



**HIMSS**

**Health Information Exchange**



# **HIE Implications in Meaningful Use Stage 1 Requirements**

**HIMSS 2010- 2011 Health Information Exchange Committee**

**November 2010**

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## Meaningful Use Stage 1 – Correlation to HIE

### An HIE Overview:

Health Information Exchange (HIE) can be defined in a number of ways. In its most conservative definition, HIE (*the verb*) is the activity of secure health data exchange between two or more authorized and consenting trading partners. One party is a data supplier and one or more are data receivers. It can also be facilitated by one or more third parties who operate between the data supplier and the data receiver. A third party can also store data on behalf of the data supplier and transmit that data to recipients (in such case, the third party would be considered to be the data supplier.) Further, a third party could be receiving data on behalf of a data receiver. While this may be complex, HIE activity can enhance virtually any clinical functional by providing a broader set of data upon which clinical decisions can be based.

HIE can take place in one of two basic ways: push or pull. Data is “pushed” when its transmission is initiated solely by the sender (also known as “unsolicited”). Data is “pulled” when the intended recipient solicits data from one or more sources and receives it in turn (also known as “solicited”.) This is important because of the key mechanisms that are required to handle data supplied in either of the two ways. For “pulled” exchanges, there are necessary functions required at the data receiver to create and transmit the request, and necessary functions at the data supplier to receive, arbitrate, and respond to the request including functions used to discover the subject of the exchange (the patient). “Push” exchanges are more straight-forward because the data supplier simply pushes data that is identified as having a destination of the data receiver (or copies data to the receiver in the case of subscription messages), and the data receiver need only have the functionality to store and present (or ignore) any unsolicited data in the form it is received.

Health Information Organizations (HIOs) (*the noun*) convene independent stakeholders to form organizations whose primary function is data exchange of health information. There has been significant growth in these organizations across the country, with initiatives that involve both community and state level health information exchanges. The newly developed HIOs are all in some stage of defining their technology infrastructure, and potential vendor partners to help build their HIE.

At the same time, the HIE service vendor landscape is undergoing an evolution in an attempt to meet market demands accelerated by ARRA and the meaningful use objectives. This includes offering an Electronic Health Record (EHR), ‘EHR Lite’ systems or capabilities, and/or practice management services as part of their HIE functionality. An ‘EHR Lite’ typically contains a subset of EHR functionality and does not have the complete slate of features and complexity found in full-fledged EHR systems. Today, some of the ‘EHR Lite’ systems can closely resemble fully functional EHR systems. Also, some EHR vendors are moving rapidly into the HIE service vendor space by offering methods to tie together customers of their products, and more recently, incorporate interfaces to foreign EHR products into their “HIEs”. As a result, many HIOs are faced with a challenging decision when determining the best solution to fill their health information exchange requirements. Their options include acquiring a third party vendor product for HIE services, contracting with a known EHR vendor who is already well established in the medical data exchange area, or identifying a unique or hybrid approach that addresses specific organizational requirements.

## HIE and Meaningful Use:

This analysis focuses on health information exchange (HIE) activity and implications found in the Meaningful Use objectives and requirements as identified in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule. This analysis considers only the direct or implied requirements around health information exchange as described in the Final Rule and does not elaborate on the benefits resulting from HIE. The analysis focuses on the 'event' of exchanging data and does not address the actual data exchange mechanism (e.g. direct between two parties or involving a third party and push or pull) that any given provider may need to perform the exchange activity.

