

# The Meaningful Use: Key Features of the USA Policy

Pascal Coorevits  
Ghent University

May 26<sup>th</sup> 2010

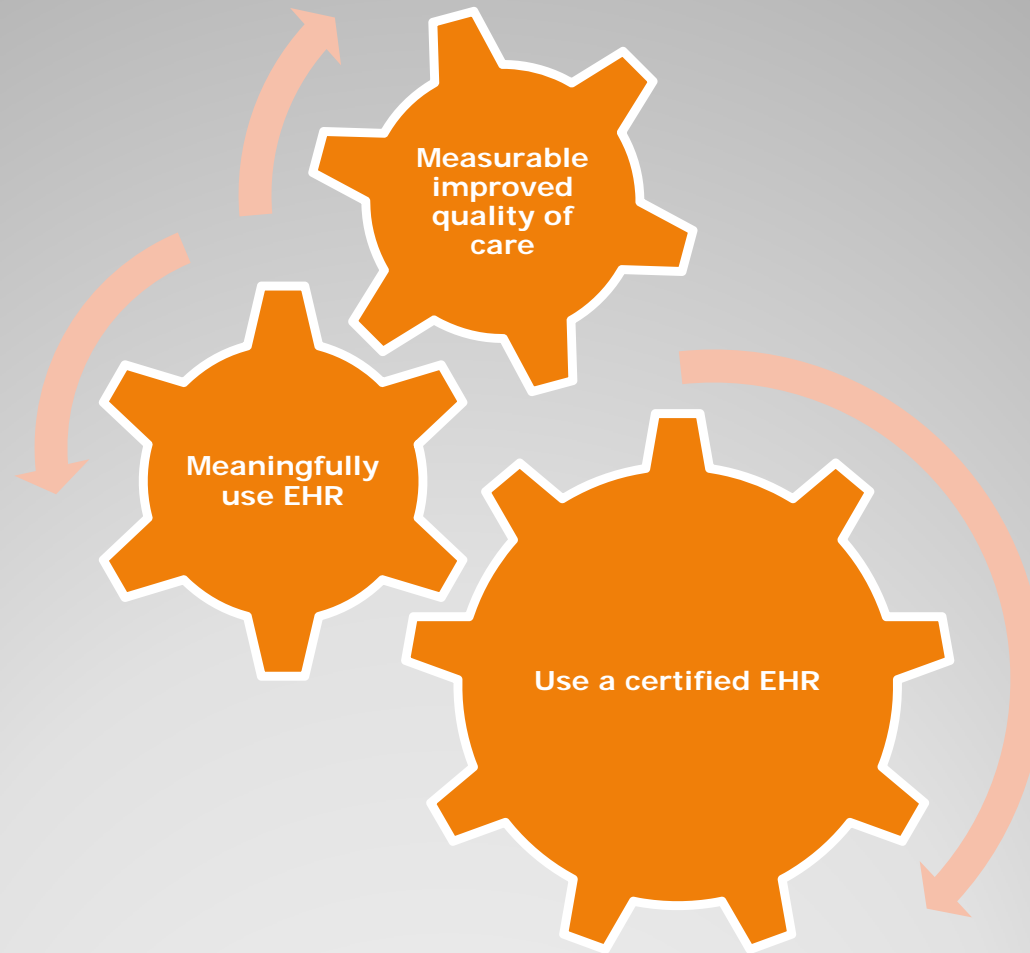
- Introduction
- Meaningful Use definitions
- Staged approach of Meaningful Use
- Stage 1 of Meaningful Use
- Financial Incentives & Penalties
- Meaningful Use Test Methods

## Overview

# Introduction

- American Recovery and Reinvestment Act (ARRA) of 2009
- Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- Allocate approx. \$19 billion to health information technology
- Office of the National Coordinator for Health Information Technology (ONC)
- Centers for Medicare and Medicaid Services (CMS)

