

MEDICAID PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE PROFESSIONALS OBJECTIVES AND MEASURES FOR 2020 OBJECTIVE 6 of 8

Coordination of Care through Patient Engagement	
Objective	Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient’s care.
Measure	<p>An EP must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.</p> <p>Measure 1: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either —</p> <ul style="list-style-type: none"> (1) View, download, or transmit to a third party their health information; or (2) Access their health information through an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP’s CEHRT; or (3) A combination of (1) and (2). <p>Measure 2: For more than 5 percent of all unique patients seen by the EP 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.</p> <p>Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.</p>
Exclusions	<p>Measure 1, 2 and 3: An EP may take an exclusion for any or all measures if either of the following apply:</p> <ul style="list-style-type: none"> (i) They have no office visits during the EHR reporting period, or;



	(ii) They conduct 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period.
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Definition of Terms

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, medical device data, home health monitoring data, and fitness monitor data.

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 personal health record (PHR), an online patient portal, or any other electronic means.

Unique Patient: If a patient is seen by an EP 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 seen by the EP 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 through the use of an API during the EHR reporting period.
- **THRESHOLD:** The resulting percentage must be more than 5 percent.
- **EXCLUSIONS:** An EP may exclude from the measure if they have no office visits during the EHR reporting period, or:
 - Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Measure 2:

- **DENOMINATOR:** Number of unique patients seen by the EP 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 5 percent.
- **EXCLUSIONS:** An EP may exclude from the measure if they have no office visits during the EHR reporting period, or;
 - Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability

according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Measure 3:

- DENOMINATOR: Number of unique patients seen by the EP 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 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the EHR reporting period, or;
- Any EP that conducts 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Additional Information

- EPs must use [2015 Edition CEHRT](#) to meet Stage 3 meaningful use.
- 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.
- EPs 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 an EP is able to count the patient in the numerator if they take any and all actions. Therefore, for the first measure, an EP may meet a combined threshold for view, download, and transmit 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.
- In order to meet the objective, the following information must be available:
 - Patient name
 - Provider's name and office contact information
 - Current and past problem list
 - Procedures
 - Laboratory test results
 - Current medication list and medication history

- Current medication allergy list and medication allergy history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field(s), including goals and instructions
- Any known care team members including the primary care provider of record
- An EP 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. An EP can only count messages in the numerator when the EP participates in the communication (e.g., any patient-initiated communication only if the EP responds to the patient). *Note: EPs 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. They may include, but are 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. Telehealth platform, personal health records, social determinants of health screening modules, long term care/post-acute care coordination platforms might also be considered. *(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 EPs 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 to the EP during the office visit, as such data does not meet the intent of the measure to support care coordination and patient engagement in a wide range of settings outside the EP's immediate scope of practice.
- For Measure 3, we do not specify the manner in which EPs are required to incorporate the data. EPs may work with their EHR developers to establish the methods and processes that 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 C-CDA

for externally acquired vital signs or patient reported family health history in demographic information) the EP may elect to do so. Alternatively, an EP 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, as best meets their needs.

Regulatory References

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

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR 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\(g\)\(7\) Application Access – Patient Selection](#)
- [§ 170.315\(g\)\(8\) Application Access – Data Category Request](#)
- [§ 170.315\(g\)\(9\) Application Access – All Data Request](#)
- [§170.315\(e\)\(2\) Secure messaging](#)
- [§170.315\(e\)\(3\) Patient health information capture*](#)

**Supports meeting the measure, but is NOT required to be used to meet the measure. The certification criterion is part of the CEHRT definition beginning in 2018.*

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>