

# **Patient-Centered Medical Home**

Best Practices

## **Medical and Practice Management (MPM)**

### **NCQA Patient-Centered Medical Home (PCMH)**

MEDITECH Supported and Non-EHR Criteria

2018 Performance Period

**Client/Server 5.6**

**Service Release 6+**

## About this User Guide

- This document helps your organization determine which criteria for the 2017 Edition of the NCQA Patient-Centered Medical Home program are able to be met by either using current MEDITECH functionality, or by completing non-CEHRT actions.
- NCQA PCMH practices should utilize the NCQA Patient-Centered Medical Home (PCMH) Standards and Guidelines to ensure that they are choosing the appropriate number of criteria and meeting all the requirements of the program.
- This document was last updated in March of 2018.
- No real patient data is used in this document, and any resemblance to live data is coincidental.
- MEDITECH recommends that you use the online Help to respond to individual fields.
- This document is current as of the date it was created. To obtain an updated edition, download the guide from the Customers area on MEDITECH's website (MEDITECH.com).
- For additional details on each criteria of the program, please visit the following web page:  
<http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/>

## PATIENT-CENTERED MEDICAL HOME

A patient-centered medical home (PCMH) is a care delivery model in which patient treatment is coordinated through the primary care physician. Its goal is to put patients at the forefront of their care through building relationships between patients and their clinical care team.

## 2017 PROGRAM REDESIGN

NCQA completed a redesign of PCMH Recognition for 2017. Instead of the 3-year APR recognition cycle that had been used previously, the program now includes ongoing, sustained recognition status with Annual Reporting. Practices will also now have the option to submit electronic clinical quality measures (eCQMs) to NCQA in support of their recognition process, which can be found in the [Quality Measures Crosswalk for PCMH 2017 document](#).

If your NCQA-Recognized PCMH practice is approaching renewal, you can transition to the redesigned 2017 program. PCMH 2014 Level 3 Practices can bypass submission of evidence for criteria and proceed directly to Annual Reporting through [Q-PASS enrollment](#). Practices that achieved recognition in PCMH 2011 at Level 1, 2, or 3, or PCMH 2014 at Level 1 or 2, can APR recognition in the redesigned program at an accelerated pace. These practices can attest to meeting certain criteria without providing the evidence required of practices seeking recognition for the first time. For additional details, visit the [NCQA PCMH Recognition webpage](#).

## TEAM-BASED CARE AND PRACTICE ORGANIZATION (TC)

CORE	TC 01: PCMH TRANSFORMATION LEADS
<b>Description</b>	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.
<b>Evidence Required</b>	Details about the clinician lead AND Details about the PCMH manager

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>TC 02: STRUCTURE AND STAFF RESPONSIBILITIES</b>
<b>Description</b>	Defines practice organizational structure and staff responsibilities/skills to support key PCMH functions.
<b>Evidence Required</b>	Staff structure overview  AND  Description of staff roles, skills, and responsibilities

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>TC 03: EXTERNAL PCMH COLLABORATIONS</b>
<b>Description</b>	The practice is involved in external PCMH-oriented collaborative activities (e.g., federal/state initiatives, health information exchanges).
<b>Evidence Required</b>	Description of involvement in external collaborative activity

Utilize a CCD interface and [Direct Messaging](#) functionality within the MEDITECH system to send and receive information from a Health Information Exchange. Refer to the respective guides for [inbound](#) and [outbound](#) CCD setup information and functionality within the MEDITECH system.

<b>2 CREDITS</b>	<b>TC 04: PATIENT/FAMILY/CAREGIVER INVOLVEMENT IN GOVERNANCE</b>
<b>Description</b>	Patients/families/caregivers are involved in the practice's governance structure or on stakeholder committees.
<b>Evidence</b>	Documented process

<b>Required</b>	<p>AND</p> <p>Evidence of implementation</p>
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This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>TC 05: CERTIFIED EHR SYSTEM</b>
<b>Description</b>	The practice uses and EHR system (or modules) that has been certified and issued an ONC Certification ID, conducts a security risk analysis, and implements security updates as necessary correcting identified security deficiencies.
<b>Evidence Required</b>	Certified Electronic Health Records System (EHR) name.

To demonstrate that the MEDITECH software product that you are using is certified, you will need to obtain an MPM CMS Certification ID from the Certified Health IT Product List (CHPL) website.

MEDITECH has created a [video tutorial](#) demonstrating how to utilize the [CHPL website](#) to generate this information. Please follow the instructions in this video. If you experience any difficulties with this process, please contact your MPM Applications Specialist.

<b>CORE</b>	<b>TC 06: INDIVIDUAL PATIENT CARE MEETINGS/COMMUNICATION</b>
<b>Description</b>	Has regular patient care team meetings or a structured communication process focused on individual patient care.
<b>Evidence Required</b>	<p>Documented process</p> <p>AND</p> <p>Evidence of implementation</p>

This criteria describes an internal process at your organization. A suggestion to support this criteria would be to utilize the PWM task messaging functionality to communicate about patient needs and/or patient care related information.

<b>CORE</b>	<b>TC 07: STAFF INVOLVEMENT IN QUALITY IMPROVEMENT</b>
<b>Description</b>	Involves care team staff in the practice's performance evaluation and quality improvement activities.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>TC 08: BEHAVIORAL HEALTH CARE MANAGER</b>
<b>Description</b>	<p>The care manager has the training and licensure to provide psychotherapeutic treatment directly, supports behavioral healthcare in the primary care office and coordinates referrals to specialty behavioral health services outside the clinic.</p> <p>The practice demonstrates that it is working to provide meaningful behavioral healthcare services to its patients by employing a care manager who is qualified to address patients' behavioral health needs. This demonstration includes identifying the behavioral healthcare manager and providing their qualifications.</p>
<b>Evidence Required</b>	Identified behavioral healthcare manager

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>TC 09: MEDICAL HOME INFORMATION</b>
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<b>Description</b>	Has a process for informing patients/families/caregivers about the role of the medical home and provides patients/families/caregivers materials that contain the information.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

## KNOWING AND MANAGING YOUR PATIENTS (KM)

<b>CORE</b>	<b>KM 01: PROBLEM LISTS</b>
<b>Description</b>	Documents an up-to-date problem list for each patient with current and active diagnoses.
<b>Evidence Required</b>	Report OR KM 06-predominant conditions and health concerns

The MAGIC 5.66 [Problem List](#) introduces the ability to connect with and search IMO® Problem terminology if your organization has a contract with Intelligent Medical Objects, Inc. (IMO). IMO is an outside vendor that allows providers to use their own preferred vocabularies to easily search for and add standard nomenclature to a patient's record. Contact your MPM Applications Specialist to discuss the IMO terminology implementation process.