## Introduction



**Applying for HITECH incentives**



# Federal Register

Wednesday,  
January 13, 2010

---

## Part II

### Department of Health and Human Services

---

Centers for Medicare & Medicaid Services

---

42 CFR Parts 412, et al.  
Medicare and Medicaid Programs;  
Electronic Health Record Incentive  
Program; Proposed Rule



# Federal Register

Wednesday,  
January 13, 2010

---

## Part III

### Department of Health and Human Services

---

45 CFR Part 170  
Health Information Technology: Initial Set  
of Standards, Implementation  
Specifications, and Certification Criteria  
for Electronic Health Record Technology;  
Interim Final Rule

<http://www.gpoaccess.gov/fr/>

Source documents

## Meaningful Use Definitions

- Use of certified EHR technology in a meaningful manner
- Certified EHR technology must be connected so electronic exchange of health information is possible to improve quality of care
- Provider submits to the Secretary information on clinical quality measures and such other measures selected by the Secretary

**What is “meaningful use” ?**



A complete EHR or combination of EHR modules, each of which:

- Meets the requirements included in the definition of a qualified EHR
- Has been tested and certified in accordance with the certification program established with the ONC as having met all applicable certification criteria adopted by the Secretary

**Certified EHR technology**

Electronic record of health-related information on an individual that:

- Includes patient demographic and clinical health information
- Has the capacity to:
  - Provide clinical decision support
  - Support physician order entry
  - Capture and query information relevant to health care quality
  - Exchange electronic health information with, and integrate such information from other sources

**Qualified EHR**

- Eligible professional (EP) or eligible hospital that...
- ...during a specified reporting period....
- ...demonstrates meaningful use of certified EHR technology

**Who is a “meaningful user” ?**

## Staged approach of Meaningful Use

2011

- Stage 1 : Data capture and - sharing

2013

- Stage 2 : Advanced clinical processes

2015

- Stage 3 : Improved outcomes

**Staged approach**

- Focus on electronically capturing health information in a coded format
- Use that information to track key clinical conditions
- Communicating that information for care coordination purposes
- Implementing clinical decision support tools
- Reporting clinical quality measures and public health information

**Stage 1**

- Encourage the use of health IT for continuous quality improvement at the point of care
- Exchange of information in the most structured format possible
- Electronic transmission of diagnostic test results
- Apply criteria more broadly to inpatient and outpatient hospital settings

## Stage 2

- Promoting improvements in quality, safety and efficiency
- Decision support for national high priority conditions
- Patient access to self management tools
- Access to comprehensive patient data
- Improving population health

**Stage 3**



## Stage 1 of Meaningful Use

- 5 health outcomes policy priorities
- Each of the priorities is mapped to care goals
- For each care goal meaningful use objectives and measures have been proposed
  - Eligible professionals
  - Eligible hospitals

## Meaningful Use Matrix

- Improve the quality, safety, efficiency of health care, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

## Health Outcomes Policy Priorities

*“Improve the quality, safety, efficiency of health care and reduce health disparities”*

- Provide access to comprehensive patient health data for patient's health care team
- Use evidence-based order sets and CPOE
- Apply clinical decision support at the point of care
- Generate lists of patients who need care and use them to reach out to patients
- Report information for quality improvement and public reporting

**Care goals for priority 1**

*“Engage patients and families in their health care”*

- Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

*“Improve care coordination”*

- Exchange meaningful clinical information among professional health care team

**Care goals for priorities 2 & 3**

*“Improve population and public health”*

- Communicate with public health agencies

*“Ensure adequate privacy and security protections for personal health information”*

- Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law
- Provide transparency of data sharing to patient

**Care goals for priorities 4 & 5**

Overview of Stage 1 Objectives for Meaningful Use for  
Eligible Professionals and Eligible Hospitals

- Use CPOE
- Implement drug-drug, drug-allergy, drug-formula checks
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®