It should be pointed out that the Stage 1 Meaningful Use objectives have been purposefully set to be achievable by providers throughout the country. With this objective in mind, the Centers for Medicare and Medicaid Services (CMS) concluded that the availability and capacity of HIE *at this time* is not widespread enough to fully leverage HIE in the Stage 1 Meaningful Use criteria. Consequently, many of the Meaningful Use objectives stand on their own without an HIE dependency. However, while working with Stage 1 objectives and measures, one should keep in mind that future rule making around Stage 2 and Stage 3 requirements will include HIE capabilities. Discussion in the final rule clearly indicates that Stage 2 criteria will likely include more rigorous expectations for health information exchange, including more demanding requirements for e-prescribing, incorporation of structured laboratory results and the expectation that providers will electronically transmit patient care summaries to support transitions in care across unaffiliated providers, settings and EHR systems. Increasing requirements for health information exchange in Stage 2 and Stage 3 will support the goal that information follows the patient (Reference Pre Publication Document (PPD) of the Rule page 35.) Expectations include not only capturing of data in electronic format but also the exchange (both transmission and receipt) of that data in increasingly structured formats in future stage criteria. The overall intent and policy goal for the secure exchange of electronic health information is to ensure support for meaningful use that encourages patient centered, interoperable health information exchange across provider organizations (PPD page 37.) Expectations for Stage 3 Criteria include a patient –centered health information exchange (Reference PPD page36).

## Differing Perspectives:

Many types of organizations and individuals are involved in HIE, and this matrix can be viewed through a number of lenses. State-level HIE planners operate under the State Health Information Exchange Cooperative Agreement Program with ONC (and subsequent Program Information Notice, or PIN) which provides specific objectives and requirements vis-à-vis HIE functionality and Meaningful Use. State and local public health agencies have their own requirements, usually from the Centers for Disease Control and Prevention which provides most of their funding. Local/regional HIOs need to be responsive to their stakeholders and have yet another potential agenda which may or may not coincide with state-level plans. Finally, providers have specific Stage 1 requirements which they need to fulfill in order to participate in the CMS incentive program which may or may not be clearly supported by other stakeholders in their communities. This matrix attempts to consider all these perspectives and offer a straight-forward set of observations about the implications for HIE in Stage 1 Meaningful Use.

## Meaningful Use Stage 1 – Correlation to HIE

Meaningful Use – Stage 1 Core Set				
Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Objective Description	Stage 1 Measure	Stage 1 HIE Implication
Improving quality, safety, efficiency and reducing health disparities	CPOE	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital or CAH have at least one medication entered using CPOE	No HIE requirement to achieve MU. The final rule acknowledged that the HIE infrastructure is still being developed across the country. The implied functionality is to combine the ordering process with certain rules that are reviewing the patient's data and advising the ordering care provider on the need for and potential adverse implications of the order. There is no specification at this time for electronic movement of the order.
	Drug Screening	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period	No HIE requirement. The presence of a "formulary check" requirement does imply acquisition of a target formulary which is most often delivered externally through download of that information from a data supplier. This is functionality usually built into the EHR e-Prescribing capability.
	Electronic Prescribing	<b>EP Only:</b> Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	The requirement to transmit an e-Prescription requires information exchange to a pharmacy data receiver which can be achieved either direct or through a third party. An HIE entity is not required and usually not involved.
	Demographics Recording	Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data	No HIE requirement
	Problem List	Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data	No HIE requirement. It should be noted the use of any structured coding such as ICD or SNOMED coding / reference table implies acquisition from an external source. This is most often supplied through the practice management or hospital software application, but may also be part of the core EHR software application.

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	Active Medication List	Maintain active medication list	More than 80% of all unique patents seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	No direct HIE requirement. Many providers who are currently participating in E-Prescribing already have access to medication lists from the pharmacy benefits manager and/or other retail/commercial pharmacy, though this function may only cover prescriptions reimbursed by insurance. While the criteria focuses on management of the active medication list within the EHR, future activities around reconciliation may involve HIE.
	Active Medication Allergy List	Maintain active medication allergy list	More than 80% of all unique patents seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	No HIE requirement.
	Vital Signs	Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital or CAH, height, weight, and blood pressure are recorded as structured data	No HIE requirement.
	Smoking Status	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data	No HIE requirement.
	Clinical Decision Support Rules	Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule	No HIE requirement. It should noted that this may include access to external clinical rules and triggers. These external sources could be accessible through portals or HIEs in the future. In addition, having a repository of key clinical indicators related to the patients in an HIE is a value added addition to CDS.
	Clinical Quality Measures Reporting	Report clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; For 2012, electronically submit clinical quality measures	No HIE requirement for 2011, or year 1 of Stage 1 Criteria. Eligible providers may provide aggregate numerator and denominator through attestation  In 2012, electronic reporting of MU clinical quality measures for both Medicare and Medicaid will be required. The primary

