

# Objective 6: Coordination of Care through Patient Engagement

## Massachusetts Medicaid EHR Incentive Program

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# Disclaimer

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# Reminder: PY 2019 Deadline

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The attestation deadline for  
Program Year 2019 is  
**March 31, 2020**

# Agenda

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- Purpose of This Webinar
- MU Objective 6: Coordination of Care through Patient Engagement
- MU Supporting Documentation
- Entering Data Into MAPIR
- What is an API?
- Strategies and Tips for Success

# Purpose of This Session

We want to help you:

- Meet the measures for Objective 6
- Save time by getting it right the first time and avoid application cycling
- Ensure accuracy of your supporting documentation

At the end of this session, attendees will take away:

- Why electronic patient engagement is important
- Options and strategies for meeting the measures while minimizing potential issues

# Objective 6: Coordination of Care Through Patient Engagement

Use CEHRT to engage with patients or authorized representatives about the patient's care

**Measure 1: More than 5%** of patients:

- (1) **view, download, or transmit** their health info;
- (2) access their health info through apps chosen by the patient and configured to the **API** in the provider's CEHRT; or
- (3) a combination of 1 and 2

**Measure 2:** For **more than 5%** of patients, a **secure message** was sent to the patient

**Measure 3:** **Patient-generated health data** or data from nonclinical setting is incorporated into CEHRT for **more than 5%** of patients

**Note:** EPs 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.

# MU Supporting Documentation: Coordination of Care Through Patient Engagement

## Upload Supporting Documentation

**Measure 1:** Patients Viewed, Downloaded or Transmitted (VDT), or Accessed their health information using an API

- EHR-generated MU Dashboard or report

**Measure 2:** Secure Messaging

- EHR-generated MU Dashboard or report

**Measure 3:** Incorporation of Patient Generated Health Data or Data from a Non-Clinical Setting

- EHR-generated MU Dashboard or report

**Note:** EPs 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.

# EPE - Measure 1: Supporting Documentation to prove patients Viewed, Downloaded or Transmitted (VDT) their health info, or accessed their health info using API

## EHR-generated MU dashboard or report

- Selected MU reporting period\*
- Attesting EP's name
- Recorded numerator, denominator and percentages for this measure

The screenshot displays a report for a specific provider and time period. At the top, it identifies the 'LOCATION GROUP' and the 'PROVIDER: Dr. Smith'. Below this, a blue bar indicates the 'ID:' and the 'Period: 08/10/2018 to 11/07/2018'. The main data is presented in a table with four columns: Clinical Measure, Numerator / Denominator, PERCENTAGE, and Exclusion.

Clinical Measure	Numerator / Denominator	PERCENTAGE	Exclusion
Objective 6 Measure 1	1,425 / 2,457	57 %	0

The MU dashboard shows 57% of Dr. Smith's unique patients actively engaged with EHR via VDT or through an API.

The displayed percentage more than satisfies the required 5%+ threshold.

\*API access and VDT must occur within same calendar year as MU reporting period



# EPE - Measure 2: Supporting Documentation to prove Secure Messaging

## EHR-generated MU dashboard or report

- Selected MU reporting period
- Attesting EP's name
- Recorded numerator, denominator and percentages for this measure

Clinical Measure	Numerator / Denominator	PERCENTAGE	Exclusion
Objective 6 Measure 2	0 / 2,457	0 %	0

The MU dashboard shows Dr. Smith failed to send or respond to a secure message to or from a patient using CEHRT.

The displayed percentage confirms Dr. Smith failed to satisfy the 5%+ threshold.

**Note:** The EP must demonstrate that two of the 3 measures were satisfied in order to prove meaningful use. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure.

# EPE - Measure 3: Supporting Documentation to prove incorporation of patient-generated health data or data from a non-clinical setting

## EHR-generated MU dashboard or report

- Selected MU reporting period
- Attesting EP's name
- Recorded numerator, denominator and percentages for this measure

The screenshot displays a dashboard for a specific provider and reporting period. At the top, it identifies the 'LOCATION GROUP' and the 'PROVIDER: Dr. Smith'. Below this, a blue bar indicates the 'ID' and the 'Period: 08/10/2018 to 11/07/2018'. The main data is presented in a table with the following structure:

Clinical Measure	Numerator / Denominator	PERCENTAGE	Exclusion
Objective 6 Measure 3	1,265 / 2,457	51 %	0

The MU dashboard shows 51% of Dr. Smith's unique patient's health data was generated from a non-clinical setting and incorporated into CEHRT.

The displayed percentage more than satisfies the required 5%+ threshold.

# Objective 6: Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 6: Coordination of Care Through Patient Engagement

(\*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.

\* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.  
 Yes  No

**Exclusion 2:** Any EP that 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 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.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.  
 Yes  No

**Measure 1:** During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider 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 API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

**Numerator 1:** 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.

**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.

Numerator 1:  Denominator 1:

**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 Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

**Numerator 2:** 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.

**Denominator 2:** Number of unique patients seen by the EP during the EHR reporting period.

Numerator 2:  Denominator 2:

**Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

**Numerator 3:** 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 Certified EHR Technology into the patient record during the EHR reporting period.

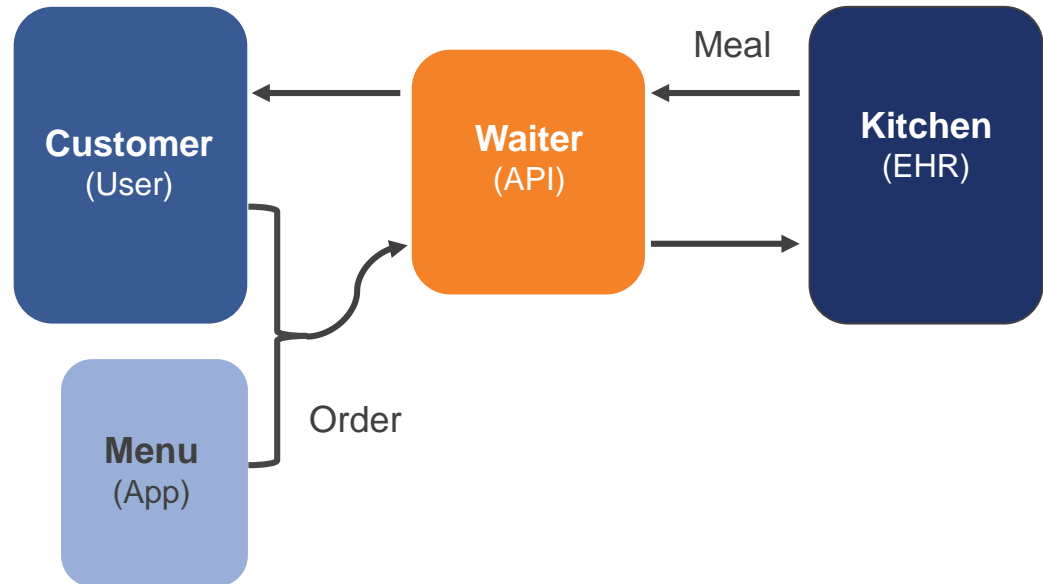
**Denominator 3:** Number of unique patients seen by the EP during the EHR reporting period.

Numerator 3:  Denominator 3:

# What is an Application Programming Interface (API)?

## A Restaurant Analogy

- User = Customer
- App = Menu
- API = Waiter
- EHR/backend = Kitchen



[video: what is an API?](#)

# What is an Application Programming Interface (API)?

- A set of requirements that governs how one software application interacts with another software application
  - Allows developers to create apps to use data in the EHR system
  - All the specifications for working with the EHR system
  - Published and available
- Example: Patient Portals are often interfaced to the EHR via an API
- Per CMS specification sheet: set of programming protocols established for multiple purposes. APIs may be enabled 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.”
- APIs are widely used to exchange data but APIs are not standardized
  - Developers need to support APIs of each EHR vendor
- ONC requires a fully functioning API for 2015 Certification

# Where to Find Out About Your EHR's API

- Links to CEHRT APIs are available on the [Certified Health IT Product List \(CHPL\)](#) website

The screenshot displays the 'Certified Health IT Product List' website. The header includes the site logo and navigation links: Search CHPL, CMS ID Creator, Compare Products, CHPL Resources, and Shortcuts. The main heading is 'API Information for 2015 Edition Products'. Below this, there is explanatory text about the API criteria and a search bar with a 'Certification Status' dropdown. A pagination bar shows '1 - 50 of 74 Results' with 'Previous', '1', '2', and 'Next' buttons. A table lists product details for four developers: eMedPractice LLC, Agastha, Inc., AntWorks Healthcare, and CareEvolution, Inc. The table columns are Developer, Product, Version, CHPL ID, API Documentation, and Mandatory Disclosures URL.

Developer	Product	Version	CHPL ID	API Documentation	Mandatory Disclosures URL
eMedPractice LLC	eMedicalPractice	2.0	<a href="#">15.02.02.2898.A042.01.00.1.170929</a>	<a href="#">170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9)</a> <a href="https://stage.emedpractice.com/Fhir/FhirHelpDocument.html">https://stage.emedpractice.com/Fhir/FhirHelpDocument.html</a>	<a href="http://www.emedpractice.com/EHR.html">http://www.emedpractice.com/EHR.html</a>
Agastha, Inc.	Agastha Enterprise Healthcare Software	15.1	<a href="#">15.04.04.1056.Agas.14.00.1.171231</a>	<a href="#">170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9)</a> <a href="http://www.agastha.com/api">http://www.agastha.com/api</a>	<a href="http://www.agastha.com/certifications.html">http://www.agastha.com/certifications.html</a>
AntWorks Healthcare	AntWorks Healthcare EHR	7.1	<a href="#">15.04.04.1144.AntW.71.01.1.171219</a>	<a href="#">170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9)</a> <a href="http://prognosis.com/ehr-interoperability/">http://prognosis.com/ehr-interoperability/</a>	<a href="http://healthcare.ant.works/industries/healthcare-services/electronic-health-records">http://healthcare.ant.works/industries/healthcare-services/electronic-health-records</a>
CareEvolution, Inc.	HIEBus™	2015	<a href="#">15.04.04.1200.HIEB.15.00.1.171127</a>	<a href="#">170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9)</a>	<a href="http://www.careevolution.com/technology-mu.html">http://www.careevolution.com/technology-mu.html</a>