**Stage 1 Objectives for Meaningful Use**



- Use CPOE

Used for at least 80% of all orders; 10% for hospitals

- Implement drug-drug, drug-allergy, drug-formula checks

Function is enabled

- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®

At least 80% of all unique patients have at least one entry or indication of none recorded

**Stage 1 Measures for Meaningful Use**

- Maintain active medication list
- Maintain active medication allergy list
- Record demographics
- Record and chart changes in vital signs

**Stage 1 Objectives for Meaningful Use**

- **Maintain active medication list**

At least 80% of all unique patients have at least one entry or an indication of none

- **Maintain active medication allergy list**

At least 80% of all unique patients have at least one entry or an indication of none

- **Record demographics**

At least 80% of all unique patients have demographics recorded

- **Record and chart changes in vital signs**

For at least 80% of all unique patients aged > 2 years, record blood pressure and BMI; additionally, plot growth chart for children 2 – 20 years

**Stage 1 Measures for Meaningful Use**

- Record smoking status for patients aged > 13 years
- Incorporate clinical lab-test results into EHR as structured data
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach

## Stage 1 Objectives for Meaningful Use

- Record smoking status for patients aged > 13 years

At least 80% of all unique patients aged > 13 y have “smoking status” recorded

- Incorporate clinical lab-test results into EHR as structured data

At least 50% of all clinical lab tests results are incorporated

- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach

Generate at least one report listing patients with a specific condition

## Stage 1 Measures for Meaningful Use

- Report ambulatory quality measures to CMS or the States
- 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

## Stage 1 Objectives for Meaningful Use

- Report ambulatory quality measures to CMS or the States

For 2011, through attestation

- 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

Implement 5 clinical decision support rules

**Stage 1 Measures for Meaningful Use**

- Check insurance eligibility electronically from public and private payers
- Submit claims electronically to public and private payers

**Stage 1 Objectives for Meaningful Use**



- Check insurance eligibility electronically from public and private payers

Checked for at least 80% of all unique patients

- Submit claims electronically to public and private payers

At least 80% of all claims are filed electronically

**Stage 1 Measures for Meaningful Use**

- Provide patients with an electronic copy of their health information upon request
- Capability to electronically exchange key clinical information among providers of care and patient-authorized entities

**Stage 1 Objectives for Meaningful Use**

- Provide patients with an electronic copy of their health information upon request

At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours

- Capability to electronically exchange key clinical information among providers of care and patient-authorized entities

Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information

**Stage 1 Measures for Meaningful Use**

- Perform medication reconciliation at relevant encounters and each transition of care
- Provide summary care record for each transition of care and referral

**Stage 1 Objectives for Meaningful Use**

- Perform medication reconciliation at relevant encounters and each transition of care

Performed for at least 80% of relevant encounters & transitions of care

- Provide summary care record for each transition of care and referral

Provided for at least 80% of transitions of care & referrals

**Stage 1 Measures for Meaningful Use**

- Capability to submit electronic data to immunization registries and actual submission where required and accepted
- Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice

## Stage 1 Objectives for Meaningful Use

- Capability to submit electronic data to immunization registries and actual submission where required and accepted

Performed at least one test of certified EHR technology's capacity

- Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice

Performed at least one test of certified EHR technology's capacity

## Stage 1 Measures for Meaningful Use

- Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

**Stage 1 Objectives for Meaningful Use**



- Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

Conduct or review a security risk analysis and implement security updates as necessary

**Stage 1 Measures for Meaningful Use**

Overview of Stage 1 Objectives for Meaningful Use for  
Eligible Professionals only

- Generate and transmit permissible prescriptions electronically
- Send reminders to patients per patient preference for preventive/follow-up care

**Stage 1 Objectives for Meaningful Use**

- Generate and transmit permissible prescriptions electronically

At least 75% is transmitted using certified EHR technology

- Send reminders to patients per patient preference for preventive/follow-up care

Reminder sent to at least 50% of all unique patients seen by the EP that are aged > 50 years

