

## MEDICAID PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR 2019 OBJECTIVE 6 of 8

Coordination of Care through Patient Engagement	
<b>Objective</b>	Use certified electronic health technology (CEHRT) to engage with patients or their authorized representatives about the patient's care.
<b>Measures</b>	Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:
	<b>Measure 1:</b> More than 10 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or critical access hospital (CAH) inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either— 1. View, download or transmit (VDT) to a third party their health information; or 2. Access their health information using an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or 3. A combination of (1) and (2)
	<b>Measure 2:</b> More than 25 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative.
	<b>Measure 3:</b> Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
<b>Exclusions</b>	<b>Measures 1, 2, and 3:</b> Any eligible hospital or CAH may take an exclusion for any or all measures if it is in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) at the start of the EHR reporting period.



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## Definition of Terms

**Application Programming Interface (API):** A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

**View:** The patient (or authorized representative) accessing their health information online.

**Download:** The movement of information from online to physical electronic media.

**Transmission:** This may be any means of electronic transmission according to any transport standard(s) (SMTP, FTP, REST, SOAP, etc.). However, the relocation of physical electronic media (for example, USB, CD) does not qualify as transmission.

**Patient Generated Health Data:** Data generated by a patient or a patient's authorized representative.

**Data from a Non-Clinical Setting:** This includes, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, telehealth platform, personal health record, social determinant of health screening modules, long term care/post-acute care coordination platforms, medical device data, home health monitoring data, or fitness monitor data, etc.

**Secure Message:** Any electronic communication between a provider and patient that ensures only those parties can access the communication. This electronic message could be email or the electronic messaging function of a public health record (PHR), an online patient portal, or any other electronic means.

**Unique Patient:** If a patient is seen 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 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

### Measure 1:

- **DENOMINATOR:** Number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information using an API during the EHR reporting period.
- **THRESHOLD:** The resulting percentage must be more than 10 percent.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

### Measure 2:

- **DENOMINATOR:** Number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.
- **THRESHOLD:** The resulting percentage must be more than 25 percent.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

### Measure 3:

- **DENOMINATOR:** Number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.

- **THRESHOLD:** The resulting percentage must be more than five percent.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability per the latest information available from the FCC at the start of the EHR reporting period.

## Additional Information

- Eligible hospitals must use [2015 Edition CEHRT](#) to meet Stage 3 meaningful use.
- Hospitals must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- There are four actions a patient might take as part of Measure 1: 1. View their information, 2. Download their information, 3. Transmit their information to a third party, and 4. Access their information through an API. These actions may overlap, but a hospital can count all actions in the single numerator. Therefore, for the first measure, a hospital may meet a combined threshold for VDT and API actions, or if their technology functions overlap, then any view, download, transmit, or API actions taken by the patient using CEHRT would count toward the threshold.
- To meet the objective, the following information must be available within 36 hours of hospital discharge:
  - Patient name
  - Admit and discharge date and location
  - Reason for hospitalization
  - Care team including the attending of record as well as other providers of care
  - Procedures performed during admission
  - Current and past problem list
  - Vital signs at discharge
  - Laboratory test results (available at time of discharge)
  - Summary of care record for transitions of care or referrals to another provider
  - Care plan field(s), including goals and instructions
  - Discharge instructions for patient
  - Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language)
  - Smoking status
- A hospital can make available additional information and still align with the objective.
- Measure 2 includes provider-initiated communications (when a provider sends a message to a patient or the patient's authorized representatives), and provider-to-provider communications if the patient is included. A provider can only count messages in the

numerator when the provider participates in the communication (e.g. patient-initiated communication only if the provider responds to the patient.) *Note: Providers are not required to respond to every message received if no response is necessary.*

- For Measure 3, the types of data that would satisfy the measure are broad. It may include, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data. In addition, the sources of data vary and may include mobile applications for tracking health and nutrition, home health devices with tracking capabilities such as scales and blood pressure monitors, wearable devices such as activity trackers or heart monitors, patient-reported outcome data, and other methods of input for patient and non-clinical setting generated health data. (*Note: Data related to billing, payment, or other insurance information would not satisfy this measure.*)
- For Measure 3, providers in non-clinical settings may include, but are not limited to, care providers such as nutritionists, physical therapists, occupational therapists, psychologists, and home health care providers. Other key providers in the care team such as behavioral health care providers, may also be included, and we encourage providers to consider ways in which this measure can incorporate this essential information from the broader care team.
- For Measure 3, the data may not be information the patient provides on location during the hospital stay, as such data does not meet the intent of the measure to support care coordination and patient engagement outside the provider's immediate scope of practice.
- For Measure 3, we do not specify the way providers are required to incorporate the data. Providers may work with their EHR developers to establish the methods and processes which work best for their practice and needs. For example, if data provided can be easily incorporated in a structured format or into an existing field within the EHR (such as a Consolidated Clinical Document Architecture [C-CDA] or care team member reported vital signs or patient reported family health history and demographic information) the provider may elect to do so. Alternately, a provider may maintain an isolation between the data and the patient record and instead include the data by other means such as attachments, links, and text references again as best meets their needs.
- For the numerator for measures 1 and 2, the action must occur within the EHR reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs.

## Regulatory References

This objective may be found at [42 C.F.R. § 495.24 \(d\)\(6\)\(ii\)\(A\) and \(B\)](#). For further discussion please see [80 FR 62851](#).



## Certification Standards and 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

Information about certification for 2015 Edition CEHRT can be found at:

[§170.315\(e\)\(1\) View, download, and transmit to 3rd party](#)

[§170.315\(e\)\(2\) Secure messaging](#)

[§170.315\(g\)\(7\) Application access — patient selection](#)

[§170.315\(g\)\(8\) Application access – data category request](#)

[§170.315\(g\)\(9\) Application access – all data request](#)

*\*Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.315(g)(1), (g)(2), or both, in order to assist in the calculation of this PI measure.*

### Standards Criteria

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:

<https://www.healthit.gov/topic/certification/2015-standards-hub>