

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

MEDITECH Supported and Non-EHR Criteria

**MEDITECH AMB Expanse**

## 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 August of 2019.
- 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/>
- NCQA has published a whitepaper outlining how to calculate a return on investment for PCMH practices, which can be referenced at the following web page:  
[https://www.ncqa.org/wp-content/uploads/2019/06/06142019\\_WhitePaper\\_Milliman\\_BusinessCasePCMH\\_Final.pdf?utm\\_source=sf&utm\\_medium=email&utm\\_campaign=milliman&utm\\_term=&utm\\_content=](https://www.ncqa.org/wp-content/uploads/2019/06/06142019_WhitePaper_Milliman_BusinessCasePCMH_Final.pdf?utm_source=sf&utm_medium=email&utm_campaign=milliman&utm_term=&utm_content=)

## 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 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 earn 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.

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

<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 Required</b>	Documented process  AND

	Evidence of implementation
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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 an 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 a CMS Certification ID from the Certified Health IT Product List (CHPL) website.

MEDITECH has created a [video tutorial](#) and [documentation](#) demonstrating how to utilize the [CHPL website](#) to generate your CMS Certification ID. Please follow the instructions in this video. If you experience any difficulties with this process, please contact your AMB 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>	Documented process  AND  Evidence of implementation

To support this criteria, we suggest utilizing [workload messaging functionality](#) to communicate about patient needs and/or patient care related information. In addition, a non-visit account could be used to document discussions with the patient.

<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

While the involvement of the care team staff in the practice's performance evaluation and quality improvement activities is an internal process, this could be supplemented with the EHR by utilizing the Care Team [Widget](#) to assign specific roles to staff.

<b>2 CREDITS</b>	<b>TC 08: BEHAVIORAL HEALTH CARE MANAGER</b>
<b>Description</b>	Has at least one care manager qualified to identify and coordinate behavioral health needs.
<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>
<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
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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 6.1 Problem [Widget](#) allows users 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 AMB Specialist to discuss the IMO terminology implementation process. The system categorizes a patient's problem list into 'Active', 'My', 'Current Visit', 'Past', or 'All'.

<b>CORE</b>	<b>KM 02: COMPREHENSIVE HEALTH ASSESSMENT</b>
<b>Description</b>	Comprehensive health assessment includes (all items required): A. Medical history of patient and family. B. Mental health/substance use history of patient and family. C. Family/social/cultural characteristics. D. Communication needs. E. Behaviors affecting health. F. Social functioning. G. Social determinants of health. H. Developmental screening using a standardized tool. (NA for practices with no pediatric population under 30 months of age.)

	I. Advance care planning. (NA for pediatric practices.)
<b>Evidence Required</b>	Documented process AND Evidence of implementation

Users are able to document the patient's historical problems in the EHR, as well as the patient's social and family medical history. This social history section includes history of mental health. Behavioral health screenings, such as PHQ-9 and GAD-7, also help to capture mental health status. In addition, characteristics of the patient's family structure and social/cultural notes can be captured through the social history section. During the registration process, as well as during charting, special indicators can be set up to note if the patient has need of translation/interpreter services, which assist in ensuring the patient's communication needs are documented.

While there are a variety of different behaviors that can affect a patient's health, queries within the social history section can assist in capturing a wide range of these. These queries can range from capturing the patient's seatbelt habits to noting if the patient keeps firearms in the home. Additional queries and questionnaires can assist in noting the patient's social status, noting if they are in a relationship, how many partners they've had, and if they live alone, among other items.

Similarly, the social history section can be used to document various social determinants of health, including if the patient has secure shelter, the patient's employment status, the number of servings of vegetables the patient consumes daily, if the patient has been homeless within the past year, and if the patient exercises regularly, among others.

Growth charts, such as those for pediatric patients and for prenatal growth, can be utilized as a standardized tool for monitoring developmental progress.

The Legal Indicators [Widget](#) displays any medicolegal documentation associated with the patient's chart. These documents could include a combination of questions, scanned forms and documents, including the patient's advanced directive and/or power of attorney. Scanned forms in this widget are listed with both the form name and the date.