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				<p>anticipated method will be through a CMS designated portal. Providers will be required to submit their data using specific data structures and templates. Portal technical requirements will be provided by CMS on or before July 1, 2011.</p> <p>An alternative to the CMS portal is through a Health Information Exchange or Health Information Organization. Utilization of an HIE/HIO will be dependent on the secretary's ability to collect data through the HIE/HIO and the provider's ability to submit data through the HIE/HIO. Technical requirements for utilization of an HIE/HIO will be posted on the CMS website on or before July 1, 2011.</p> <p>It should be noted that State Medicaid Agencies follow the same requirements for meaningful use including clinical quality measures. It is expected that State will be able to accept the electronic reporting of clinical quality measures by their 2<sup>nd</sup> year of implementation of the E HR incentive program. (Reference PDD – pages 337 – 347)</p> <p>In addition, as we move from measure reporting to outcome reporting in Stage 2 and 3, the ability to feed the quality metrics with additional patient data from an HIE is a distinct benefit.</p>
<p><b>Engage patients and families in their healthcare</b></p>	<p>Electronic Copies of Patient Health Information</p>	<p>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request</p>	<p>More than 50% of all unique patients of the EP, eligible hospital or CAH who request an electronic copy of their health information are provided it within 3 business days</p>	<p>No HIE requirement. The supply of information can be done locally through creation of any <i>electronic Media</i><sup>1</sup> (eMedia) that can be given to the patient. eMedia is defined as any form of physical media that can be provided to the patient including CD, a memory stick/USB drive or use of a local web site/portal. Note: Appropriate encryption must be used with physical media to assure that if the</p>

<sup>1</sup> eMedia as used here can refer to any form of physical media that can be burned and given to the patient (CD, memory stick, etc.). It also includes use of a local web site to deliver information to the patient which may cross the line over to what would otherwise be considered HIE.

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				<p>media is lost or stolen, the data is protected. The final rule indicates that the form and format should be human readable and comply with the HIPAA Privacy Rule and that providers are expected to make reasonable accommodations for patient preferences as outlined. (Reference PDD Page 163)</p> <p>There is implied HIE functionality if the provider uses an external non-tethered PHR.</p> <p>Please note, for a regional or community-based HIE, HIE would facilitate this activity if it includes a patient portal or PHR as a service to consumer – and if the information exchange includes making patient information available to both the consumer and the clinicians.</p> <p><i>This response applies to all the other following health information data sharing and access requirements between providers and patients as outlined in the final rule.</i></p>
	Hospital Discharge Instructions	<b>Hospitals Only:</b> Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH who request an electronic copy of their discharge instructions are provided it	<p>No HIE requirement. Supply of information can be done locally through creation of any eMedia that can be given to the patient. eMedia is defined as any form of physical media that can be provided to the patient including CD, a memory stick/USB drive or include use of a local web site/portal to deliver the information to the patient.</p> <p>Note: Appropriate encryption must be used with physical media to assure that if the media is lost or stolen, the data is protected. There is implied HIE functionality if the provider uses an external non-tethered PHR.</p> <p><i>This response applies to all other health information data sharing requirements between providers and patients as outlined in the final rule.</i></p>