The system categorizes a patient's problem list into three main categories.

1. Active Problems: Active Problems require ongoing management and care. They often are chronic conditions, like diabetes or hypertension, but you can also track recurrent acute problems like strep throat on the Problem List.
2. Historical Problems: Historical Problems do not require active management but are important for future reference. For example, a provider might track shingles as a Historical

Problem because it can recur. Historical Problems appear under the Historical Problems header on the Problem List.

3. Current Visit Problems: Current Visit Problems pertain to the current visit only. These problems might also appear on the Active Problem List, as is the case for a patient being seen for his diabetes, or they might be acute and never appear on the Active Problem List (for example, acute sinusitis).

You can add medical problems to a patient's list from the following places:

- The Patient Summary in APR Office Chart Review
- The Problem List in APR Office Chart Review
- Health Maintenance in APR Office Chart Review
- The Problems component in the Office Visit Documentation (Doc Tool)
- Ambulatory Order Management (AOM), where you can attach a medical problem diagnosis to an order

CORE	KM 02: COMPREHENSIVE HEALTH ASSESSMENT
<b>Description</b>	<p>A. Medical history of patient and family.</p> <p>B. Mental health/substance use history of patient and family.</p> <p>C. Family/social/cultural characteristics</p> <p>D. Communication needs.</p> <p>E. Behaviors affecting health.</p> <p>F. Social functioning.</p> <p>G. Social determinants of health.</p> <p>H. Developmental screening using standardized tool. (NA for practices with no pediatric population under 30 months of age.)</p> <p>I. Advance care planning. (NA for pediatric practices.)</p>
<b>Evidence Required</b>	<p>Documented Process</p> <p>AND</p> <p>Evidence of Implementation</p>

This criteria is partially supported by the MEDITECH EHR system. Patient and family medical history can likely be captured within the standard [PFSH component](#). Patient and family



behavioral health history can be captured in various ways, including the standard PFSH area within Doc Tool, custom [Doc Tool components](#), such as queries, as well as the [Problem List feature](#). Custom Doc Tool components, and/or registration queries can also be used for capturing the Family/social/cultural characteristics aspect of this measure. Custom scheduling queries could be used to capture any pertinent information on patients' communication needs. Custom Doc Tool queries, group responses, or sections could be designated to capture any unhealthy behaviors that the patient reports during an office visit. [APR External Documents](#) can be setup and utilized for storing advance directives and other patient documents that relate to end of life care.

<b>CORE</b>	<b>KM 03: DEPRESSION SCREENING</b>
<b>Description</b>	Conducts depression screenings for adults and adolescents using a standardized tool.
<b>Evidence Required</b>	Evidence of implementation  AND  Report OR  Documented Process

The guidance for this criteria aligns with [Clinical Quality Measure CMS 002](#), which covers the Preventative Care and Screening for Depression for adolescents (12-18 years) and adults. CMS 002 applies to patients who have an active diagnosis of depression or bipolar disorder who have been screened for depression on the date of the encounter using an age-appropriate standardized tool AND if positive, have a follow-up plan documented on the date of the positive screen.

<b>1 CREDIT</b>	<b>KM 04: BEHAVIORAL HEALTH SCREENINGS</b>
<b>Description</b>	Conducts behavioral health screenings and/or assessments using a standardized tool. (Implement two or more)  A. Anxiety  B. Alcohol use disorder  C. Substance use disorder  D. Pediatric behavioral health screening  E. Post-traumatic stress disorder

	F. Attention deficit/hyperactivity disorder G. Postpartum depression
<b>Evidence Required</b>	Documented process AND Evidence of implementation

Practices should determine which standardized behavioral health screening tools they wish to utilize for each of the behavioral health items listed above. These may include but are not limited to: GAD-2, GAD-7, AUDIT, DAST, CAGE, CRAFFT, Alcohol Screening and Brief Intervention for Youth, SBIRT, CAGE AID, DAST-10, BASC, Vanderbilt Assessment Scale, DSM-5 ADHD checklist, and/or screening tools listed on SAHMSA.gov or <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>

These licensed tests are conducted outside of the MEDITECH system, but their results could be entered into the EHR. Practices may choose to [create custom queries/templates](#) for each of the questions within the standard tests with which to record patients' responses. Please note that the system will not be able to calculate a total test score, and any totals or diagnoses will need to be manually entered.

<b>1 CREDIT</b>	<b>KM 05: ORAL HEALTH ASSESSMENT AND SERVICES</b>
<b>Description</b>	Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral health partners.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria can be met with a variety of different workflows. Using the MEDITECH system, practices can utilize [referrals](#) to refer patients to oral health practice(s). Your organization must perform the following setup to give users access to the APR Referral Follow-up Worklist, enable users to link external documents to referrals directly from the APR Process External Documents Routine, and confirm that referral orders are properly set up to appear

on the Worklist.

<b>1 CREDIT</b>	<b>KM 06: PREDOMINANT CONDITIONS AND CONCERNS</b>
<b>Description</b>	Identifies the predominant conditions and health concerns of the patient population.
<b>Evidence Required</b>	List of top priority conditions and concerns.

This criteria can be met with a variety of different workflows. Practices can create a list of top priority conditions and concerns. One suggested functionality for this criteria is the use of the [Problem List](#).

The MAGIC 5.66 Problem List introduces the ability to connect with and search IMO ® Problem terminology if your organization has a contract with Intelligent Medical Objects, inc. (IMO). IMO is an outside vendor that allows providers to use their own preferred vocabularies to easily search for and add standard nomenclature to a patient's record. Contact your MPM Applications Specialist to discuss the IMO terminology implementation process.

The system categorizes a patient's problem list into three main categories.

