Medicare Promoting Interoperability Program Modified Stage 2 Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS
Objectives and Measures for 2018
Objective 4 of 7
Updated: July 2018

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: More than 10 percent of all unique patients admitted to the eligible hospitals or critical access hospitals (CAH) inpatient or emergency department (POS 21 or 23) during the Promoting Interoperability (PI) reporting period are provided patient-specific education resources identified by CEHRT.

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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 CEHRT which evaluates information about the patient and suggests education resources that would be of value to the patient.

Unique Patient – If a patient is admitted to an eligible hospital or CAHs inpatient or emergency department (POS 21 or 23) 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.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD

- DENOMINATOR: Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the PI reporting period.
- NUMERATOR: Number of patients in the denominator who are subsequently provided patient- specific education resources identified by CEHRT.
- THRESHOLD: The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

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Additional Information

- Unique patients with office visits means that to count in the denominator, a patient must be admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the PI reporting period; if a patient is admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) more than once during the PI reporting period, the patient only counts once in the denominator.
- The eligible hospital or CAH must use elements within CEHRT to identify educational resources specific to patient 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 eligible hospital or CAH may use these elements or additional elements within CEHRT to identify educational resources specific to patient needs. The eligible hospital or CAH 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 personal health record).
- 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 eligible hospital or CAH, it may only count in the numerator for that eligible hospital or CAH. However, if the action is not attributable to a single eligible hospital or CAH, it may be counted in the numerator for all eligible hospital or CAH sharing the CEHRT who have the patient in their denominator for the PI reporting period.
- The action may reasonably fall outside the PI reporting period timeframe but the numerator includes the qualifier "subsequently," which indicates the patient-specific education resources must be provided after the patient's admission to the hospital, but the admission has to occur within the calendar year of the PI reporting period and before the end of the calendar year, December 31st.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (f)(6)(i) and (ii). For further discussion please see 80 FR 62807.
- In order to meet this objective and measure, an eligible hospital or CAH 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 EHR technology that supports achieving the meaningful use of this objective.

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Certification Criteria*	
§ 170.314(a)(15) Patient-specific education resources	EHR technology must be able to electronically identify for user patient-specific education resources based on data included in the patient's problem list, medication list, and laboratory tests and values/results: (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.

Note: 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).