- All relevant data accessible through EHR
- CDS supports timely, effective, safe, efficient care and prevention
- CDS helps avoid inappropriate care

→ Red: Changes

Blue: Newly introduced

Engaging patients and families in their care: Secure messaging



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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:** EHRs have the capability to:
 - ➔ – Indicate whether the patient is expecting a response to a message they initiate
 - ➔ – Track the response to a patient-generated message (e.g., no response, secure message reply, telephone reply)

Stage 3 Functionality Goals

- Enable patients to access and transmit their information
- Provide ability to contribute information in the record, including patient reported outcomes (PRO)
- Patient preferences recorded and used

➔ Red: Changes

Blue: Newly introduced

Improving care coordination: Medication Reconciliation



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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

Stage 3 Functionality Goals

- Relevant patient information is shared among health care team and patient, especially during transitions (site or provider)
- Care plan components such as health concerns, goals, interventions and care team members are shared

Red: Changes

Blue: Newly introduced

Improving population and public health: Electronic lab reporting



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Functionality Needed to Achieve Goals

- • ***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

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of defining and reporting on patient populations to drive clinical care and identify areas for improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

→ • ***Red italic: Changes***

Blue: Newly introduced

Improving population and public health: Syndromic surveillance



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Functionality Needed to Achieve Goals

- • **No Change**
- **EP (menu) 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

Stage 3 Functionality Goals

- Efficient and timely completion of case reports
- Efficient and timely means of defining and reporting on patient populations to drive clinical care and identify areas for improvement
- Shared information with public health agencies or specialty societies
- Bidirectional public health data exchange

→ Red: Changes

Blue: Newly introduced