1. **Active Problems:** Active Problems require ongoing management and care. They often are chronic conditions, like diabetes or hypertension, but you can also track recurrent acute problems like strep throat on the Problem List. Active problems appear under the **Active Problem List** header on the Problem List.
2. **Historical Problems:** Historical Problems do not require active management but are important for future reference. For example, a provider might track shingles as a Historical Problem because it can recur. **Historical Problems** appear under the Historical Problems header on the Problem List.
3. **Current Visit Problems:** Current Visit Problems pertain to the current visit only. These problems might also appear on the Active Problem List, as is the case for a patient being seen for his diabetes, or they might be acute and never appear on the Active Problem List (e.g. acute sinusitis).

You can add medical problems to a patient's list from the following places:

- The Patient Summary in APR Office Chart Review
- The Problem List in APR Office Chart Review
- Health Maintenance in APR Office Chart Review
- The Problems component in the Office Visit Documentation (Doc Tool)

- Ambulatory Order Management (AOM), where you can attach a medical problem diagnosis to an order

Utilize the Problem List functionality to compile a list of your practice's top priority conditions and concerns.

<b>2 CREDITS</b>	<b>KM 07: SOCIAL DETERMINANTS OF HEALTH</b>
<b>Description</b>	Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data.
<b>Evidence Required</b>	Report AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion. Some aspects of the MEDITECH EHR that might be useful with success of this criteria could include using Doc Tool integration and the [PFSH component](#) to capture patient information that pertains to population-level trends among patients. Additionally, some information specific to this criteria could potentially be captured at the point of patient registration.

<b>1 CREDIT</b>	<b>KM 08: PATIENT MATERIALS</b>
<b>Description</b>	Evaluates patient population demographics/communication preferences/health literacy to tailor development and distribution of patient materials.
<b>Evidence Required</b>	Report AND Evidence of implementation

MEDITECH partners with EBSCO Publishing, ExitCare (an Elsevier Company), Krames StayWell, and Truven Health Analytics for providing [patient education](#) resources. For these integrated vendors, MEDITECH supports both English and Spanish, as well as additional Latin-text based languages. For non-Latin-based languages (Russian, Japanese, etc.),

practices should utilize their patient education vendor's portal. Patient Education is provided in a 4th-to-7th grade reading level.

Your practice can set up the system to use patient education documents from one or both of the following sources:

- The Acute MIS Patient Instructions Content (PIC) Instructions Dictionary, which contains standard education documents from content vendors. To use PIC documents for patient education, your organization *must* purchase MEDITECH's Patient Discharge Instructions (PDI) application.

Your organization must also arrange an ambulatory contract (separate from the acute contract) with at least one content vendor for PIC. For information about contracting vendor-supplied patient education materials, please contact your MPM sales representative. Contact your MPM Applications Specialist to enable PIC for ambulatory applications after you have arranged one or more vendor contracts, and to set up new content vendors in MPM.

- The Acute MIS Patient Instructions Dictionary, where your organization can create its own patient education documents.

In addition, practices are able to subscribe to any patient education vendor as stand-alone functionality (without MEDITECH integration) and use that vendor's patient education web portal to access documentation.

<b>CORE</b>	<b>KM 09: DIVERSITY</b>
<b>Description</b>	Assesses the diversity (race, ethnicity, and one other aspect of diversity) of its population.
<b>Evidence Required</b>	Report

During the clinic registration process, MEDITECH has the ability to capture patient's race, ethnicity and sex.

<b>CORE</b>	<b>KM 10: LANGUAGE</b>
<b>Description</b>	Assesses the language needs of its population.

<b>Evidence Required</b>	Report
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During the clinic registration process, the MEDITECH system has the ability to capture the patients' preferred language.

<b>1 CREDIT</b>	<b>KM 11: POPULATION NEEDS</b>
<b>Description</b>	<p>Identifies and addresses population-level needs based on the diversity of the practice and the community (demonstrate at least two):</p> <p>A. Target population health management on disparities of care</p> <p>B. Address health literacy of the practice staff</p> <p>C. Educate practice staff in cultural competence</p>
<b>Evidence Required</b>	<p>A: Evidence of implementation</p> <p>OR</p> <p>A: QI 05 and A: QI 13</p> <p>B: Evidence of implementation</p> <p>C: Evidence of implementation</p>

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>KM 12: PROACTIVE REMINDERS</b>
<b>Description</b>	<p>Proactively and routinely identifies populations of patients and reminds them, or their families/caregivers about needed services (must report at least three categories):</p> <p>A. Preventative care services</p>

	<p>B. Immunizations</p> <p>C. Chronic or acute care services</p> <p>D. Patients not recently seen by the practice</p>
<p><b>Evidence Required</b></p>	<p>A, B, D: Report/list and</p> <p>A, B, D: Outreach materials</p> <p>C: Report/list and</p> <p>C: Outreach materials</p> <p>OR</p> <p>C: KM 13</p>

Use [Health Maintenance and Disease Management](#) functionality to track patients' routine preventative care, see when patients are due for preventative care items, and generate reminder letters.

A patient's Health Maintenance record exists at the patient level, which means that users have access to the information regardless of which PPR account or ambulatory visit they select for a patient. Therefore, multiple providers can manage a patient's Health Maintenance record.

Health Maintenance functionality includes immunizations. The term "Health Maintenance items" refers to immunizations as well as other preventative screenings, counseling, and procedures.

Your organization can set up default Health Maintenance and Disease Management items for users to track on patient records based on typical procedures performed for patients of a particular age and gender. Additionally, users can manually select items to track on individual patients. Health Maintenance and Disease Management functionality also enables users to view upcoming and overdue items when scheduling an appointment, viewing a patient's office chart, and ordering procedures for a patient.

This document provides an overview of the dictionaries involved in setting up Health Maintenance and Disease Management. It also explains how to track Health Maintenance and Disease Management on a patient's Electronic Ambulatory Record (APR) Health Maintenance Panel, order items in Ambulatory Order Management (AOM), and generate APR Health Maintenance letters and reports.

