MEDITECH

Patient-Centered Medical Home

Best Practices

Medical and Practice Management (MPM)

NCQA Patient-Centered Medical Home (PCMH)

MEDITECH Supported and Non-EHR Criteria

MAGIC 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 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**
Description	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.
Evidence Required	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.

CORE	TC 02: STRUCTURE AND STAFF RESPONSIBILITIES
Description	Defines practice organizational structure and staff responsibilities/skills to support key PCMH functions.
Evidence Required	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.

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

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

Required	Evidence of implementation

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

2 CREDITS	**TC 05: CERTIFIED EHR SYSTEM**
Description	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.
Evidence Required	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.

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

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.

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

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

2 CREDITS	TC 08: BEHAVIORAL HEALTH CARE MANAGER
Description	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. 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.
Evidence Required	Identified behavioral healthcare manager

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

CORE	TC 09: MEDICAL HOME INFORMATION

Description	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.
Evidence Required	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)

CORE	**KM 01: PROBLEM LISTS**
Description	Documents an up-to-date problem list for each patient with current and active diagnoses.
Evidence Required	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 EAR Office Chart Review
- The Problem List in EAR Office Chart Review
- Health Maintenance in EAR 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
Description	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 standardized tool. (NA for practices with no pediatric population under 30 months of age.) I. Advance care planning. (NA for pediatric practices.)
Evidence Required	Documented Process AND Evidence of Implementation

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. EAR External Documents can be setup and utilized for storing advance directives and other patient documents that relate to end of life care.

CORE	**KM 03: DEPRESSION SCREENING**
Description	Conducts depression screenings for adults and adolescents using a standardized tool.
Evidence Required	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.

1 CREDIT	**KM 04: BEHAVIORAL HEALTH SCREENINGS**
Description	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
Evidence Required	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.

1 CREDIT	**KM 05: ORAL HEALTH ASSESSMENT AND SERVICES**
Description	Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral health partners.
Evidence Required	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 EAR Referral Follow-up Worklist, enable users to link external documents to referrals directly from the EAR Process

External Documents Routine, and confirm that referral orders are properly set up to appear on the Worklist.

1 CREDIT	KM 06: PREDOMINANT CONDITIONS AND CONCERNS
Description	Identifies the predominant conditions and health concerns of the patient population.
Evidence Required	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 EAR Office Chart Review
- The Problem List in EAR Office Chart Review
- Health Maintenance in EAR 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.

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

1 CREDIT	**KM 08: PATIENT MATERIALS**
Description	Evaluates patient population demographics/communication preferences/health literacy to tailor development and distribution of patient materials.
Evidence Required	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.

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

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

CORE	**KM 10: LANGUAGE**
Description	Assesses the language needs of its population.

Evidence Required	Report

During the clinic registration process, the MEDITECH system has the ability to capture the patients' preferred language.

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

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

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

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

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 (EAR) Health Maintenance Panel, order items in Ambulatory Order Management (AOM), and generate EAR Health Maintenance letters and reports.

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

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

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

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

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

2 CREDITS	KM 20: CLINICAL DECISION SUPPORT
Description	Implements clinical decision support following 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
Evidence Required	Identifies conditions, source of guidelines AND Evidence of implementation

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.

CORE	KM 21: COMMUNITY RESOURCE NEEDS
Description	Uses information on the population served by the practice to prioritize needed community resources.
Evidence Required	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.

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

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

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

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

Description	identified patient needs.
Evidence Required	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.

CORE	**AC 03: APPOINTMENTS OUTSIDE BUSINESS HOURS**
Description	Provides routine and urgent appointments outside regular business hours to meet identified patient needs.
Evidence Required	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.

CORE	AC 04: TIMELY CLINICAL ADVICE BY TELEPHONE
Description	Provides timely clinical advice by telephone.
Evidence Required	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.

CORE	AC 05: CLINICAL ADVICE DOCUMENTATION
Description	Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record.
Evidence Required	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.

1 CREDIT	AC 06: ALTERNATIVE APPOINTMENTS

Description	Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms.
Evidence Required	Documented process AND Report

Use appointment types to distinguish between in-person visits and alternative visits.

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

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

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

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

1 CREDIT	AC 09: EQUITY OF ACCESS
Description	Uses information about the population served by the practice to assess equity of access that considers health disparities.
Evidence Required	Evidence of implementation

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

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

Use the Care Team functionality in Registration Questionnaire.

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

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

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

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

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

Use the Care Team functionality to manage individual patient assignment.