<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
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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.)
<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. Such screenings 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>

Some behavioral health screening tools are available standardly in Expanse (such as GAD-7 and PHQ-9). If the practice wishes to utilize a standardized behavioral health screening tool that is not standardly available in Expanse, they may create custom queries/templates for each of the questions within the standard test with which to record patients' responses. Please note that for these custom queries/templates, the system will not be able to calculate a total test score, so any totals or diagnoses will need to be manually entered.

<b>1 CREDIT</b>	<b>KM 05: ORAL HEALTH ASSESSMENT AND SERVICES</b>
	Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral

<b>Description</b>	health partners.
<b>Evidence Required</b>	Documented Process AND Evidence of Implementation

This criteria can be supported with a variety of different workflows. Using MEDITECH Expanse, practices can add oral health providers as members of the patient's care team. Practices can also use the EHR to provide patient education on oral health, and utilize the Phone Book or Persons Dictionary to maintain a list of oral health providers who are outside of the system.

<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 supported with a couple of different workflows. One suggested functionality is using [registries](#) to pull a list of patients who share a specific diagnosis. This will not identify a predominant condition for the practice, but rather, will provide evidentiary support for common health concerns that the practice has noticed within its population.

Practices should utilize the Problem Widget to ensure they are accurately tracking and categorizing their patients' medical conditions. The Problem Widget allows users 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 AMB Specialist to discuss the IMO terminology implementation process. The system categorizes a patient's problem list into 'Active', 'My', 'Current Visit', 'Past', or 'All'.

<b>2 CREDITS</b>	<b>KM 07: SOCIAL DETERMINANTS OF HEALTH</b>
	Understands social determinants of health for patients, monitors at

<b>Description</b>	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. One aspect of the MEDITECH EHR that may be useful to assist in monitoring social determinants of health at the population level would be the utilization of Patient Rosters.

<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

Practices can capture their patients' language and communication needs in the EHR by documenting the patient's preferred language as well as their interpreter need.

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. 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>
	Assesses the diversity (race, ethnicity, and one other aspect of

<b>Description</b>	diversity) of its population.
<b>Evidence Required</b>	Report

During the practice registration process, MEDITECH has the ability to capture patients' [demographics](#), including the patients' 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

During the practice registration process, MEDITECH has the ability to capture the patients' [demographics](#), including 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> <ul style="list-style-type: none"> <li>A. Target population health management on disparities of care</li> <li>B. Address health literacy of the practice staff</li> <li>C. Educate practice staff in cultural competence</li> </ul>
<b>Evidence Required</b>	<p>A: Evidence of implementation</p> <p>OR</p> <p>A: QI 05 and</p>

	<p>A: QI 13</p> <p>B: Evidence of implementation</p> <p>C: 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.

CORE	KM 12: PROACTIVE REMINDERS
<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>
<b>Evidence Required</b>	<p>A,B,D: Report/list AND A,B,D: Outreach materials</p> <p>C: Report/list AND C: Outreach materials</p> <p>OR</p> <p>C: KM 13</p>

[Registries](#) can be utilized to monitor populations of patients who share certain characteristics or conditions. These rules-based patient lists update in real time as patients' conditions change. Registries display in a dynamic list, which can be sorted and filtered on the fly based on a wide range of criteria.

CORE	KM 13: EXCELLENCE IN PERFORMANCE
<b>Description</b>	<p>Demonstrates excellence in a benchmarked/performance-based recognition program assessed using evidence-based guidelines.</p>
<b>Evidence</b>	<p>Report</p> <p>OR</p>

<b>Required</b>	HRSP or DRP recognition for at least 75% of eligible clinicians
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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>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 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 criteria looks for providers to perform medication reconciliation for transitions of care. AMB enables providers to reconcile or "consume" external medication information from a CCD with a patient's existing medication list. The guide linked above 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
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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 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

<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, and dates the assessment.
<b>Evidence Required</b>	Report AND Evidence of implementation

While the process of assessing the understanding of education provided on new prescriptions is an internal process at your organization, the clinician could utilize a custom query to assess the number of patients who received such education, to support this criteria.

<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</b>	Report AND

<b>Required</b>	Evidence of implementation
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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 documenting the patient's response to their medications in the patient's chart, as well as documenting the date of the assessment and any plan that was discussed with the patient for addressing these barriers. In addition, users could use reminder tasks when prescribing medications (set for a 1-2 week time frame), to ensure follow-up is completed for assessment of medication responses. Users can also utilize secure patient portal messaging for patient follow-up.