**Stage 1 Measures for Meaningful Use**

- Provide patients with timely electronic access to their health information within 96 hours of information being available to the EP
- Provide clinical summaries for patients for each office visit

**Stage 1 Objectives for Meaningful Use**

- Provide patients with timely electronic access to their health information within 96 hours of information being available to the EP

At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information

- Provide clinical summaries for patients for each office visit

Clinical summaries are provided for at least 80% of all office visits

**Stage 1 Measures for Meaningful Use**

Overview of Stage 1 Objectives for Meaningful Use for  
Eligible Hospitals only

- Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request
- Capability to provide electronic submission of reportable lab results, as required by state or local law, to public health agencies and actual submission where it can be received

## Stage 1 Objectives for Meaningful Use



- Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request

At least 80% are provided with this upon request

- Capability to provide electronic submission of reportable lab results, as required by state or local law, to public health agencies and actual submission where it can be received

Performed at least one test of certified EHR technology's capacity

## Stage 1 Measures for Meaningful Use

- Eligible professionals
  - 25 Objectives & Measures (8 require 'yes/no' and 17 require calculation)
- Eligible hospitals
  - 23 Objectives & Measures (10 require 'yes/no' and 13 require calculation)

## Summary of Stage 1 Criteria for Meaningful Use

# Clinical Quality Measures

- 90 Clinical Quality Measures
- Two sets
  - Core Set
    - Tobacco use
    - Blood pressure measurement
    - Drugs to be avoided in the elderly
  - Specialty Set
    - Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care, Pediatrics, Obstetrics and Gynaecology, Neurology, Psychiatry, Ophtalmology, Podiatry, Radiology, Gastroenterology, Nephrology

## Clinical Quality Measures for EPs

- 90 Clinical Quality Measures

- Two sets

- Core Set

- **Tobacco use**

- Blood pressure measurement

- Drugs to be avoided in the elderly

- Specialty Set

- Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care, Pediatrics, Obstetrics and Gynaecology, Neurology, Psychiatry, Ophthalmology, Podiatry, Radiology, Gastroenterology, Nephrology

*“Percentage of patients aged 18 or older who were queried about tobacco use one or more times within 24 months”*

## Clinical Quality Measures for EPs

- 90 Clinical Quality Measures

- Two sets

- Core Set

- Tobacco use
    - **Blood pressure measurement**
    - Drugs to be avoided in the elderly

*“Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension”*

- Specialty Set

- Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care, Pediatrics, Obstetrics and Gynaecology, Neurology, Psychiatry, Ophthalmology, Podiatry, Radiology, Gastroenterology, Nephrology

## Clinical Quality Measures for EPs

- 90 Clinical Quality Measures

- Two sets

- Core Set

- Tobacco use
    - Blood pressure measurement
    - **Drugs to be avoided in the elderly**

*“Percentage of patient aged 65 years and older who received at least one drug to be avoided in the elderly in the measurement year [+ ....two different drugs....]”*

- Specialty Set

- Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care, Pediatrics, Obstetrics and Gynaecology, Neurology, Psychiatry, Ophtalmology, Podiatry, Radiology, Gastroenterology, Nephrology

## Clinical Quality Measures for EPs

- 90 Clinical Quality Measures
- Two sets
  - Core Set
    - Tobacco use
    - Blood pressure measurement
    - Drugs to be avoided in the elderly
  - **Specialty Set**
    - Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care, Pediatrics, Obstetrics and Gynaecology, Neurology, Psychiatry, Ophthalmology, Podiatry, Radiology, Gastroenterology, Nephrology

