

Provide Patients Electronic Access to Their Health Information

07/08/2024 7:50 pm EDT

You can enter the data generated from inviting patients to OnPatient DrChrono to your Healthmonix MIPSpro account. To meet the 2023 Provide Patient Access Promoting Interoperability measure, your practice **must** implement our new ONC Cures Edition FHIR.

The FHIR API's must be configured and set up prior to starting your Promoting Interoperability reporting period to earn the maximum number of points towards the Provide Patient Access measure. See our article [Setting Up ConnectEHR for FHIR](#) for more.

Please read and complete the steps in the [MIPS Dashboard for 2024 Reporting Form](#) in its entirety; not completing this entire process may impact your MIPS reporting.

What is FHIR?

The Fast Healthcare Interoperability Resources (FHIR) is a standard for exchanging healthcare information electronically. It is designed to facilitate the exchange of electronic health records (EHRs) and other healthcare data between different systems. The Interoperability and Patient Access final rule requires the use of FHIR by a variety of CMS-regulated payers, including Medicare Advantage organizations, state Medicaid programs, and qualified health plans in the Federally Facilitated Marketplace by 2021. Specifically, the rule requires FHIR APIs for Patient Access, Provider Directory and Payer-to-Payer exchange. The primary goal of the rule is to put patients first by giving them access to their health information when they need it most and in a way they can best use it. Patients and their healthcare providers will have the opportunity to be more informed, which can lead to better care and improved patient outcomes, while at the same time reducing burden.

https://ecqi.healthit.gov/fhir?qt-tabs_fhir=0

See our articles for more [FHIR API FAQ](#) and [What to Expect with FHIR APIs](#)

Description

For at least one unique patient seen by the MIPS-eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS-eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

Requirements

1. A valid email address for each patient needs to be entered into the patient's chart. Additionally, the patient needs to be invited to OnPatient.

There are several ways to invite patients to OnPatient. For information on how to send OnPatient invitations see the articles below:

- [How do I send or resend individual OnPatient invites?](#)
- [Bulk Inviting All Patients to OnPatient](#)

- [Automatically Sending OnPatient Invitations through Reminders and Appointment Confirmation](#)
- [OnPatient Settings: Automatically Inviting New Patients to OnPatient after their First Appointment](#)
- [Inviting a Patient to OnPatient on the iPad App](#)

The screenshot shows a patient profile page with the following details:

- Primary Provider:** Dr. James Smith
- Status:** Active
- Title:** (empty)
- First Name:** Laurie
- Nick Name:** (empty)
- Middle Name:** Test
- Last Name:** Sample
- Previous/Birth Name:** Patient
- Suffix:** (empty)
- Demographics History:** Add name changes to demographics history
- Patient Chart Photo:** Currently: patient_photos/2022/03/d84e31cf-1538-4363-93d9-15ba51f9b119.png Clear
- Change:** No file chosen Will be attached to patient's chart on iPad EMR.
- Current Photo:**
- Home Phone:** (empty)
- Call Phone:** (empty) Required for SMS/Text. [Click here to verify cell phone for US patient](#)
- Disable SMS/Text:** Disable all SMS/Text messages for this user.
- Office Phone:** (empty) **Office Ext.:** (empty)
- Email:** sample@fake.com Allow Duplicate Email

2. It is a requirement of this measure that the clinical note for the encounter must be signed and locked **within 4 business days** in order to be accessible to the patient. Once the note, is signed and locked in it will be made available to the patient through OnPatient and the practice's FHIR APIs. The patient will receive a welcome email to access their information via FHIR APIs.

As a best practice, it is advisable to sign and lock your notes as soon as possible after the encounter.

For more information on signing and locking your notes see our articles below:

- [How do I lock a clinical note?](#)
- [Signing and Locking a Clinical Note on the iPad](#)
- [Signing and Locking a Clinical Note on the iPhone](#)

If your notes are not signed and locked, you will see the error message below when trying to calculate the measure. To avoid and/or fix this error message, please sign and lock the note(s) for the appointment(s) in the reporting period.

Error while fetching data, please contact support.

MIPS Dashboard

DrChrono EHR v11.0
CHPL Product Number: 15.02.04.2897.DRCH.11.03.1.220531
CMS EHR Certification ID: 0015E0PHQ1JGR1Q

Track your progress on all criteria with our MIPS Dashboard. No matter where you are in your reporting period, you can easily check on your progress and determine what actions need to be taken to meet the requirements.

