

Sample Hitech Criteria Gap Assessment & Plan

Meaningful Use				Technology			Adoption / Business Deployment		Reporting Plan	
#		Objective	Certification Criteria	Measure	Gap	Code Level Required	Plan	Gap	Plan	
Improving Quality, Safety, Efficiency, and Reducing Health										
1	Hosp	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; 4. Blood bank; 5. Physical therapy; 6. Occupational therapy; 7. Respiratory therapy; 8. Rehabilitation therapy; 9. Dialysis; 10. Provider consults; and 11. Discharge and transfer.	For EPs, CPOE is used for at least 80% of all orders For eligible hospitals, CPOE is used for 10% of all orders	Meet with Current State: CPOE functionality built & in producton	None Required	OrderSet Development ongoing (Dan Mumm)	Current sites implemented with CPOE have an adoption rate well over 10% (MHOB, AMCO, Summit) Deployment Needed at other sites	Summit Hospital Opening (Bill Demeter) ASLSS Deployment (Patti Farrington) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (Traci Suminski) 2011 sequence TBD	Concurrent monitoring through PowerInsight Dashboard
	EP	Use CPOE	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; and 4. Provider referrals.		Meet with Current State: CPOE functionality built & in producton	None Required	Ambulatory Orders (Tracy Clandenning)	Deployment Needed	Currently in Pilot Plan for implemntation start Q4 (Jenny Casper)	

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2	Hosp	Implement drug-drug, drug allergy, drug-formulary checks	<p>1. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and CPOE.</p> <p>2. Enable a user to electronically check if drugs are in a formulary or preferred drug list in accordance with the standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1.</p> <p>3. Provide certain users with administrator rights to deactivate, modify, and add rules for drug-drug and drug-allergy checking.</p> <p>4. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.</p>	The EP/eligible hospital has enabled this functionality	Meet with Current state:	None Required	None planned	No Gap	None Planned	Need report of what Multum Alert Fired

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	EP	Implement drug-drug, drug allergy, drug-formulary checks			<p>Meet with Current State: Drug-drug and drug-allergy. Currently, drug-drug and drug-allergy notifications are sent to physician/nursing caregivers at the time medication order is placed.</p> <p>Gap/Need: Drug-formulary checks. Functionality not available in Cerner currently.</p>	2007.19.07: 42186, 43250, 43254, 43261, 43265, 44047	ePrescribe (Shelly Rabeth)		
3	Hosp	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data	<p>Meet with Current state: Problem list functionality is built and in production.</p>		Need effort to remove "none" when problem exists	<p>Deployment and Adoption needed History of use in the clinics is not well adopted, but has not been deployed to hospital physicians.</p> <p>Training: Need to train on add of "No known problem or disability"</p>	Summit Hospital Opening (Bill Demeter) ASLSS Deployment (Patti Farrington) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (Traci Suminski) Plan is to train physicians as part of an integrated workflow for CPOE, Problems, Histories and Medication Reconciliation.
	EP	Maintain an up-to date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®			<p>Meet with Current state: Problem list functionality is built and in production.</p>				

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4	Hosp	NA	NA	NA	No Hospital Requirement		None planned	No Hospital Requirement		
	EP	Generate and transmit permissible prescriptions electronically (eRx)	Enable a user to electronically transmit medication orders (prescriptions) for patients in accordance with the standards specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Gap/Need: ePrescribe capability needs development	ePrescribe: 42186, 43250, 43254, 43261, 43265, 44047 Rx Tab: 2007.19.10	ePrescribe(Shelly Rageth)			
5	Hosp	Maintain active medication list	Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care (i.e., over multiple office visits).	At least 80% of all unique patients seen by the EP or 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	Meet with Current state: Medication List functionality is built and in production.	None Needed	Non planned	Deployment Needed to ABMC All other sites deployed by 6/7/10	AEM Deployments (Laura Ried)	How are we indicating "none"
	EP	Maintain active medication list			Meet with Current state: Medication List functionality is built and in production.	None Needed	Non planned			