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	Clinical Summaries	<b>EPs Only:</b> Provide clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	<p>No HIE requirement.</p> <p>The supply of information can be done locally through creation of any <i>electronic Media</i><sup>2</sup> (eMedia) that can be given to the patient.</p> <p>Note: Appropriate encryption must be used with physical media to assure that if the media is lost or stolen, the data is protected. There is implied HIE functionality if the provider uses an external non-tethered PHR.</p> <p>Please note, for a regional or community-based HIE, the HIE would facilitate this activity if it includes a patient portal or PHR as a service to the consumer --- and if the information exchange includes making patient information available to both the consumer and the clinician.</p>
<b>Improve care coordination</b>	One Test of Clinical Information Exchange	Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of the certified EHR technology’s capacity to electronically exchange key clinical information	<p>There is a requirement for the EHR to have the capability to electronically exchange data (requires the EHR to both send and receive data). The requirement in Stage 1, however, is limited to performing a single valid test of the EHR functionality, and does not require a data trading partner to be an HIE/HIO entity.</p> <p>There is recognition that the infrastructure necessary to support exchange of information is under development. Therefore, Stage 1 requirement is focused only on testing the ability to exchange information. The test must involve the actual submission of data to another care provider with distinct certified EHR technology or other system that is capable of receiving the information. Given the privacy and security concerns around transmission of actual patient data, a fictional patient or ‘dummy’ information is allowed in this test. CMS will accept a yes/no attestation to verify test. (Reference PDD Page 189 – 191)</p>

<sup>2</sup> eMedia = any form of physical media that can be burned and given to the patient (CD, memory stick, etc.). It also includes use of a local web site to deliver information to the patient which may cross the line over to what would otherwise be considered HIE.

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Ensure adequate privacy and security protections for personal health information	Data Protection	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement updates as necessary and correct identified security deficiencies as part of the EP's, eligible hospital's or CAH's risk management process	No HIE requirement. Consideration must be given in the risk analysis that all health information exchange activities and related HIE/HIO entities must adhere to privacy and security requirements.

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Improving quality, safety, efficiency, and reducing health disparities	Drug Formulary	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	No HIE requirement. It should be noted that some drug formularies from third party entities can be incorporated or loaded into provider software suites including EHRs.
	Advance Directives	<b>Hospitals Only:</b> Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH have an indication of an advance directive status recorded	No HIE Requirement
	Lab Results~	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP, or an authorized provider of the eligible hospital or CAH, for patients admitted during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	The goal of this objective is to get as many lab results as possible into a patient's electronic health record as structured data. It is recognized that electronic exchange infrastructure is being deployed across the country; therefore, this measure does not require or rely on the electronic exchange of information between the lab and the provider. (Reference PPD page 131)  What is required is that results must be entered into the chart in a structured format which will be time consuming and error prone if done manually, so this requirement ideally should be addressed through data exchange activities, especially since lab result data is increasingly becoming available in electronic form. Also, the requirement of entering data as structured data is felt to encourage future exchange of

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				<p>information. (Reference PPD page 130)</p> <p>In the case of a hospital that is performing laboratory testing, there is an implied requirement to be an electronic data supplier to their ordering provider community.</p>
	Patient Lists	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition	No HIE Requirement
	Patient Reminders	<b><i>EPs Only:</i></b> Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	<p>No HIE Requirement.</p> <p>The term “based on patient preferences” could imply electronic delivery. Interpretation can be that these preferences are more directed at the patient’s choice of receiving or not receiving reminders. Avenues that do not utilize health data exchange avenues easily fulfill Stage I requirement.</p> <p>Please note, for a regional or community-based HIE, HIE would facilitate this activity if it includes a patient portal or PHR as a service to consumer – if the information exchange includes making patient information available to both the consumer and the clinicians.</p>
<b>Engage patients and families in their health care</b>	Patient Access	<b><i>EPs Only:</i></b> Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information	<p>No HIE requirement for Stage 1.</p> <p>The supply of information can be done locally through creation of any <i>electronic Media</i><sup>3</sup> (eMedia) that can be given to the patient. eMedia may also include use of a local web site/portal to deliver the information to the patient.</p> <p>Note: Appropriate encryption must be used with physical media to assure that if the media is lost or stolen, the data is protected. All HIPAA rules must be accommodated in meeting this</p>

<sup>3</sup> eMedia = any form of physical media that can be burned and given to the patient (CD, memory stick, etc.). It also includes use of a local web site to deliver information to the patient which may cross the line over to what would otherwise be considered HIE.