<b>1 CREDIT</b>	<b>KM 18: CONTROLLED SUBSTANCE DATABASE REVIEW</b>
<b>Description</b>	Reviews controlled substance database when prescribing relevant medications.
<b>Evidence Required</b>	Evidence of implementation

This criteria can be accommodated with the DrFirst [Prescription Drug Monitoring Program \(PDMP\)](#) interface (currently available in select states). When users access the patient's chart and access the Ambulatory Orders (AMB Orders) routine from the integrated desktop list, access to the PDMP footer button will be available in the lower left corner of the screen. The option to query the Prescription Monitoring Program will be available regardless of if the patient has medication data in MEDITECH. Clicking the PDMP footer button will launch the state's PDMP website by sending the Provider/Patient credentials in the background. For states who are not yet integrated with the PDMP interface, they are still able to access PDMP outside of DrFirst to meet this criteria.

<b>2 CREDITS</b>	<b>KM 19: PRESCRIPTION CLAIMS DATA</b>
<b>Description</b>	Systematically obtains prescription claims data in order to assess and address medication adherence.
<b>Evidence Required</b>	Evidence of implementation



This criteria can be met through integration with DrFirst. A DrFirst contract will provide the prescription claims data for the practice, and this contract also allows practices access to payer information through Surescripts.

<b>CORE</b>	<b>KM 20: CLINICAL DECISION SUPPORT</b>
<b>Description</b>	Assesses the diversity (race, ethnicity, and one other aspect of diversity) of its population.
<b>Evidence Required</b>	Implements clinical decision support follow evidence-based guidelines for care of (Practice must demonstrate at least four criteria): A. Mental health condition B. Substance use disorder C. A chronic medical condition D. An acute condition E. A condition related to unhealthy behaviors F. Well child or adult care G. Overuse/appropriateness issues

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>	Uses information on the population served by the practice to prioritize needed community resources.
<b>Evidence Required</b>	List of key patient needs and concerns

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

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

<b>1 CREDIT</b>	<b>KM 23: ORAL HEALTH EDUCATION</b>
<b>Description</b>	Provides oral health education resources to patients.
<b>Evidence Required</b>	Evidence of Implementation

Clinicians can provide patients with oral health education resources through the [Patient Education](#) functionality.

<b>1 CREDIT</b>	<b>KM 24: SHARED DECISION MAKING AIDS</b>
<b>Description</b>	Adopts shared decision-making aids for preference-sensitive conditions.
<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. Your organization can utilize the shared decision-making resources from the NCQA PCMH 2017 Standards and Guidelines to assist: the [International Patient Decision Aid Standards Collaboration \(IPDASC\)](#) and/or [AHRQ's SHARE Approach](#).

<b>1 CREDIT</b>	<b>KM 25: SCHOOL/INTERVENTION AGENCY ENGAGEMENT</b>
<b>Description</b>	Engages with schools or intervention agencies in the community.
<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>KM 26: COMMUNITY RESOURCE LIST</b>
<b>Description</b>	Routinely maintains a current community resource list based on the needs identified in KM 21.
<b>Evidence Required</b>	List of resources

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

<b>1 CREDIT</b>	<b>KM 27: COMMUNITY RESOURCE ASSESSMENT</b>
<b>Description</b>	Assesses the usefulness of identified community support resources.
<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>KM 28: CASE CONFERENCES</b>
<b>Description</b>	Has regular "case conferences" involving parties outside the practice team (e.g., community supports, specialists).
<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.

**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>
<b>Description</b>	Provides same-day appointments for routine and urgent care to meet identified patient needs.

<b>Evidence Required</b>	Documented process AND Evidence of implementation
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Use [CWS 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 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

Use [CWS 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>
<b>Description</b>	Provides timely clinical advice by telephone.
<b>Evidence Required</b>	Documented process AND Report

This criteria describes an internal process at your organization and does not require EHR software for successful completion. Clinicians can document these telephone calls by utilizing [call-in tasks](#) in the patients' chart.

