

KEY CONSIDERATIONS FOR HEALTH INFORMATION ORGANIZATIONS SUPPORTING MEANINGFUL USE STAGE 2 PATIENT ELECTRONIC ACCESS MEASURES

July 5, 2013

**Prepared for the Office of the National Coordinator
for Health Information Technology by:**

Genevieve Morris, Senior Associate

Scott Afzal, Principal

David Finney, Principal



Audacious Inquiry, LLC

5523 Research Park Drive, Suite 370

Baltimore, MD 21228

301-560-6999



Table of Contents

INTRODUCTION.....	2
STAGE 2 PATIENT ELECTRONIC ACCESS MEASURES.....	2
CERTIFICATION REQUIREMENTS	4
CALCULATING VDT MEASURE 1	5
CALCULATING VDT MEASURE 2	6
CALCULATING SECURE MESSAGING MEASURE 1	7
OTHER CONSIDERATIONS.....	8

This report was created by Audacious Inquiry, LLC under a contract with the Office of the National Coordinator for Health Information Technology (ONC). The content, views, and opinions do not necessarily reflect those of the U.S. Department of Health and Human Services or ONC.



Introduction

At the request of the Office of the National Coordinator for Health Information Technology (ONC), Audacious Inquiry has prepared “Key Considerations for Health Information Organizations Supporting Meaningful Use (MU) Stage 2 Patient Electronic Access Measures.” The purpose of this document is to provide Health Information Exchange Organizations (HIOs) with expanded information about approaches to support the three patient electronic access measures in Stage 2. Built into the document are expectations about what CMS will require if an eligible provider is audited. We encourage you to utilize this brief in conjunction with the Patient and Family Engagement Interoperability Training Module on healthit.gov, as well as CMS resources on MU Stage 2 objectives and measures.

Stage 2 Patient Electronic Access Measures

Two MU Stage 2 objectives (and three associated measures) address patient electronic access. One objective addresses Eligible Professionals (EPs) and Eligible Hospitals (EHs) engaging patients to view online, download, and transmit their health information (referred to as VDT). The other objective addresses patients sending secure messages to EPs (secure messaging is not an objective for EHs).

VDT Objectives

EP Objective: Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP

EH and CAH Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.

VDT Measure 1

EP: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EH) online access to their health information.

EH: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.

Denominator: Number of unique patients seen by the EP during the EHR reporting period; OR number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information; OR the number of patients in the denominator whose information is available online within 36 hours of discharge.



VDT Measure 2

EP: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit (VDT) to a third party their health information.

EH: More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

Denominator: Number of unique patients seen by the EP during the EHR reporting period; OR number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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; OR The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the discharge information provided by the eligible hospital or CAH.

Secure Messaging Objective

EP Objective: Use secure electronic messaging to communicate with patients on relevant health information.

Secure Messaging Measure 1

EP: A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

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

Numerator: The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.

Please note that the unit of measure for patient electronic access measures is the patient or patient's authorized representative. This is a different unit of measure than the MU transitions of care measures which measure transitions of care and referrals.



Certification Requirements

EPs and EHs are required to adopt and use certified EHR technology (CEHRT) to demonstrate meaningful use. HIOs that intend to support EP's/EH's achievement of patient electronic access measures by offering an online portal must do so with a portal that has received certification to perform the following capabilities (while meeting certain standards, where applicable):

1. **View:** display the common MU dataset, and for EPs the provider's name and office contact information, for EHs Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization.
2. **Download:** ability for patients (or authorized caregiver) to download the data listed in item number one above in human readable or consolidated clinical data architecture (CCDA) format.
3. **Transmit:** ability to send the data listed in item number one above to a third party in human readable or CCDA format, via the Direct SMTP standard.
4. Utilize Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance for the online site.
5. Utilize any encryption and hashing algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in [Annex A of the FIPS Publication 140-2](#).
6. Depending on the type of certification, modular or complete, perform one or both of the following:
 - a. Create a report or file that enables a user to review the patients or actions that would make the patient or action eligible to be included in the measure's numerator. The information in the report or file created must be of sufficient detail such that it enables a user to match those patients or actions to meet the measure's denominator limitations when necessary to generate an accurate percentage; and/or
 - b. Electronically record the numerator and denominator and create a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

Please see the table for further information regarding how/when CEHRT must be used to fulfill the patient engagement meaningful use measures.