Period: 90-Day Period 2023 90-Day Period 2022 Full Year 2021 Full Year 2020 Full Year 2019 Full Year 2018 Full Year 2017

From 09/27/2023 to 12/26/2023
From 02/01/2023 to 12/31/2023
From 10/02/2022 to 12/31/2022

Provider: Selected 1 doctors
Office: Selected 1 offices

Refresh Download

Promoting Interoperability

Measures	MeasureID	Met Requirements	Gap	Score
e-Prescribing	PI_EP_1	0 / 0	0	Required 0 / 10
e-Prescribing Including Controlled Prescriptions	PI_EP_1	0 / 0	0	Required 0 / 10
Query of Prescription Drug Monitoring Program(PDMP)	PI_EP_2	Not Met	Claim Met	Required 0 / 10
Provide Patient Access	PI_PEA_1	0 / 1	1	Required 0 / 25

Additionally, the appointment status for the encounters during the measurement period needs to be marked with one of the following statuses at the time of calculation:

- Arrived
- Checked In
- Checked In Online
- In Room
- In Session
- Complete

Schedule Appointment

Appointment Billing Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Type Appointment Video Visit Walk-in Transition of Care Referral

Patient Statement Balance: \$335.00 Generate Statement Credit: \$190.00 81 past appointments Primary Insurance: United HealthCare [87726]

Balance Due: \$100 Fall Risk: Auto Accident: Schedule Follow Up: Reminder to have the patient schedule a follow up in 3 months. Likes Cats:

Provider: Sample Doctor Supervising: - If different to provider -

Patient: Laurie T. Sample - 12/08/1990 Office: Office 1

Reason: Profile: -----

Scheduled: 09/27/2023 Time: 08:30AM Eligibility Profile: -----

Duration: 30 minutes Allow overlapping Exam: Arrived

Notes: Status: Checked In

Consent Form: x HIPAA Data Use Agreement (default) In Room

In Session

Complete

Please note that appointments marked with custom appointment statuses will not count toward the measure.

Definitions

API or Application Programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a health care provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

Provide Access – When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login or any other instructions, tools, or materials that patients need to view, download, or transmit their information.

Timely Access – We define “timely” as within 4 business days of the information being available to the MIPS-eligible clinician.

Unique Patient – If a patient is seen by an 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 clinician at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same clinician multiple times in the same performance period.

Numerator

The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the MIPS eligible clinician’s CEHRT.

Patients must be invited to OnPatient and their health information for the visit must be made available to them through OnPatient and the FHIR APIs within 4 business days.

Denominator

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

Note: If you do not have your FHIR APIs enabled you will receive an error message when trying to calculate your scores. Please fill out this [form](#) and enable the APIs to calculate.

The Provide Patient Access measure numerator cannot be calculated. Please enable the FHIR APIs.

MIPS Dashboard

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Provider: Selected 1 doctors
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Small, Underserved, or Rural Practice
Refer to the [CMS reference](#) to determine if this applies to your practice.

Promoting Interoperability

Measures	MeasureID	Met Requirements	Gap		Score
e-Prescribing	PI_EP_1	0 / 0	0	Required	0 / 10
e-Prescribing Including Controlled Prescriptions	PI_EP_1	0 / 0	0	Required	0 / 10
Query of Prescription Drug Monitoring Program(PDMP)	PI_EP_2	Not Met <input type="button" value="Claim Met"/>		Required	0 / 10
Provide Patient Access	PI_PEA_1	0 / 1	1	Required	0 / 25

In your Healthmonix MIPSpro account, you can enter the number for the numerator and denominator and **Save**.

Provide Patients Electronic Access to Their Health Information (PI_PEA_1)

Complete:

1. Numerator: Enter the number of patients who are provided timely access to health information (meaning the patient has ability to view their health info online, can download it, and can transmit it to a third party and can access that info using an application of their choice that is configured to meet the technical specifications of the API in this group CEHRT).

Denominator: Enter the number of unique patients seen by the MIPS eligible clinician during the performance period.

	Numerator	Denominator
Group Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Measure Details

Measure Title: Provide Patients Electronic Access to Their Health Information

Measure ID: PI_PEA_1

Objective: Provider to Patient Exchange

Description

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Information that must be made available to patients:

- Patient name
- Providers name and office contact information
- Current and past problem list
- Encounter diagnosis
- Procedures
- Laboratory test results
- Current medication list and medication history
- Current medication allergy list and medication allergy history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Immunizations
- Functional status, including activities of daily living, cognitive and disability status
- Unique device identifier(s) for a patients implantable device(s)
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field(s), including goals, health concerns, assessment, plan of treatment and instructions
- Any known care team members including the primary care provider (PCP) of record

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