Patient-Specific Education	
Objective	Use clinically relevant information from certified electronic health record technology (CEHRT) to identify patient-specific education resources and provide those resources to the patient.
Measure	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the eligible professional (EP) during the Promoting Interoperability (PI) reporting period.
Exclusion	Any EP who has no office visits during the PI reporting period.

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Definition of Terms

Patient-Specific Education Resources Identified by CEHRT – Resources or a topic area of resources identified through logic built into certified EHR technology which evaluates information about the patient and suggests education resources that would be of value to the patient.

Unique Patient – If a patient is seen by an EP more than once during the PI 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 PI reporting period.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

- DENOMINATOR: Number of unique patients with office visits seen by the EP during the PI reporting period.
- NUMERATOR: Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.
- THRESHOLD: The resulting percentage must be more than 10 percent in order for an EP to meet this measure.

- EXCLUSION: Any EP who has no office visits during the PI reporting period.

Additional Information

- Unique patients with office visits means that to count in the denominator a patient must be seen by the EP for one or more office visits during the PI reporting period, but if a patient seen by the EP more than once during the PI reporting period, the patient only counts once in the denominator.
- The EP must use elements within CEHRT to identify educational resources specific to patients' needs. CEHRT is certified to use the patient's problem list, medication list, or laboratory test results to identify the patient-specific educational resources. The EP may use these elements or may use additional elements within CEHRT to identify educational resources specific to patients' needs. The EP can then provide these educational resources to patients in a useful format for the patient (such as, electronic copy, printed copy, electronic link to source materials, through a patient portal or PHR).
- The education resources or materials do not have to be stored within or generated by the CEHRT.
- There is no universal "transitive effect" policy in place for this objective and measure. It may vary based on the resources and materials provided and the timing of that provision. If an action is clearly attributable to a single provider, it may only count in the numerator for that provider. However, if the action is not attributable to a single provider, it may be counted in the numerator for all providers sharing the CEHRT who have the patient in their denominator for the PI reporting period.
- This exchange may occur before, during, or after the PI reporting period. However, in order to count in the numerator, it must occur within the PI 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 PI reporting period occurs.

Regulatory References

This objective may be found in Section 42 of the code of the federal register at 495.22 (e)(6)(i) and (ii). For further discussion please see 80 FR 62807.
In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314 (a)(15).

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	
§ 170.314(a)(15) Patient-specific education resources	EHR technology must be able to electronically identify for a user patient-specific education resources based on data included in the patient's problem list, medication (i) In accordance with the standard specified at § 170.204(b) and the implementation specifications at § 170.204(b)(1) or (2); and (ii) By any means other than the method specified in paragraph (a)(15)(i) of this section.

*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 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this PI measure.

Standards Criteria	
§ 170.204(b) Reference source	Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299).
§ 170.204(b)(1) or (2) Implementation Specifications	Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299). (1) Implementation specifications. HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain, (incorporated by reference in § 170.299) (2) Implementation specifications. HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide, (incorporated by reference in § 170.299).