	VDT objective		VDT and secure messaging objective	Secure messaging objective
Measures	Does the EP/EH need to use CEHRT to send initial information to patient?	Does the patient need to receive/view/download information using CEHRT?	Does the patient need to use CEHRT to transmit information?	Does the EP need to use CEHRT to receive information from patient?
VDT measure 1: 50% of unique patients provided timely online access to their health information	No	Yes	N/A	N/A
VDT measure 2: 5% of unique patients view, download or transmit their health information to a 3 rd party	No	Yes	They may, but are not required to	N/A
Secure messaging measure 1: 5% of unique patients send a secure message to the EP	N/A	N/A	They may, but are not required to	Yes

NOTE: Measure 3 requires the EP's system that receives the secure message to be certified; however, the originating system (that is, the system the patient uses to send the message), does not have to be certified. If an HIO provides a mailbox outside an EP's CEHRT for EPs to receive secure messages from patients, the mailbox would require certification. However, if an HIO is providing patients with the ability to create and send a secure message, possibly via Direct, it would not require certification. The EP is responsible for ensuring that the system through which they receive secure messages from patients is certified.

In the event an HIO decides to seek certification for EHR technology to support EPs/EHs in achieving their MU objectives for patient electronic access, certification will require that the EHR technology can at least calculate the numerator for these measures and the EP/EH should expect that this ability be available to them.

Calculating VDT Measure 1

HIOs have two options for using CEHRT to calculate VDT Measure 1.

Option 1	Option 2
<i>Calculate the numerator, denominator, and resulting percentage and provide a report to EPs/EHs.</i> Important Considerations To calculate the denominator, the HIO's CEHRT must know the total number of unique patients seen during the reporting period by an EP or the unique number of patients discharged from an EH/CAH during the reporting period. To calculate the numerator, an HIO's CEHRT must be able to ascertain if the required MU data	<i>Create a report that lists patient names or identifiers for patients that have had the MU required data elements provided to the CEHRT (potentially a patient portal) by an individual EP or EH and provide the report to the EP/EH to allow them to verify which patients to include in their numerator.</i> Important Considerations EPs and EHs will need enough data in the report to match each patient to their list of unique patients seen during the reporting period (their



Option 1	Option 2
elements were added to the patient portal from an EP within four business days of the information being available or from an EH within 36 hours of discharge. The HIO's CEHRT may only count in the numerator, patients in the EP/EH's denominator whose data was received within the required timeframes.	denominator), in order to calculate their numerator. Depending on the connection between the HIO's CEHRT and the EP/EH's CEHRT, the report may need to include time stamps for receipt of patients' data, so that EPs/EHs only count patients whose data was received within the required timeframes.

Calculating VDT Measure 2

All EPs/EHs that contribute patient data (that are listed in item number one in the certification requirements section above) to an online site or portal and have seen the patient during the reporting period, may count the patient in their numerator when he or she views, downloads, or transmits his or her health information, regardless of whether the particular information viewed, downloaded, or transmitted, was contributed by the EP/EH (see CMS FAQ [7735](#) for more information). Additionally, if a patient's authorized representative or caregiver views the patient's information, the EP/EH may count the patient in their numerator.

Option 1	Option 2
<i>Calculate the numerator, denominator, and resulting percentage and provide a report to EPs/EHs.</i> Important Considerations To calculate the denominator, the HIO's CEHRT must know the total number of unique patients seen during the reporting period by an EP or the unique number of patients discharged from an EH/CAH during the reporting period. To calculate the numerator, an HIO will need to ensure that only unique patients seen during the reporting period are counted in the numerator. Additionally, the HIO's CEHRT would need to count authorized representatives who access the patient information in the numerator, without any double counting of the unique patient and authorized representative.	<i>Create a report that lists patient names or identifiers for patients whose records have been viewed, downloaded, or transmitted their health information and provide the report to the EP/EH to allow them to verify which patients to include in their numerator.</i> Important Considerations EPs and EHs will need enough data in the report to match each patient to their list of unique patients seen during the reporting period (their denominator), in order to calculate their numerator. Depending on the connection between the HIO's CEHRT and the EP/EH's CEHRT, the report may need to include time stamps that the data was viewed, downloaded, or transmitted.



