

MU Objective 5: Patient Electronic Access

Massachusetts Medicaid EHR Incentive Program

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Agenda

- Reminders
- Purpose of this Session
 - Why Patient Electronic Access (PEA) and Electronic Patient Engagement (EPE)
- Objective 5: Patient Electronic Access
 - What is an API?
 - Implementation Strategy: Engaging Patients Through Mobile Apps
- Objective 5: Supporting Documentation
- Using Opt Out for Objective 5
- Opt Out Supporting Documentation
- Entering Data into MAPIR
- Potential Issues and Solutions
- Q & A

Reminder

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

Reminder: 2015 Edition CEHRT

- 2015 Edition CEHRT functionality is required to meet Stage 3 requirements
- The 2015 Edition CEHRT must be installed and used for the entirety of the EP's selected 90-day EHR reporting period
- If your EPs have not yet upgraded, start the process ASAP
 - If EPs don't upgrade to the 2015 CEHRT Edition before **October 3rd**, they won't be able to attest to Program Year 2019



Purpose of This Session

We want to help you:

- Meet the measures for Objective 5
- 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
- Examples of approved supporting documentation

Why Patient Electronic Access (PEA) and Electronic Patient Engagement (EPE)?

- Leverages Health IT for improved efficiencies
 - scheduling, testing, reminders
- Improves care coordination
 - patient has access to current med list, problem list, lab results – making it easier and more likely that they will share that information with other providers
- Increases accuracy and timeliness of information shared
- Allows patient-generated health data to be incorporated into EHR



Objective 5: Patient Electronic Access (PEA)

EP provides patients with timely electronic access to their health information and patient-specific education

Measure 1: For **more than 80%** of patients:

- (1) the patient is provided timely access to **view, download, and transmit their health info***; and
- (2) the patient's health info is available for the patient to access using any app of their choice configured to meet the technical specs of the **Application Programming Interface (API)** in the provider's CEHRT

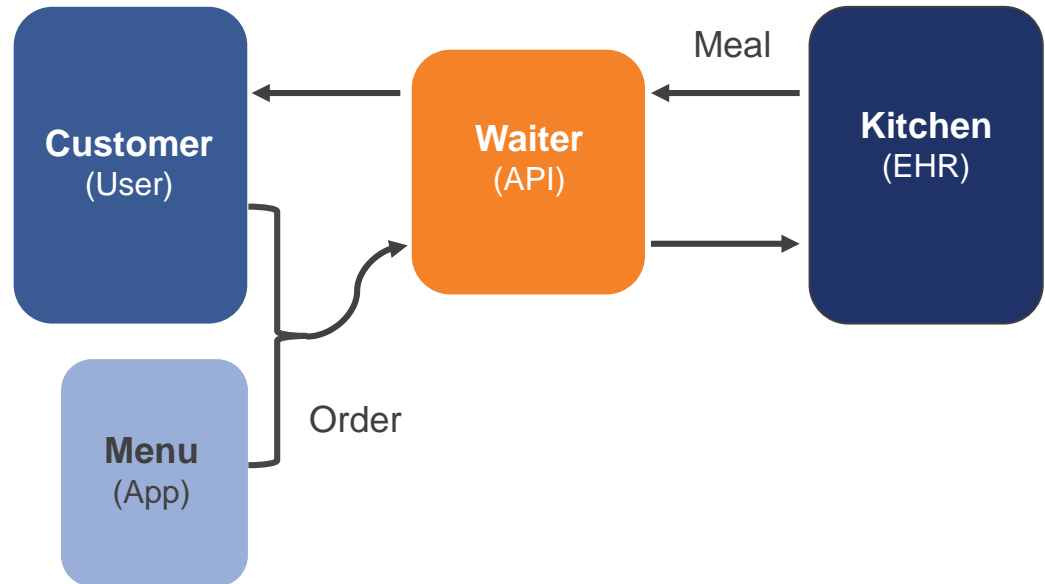
Measure 2: For **more than 35%** of patients, EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials

* When patients decline to participate in electronic access to their health information, the EP can use **Opt Out** to count those patients in order to meet the thresholds for both Measure 1 and Measure 2. More to come on using Opt Out.

