Promoting Interoperability
PROGRAMS

Patient Electronic Access	
Objective	The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Measure	An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions:
	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 electronic health record technology (CEHRT).
	Measure 2: The EP must use clinically relevant information from CEHRT 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.
Exclusions	**Measure 1 and 2:** An EP may take an exclusion for either measure, or both, 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 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."

Provide Access: When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information.

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.

Business Days: Business days are defined as Monday through Friday excluding federal or state holidays on which the EP or their respective administrative staffs are unavailable.

Diagnostic Test Results: All data needed to diagnose and treat disease. Examples include, but are not limited to, blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests.

Attestation Requirements

Measure 1:

- DENOMINATOR: The number of unique patients seen by the EP during the EHR reporting period.

- NUMERATOR: 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 EP's CEHRT.
- THRESHOLD: The resulting percentage must be more than 80 percent for an EP to meet this measure.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  - He or she has no office visits during the EHR reporting period.
  - 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 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: The number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.
- THRESHOLD: The resulting percentage must be more than 35 percent for an EP to meet this measure.
- EXCLUSIONS: An EP may take an exclusion if any of the following apply:
  - He or she has no office visits during the EHR reporting period.
  - 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 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.
- To implement an API, an EP needs to fully enable the API functionality, such that any application chosen by a patient would enable the patient to gain access to their individual health information, provided that the application is configured to meet the technical specifications of the API. EPs may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. EPs are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.

- Similar to how EPs support patient access to view, download, and transmit capabilities, EPs should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- In circumstances where there is no information available to populate one or more fields, either because the EP can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the EP may have an indication that the information is not available and still meet the objective and its associated measure.
- The patient must be able to access this information on demand, such as through a patient portal, a personal health record (PHR), or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through view, download, and transmit, the measure does not replace the covered entity's responsibilities to meet the broader requirements under Health Insurance Portability and Accountability Act (HIPAA) to provide an individual, upon request, with access to patient health information (PHI) in a designated record set.
- While meaningful use is limited to the capabilities of CEHRT to provide online access there may be patients who cannot access their EHRs electronically because of a disability. EPs who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- For Measure 1, EPs must offer all four functionalities (view, download, transmit, and access through API) to their patients, and PHI needs to be made available to each patient for view, download, and transmit within 48 hours of the information being available to the EP for each and every time that information is generated, regardless of how long the patient has been "enrolled".
- A patient who has multiple encounters during the EHR reporting period, or even in subsequent EHR reporting periods in future years, needs to be provided access for each encounter where they are seen by the EP.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to "opt out" of participation, an EP may count that patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the EP.
- For Measure 2, actions included in the numerator 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.

- Paper-based actions are no longer allowed or required to be counted for Measure 2 calculations. EPs may still provide paper based educational materials for their patients, but they may no longer be included in measure calculations.

Regulatory Reference

This objective may be found at 42 C.F.R. § (d)(5)(i)(A) and (B). For further discussion please see 80 FR 62846.

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(a)(13) Patient-specific education resources

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