<b>CORE</b>	<b>KM 14: MEDICATION RECONCILIATION</b>
<b>Description</b>	Reviews and reconciles medications for more than 80 percent of patients received from care transitions.
<b>Evidence Required</b>	Report

Maintaining a central, accurate medication list is a cornerstone to safe and effective patient care. [Medication reconciliation](#) is the process of comparing two or more medication lists to determine the medications a patient is actually taking. Users might reconcile the patient's existing MPM medication list with one or more of the following during an office visit:

- A verbal list, handwritten list, or pill bottles provided by the patient or a family member
- An external medication claim history list provided by a pharmacy benefit manager
- A printed list from an outside facility or provider
- A medication list in a Continuity of Care (CCD) from an outside facility or provider

This measure specifically requires providers to perform medication reconciliation for transitions of care. MPM enables providers to reconcile or "consume" external medication information from a CCD with a patient's existing medication list. This guide describes how to consume external medications, and provides an overview of the actions users can take on a patient's medication list in the Ambulatory Order Management (AOM) application when performing medication reconciliation.

<b>CORE</b>	<b>KM 15: MEDICATION LISTS</b>
<b>Description</b>	Maintains an up-to-date list of medications for more than 80 percent of patients.
<b>Evidence Required</b>	Report

Maintaining a central, accurate medication list is a cornerstone to safe and effective patient care. [Medication reconciliation](#) is the process of comparing two or more medication lists to determine the medications a patient is actually taking. Users might reconcile the patient's existing MPM medication list with one or more of the following during an office visit:



- A verbal list, handwritten list, or pill bottles provided by the patient or a family member
- An external medication claim history list provided by a pharmacy benefit manager
- A printed list from an outside facility or provider
- A medication list in a Continuity of Care (CCD) from an outside facility or provider

This measure specifically requires providers to perform medication reconciliation for transitions of care. MPM enables providers to reconcile or "consume" external medication information from a CCD with a patient's existing medication list. This guide describes how to consume external medications, and provides an overview of the actions users can take on a patient's medication list in the Ambulatory Order Management (AOM) application when performing medication reconciliation.

<b>1 CREDIT</b>	<b>KM 16: NEW PRESCRIPTION EDUCATION</b>
<b>Description</b>	Assesses understanding and provides education, as needed, on new prescriptions for more than 50 percent of patients/families/caregiver.
<b>Evidence Required</b>	Report AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>KM 17: MEDICATION RESPONSE AND BARRIERS</b>
<b>Description</b>	Assesses and addresses patient response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment.
<b>Evidence Required</b>	Report AND Evidence of implementation

This criteria describes an internal process at your organization. One way that the MEDITECH EHR could be used to help support this criteria would be by adding notes about the patients' response(s) under the Medication List component in a text box noting 'Additional

Information'. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>2 CREDITS</b>	<b>KM 20: CLINICAL DECISION SUPPORT</b>
<b>Description</b>	<p>Implements clinical decision support following evidence-based guidelines for care of (Practice must demonstrate at least four criteria):</p> <ul style="list-style-type: none"> <li>A. Mental health condition</li> <li>B. Substance use disorder</li> <li>C. A chronic medical condition</li> <li>D. An acute condition</li> <li>E. A condition related to unhealthy behaviors</li> <li>F. Well child or adult care</li> <li>G. Overuse/appropriateness issues</li> </ul>
<b>Evidence Required</b>	<p>Identifies conditions, source of guidelines</p> <p>AND</p> <p>Evidence of implementation</p>

Practices can use [Clinical Decision Support](#) to improve their performance on high-priority health conditions. MEDITECH provides drug-to-drug interaction checking, along with a number of CDS interventions.

<b>CORE</b>	<b>KM 21: COMMUNITY RESOURCE NEEDS</b>
<b>Description</b>	<p>Uses information on the population served by the practice to prioritize needed community resources.</p>
<b>Evidence Required</b>	<p>List of key patient needs and concerns</p>

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>KM 22: ACCESS TO EDUCATIONAL RESOURCES</b>
<b>Description</b>	Provides access to educational resources, such as materials, peer-support sessions, group classes, online self-management tools or programs.
<b>Evidence Required</b>	Evidence of implementation

This criteria can partially be supported by the MEDITECH EHR system, as there are a few features that would help satisfy the measure. The [Patient Education](#) functionality could be considered one form of “educational resources”. The MEDITECH [Patient Portal](#) could also be considered one of many potential “self-management tools”.

**PATIENT-CENTERED ACCESS AND CONTINUITY (AC)**

<b>CORE</b>	<b>AC 01: ACCESS NEEDS AND PREFERENCES</b>
<b>Description</b>	Assesses the access needs and preferences of the patient population.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>AC 02: SAME-DAY APPOINTMENTS</b>
	Provides same-day appointments for routine and urgent care to meet

<b>Description</b>	identified patient needs.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

The PB/R Appointment [Scheduling](#) module is completely integrated with Medical and Practice Management (MPM), and provides flexible appointment scheduling functionality for use in the physician office. The module supports scheduling through a graphically displayed "Appointment Book", as well as an automated appointment search and selection function. Other functionality includes: patient appointment tracking or "ticket tracking", patient account inquiry options, multiple appointment tracks, over-booking capabilities, and rescheduling functionality.

Two distinct formats are supported by the PB/R Appointment Scheduling module: a pre-defined or "Fixed Formatted" schedule, and a "Free Formatted" schedule. Regardless of the format, each schedule is defined by provider/resource and location.

<b>CORE</b>	<b>AC 03: APPOINTMENTS OUTSIDE BUSINESS HOURS</b>
<b>Description</b>	Provides routine and urgent appointments outside regular business hours to meet identified patient needs.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

The PB/R Appointment [Scheduling](#) module is completely integrated with Medical and Practice Management (MPM), and provides flexible appointment scheduling functionality for use in the physician office. The module supports scheduling through a graphically displayed "Appointment Book", as well as an automated appointment search and selection function. Other functionality includes: patient appointment tracking or "ticket tracking", patient account inquiry options, multiple appointment tracks, over-booking capabilities, and rescheduling functionality.

Use SCH resource schedules to allow providers to be booked outside of the provider's available profile, or create a new appointment type for after-hour appointments.