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 and a search bar with a 'Certification Status' dropdown. A pagination control shows '1 - 50 of 74 Results' with 'Previous', '1', '2', and 'Next' buttons. A table lists product details with columns for 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	15.02.02.2898.A042.01.00.1.170929	170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9) https://stage.emedpractice.com/Fhir/FhirHelpDocument.html	http://www.emedpractice.com/EHR.html
Agastha, Inc.	Agastha Enterprise Healthcare Software	15.1	15.04.04.1056.Agas.14.00.1.171231	170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9) http://www.agastha.com/api	http://www.agastha.com/certifications.html
AntWorks Healthcare	AntWorks Healthcare EHR	7.1	15.04.04.1144.AntW.71.01.1.171219	170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9) http://prognosis.com/ehr-interoperability/	http://healthcare.ant.works/industries/healthcare-services/electronic-health-records
CareEvolution, Inc.	HIEBus™	2015	15.04.04.1200.HIEB.15.00.1.171127	170.315 (g)(7), 170.315 (g)(8), 170.315 (g)(9)	http://www.careevolution.com/technology-mu.html

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 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
 - Per CMS: provide the patient with supplemental information on available applications that leverage the API
- Review and select the Mobile Apps
 - What are the Apps that would enable your PEA strategy?
 - What would your patients be likely to use?
- Implement your PEA 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.
 - Don't forget to still give patients the API Technical Specification

Objective 5: Supporting Documentation

PEA – Basic Supporting Documentation requirements

Upload Supporting Documentation

Measure 1: Access to View, Download and Transmit (VDT) and API Access*

- An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage for this measure.
- Documentation that shows an API was **enabled** prior to or during the MU reporting period.
- A copy of the instructions provided to patients with
 - a) how to authenticate their access through an API and
 - b) information on available applications that leverage API

Measure 2: Electronic Access to Patient Specific Education

- EHR-generated MU Dashboard or report

* If the EP used the **Opt Out** method to meet the measure threshold(s), additional supporting documentation is required to show how the EP added **Opt Out** patients to the numerator(s).

PEA - Measure 1: Supporting Documentation to prove access to View, Download and Transmit (VDT) and API Access

EHR-generated MU dashboard or report

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

LOCATION GROUP: PROVIDER: Dr. Smith			
ID:		Period: 08/10/2018 to 11/07/2018	
Clinical Measure	Numerator / Denominator	PERCENTAGE	Exclusion
Objective 5 Measure 1	2,310 / 2,457	94 %	0

The MU dashboard shows 94% of Dr. Smith's unique patients were provided timely access to view, download and transmit their health information.

The displayed percentage more than satisfies the required 80%+ threshold.

PEA - Measure 1: Supporting Documentation to prove access to View, Download and Transmit (VDT) and API Access

Copy of instructions provided to patients with:

- How to authenticate their access through an API
- Information on available applications that leverage API

Documentation showing API was enabled prior to or during the MU reporting period

- Must include enabled date
- May come in different formats:
 - EHR screenshot with enabled date and provider/location name
 - Vendor letter confirming API was enabled before or during EHR reporting period

PEA - Measure 2: Supporting Documentation to prove Electronic Access to Patient Specific Education

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 period. At the top, it identifies the 'LOCATION GROUP' and 'PROVIDER: Dr. Smith'. Below this, a blue bar indicates the 'ID' and the reporting '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 5 Measure 2	958 / 2,457	38 %	0

The MU dashboard shows 38% of Dr. Smith's patients received e-educational resources.

The displayed percentage more than satisfies the required 35%+ threshold

Using Opt Out for Objective 5

Using Opt Out

What is Opt Out for PEA?

Opt Out is an alternative strategy EPs can use to attest successfully when patients decline to participate in electronic access to their health information.

Opt Out allows you to count those patients toward meeting the thresholds for **both Measure 1 and Measure 2** of Objective 5.

