Florida Medicaid
Promoting
Interoperability Program

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Meaningful Use Objective: Coordination of Care Through Patient Engagement

Program Year 2019 – Basics

All providers have a minimum 90 day Electronic Health Record (EHR) reporting period

All providers attest to Stage 3 requirements

Providers must have 2015 certified technology

Clinical Quality Measures (CQMs): First time attesting to Meaningful Use (MU): 90 days

2nd or later years: Full year reporting

Must report one outcome or priority CQM

Stage 3 Meaningful Use Objectives

- Protect Electronic Protected Health Information (ePHI)

- Electronic Prescribing

- Clinical Decision Support (CDS)

- Computerized Provider Order Entry (CPOE)

- Patient Electronic Access to Health Information

- *Coordination of Care through Patient Engagement*

- Health Information Exchange (HIE)

- Public Health and Clinical Data Registry Reporting

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf

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.

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.
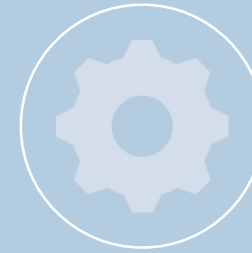
Measure 1:

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—
(1) View, download, or transmit to a third party their health information; or

(2) Access their health information through the use of 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)

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.

Measure 3:

Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period
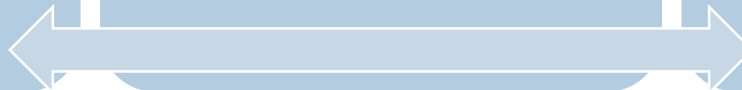
Exclusions

Measures 1 and 2 and 3:

An EP may take an exclusion for any or all measures if either of the following apply:

(i) He or she has no office visits during the EHR   reporting period.

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

Reminder: 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.

Definitions

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.

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."

Additional Information – Measure 1

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.

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.

To Meet Measure One . .

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

Measure 2 – Includes . . .

Provider-initiated communications (when a provider sends a message to a patient or the patient's authorized representatives)

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)

EPs are not required to respond to every message received if no response is necessary

Contacts and Resources

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