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				<p>requirement. There is implied HIE functionality if the provider uses an external non-tethered PHR.</p> <p>Please note, for a regional or community-based HIE, HIE would facilitate this activity if it includes a patient portal or PHR as a service to consumer – if the information exchange includes making patient information available to both the consumer and the clinicians.</p>
	Patient Education Resources	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital or CAH are provided patient-specific education resources	<p>No HIE requirement.</p> <p>Please note, for a regional or community-based HIE, HIE would facilitate this activity if it includes a patient portal or PHR as a service to consumer – if the information exchange includes making patient information available to both the consumer and the clinicians.</p>
<b>Improve care coordination</b>	Medication Reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital or CAH	<p>No HIE requirement.</p> <p>Performing medication reconciliation manually on paper can be very time consuming. Manual entry of patient prescriptions into the provider’s EHR can be error-prone and also time consuming.</p> <p>Providers should carefully consider the impact of this requirement on their intake workflow, and weigh that against the cost and effort involved with using an E-Prescribing vendor who can supply active medication lists for prescription drugs dispensed. Eligible providers may have access to medication lists from the pharmacy benefits manager vendor and/or other retail/commercial pharmacy networks. Both cases involve a request for the information using the third party network. Each of these sources of information may be incomplete.</p>
	Care Summary Record Exchange Across Providers	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals	HIE would greatly facilitate this activity. It is understood that HIE capacity is under development across the country, therefore the eligible provider can send an electronic or paper copy of the summary care record directly to the

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		record for each transition of care or referral		<p>next provider or utilize the patient to delivery it to the next provider. Certified EHR technology should be used to generate the care summary document and used to document this was provided to another provider. HIE is anticipated to be required in future stages. (Reference PDD page 200)</p> <p>For this to occur in the future, data suppliers must be able to generate an electronic visit summary and transmit it. Data receivers must be able to receive the electronic summary and display it in human-readable form. Therefore, there is no requirement in Stage 1 to actually incorporate the received data into the receiver’s EHR.</p>
<p><b>Improve population and public health</b> Unless an EP, eligible hospital or CAH has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user</p>	Immunization	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of the certified EHR technology’s capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	<p>HIE may be used if the registries are capable of receiving electronic data. If not, then the proven capability of providing the data in an electronic format must at least be available in the EHR.</p> <p>It is acknowledged that not all immunization registries have immunization information systems and can accept data in an electronic format. Therefore, the requirement is focused on conducting a single test of the capability of electronic data submission when feasible across the stakeholders. Fictional patient data or dummy data is allowed in this test. If none of the immunization registries have the capacity to receive information electronically, this objective does not apply. (PDD Page 204-206)</p>
	Lab results	<b>Hospitals Only:</b> Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology’s capacity to provide submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	<p>HIE would greatly facilitate this activity. This requires a single test if the public health agencies can support receiving lab results in an electronic format. HIE can be leveraged if the public health agencies are capable of receiving electronic data. If not, then the proven capability must at least be available in the EHR. Note that there are likely procedures in place today at hospitals to electronically transmit such data, if the public health agency has the capability. This may not be an additional burden for some. This measure may also be</p>

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				<p>accomplished through registries with data capturing and reporting if electronic data exchange function is available with the registries.</p> <p>In many states both hospitals <i>and</i> EPs are responsible for submitting data on reportable diseases, often in advance of a positive lab test result. The MU objectives have narrowed the requirement to hospitals and confirmed results only, though legal requirements may exceed these objectives.</p>
	Syndromic Surveillance	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology’s capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	<p>HIE would greatly facilitate this activity. This requires a single test if the public health agencies can support receiving electronic syndromic surveillance data. As with the other testing requirements, ‘dummy’ data is allowed in this test. HIE can be leveraged if the public health agencies are capable of receiving electronic data. If not, then the proven capability must at least be available in the EHR.</p> <p>It is not common for EPs to be required to submit syndromic surveillance data in many states even though such a requirement is identified here. The standards for submission are still being developed (the standards published in the ONC Standards and Certification FR were in error and withdrawn in an ONC Erratum).</p>