Measure 1 and Measure 2: Using Opt Out

Using Opt Out to meet Measure 1 and Measure 2

- Add Opt Out patients to your Measure 1 and Measure 2 numerators if patients are provided all necessary info to:
 - Access their health information and educational resources electronically
 - Obtain access through an authorized representative or
 - Otherwise opt back in without further action required by the EP
- EPs must still offer Opt Out patients all four functionalities ([view](#), [download](#), [transmit](#), and [access to API](#)) and PHI needs to be made available for VDT
- If your EHR automatically includes Opt Out patients in the MU dashboard, simply upload the MU dashboard to MAPIR

Measure 2: Using email for educational resources

Using email to meet Measure 2

- Add patients to your Measure 2 numerator if patients were provided patient-specific educational materials via email
 - Patients cannot be counted twice (only add patients to the numerator if they were not also counted as Opt-Out patients)
- If your EHR automatically includes patients who receive educational resources via email in the MU dashboard, simply upload the MU dashboard to MAPIR

Opt Out Supporting Documentation

Supporting Documentation if using Opt Out and/or sending educational resources by email for PEA

Upload Supporting Documentation

Conditional supporting documentation applies to EPs who:

- manually added patients who opted out of PEA to the Measure 1 and Measure 2 numerators, and/or
- added patients who received patient-specific education resources via email to the Measure 2 numerator

because the EP's MU dashboard didn't automatically add these patients.

Supporting Documentation if using Opt Out and/or sending educational resources by email for PEA

Measure 1 and 2:

In addition to the EHR-generated MU Dashboard, submit:

- Letter confirming Opt Out patients were provided all necessary information to access their health information
- Opt Out audit log or report with the unique IDs of the Opt Out patients that were added to the numerators for Measure 1 and Measure 2
 - Redact any Patient Health Information
 - Report must be in Excel format

Measure 2 Only:

In addition to the EHR-generated MU Dashboard, submit:

- Letter confirming patients were emailed patient-specific educational resources.
- Educational Email audit log or report with unique IDs of the patients added to the Measure 2 numerator because educational emails were sent.
 - Redact any Patient Health Information
 - Report must be in Excel format

Opt Out Supporting Documentation

if manually tracking Opt Out patients

Opt Out Letter

Central Massachusetts Internal Medicine
100 North Drive,
Westborough, MA 01581
508-000-0000

04/24/2019

To Whom It May Concern:

Letter Confirming the Opt-Out patients were provided all necessary information to access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the provider.

The letter must include a description of how a patient's Opt-Out action was recorded (for example a form, or other method). The letter must be signed by an authorized official at the location where the Opt-Outs occurred (EP, Designee, Clinical or Medical Director).

Sincerely,

Clark Kent, MD

Clark Kent, MD

Medical Director

Opt Out Supporting Documentation

if manually tracking Opt Out patients

Opt Out Audit Log of Opt Out patients added to MU Dashboard numerator(s) for Measure 1 and Measure 2

- Unique IDs of the qualifying “Opt Out” patients added
- Log or report should be in Excel format
- Redact any PHI
- Only include patients who opted out *

Patient ID	Patient DOB	Service Date	Provider	Reason for Opt-Out
1111111	1/1/2000	1/1/2019	Clark Kent, MD	Declined patient portal
2222222	1/10/2009	1/10/2019	Clark Kent, MD	No internet access
3333333	1/12/2002	1/12/2019	Clark Kent, MD	Declined patient portal
4444444	1/8/1996	1/14/2019	Clark Kent, MD	Declined patient portal
5555555	3/15/2001	1/14/2019	Clark Kent, MD	Declined patient portal

* You can, but are not required to, use a single Opt Out Audit Log for both measures.

(For instance if the Opt Out reason is that they declined access to the patient portal and the patient portal is used to provide electronic access for both VDT and educational resources, you only need one audit log)

Educational Email Supporting Documentation **if manually tracking patients who were sent educational resources by email**

Educational Email Letter

Central Massachusetts Internal Medicine
100 North Drive,
Westborough, MA 01581
508-000-0000

04/24/2019

To Whom It May Concern:

Letter confirming patients were emailed patient-specific educational resources.

The letter must be signed by an authorized official at the location from which the educational emails were sent (EP, Designee, Clinical or Medical Director).

