



Eligible Hospital and Critical Access Hospital Meaningful Use Menu Set Measures

Measure 5

Stage 1

Last Updated: April 2013

Patient-Specific Education Resources	
Objective	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
Measure	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources.
Exclusion	No exclusion.

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Definition of Terms

Admitted to the Emergency Department — There are two methods for calculating ED admissions for the denominators for measures associated with Stage 1 of Meaningful Use objectives. Eligible hospitals and CAHs must select one of the methods below for calculating ED admissions to be applied consistently to all denominators for the measures. That is, eligible hospitals and CAHs must choose either the "Observation Services method" or the "All ED Visits method" to be used with all measures. Providers cannot calculate the denominator of some measures using the "Observation Services method," while using the "All ED Visits method" for the denominator of other measures. Before attesting, eligible hospitals and CAHs will have to indicate which method they used in the calculation of denominators.

Observation Services method. The denominator should include the following visits to the ED:

- The patient is admitted to the inpatient setting (place of service (POS) 21) through the ED. In this situation, the orders entered in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator.

All ED Visits method. An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions. All

actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use.

Unique Patient — If a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Attestation Requirements

NUMERATOR / DENOMINATOR

- **DENOMINATOR:** Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** Number of patients in the denominator who are provided patient education specific resources.

The resulting percentage (Numerator ÷ Denominator) must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- Education resources or materials do not have to be stored within or generated by the certified EHR. However, the provider should utilize certified EHR technology in a manner where the technology suggests patient-specific educational resources based on the information stored in the certified EHR technology. The provider can make a final decision on whether the education resource is useful and relevant to a specific patient.

Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at <https://questions.cms.gov/> and enter the New ID # into the Search Box, clicking the "FAQ #" option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the "Text" option.)

- To meet the meaningful use objective "use certified EHR technology to identify patient-specific resources and provide those resources to the patient," does the certified EHR have to generate the education resources or can the EHR simply alert the provider of available resources?
New ID #2907, Old ID #10164
- What do the numerators and denominators mean in measures that are required to demonstrate meaningful use? **New ID #2813, Old ID #10095**



- Does an eligible hospital have to count patients admitted to both the inpatient and emergency departments in the denominator of meaningful use measures, or can they count only emergency department patients? [New ID #3067](#), [Old ID #10468](#)
- If an eligible hospital or CAH has a rehabilitation unit or a psychiatric unit that is part of the inpatient department and that bills under Place of Service (POS) code 21, but that is excluded from the inpatient prospective payment system (IPPS), should patients from these units be included in the denominator for the measures of meaningful use objectives? [New ID #3213](#), [Old ID # 10591](#)
- How should patients in swing beds be counted in the denominators of meaningful use measures for eligible hospitals and CAHs? [New ID #3259](#), [Old ID #10640](#)

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§170.302(m) Patient-specific education resources	Enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's: problem list; medication list; and laboratory test results; as well as provide such resources to the patient.
§170.302(n) Automated measure calculation	For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

Standards Criteria	
N/A	

Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- I'm in the process of implementing EHR technology developer XYZ's certified Complete EHR [or certified EHR Module] "E-HealthSystem2010."
Scenario 1: Can I reconfigure E-HealthSystem2010 without compromising the certified status of my implementation of E-HealthSystem2010?
Scenario 2: EHR technology developer XYZ communicated to my organization that they relied upon a 3rd party software program "PatientInfoTracker 2.0" for the purposes of demonstrating compliance with the "generate patient lists" certification criterion specified at 45 CFR 170.302(i) in achieving E-HealthSystem2010's certification. I have already implemented, use, and would like to continue using "SuperListGenerator 7.0." I have determined that I can reconfigure SuperListGenerator 7.0 to work with E-HealthSystem2010. Can I use SuperListGenerator 7.0 in



lieu of PatientInfoTracker 2.0 without compromising the certified status of my implementation of E-HealthSystem2010? [9-10-016-1](#)

- Is an eligible hospital limited to demonstrating meaningful use in the exact way that EHR technology was tested and certified? Similarly, if the EHR technology was tested and certified with certain clinical decision support rules, are those the only clinical decision support rules an eligible health care provider is permitted to use when demonstrating meaningful use? [3-11-024-1](#)