Objective 6: Coordination of Care Through Patient Engagement

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Objective 6 requires a practice to use certified electronic health record technology (CEHRT) to engage patient/parent/guardian in care. An eligible professional must attest to all three measures and meet the threshold for two measures for this objective. If an eligible professions takes exclusion for all three measure they may be excluded from meeting this objective The calculation for each measure is found on the OP Practice Portal selecting the Regulatory Reports in the Reports group. Always run reports that are listed as Ambulatory.

Measure 1: View, Download, Transmit or Access Health Information

- >5% of unique patients accessed their health information and viewed, downloaded or transmitted.

DENOMINATOR: .

- A Well Visit or Encounter note is created and finalized during the reporting period.
- The Well Visit or Encounter note must contain the Rendering Provider.
- The Well Visit or Encounter note must be saved with a CPT code indicating an office visit (ie., E&M code) selected on Coding.

Note: The denominator will not increment if the CPT code indicating an office visit (ie., E&M code) is added on a claim.

NUMERATOR:

- The patient or authorized representative must have a PIN and must have completed registration.
- For all qualifying patients, an Encounter or Well Visit note is finalized and saved within 48 hours of the visit end time.
- Qualifying patient in the denominator, the patient or authorized representative has performed one of the following actions.
  - Viewed the patient health information on the OP Patient Portal.
  - Downloaded a C-CDA of the patient's health information from the OP Patient Portal.
  - Transmitted a C-CDA of the patient's health information to another provider using Direct Messaging from the OP Patient Portal.
  - Accessed the patient information from a consumer facing application configured to communicate with the **InteliChart API**.

📌 **Note**: The numerator will be decremented if a patient has multiple visits and for one of those visits the Encounter or Well Visit note is not sent within 48 hours of the visit end time.

Measure 2: Secure Messaging

- >5% of unique patients seen during the reporting period an electronic message was sent to the patient or authorized representative or a response is sent to the patient or authorized representative from OP.

DENOMINATOR:

- A Well Visit or Encounter note is created and finalized during the reporting period.
- The Well Visit or Encounter note must contain the Rendering Provider.
- The Well Visit or Encounter note must be saved with a CPT code indicating an office visit (ie., E&M code) selected on Coding.

Note: The denominator will not increment if the CPT code indicating an office visit (ie., E&M code) is added on a claim.

NUMERATOR:

- Qualifying patient in the denominator must be a registered patient. Issuing a PIN for the patient will not meet this measure.
- Qualifying patient in the denominator a patient or authorized representative must have received a secure electronic message by a method below.
    - New message sent from OP to the patient or authorized representative on the OP Patient Portal during the reporting period.
    - Reply from OP to a message a patient or authorized representative sent during the reporting period.

Note: All EPs will receive credit when a patient receives at least one message from any provider or staff member in the practice.

Measure 3: Patient Generated Health Data

- >5% of unique patients seen during the reporting period can update data to be incorporated in the EHR.

DENOMINATOR:

- A Well Visit or Encounter note is created and finalized during the reporting period.
- The Well Visit or Encounter note must contain the Rendering Provider.
- The Well Visit or Encounter note must be saved with a CPT code indicating an office visit (ie., E&M code) selected on Coding.

Note: The denominator will not increment if the CPT code indicating an office visit (ie., E&M code) is added on a claim.

NUMERATOR:

- For qualifying patients in the denominator, changes are made in OP and updates are accepted on the OP Patient Portal.

> **Note**: **Exclusions for Objective 6/Measures 1, 2 and 3:**May take an exclusion for any or all measures if either of the following apply.
> - The EP has no office visits during the reporting period.
> - 50 percent or more patient encounters are 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 reporting period.
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> If you would like receive additional information on Measure 3, please contact**OP Support**.