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6	Hosp	Maintain active medication allergy list	Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care (i.e., over multiple office visits).	At least 80% of all unique patients seen, by the EP or 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	Meet with Current State: Currently all hospital patients admitted have their allergies verified and updated within the electronic health record	None Needed	None planned	No Gap		
	EP	Maintain active medication allergy list			Meet with Current State: Currently all hospital patients admitted have their allergies verified and updated	None Needed	None planned	No Gap		
7	Hosp	Record demographics - preferred language - insurance type - gender - race - ethnicity - date of birth - date and cause of death in the event of mortality	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data	Gap/Need: Currently we collect all the required data except cause of death in the event of mortality.	None Needed	ERM Updates for Cause of Death (Gary Wolff)	Deployment Needed	System wide change notification (Gary Wolff)	
	EP	Record demographics - preferred language - insurance type - gender - race - ethnicity - date of birth	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, and date of birth.		Have ability to capture all fields in GE/IDX except Ethnicity. Race and Language are not required fields					

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8	Hosp	Record and chart changes in vital signs: - height - weight - blood pressure - Calculate and display: BMI - Plot and display growth charts for children 2-20 years, including BMI.	1. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse. 2. Automatically calculate and display body mass index (BMI) based on a patient's height and weight. 3. Plot and electronically display, upon request, growth charts (height, weight, and BMI) for patients 2-20 years old.	For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2-20	Meet with Current State for Adults: Current state is to auto calculate BMI with height and weight documentation. All other values are required documentation for nursing. Gap/Need for Pediatrics: BMI calculations do not occur automatically for hospitalized pediatric patients; The pediatric growth chart	40636	Growth Chart for Pediatrics (Judy Burke)	Deployment Needed for	System wide change notification - July 2010 (Judy Burke)

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	EP Record and chart changes in vital signs: - height - weight - blood pressure - Calculate and display: BMI - Plot and display growth charts for children 2-20 years, including BMI.			<p>Meet with Current State for Adults: Current state is to auto calculate BMI with height and weight documentation. All other values are required documentation for nursing.</p> <p>Gap/Need for Pediatrics: BMI calculations do not occur automatically for hospitalized pediatric patients; The pediatric growth chart is not "turned on" for pediatric inpatients but is functionally available in our code.</p>	None Needed	Growth Chart for Pediatrics (??)	Deployment Needed for	System wide change - July 2010 (??)	

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9	Hosp	Record smoking status for patients 13 years old or older	Enable a user to electronically record, modify, and retrieve the smoking status of a patient to: current smoker, former smoker, or never smoked.	At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have "smoking status" recorded	Meet with Current State: Currently smoking status is a required		None planned	No Gap	
	EP	Record smoking status for patients 13 years old or older					None planned		
10	Hosp	Incorporate clinical lab-test results into EHR as structured data	1. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format. 2. Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes. 3. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7).6 4. Enable a user to electronically update a patient's record based upon received laboratory test results.	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	Meet with Current State: Currently hospital lab data is interfaced into the electronic health record		None planned	No Gap	
	EP	Incorporate clinical lab-test results into EHR as structured data					None planned		

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11	Hosp	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.	Generate at least one report listing patients of the EP or eligible hospital with a specific condition.	Meet with Current State: Currently provide multiple reports by population. Specific example would be ACE Tracker used in Discharge Planning rounds and in conference with other disciplines and physicians. Additional examples, CMS trackers.	None Needed	None planned	No Gap	

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	EP	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach		Meet with Current State: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach: (screen images Appendix D) 1. Diabetes - percent of patients with A1C < 7.0 2. Diabetes - percent of patients with LDL < 100 3. Diabetes - percent of patients with kidney function monitoring or treatment 4. Diabetes - percent of patients with BP controlled to < 130/80 5. Cholesterol management in coronary heart disease - percent of CAD patients with LDL < 100 6. Childhood immunizations - percent of children receiving recommended childhood immunizations primary series	None Needed	None planned	No Gap		

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12	Hosp	Report hospital quality measures to CMS or the States	1. Calculate and electronically display quality measure results as specified by CMS or states. 2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	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	Meet with Current State: Currently submit CMS and Premier measures to CMS via Premier		None planned	No Gap	
	EP	Report ambulatory quality measures to CMS or the States					Believe meet with current state. Validate with Care Management (J Gisch)		
13	Hosp	NA	NA	NA	No Hospital Requirement		None planned	No Hospital Requirement	
	EP	Send reminders to patients per patient preference for preventive/follow up care	Electronically generate, upon request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or medication list.	Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over	Gap/Need: Patient Invitations needs to be developed	43265, 44047	Patient Invitations (??)	Deployment Needed	