<b>CORE</b>	<b>AC 04: TIMELY CLINICAL ADVICE BY TELEPHONE</b>
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<b>Description</b>	Provides timely clinical advice by telephone.
<b>Evidence Required</b>	Documented process AND Report

You can utilize [call-in tasks](#) to document clinical advice given over the telephone. The RX CALL IN type is for tasks the system creates when users order prescriptions in AOM. Users can choose to customize the standard RX CALL IN type in order to allow for different PWM tasks to create depending on the actions that need to be taken for the prescription to be completed. In order to create an RX CALL IN type of task when submitting a prescription, users must select the action of Call-In. After the Call-In action has been chosen, the user is prompted to select a Call-In status. Call-In statuses are set up in the AOM Call In Status Dictionary, and are linked to the PWM Custom Categories Dictionary via the Task Category field. The Call-In status selected when submitting the prescription determines which PWM Custom Category the system uses when it creates the task on the Workload.

<b>CORE</b>	<b>AC 05: CLINICAL ADVICE DOCUMENTATION</b>
<b>Description</b>	Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

Use remote access capabilities to document advice given to patients after hours; use chart notes for documenting call-in encounters; use PWM tasks and Portal functionality for electronic messaging between provider and patient.

<b>1 CREDIT</b>	<b>AC 06: ALTERNATIVE APPOINTMENTS</b>
<b>Description</b>	Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms.

<b>Evidence Required</b>	Documented process AND Report
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Use appointment types to distinguish between in-person visits and alternative visits.

<b>1 CREDIT</b>	<b>AC 07: ELECTRONIC PATIENT REQUESTS</b>
<b>Description</b>	Has secure electronic system for patient to request appointments, prescription refills, referrals and test results.
<b>Evidence Required</b>	Evidence of implementation

Use Portal and PWM desktop tasks to communicate electronically with the patient.

<b>1 CREDIT</b>	<b>AC 08: TWO-WAY ELECTRONIC COMMUNICATION</b>
<b>Description</b>	Has a secure electronic system for two-way communication to provide timely clinical advice.
<b>Evidence Required</b>	Documented process AND Report

Use the MEDITECH Patient Portal and [PWM desktop messaging](#) tasks to communicate electronically with the patient.

<b>1 CREDIT</b>	<b>AC 09: EQUITY OF ACCESS</b>
<b>Description</b>	Uses information about the population served by the practice to

	assess equity of access that considers health disparities.
<b>Evidence Required</b>	Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>AC 10: PERSONAL CLINICIAN SELECTION</b>
<b>Description</b>	Helps patients/families/caregivers select or change a personal clinician.
<b>Evidence Required</b>	Documented process

Use the Care Team functionality in Registration Questionnaire.

<b>CORE</b>	<b>AC 11: PATIENT VISITS WITH CLINICIAN/TEAM</b>
<b>Description</b>	Sets goals and monitors the percentage of patient visits with the selected clinician or team.
<b>Evidence Required</b>	Report

Use the Resource Schedule or Appointment Book mode of the SCH Desktop to see visits by provider.

<b>2 CREDITS</b>	<b>AC 12: CONTINUITY OF MEDICAL RECORD INFORMATION</b>
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<b>Description</b>	Provides continuity of medical record information for care and advice when the office is closed.
<b>Evidence Required</b>	Documented process

Use remote access capabilities to access patient records after hours; allow access to patient's CCD via Print CCD routine.

<b>1 CREDIT</b>	<b>AC 13: PANEL SIZE REVIEW AND MANAGEMENT</b>
<b>Description</b>	Reviews and actively manages panel sizes.
<b>Evidence Required</b>	Documented process AND Report

Use the Care Team functionality to manage individual patient assignment.

<b>1 CREDIT</b>	<b>AC 14: EXTERNAL PANEL REVIEW AND RECONCILIATION</b>
<b>Description</b>	Reviews and reconciles panes based on health plan or other outside patient assignments.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

Use the Care Team functionality to manage individual patient assignment.

**CARE MANAGEMENT AND SUPPORT (CM)**



CORE	CM 01: IDENTIFYING PATIENTS FOR CARE MANAGEMENT
<b>Description</b>	<p>Considers the following when establishing a systematic process and criteria for identifying patients who may benefit from care management (practice must include at least three in its criteria):</p> <ul style="list-style-type: none"> <li>A. Behavioral health conditions</li> <li>B. High cost/high utilization</li> <li>C. Poorly controlled or complex conditions</li> <li>D. Social determinants of health</li> <li>E. Referrals by outside organizations (e.g. insurers, health system, ACO), practice staff, patient/family/caregiver</li> </ul>
<b>Evidence Required</b>	<p>Protocol for identifying patient for care management</p> <p>OR</p> <p>CM 03</p>

While certain internal processes to successfully achieve this criteria would fall outside of an EHR, clinicians can compliment these workflows using MEDITECH. One suggestion for using the MEDITECH EHR system into this criteria would be to create specific [APR Disease Management and/or Health Maintenance items](#) that would be used to track behavioral health and complex conditions. An additional area of MEDITECH functionality that could be utilized for this criteria would be designated [Doc Tool components](#), such as a Care Management section for provider documentation.

CORE	CM 02: MONITORING PATIENTS FOR CARE MANAGEMENT
<b>Description</b>	Monitors the percentage of the total patient population identified through its process and criteria.
<b>Evidence Required</b>	Report

Certain aspects of this criteria can be accomplished by capturing patient diagnosis, health maintenance/disease management, and orders/results within the MEDITECH system.

<b>2 CREDITS</b>	<b>CM 03: COMPREHENSIVE RISK-STRATIFICATION PROCESS</b>
<b>Description</b>	Applies a comprehensive risk-stratification process for the entire patient panel in order to identify and direct resources appropriately.
<b>Evidence Required</b>	Report

Risk-stratification can be determined in various ways. One option could involve the healthcare organization engaging a third party payer(s) for most common diagnoses for a particular organization. The diagnoses would originate from the MEDITECH system and subsequently be sent out on claims. Staff would need to review and further utilize the information provided.

<b>CORE</b>	<b>CM 04: PERSON-CENTERED CARE PLANS</b>
<b>Description</b>	Establishes a person-centered care plan for patients identified for care management.
<b>Evidence Required</b>	Report OR Record Review Workbook AND Patient examples

This criteria can be accomplished with different forms of evidence. A way that the MEDITECH EHR could be involved with this criteria, is utilizing the Patient Goals within the [Assessment/Plan component](#) to capture care plans for patients.