## Clinical Quality Measures for EPs



Measure Number	Clinical Quality Measure Title & Description	Clinical Quality Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 1 NQF 0059	<b>Title:</b> Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	<b>National Committee for Quality Assurance (NCQA)</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology, Primary Care
PQRI 2 NQF 0064	<b>Title:</b> Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology
PQRI 3 NQF 0061	<b>Title:</b> Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus <b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	<b>NCQA</b> <b>Contact Information:</b> <a href="http://www.ncqa.org">www.ncqa.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Endocrinology
PQRI 5 NQF 0081	<b>Title:</b> Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy	<b>American Medical Association-sponsored Physician Consortium for Performance Improvement (AMA-PCPI)</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Cardiology
PQRI 7 NQF 0070	<b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Cardiology
PQRI 110 NQF 0041	<b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old <b>Description:</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	<b>AMA-PCPI</b> <b>Contact Information:</b> <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>	<a href="http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage">http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</a>	Primary Care

Extract from Clinical Quality Measures for EPs

- Eligible hospitals must report summary data on 35 quality measures for applicable cases
- Example:

ED-1 .....	Title: Emergency Department Throughput—admitted patients. Median time from ED arrival to ED departure for admitted patients.
NQF 0495 .....	Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

RHQDAPU AMI-2 .....	Title: Aspirin Prescribed at Discharge.
NQF 0142 .....	Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge.
	Measure Developer: CMS/OFMQ.

## Clinical Quality Measures for Eligible Hospitals

- In 2011 providers required to submit quality measures by attestation
- From 2012 on quality measures will be submitted electronically
- EPs: required to submit clinical quality measures on the core set and on one specialty subset
- Hospitals: report on summary quality measures for all applicable cases

## Clinical Quality Measures Overview

## Financial Incentives & Penalties

2011	2012	2013	2014	2015	2016+	Max
Stage 1 \$18k	Stage 1 \$12k	Stage 2 \$8k	Stage 2 \$4k	Stage 3 \$2k	Stage 3 \$0k	\$44k
	Stage 1 \$18k	Stage 1 \$12k	Stage 2 \$8k	Stage 3 \$4k	Stage 3 \$2k	\$44k
		Stage 1 \$15k	Stage 2 \$12k	Stage 3 \$8k	Stage 3 \$4k	\$39k
			Stage 1 \$12k	Stage 3 \$8k	Stage 3 \$4k	\$24k
				< Stage 3 Penalty	< Stage 3 Penalty	

Source: Practice Fusion

**Incentives for EPs / Medicare**

- Payments for Medicaid Eligible Professionals: up to \$ 63750
- Eligible hospitals (e.g. Medicare):
  - $\text{Payment} = \text{initial amount} \times \text{medicare share} \times \text{transition factor}$
  - Initial amount: \$ 2 million + [\$ 200 per discharge for the 1150<sup>th</sup> – 23000<sup>th</sup> discharge]

Incentives

# Meaningful Use Test Methods



## HEALTH IT STANDARDS AND TESTING

[Home](#) [Testing Infrastructure](#) [Meaningful Use Test Methods](#) [What is Conformance Testing?](#) [Health IT Testing & Support](#) [Contacts](#)

### Helping the Health IT Industry Connect

Welcome to the NIST Health IT Standards and Testing web site. This site provides information about the key health IT testing initiatives underway. It provides an overview of the [Health IT Standards Testing Infrastructure](#), information and access to the [test methods](#) to meet meaningful use technical requirements and standards, access to the [Health IT Implementation Testing and Support website](#), as well as educational material on [conformance and interoperability testing](#).



### Health IT Testing Infrastructure

NIST is responsible for leading the development of the core health IT testing infrastructure that will provide a scalable, multi-partner, automated, remote capability for current and future testing needs.



### Meaningful Use Test Methods

In support of the health IT certification program, NIST is developing the conformance test methods (test procedures, test data, and test tools) to ensure compliance with the meaningful use technical requirements and standards.



### What is Conformance Testing?

NIST provides the necessary conformance tests, test tools and techniques to advance healthcare information technology standards that are complete and testable.



### Health IT Testing & Support

The Health IT Implementation Testing and Support website provides health IT implementers with access to the tools and resources needed to support and test their implementation of standards-based health systems.



