Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Transition Measure 2018 Performance Period

Objective:	**Patient-Specific Education**
Measure:	**Patient-Specific Education** The MIPS eligible clinician must use clinically relevant information from certified electronic health record technology (CEHRT) to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician.
Measure ID:	**ACI_TRANS_PSE_1**

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 seen by a MIPS eligible clinician more than once during the performance period, then for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term ‘‘unique patient’’ relate to what is contained in the patient’s medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same performance period.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator who were provided access to patient-specific educational resources using clinically relevant information identified from CEHRT during the performance period.

- **DENOMINATOR:** The number of unique patients seen by the MIPS eligible clinician during the performance period.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **No**
- Percentage of Performance Score: **Up to 10%**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn a base score in order to earn any score in the Advancing Care Information performance category. In addition to the base score, eligible clinicians have the opportunity to earn additional credit through the submission of performance measures and a bonus measure and/or activity.

Additional Information

- In 2018, MIPS eligible clinicians can report the 2017 Advancing Care Information transition objectives and measures if they have technology certified to the 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth up to 10 percentage points towards the Advancing Care Information performance category score. More information about Advancing Care Information scoring is available on the QPP website.
- Unique patients with office visits means that to count in the denominator a patient must be seen by the MIPS eligible clinician for one or more office visits during the performance period, but if a patient seen by the MIPS eligible clinician more than once during the performance period, the patient only counts once in the denominator.
- The MIPS eligible clinician must use elements within CEHRT to identify educational resources specific to patients' needs. CEHRT is certified to use the patient's problem list, medication list, or laboratory test results to identify the patient-specific educational resources. The MIPS

eligible clinician may use these elements or may use additional elements within CEHRT to identify educational resources specific to patients' needs. The MIPS eligible clinician 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 MIPS eligible clinician, it may be counted in the numerator for all providers sharing the CEHRT who have the patient in their denominator for the MIPS performance period.
- The Patient-Specific Education measure is limited to educational materials identified by CEHRT.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Advancing Care Information performance category. If these MIPS eligible clinicians choose to report as part of a group practice, they will be scored on the Advancing Care Information performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: 81 FR 77230.
- In order to meet this objective and measure, MIPS eligible clinicians 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 measure.

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: (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).

Additional certification criteria may apply. Review the ONC 2015 Edition Final Rule for more information.