Sincerely,

Clark Kent, MD

Clark Kent, MD

Medical Director

Educational Email Supporting Documentation if manually tracking patients who were sent educational resources by email

Education Email Audit log for patients added to MU Dashboard numerator for Measure 2

- Unique IDs of the qualifying patients who were sent patient-specific educational emails *
- Log or report should be in Excel format
- Redact any PHI
- Only include patients who were sent educational emails, and are not also included as Opt-Outs to electronic access to educational resources in the measure 2 numerator (don't count them twice in measure 2)

Patient ID	Patient DOB	Service Date	Provider	Date education was emailed
2111111	1/2/2000	1/1/2019	Clark Kent, MD	1/2/2019
3222222	1/12/2009	1/10/2019	Clark Kent, MD	1/11/2019
4333333	1/14/2002	1/12/2019	Clark Kent, MD	1/13/2019
5444444	1/6/1996	1/14/2019	Clark Kent, MD	1/20/2019
6555555	3/20/2001	1/14/2019	Clark Kent, MD	1/25/2019

* This assumes the EP has the patient's actual email address, but do not include it in the Audit Log as that is considered PHI. You cannot send the educational emails to a fake address.

Objective 5 - PEA: Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 5: Patient Electronic Access

Note: Opt out and Educational Emails are not options you can select in MAPIR.

Upload the Opt Out Audit Log and/or Educational Email Audit Log, and the Opt Out Letter and/or Educational Email Letter to MAPIR.

Add the numerator(s) from the report(s) to the numerator(s) in your dashboard, to equal the numerator(s) entered in MAPIR to meet measure 1 and/or measure 2.

Enter the denominators from your dashboard.

The screenshot shows the MAPIR interface for entering data for Objective 5. The page title is "Attestation Meaningful Use Objectives". On the left, a list of objectives from 0 to 7 is shown, each with a green checkmark. The main content area is titled "Objective 5 - Patient Electronic Access to Health Information". It includes a link to review CMS Guidelines, a blue instruction box, and a red asterisk legend. The objective text states: "The EP provides patients (or patient authorized representative) with timely electronic access to their health information and patient specific education." It lists two exclusion criteria with "Yes/No" radio buttons. It also defines Measure 1 and Numerator 1, with corresponding input fields. Measure 2 and Numerator 2 are also defined with input fields. At the bottom, there are buttons for "Return to Main", "Clear All Entries", and "Save & Continue".

Attestation Meaningful Use Objectives

Objective 5 - Patient Electronic Access to Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient authorized representative) with timely electronic access to their health information and patient specific education.

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

* Does the exclusion apply to you? If "Yes", do not complete Measure 1 and 2. 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 the exclusion apply to you? If "Yes", do not complete Measure 1 and 2. If "No", complete Measure 1 and 2.

Yes No

Measure 1: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: Denominator 1:

Measure 2: The EP must use clinically relevant information from Certified EHR Technology to identify patient specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: Denominator 2:

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

Patient Portal Workflow Issues

Potential Problem	Potential Solution
No institutionalized method of providing access that links to CEHRT data capture for numerator/denominator	Train staff in exact steps to give access and capture the fact in CEHRT
Confidentiality and privacy issues difficult to standardize	Work with EHR vendor to ensure security of ePHI
Not all staff are knowledgeable about patient engagement and how to encourage patients to use portal	Staff training on features and benefits of portal

Patient Portal: Patient or Client Issues

Potential Problem	Potential Solution
Giving access to minors	Use patient-authorized representative
Patient or caregiver not tech-savvy	Coach patient, client, or caregiver in using electronic devices
No computer access	Have laptops/tablets/kiosks available Staff can assist patients as needed
Location challenges	Introduce use of other devices per 2015 Edition requirements
Not interested in using portal	Educate on benefits of portal or document as “Opted Out”

Patient Portal Technical Issues

Potential Problem	Potential Solution
Method of giving access not recognized by CEHRT logic for generating numerator/denominator	Work with vendor; possibly requiring patch of some sort
Access method used by practice does not fulfill CMS/attestation requirements	Communicate with MeHI before EHR reporting period if there are concerns
Portal module doesn't interface with CEHRT properly	Contact vendors
CEHRT dashboard fails to accurately report true numerator/denominator	Work with vendor to understand logic of how numerator/denominator is populated

Upcoming Webinars

Objective 6: Coordination of Care through Patient Engagement

Thursday, 10/10

Noon-1:00pm

[Register](#)

Objective 7: Health Information Exchange (HIE)

Thursday, 10/17

Noon-1:00pm

[Register](#)

Questions

Questions?

Contact Us



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