

# Stage 3 Meaningful Use Tip Sheet

## Patient-Generated Health

Objective 6, Measure 3



To assist Eligible Professionals in understanding Stage 3 meaningful use requirements, this tip sheet has been developed for Objective 6, Measure 3. **Objective 6, requires EPs to meet two of the measures but attest to all three.**

For complete information on this objective and the three measures, refer to the CMS Specification Sheet: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEP\\_2019\\_Obj6.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEP_2019_Obj6.pdf)

**Objective 6:** Use certified electronic health record technology (CEHRT) to engage with patients or their authorized representatives about the patient’s care.

**Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period

The types of data that would satisfy this measure are broad per the CMS final rule. However, the types of data that can be counted must meet the following criteria:

Required	Data Must
The data must be incorporated into the certified EHR technology	<ol style="list-style-type: none"> <li>1. Be patient-generated as defined by CMS, which is “data generated by a patient or a patient’s authorized representative.”</li> </ol> <p style="text-align: center;"><b>---OR---</b></p> <ol style="list-style-type: none"> <li>2. Be from a non-clinical setting such as data from the following provider types as identified by CMS: <i>nutritionists, physical therapists, occupational therapists, psychologists, and home health providers.</i></li> </ol>
*The data must <u>not</u> be information provided during the office visit such as forms completed by the patient or their authorized representative on the day of the visit or information that would otherwise be captured as part of the visit.	

The intent of the measure is to incorporate data into the EHR that may not otherwise be available to the EP. This supports care coordination as well as engaging the patients in non-clinical settings. Examples:

- **Care Coordination** – EP receives data about patient from the patient’s occupational therapist that allows the EP to gain insight and offer more informed treatment options.

- **Patient Engagement** – During a recent office visit, a patient has had borderline high blood pressure readings. Patient begins using a blood pressure monitor at home and shares these readings with the EP to help determine the best course of action regarding need for treatment of blood pressure.

***CMS has provided the following additional information within the specification sheet:***

- Objective 6 has three measures. The EP must attest to all three measures but only has to pass two measures. Therefore, if the EP is meeting the View, Download, and Transmit (VDT) measure and the Secure Electronic Messaging measure, they would meet the objective requirements without having to pass the Patient-Generated Health Data measure. The threshold for Measure 1 and 2 are the same as they were for Modified Stage 2 (more than 5 percent of unique patients seen by the EP during the EHR reporting period).
- Per CMS, the sources of data vary and may include a mobile applications for tracking health and nutrition, home health devices with tracking capabilities such as scales and blood pressure monitors, wearable devices such as activity trackers or health monitors, patient-reported outcome data, and other methods of input for patient and non-clinical setting generated health data.
  - CMS also specifies that telehealth platform, personal health records, social determinants of health screening, long-term care/post-acute care coordination platforms might also be considered.
  - CMS encourages EP to consider ways how this measure can incorporate essential information from other key providers in the care team such as behavioral health care providers.
  - Data related to billing, payment, or other insurance information would not satisfy the measure.
- CMS does not specify the manner in which EPs are required to incorporate the data. EPs may work with their EHR developers to establish the methods and processes that work best for their practice and needs. For example, if data provided can be easily incorporated in a structured format or into an existing field within the EHR (such as a C-CDA for externally acquired vital signs or patient reported family health history in demographic information) the EP may elect to do so. Alternatively, an EP may maintain an isolation between the data and the patient record and instead include the data by other means such as attachments, links, and text references, as best meets their needs.

- *Florida strongly encourages providers to work with their EHR vendors to understand how their Meaningful Use Dashboard captures instances in the numerator for the measure.*
- *The EP is responsible for maintaining auditable documentation for prepayment verification and/or post payment audit to support that they meet the measure requirements specified in the CMS specification sheet.*