

Health Outcomes Policy Priority	2011 <sup>1</sup> Measures	2013 Measures	2015 Measures	Recommended For Definitive 2011 Implementation	Recommended For Definitive 2013 Implementation	Recommended Directional Statement Of Intent For 2013 or 2015	Standards Gaps	Notes
<b>Improve quality, safety, efficiency, and reduce health disparities</b>	<ul style="list-style-type: none"> <li>Report quality measures to CMS including:</li> </ul>	<ul style="list-style-type: none"> <li>Additional quality reports using HIT-enabled NQF-endorsed quality measures [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>Clinical outcome measures (TBD) [OP, IP]</li> </ul>					
	<ul style="list-style-type: none"> <li>o % diabetics with A1c under control [EP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 126, 127, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 126, 127, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
	<ul style="list-style-type: none"> <li>o % hypertensive patients with BP under control [EP]</li> </ul>	<ul style="list-style-type: none"> <li>. % of all orders entered by physicians through CPOE [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>Efficiency measures (TBD) [OP, IP]</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for drug information for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		

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	0 % of patients with LDL under control [EP]			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 126, 127, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>- ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 126, 127, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>- ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>Remote device monitoring information standards and specifications included in 2015 or in 2013.</p> <p>SNOMED CT to be required as applicable for 2015</p>		
	0 % of smokers offered smoking cessation counseling [EP, IP]	- Potentially preventable Emergency Department Visits and Hospitalizations [IP]	- Safety measures (TBD) [OP, IP]	Ad hoc reporting.	Ad hoc reporting.	The use of standards for the measure may be introduced in 2015.	No EHR standards are known for reporting of the measure.	
	- % of patients with recorded BMI [EP]	- Inappropriate use of imaging (e.g., MRI for acute low back pain) [EP, IP]		Ad hoc reporting.	Ad hoc reporting pending resolution of the noted gap.	The use of standards for the measure may be introduced in 2013 or 2015.	<p>No standard is known that requires recording of BMI vs. its component measurements.</p> <p>Patient population and time parameters need to be defined for ad hoc reporting as well as future standardized reporting.</p>	

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	<ul style="list-style-type: none"> <li>- % eligible surgical patients who receive VTE prophylaxis [IP]</li> </ul>	<ul style="list-style-type: none"> <li>- Other efficiency measures (TBD) [EP, IP]</li> </ul>		<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 126, 127, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>- ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 126, 127, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>- ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>	<p>HITSP has noted standards gaps for surgical incision time and anesthesia end time.</p> <p>Additional standards gaps exist for nursing interventions, non-pharmacological treatments, and surgical records.</p>	
	<ul style="list-style-type: none"> <li>- % of orders (for medications, lab tests, procedures, radiology, and referrals) entered directly by physicians through CPOE</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 121, 126, 127, 128, 137, 141, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD)</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab information using LOINC tests</li> <li>- and -</li> <li>- Communication of imaging information</li> <li>- and -</li> <li>- Referral and encounter information</li> <li>- and -</li> <li>- ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 121, 126, 127, 128, 137, 141, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD)</li> <li>- and -</li> <li>- Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>- Access to formulary and benefit information</li> <li>- and -</li> <li>- Communication of clinical lab information using LOINC tests</li> <li>- and -</li> <li>- Communication of imaging information</li> <li>- and -</li> <li>- Referral and encounter information</li> <li>- and -</li> <li>- ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>	<p>Order standards gaps TBD may include laboratory, radiology and procedures</p>	

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	<ul style="list-style-type: none"> <li>- Use of high-risk medications (Re: Beers criteria) in the elderly</li> </ul>			Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 140, specifically including:  C32 continuity of care document (CCD) - and - Transmittal of prescriptions, refills, renewals using RxNorm drugs - and - Access to formulary and benefit information - and - ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures - and - Local or proprietary codes may be used for 2011 and 2012 reporting of measures - and - Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.	Measures based on standards selected in HITSP capabilities #117, 118, 119, 140, specifically including:  C32 continuity of care document (CCD) - and - Transmittal of prescriptions, refills, renewals using RxNorm drugs - and - Access to formulary and benefit information - and - ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures		Gaps TBD	
	<ul style="list-style-type: none"> <li>- % of patients over 50 with annual colorectal cancer screenings [EP]</li> </ul>			Measures based on standards selected in HITSP capabilities #119, 120, 126, 127, 128, 137, specifically including:  C32 continuity of care document (CCD) - and - Communication of clinical lab information using LOINC tests - and - Communication of imaging information - and - Encounter information - and - ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures - and - Local or proprietary codes may be used for laboratory information for 2011 and 2012 reporting of measures - and - Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.	Measures based on standards selected in HITSP capabilities #117, 118, 119, 126, 127, 128, 137, specifically including:  C32 continuity of care document (CCD) - and - Transmittal of prescriptions, refills, renewals using RxNorm drugs - and - Access to formulary and benefit information - and - Communication of clinical lab information using LOINC tests - and - Communication of imaging information - and - Encounter information - and - ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures	SNOMED CT to be required as applicable for 2015		