# Business/Clinical Strategy: How to Meet PEA & EPE Measures

Provide patients a list of pre-vetted Mobile Apps that interface to your EHR to:

- Increase your ability to help patients in using **VDT** via an App
  - PEA Measure 1: Provide VDT access to patient
  - EPE Measure 1: Patient uses VDT
- Increase your ability to **Securely Message** with your patients via an App
  - EPE Measure 2: Securely message with patient
- Increase your ability to **Incorporate Patient-Generated Data into your EHR**
  - EPE Measure 3: Patient-generated data incorporated into CEHRT

Provide your CEHRT's API information to patients to meet MU requirements

- PEA Measure 1: Provide API information to patient
  - detailed instructions on how to authenticate their access through the API and supplemental information on available applications that leverage the API
- EPE Measure 1: Health info available/accessed by patients using App of their choice configured to technical specs of CEHRT's API

# Business/Clinical Strategy: How to Improve Care and Exceed MU Measures

Passive Electronic Patient Engagement (EPE) Strategy	Pro-Active EPE Strategy	Increased ability to meet your EPE related measures
Provide Patient Portal Access	<ul style="list-style-type: none"> <li>▪ Provide Patient Portal Access</li> <li>▪ Provide list of pre-vetted Mobile Apps that               <ul style="list-style-type: none"> <li>▪ Support VDT, Patient Input, Secure Messaging</li> <li>▪ Connect to your EHR via API</li> </ul> </li> </ul>	If connected to your dashboard, the Mobile Apps-based activity counts towards patient VDT, Patient Input, Secure Messaging
Provide pamphlet on how to use the Patient Portal	<ul style="list-style-type: none"> <li>▪ Physicians actively explain how these EPE tools enable them to provide better care</li> <li>▪ Staff available to assist patients who need to select and learn to use the EPE options</li> </ul>	Improves EPE use, as patients trust physicians/staff and tend to follow their advice
Dump the patient info and lab results into the Patient Portal	<ul style="list-style-type: none"> <li>▪ Upload patient info and lab results into the Patient Portals and Apps in meaningful way</li> <li>▪ Add educational info; use EPE to assist in:               <ul style="list-style-type: none"> <li>▪ interpreting data/trends</li> <li>▪ care adherence</li> </ul> </li> </ul>	Raises interest in using Patient Portal and Mobile Apps as it involves patients in their care and enhances understanding
Provide API information to patient	Provide API information to patient	Must be done to meet API measure
Let patient decide what Mobile Apps to use and answer their API questions when Apps don't work	Avoid these questions by helping patients select from your pre-vetted Mobile Apps	The Q&A overhead is not likely to improve patient care, and is your staff even equipped to answer?



# Story: Imagine the EPE Possibilities



## Toby's Story

- First seizure Sept 2011 at age 2
- Formal diagnosis Nov 2011: Generalized Epilepsy
  - Suspected Myoclonic-Astatic Epilepsy (MAE)
  - Tried and failed 7 medications
- Began ketogenic diet – summer 2012
  - Dramatic reduction in number & severity of seizures
- Seizure-free since January 2015; clear EEG at last neuro visit

## What About an App?

- Ketogenic diet requires daily testing of ketone levels
- App for parents/patients to
  - Track and report daily ketone levels
  - Record meals and recipes
  - Document/describe seizure activity & other symptoms
  - Communicate with physician
- A developer could create an app
  - Would need API specifications from neurologist's EHR



# Implementation Strategy: Engaging Patients Through Mobile Apps

- Design your PEA & EPE Strategy for using Patient Portals and Mobile Apps
  - How can the Apps enhance your ability to provide care and engage patients?
- Talk to EHR Vendor
  - Get their API Technical Specification
  - Get list of Mobile Apps the vendor knows work well
- Review and select the Mobile Apps
  - What are the Apps that would enable your PEA & EPE strategy?
  - What would your patients be likely to use?
- Implement your PEA & EPE strategy
  - Define and set up the inputs/outputs of the VDT, Secure Messaging, Patients Data
  - Define and set up the workflow process that enables its use
- Recommend the Mobile Apps to your patients
  - Physician discussion, pamphlet, website, patient portal, etc.

# Questions

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Questions?

# Contact Us



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