NYS- HCCN
Patient Electronic Engagement Office Hours

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CMS Updates

90-day reporting period in Calendar Year 2018 for both core objectives and clinical quality measures (CQMs)

Option to attest to Modified Stage 2 objectives in 2018 using 2014, 2015, or a combination of both 2014 and 2015 Certified EHR Editions (Stage 3 will be mandatory for Calendar Year 2019)

Requirement to attest to six (6) CQMs for Calendar Year 2017 as opposed to the previously required nine (9)

For eCW users, eligible providers can use either the 2014 (eCW V10) or the 2015 (Next eCW version/patch) Certified EHR Edition

NEW YORK STATE

10/3/17-12/31/17 is the last 90-day reporting period for reporting year 2017

December 1st, 2017 is the last day to register your intent for public health reporting for the 10/3/17-12/31/17 reporting period.

Blanket extensions have been granted to providers who have not been approved for payment on their 2015 Meaningful Use attestations

Electronic Access

- **Measure 1**: An EP must provide at least 50% of their patients with timely access to view online, download, and transmit to a third party their health information within four business days

  Measure 2: At least 5% of patients must view online, download, or transmit their health information to a third party*

Exclusion

- Providers may be exempt if they neither order or create any of the information listed for inclusion as part of the measures

This threshold reflects requirements for 2017/2018 requirements. The threshold for 2016 for Measure 2 is only 1 patient.

Patient Electronic Access (VDT) cont'd

Information that needs to be included in the information posted on the portal:
- o Patient name
- o Provider's name and office contact information
- o Current and past problem list
- o Procedures
- o Laboratory test results
- o Current medication list and medication history
- o Current medication allergy list and medication allergy history
- o Vital signs (height, weight, blood pressure, BMI, growth charts)
- o Smoking status
- o Demographic information (preferred language, sex, race, ethnicity, date of birth)
- o Care plan field(s), including goals and instructions
- o Any known care team members including the primary care provider (PCP) of record

Secure Messaging

- A secure message was sent using the electronic messaging function of CEHRT to at least 5% of patients, or in response to a secure message sent by the patient*

Exclusion

- Providers may be exempt if they had no patient encounters during the reporting period

*This threshold reflects requirements for 2017/2018 requirements. The threshold for 2016 is only 1 patient.

Loopholes

Additional Information

- The thresholds for this measure have increased over time to allow providers to work incrementally toward a high goal. This is consistent with our past policy in the program to establish incremental change from basic to advanced use and increased thresholds over time. The measure threshold for this objective was "fully enabled" for 2015, was at least one patient for 2016, and is 5 percent for 2017 to build toward the Stage 3 threshold.
- Provider initiated action and interactions with a patient-authorized representative, are acceptable for the measure and are included in the numerator.
- A patient-initiated message would only count toward the numerator if the provider responds to the patient.
- The patient action may occur before, during, or after the EHR reporting period. However, in order to count in the numerator, it 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.

Loopholes

What is the policy for measure calculation for actions outside of the EHR reporting period for the Medicare and Medicaid EHR Incentive Programs beginning in 2017?

In the 2017 OPPS/ASC final rule we finalized changes for meaningful use measures (unless otherwise specified), 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. Meaning that all actions in the numerator must occur between January 1st and December 31st for all calendar years beginning in 2017.

The following objectives and measures fall under this policy in 2017 for Modified Stage 2:
- Protect Patient Health Information: (Security Risk Analysis),
- Health Information Exchange,
- Patient Specific Education,
- Patient Electronic Access (measure 2 - VDT)
- Secure Messaging (EPs only for Modified Stage 2), and

The following objectives and measures fall under this policy for Stage 3:
- Protect Patient Health Information (Security Risk Analysis),
- Patient Electronic Access to Health Information (measure 2-Patient Specific Educational Resources),
- Coordination of Care Through Patient Engagement (measure 1 – VDT and measure 2- Secure Messaging)
- Health Information Exchange (measure 1 – Send a Summary of Care), and

For more information specific to the Security Risk Assessment, see FAQ #13649. Please note that beginning in 2017, the security risk assessment must be conducted within the calendar year in which the EHR reporting period occurs.

For more information specific to numerator calculations for actions outside the EHR reporting period for the Medicare and Medicaid EHR Incentive Programs prior to 2017, see FAQ #8231.

(FAQ18261)

Health Center Best Practices

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Health Center Best Practices

Challenging Patient Populations

- Patients who are minors
- Elderly patients
- Homeless/transient patients
- Patients who do not speak English
- Patients who do not feel safe sharing their information online
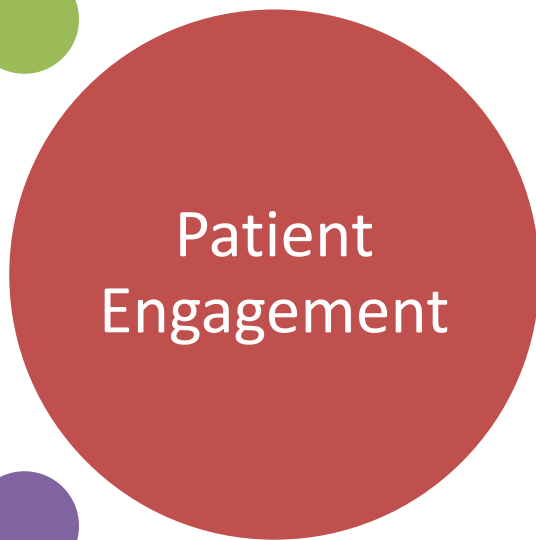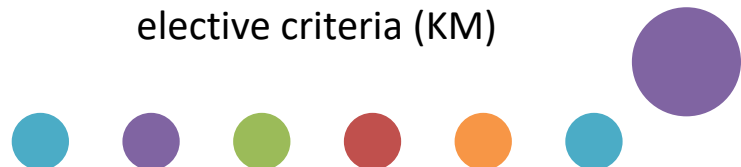
Patient Engagement Reporting Overlap

Post your patient specific education to the patient portal to incentivize patients to log-in

Alignment with PCMH Patient-Centered Access and Continuity elective criteria (AC)

Alignment with PCMH Knowing and Managing Your Patients elective criteria (KM)

Patient Engagement

For additional information on services through HCCN, please contact: **HCCN@chcanys.org**