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	<ul style="list-style-type: none"> <li>- % of females over 50 receiving annual mammogram [EP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #119, 120, 128, 137, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Communication of imaging information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 128, 137, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Communication of clinical lab information using LOINC tests</li> <li>- and -</li> <li>Communication of imaging information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
	<ul style="list-style-type: none"> <li>- % patients at high-risk for cardiac events on aspirin prophylaxis [EP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>	<p>Standards for patient self reporting of medications</p>	

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	<ul style="list-style-type: none"> <li>- % of patients who received flu vaccine [EP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>measures based on applicable PQRI codes may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 137, 140, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Encounter information</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
	<ul style="list-style-type: none"> <li>- % lab results incorporated into EHR in coded format [EP, IP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #119, 120, 126, 127, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #119, 126, 127, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Communication of clinical lab results using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>	<p>Standards for blood bank; surgical pathology results; genetic test results</p>	
	<ul style="list-style-type: none"> <li>- Stratify reports by gender, insurance type, primary language, race ethnicity [EP, IP]</li> </ul>			<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>Standards recommended for other measures may apply to this measure.</p>

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	<ul style="list-style-type: none"> <li>- % of all medications, entered into EHR as generic, when generic options exist in the relevant drug class [EP, IP]</li> </ul>			Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 140, specifically including:  C32 continuity of care document (CCD) - and - Transmittal of prescriptions, refills, renewals using RxNorm drugs - and - Access to formulary and benefit information - and - ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures - and - Local or proprietary codes may be used for 2011 and 2012 reporting of measures - and - Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.	Measures based on standards selected in HITSP capabilities #117, 118, 119, 140, specifically including:  C32 continuity of care document (CCD) - and - Transmittal of prescriptions, refills, renewals using RxNorm drugs - and - Access to formulary and benefit information - and - ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures	SNOMED CT to be required as applicable for 2015		
	<ul style="list-style-type: none"> <li>- % of orders for high-cost imaging services with specific structured indications recorded [EP, IP]</li> </ul>			TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
	<ul style="list-style-type: none"> <li>- % claims submitted electronically to all payers [EP, IP]</li> </ul>			TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
	<ul style="list-style-type: none"> <li>- % patient encounters with insurance eligibility confirmed [EP, IP]</li> </ul>			TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.

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<b>Engage patients and families</b>	<ul style="list-style-type: none"> <li>- % of all patients with access to personal health information electronically [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>- % of patients with full access to PHR populated in real time with EHR data [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>- NPP quality measures, related to patient and family engagement [OP, IP]</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #119, 120, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>- and -</li> <li>- ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #119, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>-and -</li> <li>- ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
	<ul style="list-style-type: none"> <li>- % of all patients with access to patient specific educational resources [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>- Additional patient access and experience reports using NQF-endorsed HIT-enabled quality measures [EP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
	<ul style="list-style-type: none"> <li>- % of encounters for which clinical summaries were provided [EP]</li> </ul>	<ul style="list-style-type: none"> <li>- % of patients with access to secure patient messaging [EP]</li> </ul>		<p>Measures based on standards selected in HITSP capabilities #119, 120, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>- and -</li> <li>- ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>- Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #119, specifically including:</p> <ul style="list-style-type: none"> <li>- C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>-and -</li> <li>- ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
		<ul style="list-style-type: none"> <li>- % of educational content in common primary languages [EP, IP]</li> </ul>			TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.

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		· % of all patients with preferences recorded [IP]			TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
		· % of transitions where summary care record is shared [EP, IP]			Measures based on standards selected in HITSP capabilities #119, specifically including:  C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs -and - ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.	SNOMED CT to be required as applicable for 2015		
		· Implemented ability to incorporate data uploaded from home monitoring devices [EP]			TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
<b>Improve care coordination</b>	· Report 30-day readmission rate [IP]	· Access to comprehensive patient data from all available sources	· Aggregate clinical summaries from multiple sources available to authorized users [OP, IP]	TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
	· % of encounters where med reconciliation was performed [EP, IP]	· 10 % reduction in 30-day readmission rates for 2013 compared to 2012	· NQF-endorsed Care Coordination Measures (TBD)	TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.