<b>CORE</b>	<b>CM 05: WRITTEN CARE PLANS</b>
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<b>Description</b>	Provides a written care plan to the patient/family/caregiver for patients identified for care management.
<b>Evidence Required</b>	Report OR Record Review Workbook AND Patient examples

This criteria can be accomplished with different forms of evidence, some not supported within the EHR. One way that the MEDITCH EHR could be involved with this criteria is utilizing the Patient Goals within the [Assessment/Plan component](#) to capture care plans for patients. Providing patient education on patients' condition(s) may assist with patient involvement in their provided care plan.

<b>1 CREDIT</b>	<b>CM 06: PATIENT PREFERENCES AND GOALS</b>
<b>Description</b>	Documents patient preference and functional/lifestyle goals in individual care plans.
<b>Evidence Required</b>	Report OR Record Review Workbook AND Patient examples

This criteria can be accomplished with different forms of evidence, some not supported within the EHR. A way that the MEDITCH EHR could be incorporated into this criteria, is utilizing the Patient Goals within the [Assessment/Plan component](#) to capture care plans for patients. Providing patient education on patient's conditions may assist with patient involvement in their provided care plan.

<b>1 CREDIT</b>	<b>CM 07: PATIENT BARRIERS TO GOALS</b>
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<b>Description</b>	Identifies and discusses potential barriers to meeting goals in individual care plans.
<b>Evidence Required</b>	Report OR Record Review Workbook AND Patient examples

This criteria can be accomplished with different forms of evidence, some of which take place outside of the EHR. One way that the MEDITCH EHR could be used to meet this criteria is through utilizing the Patient Goals within the [Assessment/Plan component](#) to capture care plans for patients. Additionally, while outlining goals for patients, canned text can be created for use in the Patient Goals text box. The canned text could also suggest to the user to capture barriers that might prevent a patient from achieving their outlined goals.

<b>1 CREDIT</b>	<b>CM 08: SELF-MANAGEMENT PLANS</b>
<b>Description</b>	Includes a self-management plan in individual care plans.
<b>Evidence Required</b>	Report OR Record Review Workbook AND Patient examples

This criteria can be accomplished with different forms of evidence, some of which occur outside of the EHR. One way that the MEDITCH EHR could be involved with this criteria is utilizing the Patient Goals within the [Assessment/Plan component](#) to capture care plans for patients. Additionally, while outlining goals for patients, canned text can be created for use in the Patient Goals text box. The canned text could also suggest to the user to capture barriers that might prevent a patient from achieving their outlined goals. Additionally, canned text can be used to document areas in which the patient is responsible for their care. Patient education can also assist the patient with suggestions on managing their conditions.

<b>1 CREDIT</b>	<b>CM 09: CARE PLAN INTEGRATION</b>
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<b>Description</b>	Care plan is integrated and accessible across settings of care.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

When patients transition to a new provider or are referred to another provider while remaining under the care of the referring provider, providers can more effectively coordinate their care for the patient if they exchange a [Continuity of Care Document \(CCD\)](#) that summarizes the patient's health record. MPM enables users to generate and send CCDs to other providers and organizations either as a software-readable XML document that users can save or electronically transmit, or as a human-readable file that users can save or print.

**CARE COORDINATION AND CARE TRANSITIONS (CC)**

<b>CORE</b>	<b>CC 01: LAB AND IMAGING TEST MANAGEMENT</b>
<b>Description</b>	<p>The practice systematically manages lab and imaging tests by:</p> <ul style="list-style-type: none"> <li>A. Tracking lab tests until results are available, flagging and following up on overdue results.</li> <li>B. Tracking imaging tests until results are available, flagging and following up on overdue results.</li> <li>C. Flagging abnormal lab results, bringing them to the attention of the clinician.</li> <li>D. Flagging abnormal imaging results, bringing them to the attention of the clinician.</li> <li>E. Notifying patients/families/caregivers of normal lab and imaging test results.</li> <li>F. Notifying patients/families/caregivers of abnormal lab and imaging test results.</li> </ul>
<b>Evidence</b>	Documented process

<b>Required</b>	AND Evidence of implementation
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This criteria describes an internal process at your organization. One aspect of the MEDITECH EHR that could supplement that internal process includes running the task audit report for all patients with OVERDUE PR type tasks. The MEDITECH system also has standard functionality to flag AMB RESULT and OUT RESULT type tasks as being abnormal. The PWM Task Audit can also display any comments entered on the result task. Additionally, canned text can be created to use while entering messaging information on result tasks. This might include follow-up information. All tasks will file to the Practice Notes panel upon closure.

<b>2 CREDITS</b>	<b>CC 03: APPROPRIATE USE FOR LABS AND IMAGING</b>
<b>Description</b>	Uses clinical protocols to determine when imaging and lab tests are necessary.
<b>Evidence Required</b>	Evidence of implementation

A suggestion for incorporating the EHR into this criteria would be through the [Medical Necessity](#) functionality. Medical Necessity uses ICD-10 diagnosis codes to determine if specific tests are medically necessary for patients. When established in the MEDITECH system, and a test fails medical necessity, users will be prompted to print an ABN for patient's to sign. Signing the ABN indicates they agree to take financial responsibility for the test.

<b>CORE</b>	<b>CC 04: REFERRAL MANAGEMENT</b>
<b>Description</b>	The practice systematically manages referrals by: A. Giving the consultant or specialist the clinical question, the required timing and the type of referral. B. Giving the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan. C. Tracking referrals until the consultant or specialist's report is available, flagging and following up on overdue reports.

<b>Evidence Required</b>	Documented process AND Evidence of implementation
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The [APR Referral Followup worklist](#) within the MEDITECH system applies to this criteria and allows for a streamlined follow-up process. The Referral Followup worklist also provides the ability to link documentation to the referral.

<b>1 CREDIT</b>	<b>CC 06: COMMONLY USED SPECIALISTS IDENTIFICATION</b>
<b>Description</b>	Identifies the specialists/specialty types frequently used by the practice.
<b>Evidence Required</b>	Evidence of implementation

This criteria describes an internal process at your organization. The information related to this measure is stored within the MIS Specialty Dictionary and within the RXM Procedure dictionary.