Calculating Secure Messaging Measure 1

HIOs have two options for supporting secure messaging Measure 1, which will affect an HIO's need to calculate the measure and/or the manner in which they calculate it.

Option 1	Option 2
<i>Provide EPs and patients/authorized representatives with a CEHRT mailbox to send and receive secure messages.</i> In this scenario, an EP utilizes CEHRT provided by the HIO to send and receive messages from patients or their authorized representatives. <i>Important Considerations</i> The HIO providing these capabilities must have the capability to either generate a report of patients an EP has received secure messages from in the CEHRT, or calculate the numerator and denominator and provide a report to the provider. If an HIO provides a report to an EP, it will need to include enough information for the EP to identify if the patient can be included in the numerator. Only patients seen during the reporting period may be counted in the numerator. Additionally, if a secure message is received from an authorized representative, the report will need to allow for matching the authorized representative to a patient. If the HIO chooses to calculate the numerator and denominator for the EP, they must ensure that only patients seen during the reporting period are included and that authorized representatives for a patient are included but not double counted in the numerator. Further, HIOs should keep in mind that EPs may desire to have a report of the patients included in the numerator to support their attestation information during an audit.	<i>Provide patients/authorized representatives with a mailbox to send and receive secure messages, potentially via Direct protocols that connects with a provider's CEHRT.</i> In this scenario, an EP utilizes CEHRT (not provided by the HIO) to receive a secure message from the HIO-provided patient mailbox. For example, an HIO can provision a patient with a Direct address and mailbox. The patient can generate a Direct message and send it to the EP's Direct mailbox that is part of their CEHRT. <i>Important Considerations</i> The HIO is not required to provide a report to EPs to assist them with calculating the measure, nor is the HIO required to calculate the numerator for the EP. However, HIOs should consider that EPs may ask them to provide reports that may be used to support their attestation during an audit.



Other Considerations

Single sign-on to multiple patient records

An HIO may provide users with access to not only their own records, but also those for whom they are an authorized representative, through a single sign-on to the patient portal. For example, a caregiver may have access to her own, a spouse's, children's, and elderly parents' records all through one sign-on to a portal. When the user logs in, each individual's record that is viewed through the single sign-on can be counted in an EP/EH's numerator provided each individual is in their denominator (i.e., they were seen by the EP or discharged from the EH during the reporting period) and the EP/EH contributed data to the record. An HIO providing single sign-on must have the capability to ascertain which records were viewed and provide the right EP/EH with either a numerator/denominator calculation or a report of the patients whose records were viewed.

Adolescent patient records

HIOs supporting the patient engagement Stage 2 measures must carefully craft policies for providing access to adolescent patient records. HIPAA protects adolescent health information from parental access under specific circumstances. In addition, state and federal laws vary regarding parental access to particular adolescent health information. HIOs must account for these laws through policies and technological solutions. HIOs with a patient portal will need to determine whether they will provide parents with access to adolescent health records, or if they will provide access to a limited set of data (i.e. exclude certain prescriptions, lab tests, or treatments). HIOs will also need to decide if they will provide an account to adolescents. [Meaningful use regulations](#) also give EPs considerable discretion in deciding what information to make available to adolescents. If the EP's and HIO's policy decisions conflict, the ability of EPs (particularly pediatricians) and EHs to meet VDT Measure 2 may be hampered.

Providing audit documentation

HIOs supporting the patient engagement measures must consider the type of audit documentation an EP/EH may be required to submit to prove their attainment of the measure. EPs/EHs may need a list of the patients that are counted in the numerator (including those whose records were accessed by an authorized representative for VDT Measure 2). For VDT Measure 2, the list may need to include the date patients or their representatives accessed the online system, which will help EPs/EHs demonstrate that it transpired during the reporting period. Depending on the certification options chosen for the product, it may or may not have this capability. Generally speaking, any information used to determine the meaningful use performance of the EP should be kept in such a way that it can be provided during a desk audit in the future.