<http://healthcare.nist.gov>

# NIST Health IT Standards and Testing



## HEALTH IT STANDARDS AND TESTING

[Home](#) [Testing Infrastructure](#) [Meaningful Use Test Methods](#) [What is Conformance Testing?](#) [Health IT Testing & Support](#) [Contacts](#)

### MENU

[Overview](#)








[Draft Test Procedures](#)

[Final Test Procedures](#)

[Home](#) > [Meaningful Use Test Methods](#) > [Draft Test Procedures](#)

## Draft Test Procedures

NIST seeks public comment on the following draft test procedures. Comments on the draft test procedures can be sent to [hit-tst-fdbk@nist.gov](mailto:hit-tst-fdbk@nist.gov)

Criteria #	Certification Criteria	Draft Test Method	Date Published
§170.302 (b)	<b>Maintain up-to-date problem list.</b> Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care in accordance with: (1) The standard specified in §170.205(a)(2)(i)(A); or (2) At a minimum, the version of the standard specified in §170.205(a)(2)(i)(B).		2/26/2010
§170.302 (c)	<b>Maintain active medication list.</b> Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care in accordance with the standard specified in §170.205(a)(2)(iv).		2/26/2010
§170.302 (d)	<b>Maintain active medication allergy list.</b> 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.		2/26/2010
§170.302 (e)(1)	<b>Vital signs.</b> 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.		2/26/2010
§170.302 (e)(2)	<b>Calculate body mass index.</b> Automatically calculate and display body mass index (BMI) based on a patient's height and weight.		2/23/2010
§170.302 (e)(3)	<b>Plot and display growth charts.</b> Plot and electronically display, upon request, growth charts for patients 2-20 years old.		2/26/2010
§170.302 (f)	<b>Smoking status.</b> Enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current smoker, former smoker, or never smoked.		2/26/2010

# NIST Draft Test Procedures

- Certification criteria
- Informative Test Description
- Referenced standards
- Normative test procedures
  - Required vendor information
  - Required test procedure
  - Inspection test guide
- Example test data
- Conformance test tools

## Example

### Test Procedure for §170.302 (f) Smoking Status

This document describes the draft test procedure for evaluating conformance of complete EHRs or EHR modules to the certification criteria defined in 45 CFR Part 170 Subpart C of the Interim Final Rule (IFR) as published in the Federal Register on January 13, 2010. The document is organized by test procedure and derived test requirements with traceability to the normative certification criteria as described in the Test Procedure Overview document located at <http://healthcare.nist.gov>. These test procedures will be updated to reflect the certification criteria defined in the ONC Final Rule.

#### CERTIFICATION CRITERIA

§170.302 (f) Smoking Status. Enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current smoker, former smoker, or never smoked.

#### INFORMATIVE TEST DESCRIPTION

This section provides an informative description of how the test procedure is organized and conducted. It is not intended to provide normative statements of the certification requirements.

This test evaluates the capability for a Complete EHR or combination of EHR Modules to enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current smoker, former smoker, or never smoked.

This test procedure is organized into three sections:

- Record - evaluates the capability to enter patient smoking status data
  - The Tester enters the NIST-supplied patient smoking status data
- Modify – evaluates the capability to edit patient smoking status data that have been previously entered into the EHR
  - The Tester displays the patient smoking status data entered during the Record Patient Smoking Status test
  - The Tester edits the previously entered patient smoking status data using NIST-supplied patient smoking status data
- Retrieve – evaluates the capability to display and view the patient smoking status data which have been previously entered into the EHR during the test
  - The Tester displays the patient smoking status data entered during the test
  - The Tester validates that the displayed patient smoking status data are accurate and complete

#### REFERENCED STANDARDS

None

- Office of the National Coordinator for Health IT

<http://www.hhs.gov/healthit>

- Centers for Medicare & Medicaid Services (CMS)

<http://www.cms.gov>

- NIST Health IT Standards and Testing

<http://healthcare.nist.gov>

**Links**





Thank you !