<b>2 CREDITS</b>	<b>CC 10: BEHAVIORAL HEALTH INTEGRATION</b>
<b>Description</b>	Integrates behavioral healthcare providers into the care delivery system of the practice site.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>CC 11: REFERRAL MONITORING</b>
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<b>Description</b>	Monitors the timeliness and quality of the referral response.
<b>Evidence Required</b>	Documented process AND Report

One way that this criteria could be met would be through the use of [Referral Follow-up Worklist](#) notes. The Ambulatory Patient Record (APR) Referral Follow-up Worklist enables users to manage referral orders' statuses, linked documents, and notes from a centralized location. Users with appropriate access can enter referral notes directly from the AOM Process Encounter Tasks screen for PWM Ambulatory Referral tasks.

This worklist, along with MPM's other associated referral follow-up functionality, enables users to indicate whether the ordering provider received a specialist's report back for a referral, and enables users to link the follow-up document to the referral. Waiting until follow-up reports are received for a referral before changing the referral's status to Complete ensures that the referral order has truly been completed.

<b>1 CREDIT</b>	<b>CC 12: CO-MANAGEMENT ARRANGEMENTS</b>
<b>Description</b>	Documents co-management arrangements in the patient's medical record.
<b>Evidence Required</b>	Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>CC 13: TREATMENT OPTIONS AND COSTS</b>
<b>Description</b>	Engages with patients regarding cost implications of treatment options.



<b>Evidence Required</b>	Documented process AND Evidence of implementation
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A suggestion for incorporating the EHR into this criteria would be the [Medical Necessity](#) functionality. Medical Necessity uses ICD-10 diagnosis codes to determine if specific tests are medically necessary for patients. When established in the MEDITECH system, and a test fails medical necessity, users will be prompted to print an ABN for patient's to sign. Signing the ABN indicates they agree to take financial responsibility for the test.

<b>CORE</b>	<b>CC 14: IDENTIFYING UNPLANNED HOSPITAL AND ED VISITS</b>
<b>Description</b>	Systematically identifies patients with unplanned hospital admissions and emergency department visits.
<b>Evidence Required</b>	Documented process AND Report

This criteria describes an internal process at your organization. There are a variety of MEDITECH EHR functionalities that could be used to support this criteria. Utilizing [ADT messages](#) within the PWM Desktop would allow for providers to be notified when one of their patients has been admitted to an Acute setting. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>CC 15: POST-HOSPITAL/ED VISIT FOLLOW-UP</b>
<b>Description</b>	Shares clinical information with admitting hospitals and emergency departments.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization there are a variety of MEDITECH EHR functionalities that could be used to support this criteria. [Using the CCD functionality](#) is a suggestion for sharing clinical information with hospitals and emergency departments, For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>CC 16: POST-HOSPITAL/ED VISIT FOLLOW-UP</b>
<b>Description</b>	Contacts patients/families/caregivers for follow-up care, if needed, within an appropriate period following a hospital admission or emergency department visit.
<b>Evidence Required</b>	Documented process AND Evidence of follow-up

This criteria describes an internal process at your organization. Within the MEDITECH system, there is the ability to document calls and follow-up appointments with patients using PWM messaging tasks. There would also be record within the Practice Notes for patients who utilized patient portal messaging with their provider. Any patient instruction content would be available within the patient's previous visit documentation.

<b>1 CREDIT</b>	<b>CC 17: ACUTE CARE AFTER HOURS COORDINATION</b>
<b>Description</b>	Systematic ability to coordinate with acute care settings after office hours through access to current patient information.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>CC 18: INFORMATION EXCHANGE DURING HOSPITALIZATION</b>
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<b>Description</b>	Exchanges patient information with the hospital during a patient's hospitalization.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

To exchange patient data with a hospital or acute care facility, [Health Information Exchange](#) and [ADT PWM Message tasks](#) can be incorporated into workflows to help achieve this measure.

<b>1 CREDIT</b>	<b>CC 19: PATIENT DISCHARGE SUMMARIES</b>
<b>Description</b>	Implements a process to consistently obtain patient discharge summaries from the hospital and other facilities.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>CC 20: CARE PLAN COLLABORATION FOR PRACTICE TRANSITIONS</b>
<b>Description</b>	Collaborates with the patient/family/caregiver to develop/implement a written care plan for complex patients transitioning into/out of the practice (e.g. from pediatric care to adult care).
<b>Evidence Required</b>	Evidence of implementation

For this criteria, we recommend using specific [Doc Tool](#) components (i.e. custom built templates, sections, queries) to track and document specific care plan needs for the transition phase from adolescence to adult care in the patient record.

<b>MAXIMUM 3 CREDITS</b>	<b>CC 21: EXTERNAL ELECTRONIC EXCHANGE OF INFORMATION</b>
<b>Description</b>	<p>Demonstrates electronic exchange of information with external entities, agencies, and registries (<b>May select one or more</b>):</p> <p>A. Regional health information organization or other health information exchange source that enhances the practice's ability to manage complex patients. (<b>1 credit</b>)</p> <p>B. Immunization registries or immunization information systems. (<b>1 credit</b>)</p> <p>C. Summary of care record to another provider or care facility for care transitions. (<b>1 credit</b>)</p>
<b>Evidence Required</b>	Evidence of implementation

While this criteria describes an internal process at your organization, there are a variety of MEDITECH EHR functionalities that could be used to support this criteria. For additional details and support, contact your MEDITECH MPM Applications Specialist.

**PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT (QI)**

<b>CORE</b>	<b>QI 01: CLINICAL QUALITY MEASURES</b>
<b>Description</b>	<p>Monitors at least five clinical quality measures across the four categories (must monitor at least one measure of each type):</p> <p>A. Immunization measures</p> <p>B. Other preventative care measures.</p> <p>C. Chronic or acute care clinical measures</p>

	D. Behavioral health measures
<b>Evidence Required</b>	Report

MEDITECH recommends using [Health Maintenance, Disease Management, and Immunization](#) functionality to track immunizations & other preventative care measures. Disease Management can be used to track chronic and acute conditions.

