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Health Outcomes Policy Priority	Care Goals	2011 ¹ 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 ¹ Measures		2013 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		2013 Measures		2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>		2015 Measures	
		Eligible Providers		Hospitals		Eligible Providers		Hospitals					
				ambulatory quality measures to CMS Send reminders to patients per patient preference for preventive/ follow up care Implement one clinical decision rule relevant to specialty or high clinical priority Document a progress note for each encounter Check insurance eligibility electronically from public and private payers, where possible	quality measures to CMS Implement one clinical decision rule related to a high priority hospital condition Check insurance eligibility electronically from public and private payers, where possible								

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		Eligible Providers	Hospitals			Eligible Providers	Hospitals						
		Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.										
Engage patients and families	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health	Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request ⁴	Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures),	% of all patients with access to personal health information electronically [EP, IP] % of all patients with access to patient-specific educational resources [EP, IP] % of encounters for which clinical	Access for all patients to PHR populated in real time with health data Offer secure patient-provider messaging capability	Access for all patients to PHR populated in real time with patient health data	% of patients with full access to PHR populated in real time with EHR data [OP, IP] Additional patient access and experience reports using	Patients have access to self-management tools Electronic reporting on experience of care	NPP quality measures , related to patient and family engagement [OP, IP]				

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

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		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
		<p>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)⁴</p> <p>Provide access to patient-specific education resources</p> <p>Provide clinical summaries for patients for each encounter</p>	<p>upon request⁴</p> <p>Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request⁴</p> <p>Provide access to patient-specific education resources</p>	<p>summaries were provided [EP]</p>	<p>Provide access to patient-specific educational resources in common primary languages</p> <p>Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options)</p> <p>Documentation of family medical history, in compliance with GINA</p> <p>Upload data from home monitoring</p>	<p>Provide access to patient-specific educational resources in common primary languages</p> <p>Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options)</p> <p>Documentation of family medical history, in compliance with GINA</p>	<p>NQF-endorsed HIT-enabled quality measures [EP, IP]</p> <p>% of patients with access to secure patient messaging [EP]</p> <p>% of educational content in common primary languages [EP, IP]</p> <p>% of all patients with preferences recorded [IP]</p> <p>% of transitions where summary care record is shared [EP, IP]</p>		

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						device		Implemented ability to incorporate data uploaded from home monitoring devices [EP]					
Improve care coordination	Exchange meaningful clinical information among professional health care team	Capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically ⁵	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 ⁵	Report 30-day readmission rate [IP] % of encounters where med reconciliation was performed [EP, IP] Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [EP, IP] % of transitions in care for which summary care record is shared	Retrieve and act on electronic prescription fill data Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge) Perform medication	Retrieve and act on electronic prescription fill data Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge) Perform	Access to comprehensive patient data from all available sources 10 % reduction in 30-day readmission rates for 2013 compared to 2012 Improvement in NQF-endorsed measures of care	Access comprehensive patient data from all available sources	Aggregate clinical summaries from multiple sources available to authorized users [OP, IP] NQF-endorsed Care Coordination Measures (TBD)				

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

⁶ Transition of care defined as moving from one health care setting or provider to another

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		Perform medication reconciliation at relevant encounters and each transition of care ⁶	Perform medication reconciliation at relevant encounters and each transition of care ⁶	(e.g., electronic, paper, e-Fax) [EP, IP]	reconciliation at each transition of care from one health care setting to another	medication reconciliation at each transition of care from one health care setting to another	coordination.						
Improve population and public health	Communicate with public health agencies	<p>Capability to submit electronic data to immunization registries and actual submission where required and accepted.⁷</p> <p>Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission</p>	<p>Capability to submit electronic data to immunization registries and actual submission where required and accepted.⁷</p> <p>Capability to provide electronic submission of reportable lab results to public health agencies and actual submission</p>	<p>Report up-to-date status for childhood immunizations [EP]⁷</p> <p>% reportable lab results submitted electronically [IP]</p>	<p>Receive immunization histories and recommendations from immunization registries⁷</p> <p>Receive health alerts from public health agencies</p> <p>Provide sufficiently anonymized electronic syndrome surveillance</p>	<p>Receive immunization histories and recommendations from immunization registries⁷</p> <p>Receive health alerts from public health agencies</p> <p>Provide sufficiently anonymized electronic syndrome surveillance</p>	<p>% of patients for whom an assessment of immunization need and status has been completed during the visit [EP]⁷</p> <p>% of patients for whom a public health alert should have triggered and audit evidence that a trigger appeared</p>	<p>Use of epidemiologic data</p> <p>Automated real-time surveillance (adverse events, near misses, disease outbreaks, bioterrorism)</p> <p>Clinical dashboards</p> <p>Dynamic and</p>	<p>HIT-enabled population measures [OP, IP]</p> <p>HIT-enabled surveillance measure [OP, IP]</p>				

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		according to applicable law and practice	where it can be received. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice			data to public health agencies with capacity to link to personal identifiers	data to public health agencies with capacity to link to personal identifiers	encounter		quality reports			
Ensure adequate privacy and security protections for personal health information	Ensure privacy and security protections for confidential information through operating policies, procedures,	Compliance with HIPAA Privacy and Security Rules ^{8,9} Compliance with fair data sharing practices set forth in the	Compliance with HIPAA Privacy and Security Rule ^{8,9} Compliance with fair data sharing practices set forth in the	Full compliance with HIPAA Privacy and Security Rules Conduct or update a security risk assessment and implement security updates as necessary		Use summarized or de-identified data when reporting data for population health purposes (e.g., public health, quality		Provide summarized or de-identified data when reporting data for health purposes (e.g., public health, quality reporting, and		Provide patients, on request, with an accounting of treatment, payment, and health care operations disclosures		Provide patients, on request, with a timely accounting of disclosures for	

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

⁹ The HIT Policy Committee recommends that state Medicaid administrators withhold meaningful use payment for any entity until any confirmed state privacy or security violation has been resolved

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	<p>and technologies and compliance with applicable law.</p> <p>Provide transparency of data sharing to patient.</p>	<u>Nationwide Privacy and Security Framework</u>	<u>Nationwide Privacy and Security Framework</u>		reporting, and research), where appropriate, so that important information is available with minimal privacy risk.		research), where appropriate, so that important information is available with minimal privacy risk.		Protect sensitive health information to minimize reluctance of patient to seek care because of privacy concerns.	<p>treatment, payment, and health care operations, in compliance with applicable law.</p> <p>Incorporate and</p>