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	<ul style="list-style-type: none"> <li>Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [EP, IP]</li> </ul>			<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 127 specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Communication of clinical lab results CDA documents using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 127, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals, and dispensing status using RxNorm drugs</li> <li>- and -</li> <li>Access to formulary and benefit information</li> <li>- and -</li> <li>Communication of clinical lab results CDA documents using LOINC tests and UCUM units of measure</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		
		<ul style="list-style-type: none"> <li>Improvement in NQF-endorsed measures of care coordination.</li> </ul>			TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
	<ul style="list-style-type: none"> <li>% of transitions in care for which summary care record is shared (e.g., electronic, paper, e-Fax) [EP, IP]</li> </ul>			<p>When summary records are electronic, measures based on standards selected in HITSP capabilities #119, 120, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures</li> </ul>	<p>When summary records are electronic, measures based on standards selected in HITSP capabilities #119, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD) using SNOMED CT problem list and RxNorm drugs</li> <li>-and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures.</li> </ul>	<p>SNOMED CT to be required as applicable for 2015</p>		

Health Outcomes Policy Priority	2011 <sup>1</sup> Measures	2013 Measures	2015 Measures	Recommended For Definitive 2011 Implementation	Recommended For Definitive 2013 Implementation	Recommended Directional Statement Of Intent For 2013 or 2015	Standards Gaps	Notes
<p><b>Improve population and public health</b></p>	<ul style="list-style-type: none"> <li>Report up-to-date status for childhood immunizations [EP]<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>% of patients for whom an assessment of immunization need and status has been completed during the visit [EP]<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>HIT-enabled population measures [OP, IP]</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 120, 132, 133, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Retrieve immunization registry information and communicate immunization information</li> <li>- and -</li> <li>ICD-9 may be used in place of SNOMED CT for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Local or proprietary codes may be used for 2011 and 2012 reporting of measures</li> <li>- and -</li> <li>Unstructured as well as structured documents may be used for purposes of 2011 and 2012 reporting of measures.</li> </ul>	<p>Measures based on standards selected in HITSP capabilities #117, 118, 119, 132, 133, specifically including:</p> <ul style="list-style-type: none"> <li>C32 continuity of care document (CCD)</li> <li>- and -</li> <li>Transmittal of prescriptions, refills, renewals using RxNorm drugs</li> <li>- and -</li> <li>Retrieve immunization registry information and communicate immunization information</li> <li>- and -</li> <li>ICD-10 may be used in place of SNOMED CT for 2013 and 2014 reporting of measures</li> </ul>	TBD		
	<ul style="list-style-type: none"> <li>% reportable lab results submitted electronically [IP]</li> </ul>	<ul style="list-style-type: none"> <li>% of patients for whom a public health alert should have triggered and audit evidence that a trigger appeared during the encounter</li> </ul>	<ul style="list-style-type: none"> <li>HIT-enabled surveillance measure [OP, IP]</li> </ul>	TBD	TBD	TBD	TBD	Standards recommended for other measures may apply to this measure.
<p><b>Ensure adequate privacy and security protections for personal health information</b></p>	<ul style="list-style-type: none"> <li>Full compliance with HIPAA Privacy and Security Rules</li> </ul>	<ul style="list-style-type: none"> <li>Provide summarized or de-identified data when reporting data for health purposes (e.g., public health, quality reporting, and research), where appropriate, so that important information is available with minimal privacy risk.</li> </ul>	<ul style="list-style-type: none"> <li>Provide patients, on request, with a timely accounting of disclosures for treatment, payment, and health care operations, in compliance with applicable law.</li> </ul>	N/A for Clinical Operations Workgroup	TBD	TBD		

Health Outcomes Policy Priority	2011 <sup>1</sup> Measures	2013 Measures	2015 Measures	Recommended For Definitive 2011 Implementation	Recommended For Definitive 2013 Implementation	Recommended Directional Statement Of Intent For 2013 or 2015	Standards Gaps	Notes
			<ul style="list-style-type: none"> <li>Incorporate and utilize technology to segment sensitive data</li> </ul>			TBD	TBD	
	<ul style="list-style-type: none"> <li>Conduct or update a security risk assessment and implement security updates as necessary</li> </ul>			N/A for Clinical Operations Workgroup	N/A for Clinical Operations Workgroup	N/A for Clinical Operations Workgroup		