<b>CORE</b>	<b>QI 02: RESOURCE STEWARDSHIP MEASURES</b>
<b>Description</b>	Monitors at least two measures of resource stewardship (must monitor at least 1 measure of each type):  A. Measures related to care coordination  B. Measures affecting health care costs
<b>Evidence Required</b>	Report

While this criteria describes an internal process at your organization, there are a variety of MEDITECH EHR functionalities that could be used to support this criteria. A suggestion to incorporate the EHR for the standards related to care coordination would be to utilize the APR Referral Follow-up Worklist. Using a bi-directional immunization interface, incorporating CCDs into the patient's chart and utilizing ADT messages to manage care coordination are other areas of system functionality that can assist with the coordination of patient care. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>QI 03: APPOINTMENT AVAILABILITY ASSESSMENT</b>
<b>Description</b>	Assesses performance on availability of major appointment types to meet patient needs and preferences for access.

<b>Evidence Required</b>	<p>Documented process</p> <p>AND</p> <p>Report</p>
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This criteria could be met using features within the MPM Scheduling Desktop in Appointment Book mode. In addition, in Resource mode, we recommend reviewing multiple days at a time for a specific provider.

<b>CORE</b>	<b>QI 04: PATIENT EXPERIENCE FEEDBACK</b>
<b>Description</b>	<p>Monitors patient experience through:</p> <p>A. Quantitative data. Conducts a survey (using any instrument) to evaluate patient/family/caregiver experiences across at least three dimensions such as:</p> <ul style="list-style-type: none"> <li>-Access</li> <li>-Communication</li> <li>-Coordination</li> <li>-Whole-person care, self-management support and comprehensiveness</li> </ul> <p>B. Qualitative data. Obtains feedback from patients/families/caregivers through qualitative means.</p>
<b>Evidence Required</b>	Report

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>QI 06: VALIDATED PATIENT EXPERIENCE SURVEY USE</b>
	The practice uses a standardized, validated patient experience survey

<b>Description</b>	tool with benchmarking data available.
<b>Evidence Required</b>	Report

This criteria describes an internal process at your organization. MEDITECH provides an interoperable system that supports CAHPS surveys, which can be used to support this criteria. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>2 CREDITS</b>	<b>QI 07: VULNERABLE PATIENT FEEDBACK</b>
<b>Description</b>	The practice obtains feedback on experiences of vulnerable patient groups.
<b>Evidence Required</b>	Report

This criteria describes an internal process at your organization. Once your practice has identified a vulnerable patient population group, patient satisfaction surveys can be utilized to determine which quality initiatives should be targeted. Maintenance and tracking of these initiatives can be documented through a variety of different methods within the MEDITECH EHR. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>QI 08: GOALS AND ACTIONS TO IMPROVE CLINICAL QUALITY MEASURES</b>
<b>Description</b>	<p>Sets goals and acts to improve upon at least three measures across at least three of the four categories:</p> <ul style="list-style-type: none"> <li>A. Immunization measures.</li> <li>B. Other preventative care measures.</li> <li>C. Chronic or acute care clinical measures.</li> </ul>

	D. Behavioral health measures.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization. There are a variety of MEDITECH EHR functionalities that could be used to supplement this criteria. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>QI 09: GOALS AND ACTIONS TO IMPROVE RESOURCE STEWARDSHIP MEASURES</b>
<b>Description</b>	Sets goals and acts to improve performance on at least one measure of resource stewardship: A. Measures related to care coordination.  B. Measures affecting health care costs.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization. There are a variety of MEDITECH EHR functionalities that could be used to support this criteria. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>CORE</b>	<b>QI 10: GOALS AND ACTIONS TO IMPROVE APPOINTMENT AVAILABILITY</b>
<b>Description</b>	Sets goals and acts to improve on availability of major appointment types to meet patient needs and preferences.



<b>Evidence Required</b>	Report OR Quality Improvement Worksheet
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This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>QI 11: GOALS AND ACTIONS TO IMPROVE PATIENT EXPERIENCE</b>
<b>Description</b>	Sets goals and acts to improve performance on at least one patient experience measure.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>QI 12: IMPROVED PERFORMANCE</b>
<b>Description</b>	Achieves improved performance on at least two performance measures.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>1 CREDIT</b>	<b>QI 13: GOALS AND ACTIONS TO IMPROVE DISPARITIES IN</b>
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	<b>CARE/SERVICE</b>
<b>Description</b>	Sets goals and acts to improve disparities in care or services on at least one measure.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>QI 14: IMPROVED PERFORMANCE FOR DISPARITIES IN CARE/SERVICE</b>
<b>Description</b>	Achieves improved performance on at least one measure of disparities in care or service.
<b>Evidence Required</b>	Report OR Quality Improvement Worksheet

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>CORE</b>	<b>QI 15: REPORTING PERFORMANCE WITHIN THE PRACTICE</b>
<b>Description</b>	Reports practice-level or individual clinician performance results within the practice for measures reported by the practice.
<b>Evidence Required</b>	Documented process AND

	Evidence of implementation
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This criteria describes an internal process at your organization. There are a variety of MEDITECH EHR functionalities that could be used to support this criteria. Utilizing the [CCD functionality](#) would be one way that the MEDITECH EHR could be incorporated into this criteria. For additional details and support, contact your MEDITECH MPM Applications Specialist.

<b>2 CREDITS</b>	<b>QI 17: PATIENTS/FAMILY CAREGIVER INVOLVEMENT IN QUALITY IMPROVEMENT</b>
<b>Description</b>	Involves patient/family/caregiver in quality improvement activities.
<b>Evidence Required</b>	Documented process AND Evidence of implementation

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>2 CREDITS</b>	<b>QI 18: REPORTING PERFORMANCE MEASURES TO MEDICARE/MEDICAID</b>
<b>Description</b>	Reports clinical quality measures to Medicare or Medicaid agency.
<b>Evidence Required</b>	Evidence of submission

This criteria describes an internal process at your organization and does not require EHR software for successful completion.

<b>MAXIMUM</b>	<b>QI 19: VALUE-BASED CONTRACT AGREEMENTS</b>
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<b>2 CREDITS</b>	
<b>Description</b>	<p>(<b>Maximum 2 credits</b>): Is engaged in Value-Based Agreement.</p> <p>A. Practice engages in upside risk contract (<b>1 Credit</b>).</p> <p>B. Practice engages in two-sided risk contract (<b>2 Credits</b>).</p>
<b>Evidence Required</b>	<p>Agreement</p> <p>OR</p> <p>Evidence of implementation</p>

This criteria describes an internal process at your organization and does not require EHR software for successful completion.