

**Eligible Hospitals, Critical Access Hospitals and Dual-
Eligible Hospitals Attesting To CMS
EHR Incentive Program Modified Stage 2
Objectives and Measures for 2017
Objective 4 of 7**

Updated: November 2016

Patient-Specific Education	
Objective	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
Measure	Patient-Specific Education: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources identified by CEHRT.

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Definition of Terms

Patient-Specific Education Resources Identified by CEHRT - Resources or a topic area of resources identified through logic built into CEHRT which evaluates information about the patient and suggests education resources that would be of value to the patient.

Unique Patient - If a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement, that patient is only counted once in the denominator for the measure.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD

- **DENOMINATOR:** Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.
- **THRESHOLD:** The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

Additional Information

- Unique patients with office visits means that to count in the denominator a patient must be admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period; but, if a patient is admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) more than once during the EHR reporting period, the patient only counts once in the denominator.
- The eligible hospital or CAH must use elements within certified EHR technology (CEHRT) to identify educational resources specific to patients' needs. Certified EHR technology is certified to

use the patient's problem list, medication list, or laboratory test results to identify the patient-specific educational resources. The eligible hospital/CAH may use these elements or may use additional elements within CEHRT to identify educational resources specific to patients' needs. The eligible hospital or critical access hospital can then provide these educational resources to patients in a useful format for the patient (such as, electronic copy, printed copy, electronic link to source materials, through a patient portal or PHR).

- The education resources or materials do not have to be stored within or generated by the CEHRT.
- There is no universal “transitive effect” policy in place for this objective and measure. It may vary based on the resources and materials provided and the timing of that provision. If an action is clearly attributable to a single provider, it may only count in the numerator for that provider. However, if the action is not attributable to a single provider, it may be counted in the numerator for all providers sharing the CEHRT who have the patient in their denominator for the EHR reporting period.
- The action may reasonably fall outside the EHR reporting period timeframe but the numerator includes the qualifier “subsequently,” which indicates the patient-specific education resources must be provided after the patient’s admission to the hospital but the admission has to occur within the calendar year of the EHR reporting period and before the end of the calendar year, December 31st.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (f)(6)(i) and (ii). For further discussion please see [80 FR 62807](#).
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314 (a)(15).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria*	
§ 170.314(a)(15) Patient-specific education resources	EHR technology must be able to electronically identify for a user patient-specific education resources based on data included in the patient's problem list, medication list, and laboratory tests and values/results: <ul style="list-style-type: none"> (i) In accordance with the standard specified at § 170.204(b) and the implementation specifications at § 170.204(b)(1) or (2); and (ii) By any means other than the method specified in paragraph (a)(15)(i) of this section.

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria	
§ 170.204(b) Reference source	Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299).
§ 170.204(b)(1) or (2) Implementation specifications	Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299). (1) Implementation specifications. HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain, (incorporated by reference in § 170.299) (2) Implementation specifications. HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide, (incorporated by reference in § 170.299).