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14	Hosp	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	1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list. 2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade. 3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3).	Meet with Current State: Following are 10 Clinical decision support rules that are functional for patients admitted with a hospital admission encounter under CPOE: 1. Systemic tPA checklist 2. Sepsis patient eligibility for treatment with Drotregogin alpha 3. Completion of blood/blood component Consent/Indications form 4. Appropriate antibiotics for community acquired pneumonia 5. Prompt to evaluate oxygenization for community acquired pneumonia 6. Prompt to evaluate blood cultures for community acquired pneumonia 7. Suggestion to order ACE inhibitor for patients with acute myocardial infarction 8. Suggestion to	None Needed	None Planned	Implemented with CPOE (MHOB, AMCO, Summit) Deployment Needed at other sites		NEED: How many are "pop-up", how do we report? How to track compliance when used

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	EP	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			Meet with Adoption: Currently not all clinic providers have alerts activated. There are 5 clinical decision support rules that function for providers in the clinic out-patient setting (2 confirmed, 3 need investigation) 1. Diabetes 2. Asthma 3. Renal insufficiency 4. Influenza 5. Hypertension 6. hyperlipidemia				
15	Hosp	Check insurance eligibility electronically from public and private payers	Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital	Meet with Current State		None planned	Adoption ??? (Mark Sell)	NEED: Is there a record of this?
	EP	Check insurance eligibility electronically from public and private payers							
16	Hosp	Submit claims electronically to public and private payers.	Enable a user to electronically submit claims to public or private payers in accordance with the applicable standards specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	At least 80% of all claims filed electronically by the EP or the eligible hospital	Meet with Current State		None planned	No Gap	NEED: Is there a record of this?
	EP	Submit claims electronically to public and private payers.			Meet with Current State.				
Engage Patients and Families in their Healthcare									

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17	Hosp	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request	Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1 to provide to a patient on electronic media, or through some other electronic means.	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours	Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient.	43230, 43259, 43265, 43279	Clinical Reporting XR (Laura Hansen)	Deployment Needed	Engage Patients & Family (Tony Finn/Cathy Ptak)
	EP	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request			Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient.	43230, 43259, 43265, 43279	Clinical Reporting XR (Laura Hansen)	Deployment Needed	Engage Patients & Family (Tony Finn/Cathy Ptak)
18	Hosp	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge to provide to a patient on electronic media, or through some other electronic means.	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it	Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient.	43230, 43259, 43265, 43279	Clinical Reporting XR (Laura Hansen)	Deployment Needed	Engage Patients & Family (Tony Finn/Cathy Ptak)
	EP	NA			NA	NA	No Eligible Provider Requirement		
19	Hosp	NA	No Associated Proposed Meaningful Use Stage 1 Objective	NA	No Hospital Requirement		None planned	No Gap	

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	EP	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	1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations. 2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1 to provide to a patient on electronic media, or through some other electronic means.	At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information	Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient.	43230, 43259, 43265, 43279	Clinical Reporting XR (Laura Hansen)	Deployment Needed	Engage Patients & Family (Tony Finn/Cathy Ptak)
20	Hosp	NA	NA	NA	No Hospital Requirement		None planned	No Gap	
	EP	Provide clinical summaries for patients for each office visit	1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations. 2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1 to	Clinical summaries are provided for at least 80% of all office visits	Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient.	43230, 43259, 43265, 43279	Clinical Reporting XR (Laura Hansen)	Deployment Needed	Engage Patients & Family (Tony Finn/Cathy Ptak)

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22	Hosp	Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication reconciliation of two or more medication lists (compare and merge) into a single medication list that can be electronically displayed in real-time.	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care	Gap/Need: Need streamlined workflow and tools for medication reconciliation to ensure adoption.	None Needed	Medication Reconciliation (Dan Mumm) Solution: Implement full electronic medication reconciliation including ability to convert prescriptions to inpatient medication orders and vise versa.	Deployment Needed	Summit Hospital Cycle Back (TBD) ASLSS Cycle Back (TBD) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (Traci Suminski)	
	EP	Perform medication reconciliation at relevant encounters and each transition of care			Gap/Need: Need streamlined workflow and tools for medication reconciliation to ensure adoption.	None Needed	Medication Reconciliation (Dan Mumm) Solution: Implement full electronic medication reconciliation including ability to convert prescriptions to inpatient medication orders and vise versa.			