<b>CORE</b>	<b>AC 05: CLINICAL ADVICE DOCUMENTATION</b>
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<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

With Expanse being a web-based product, clinicians are able to utilize an external URL to access their EHR. This functionality can be used to document in the patient chart after-hours and/or remotely using remote-access software.

<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

When scheduling the appointments, users can use different [appointment types](#) to distinguish between in-person visits or alternative visit types. Practices can also utilize appointment reminders through a third-party vendor to provide support for appointment scheduling.

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

We recommend using MEDITECH's [patient portal](#) to communicate electronically with the patient regarding appointments, medications, and results.

<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

We recommend using MEDITECH's [patient portal](#) to communicate electronically with the patient as well as to receive messages sent by 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. However, practices could utilize [registries](#) to assist them with this criteria.

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

With Expanse being a web-based product, clinicians are able to utilize an external URL to access their EHR. This functionality can be used to document in the patient chart after-hours and/or remotely using remote-access software.

## CARE MANAGEMENT AND SUPPORT (CM)

<b>CORE</b>	<b>CM 01: IDENTIFYING PATIENTS FOR CARE MANAGEMENT</b>
<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</b>	<p>Protocol for identifying patients for care management</p> <p>OR</p>



<b>Required</b>	CM 03
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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 02: MONITORING PATIENTS FOR CARE MANAGEMENT</b>
<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](#) 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. The MEDITECH EHR could be integrated with meeting this criteria through documenting patient goals to capture care plans for patients. Contact your AMB Clinical Specialist for assistance with care plan functionality.

<b>CORE</b>	<b>CM 05: WRITTEN CARE PLANS</b>
<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 of which fall outside of the EHR. One way that the MEDITECH EHR could be involved with this criteria is through documenting patient goals to capture care plans for patients. In addition, providing patient education on the patients' condition(s) may assist with patient involvement in their provided care plan. Contact your AMB Clinical Specialist for assistance with care plan functionality.

<b>1 CREDIT</b>	<b>CM 06: PATIENT PREFERENCES AND GOALS</b>
<b>Description</b>	Documents patient preference and function/lifestyle goals in individual care plans.

<b>Evidence Required</b>	Report  OR  Record Review Workbook and Patient examples
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This criteria can be accomplished with different forms of evidence, some of which fall outside of the EHR. One way that the MEDITECH EHR could be involved with this criteria is through documenting patient goals to capture care plans for patients. In addition, providing patient education on patients' condition(s) may assist with patient involvement in their provided care plan. Contact your AMB Clinical Specialist for assistance with care plan functionality.

<b>1 CREDIT</b>	<b>CM 07: PATIENT BARRIERS TO GOALS</b>
<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 fall outside of the EHR. One way that the MEDITECH EHR could be involved with this criteria is through documenting patient goals to capture care plans for patients. Additionally, while documenting patient goals, canned text could be used, suggesting to the user that they should capture barriers that might prevent a patient from achieving their outlined goals. Contact your AMB Clinical Specialist for assistance with care plan functionality.

<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

One way that the MEDITECH EHR could be involved with this criteria is through documenting the patients' plan for self-management within the patients' care plan. Contact your AMB Clinical Specialist for assistance with care plan functionality.

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

The MEDITECH care plan functionality is integrated throughout the EHR and can be accessed across various settings of care. Contact your AMB Clinical Specialist for assistance with care plan functionality.

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

<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 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.

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

<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>
<b>Description</b>	The practice uses a standardized, validated patient experience survey 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 AMB 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 AMB Specialist.

<b>CORE</b>	<b>QI 08: GOALS AND ACTIONS TO IMPROVE CLINICAL QUALITY MEASURES</b>
<b>Description</b>	Sets goals and acts to improve upon at least three measures across at least three of the four categories: A. Immunization measures. B. Other preventative care measures.

	<p>C. Chronic or acute care clinical measures.</p> <p>D. Behavioral health measures.</p>
<b>Evidence Required</b>	<p>Report</p> <p>OR</p> <p>Quality Improvement Worksheet</p>

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 AMB Specialist.

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

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 AMB Specialist.

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

<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 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 AMB 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 2 CREDITS</b>	<b>QI 19: VALUE-BASED CONTRACT AGREEMENTS</b>
<b>Description</b>	<p><i>(Maximum 2 credits)</i>: 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.