1 CREDIT	AC 14: EXTERNAL PANEL REVIEW AND RECONCILIATION
Description	Reviews and reconciles panes based on health plan or other outside patient assignments.
Evidence Required	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
Description	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): A. Behavioral health conditions B. High cost/high utilization C. Poorly controlled or complex conditions D. Social determinants of health E. Referrals by outside organizations (e.g. insurers, health system, ACO), practice staff, patient/family/caregiver
Evidence Required	Protocol for identifying patient for care management OR CM 03

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
Description	Monitors the percentage of the total patient population identified through its process and criteria.

Evidence Required	Report

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

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

CORE	**CM 04: PERSON-CENTERED CARE PLANS**
Description	Establishes a person-centered care plan for patients identified for care management.
Evidence Required	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.

CORE	CM 05: WRITTEN CARE PLANS
Description	Provides a written care plan to the patient/family/caregiver for patients identified for care management.
Evidence Required	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 the patients' condition(s) may assist with patient involvement in their provided care plan.

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

This criteria can be accomplished with different forms of evidence, some of which are outside of the EHR. One way that the MEDITECH EHR could be incorporated into this criteria would be by 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.

1 CREDIT	CM 07: PATIENT BARRIERS TO GOALS
Description	Identifies and discusses potential barriers to meeting goals in individual care plans.
Evidence Required	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.

1 CREDIT	CM 08: SELF-MANAGEMENT PLANS
Description	Includes a self-management plan in individual care plans.
Evidence Required	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.

1 CREDIT	CM 09: CARE PLAN INTEGRATION
Description	Care plan is integrated and accessible across settings of care.
Evidence Required	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)

CORE	CC 01: LAB AND IMAGING TEST MANAGEMENT
Description	The practice systematically manages lab and imaging tests by: A. Tracking lab tests until results are available, flagging and following up on overdue results. B. Tracking imaging tests until results are available, flagging and following up on overdue results. C. Flagging abnormal lab results, bringing them to the attention of the clinician. D. Flagging abnormal imaging results, bringing them to the attention of the clinician. E. Notifying patients/families/caregivers of normal lab and imaging test results. F. Notifying patients/families/caregivers of abnormal lab and imaging

	test results.
Evidence Required	Documented process AND Evidence of implementation

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.

2 CREDITS	**CC 03: APPROPRIATE USE FOR LABS AND IMAGING**
Description	Uses clinical protocols to determine when imaging and lab tests are necessary.
Evidence Required	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.

CORE	**CC 04: REFERRAL MANAGEMENT**
Description	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.
Evidence Required	Documented process AND Evidence of implementation

The EAR 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.

1 CREDIT	**CC 06: COMMONLY USED SPECIALISTS IDENTIFICATION**
Description	Identifies the specialists/specialty types frequently used by the practice.
Evidence Required	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.

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

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

1 CREDIT	CC 11: REFERRAL MONITORING
Description	Monitors the timeliness and quality of the referral response.
Evidence Required	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.

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

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

2 CREDITS	CC 13: TREATMENT OPTIONS AND COSTS
Description	Engages with patients regarding cost implications of treatment options.
Evidence Required	Documented process AND Evidence of implementation

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.

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

This criteria describes an internal process at your organization. There are a variety of MEDITECH 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.

CORE	CC 15: POST-HOSPITAL/ED VISIT FOLLOW-UP
Description	Shares clinical information with admitting hospitals and emergency departments.

Evidence Required	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.

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

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

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

1 CREDIT	CC 18: INFORMATION EXCHANGE DURING HOSPITALIZATION
Description	Exchanges patient information with the hospital during a patient's hospitalization.
Evidence Required	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.

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

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

1 CREDIT	CC 20: CARE PLAN COLLABORATION FOR PRACTICE TRANSITIONS
Description	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).

Evidence Required	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.

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

CORE	**QI 01: CLINICAL QUALITY MEASURES**
Description	Monitors at least five clinical quality measures across the four categories (must monitor at least one measure of each type):

	A. Immunization measures B. Other preventative care measures. C. Chronic or acute care clinical measures D. Behavioral health measures
Evidence Required	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.

CORE	**QI 02: RESOURCE STEWARDSHIP MEASURES**
Description	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
Evidence Required	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.

CORE	**QI 03: APPOINTMENT AVAILABILITY ASSESSMENT**

Description	Assesses performance on availability of major appointment types to meet patient needs and preferences for access.
Evidence Required	Documented process AND Report

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.

CORE	**QI 04: PATIENT EXPERIENCE FEEDBACK**
Description	Monitors patient experience through: A. Quantitative data. Conducts a survey (using any instrument) to evaluate patient/family/caregiver experiences across at least three dimensions such as: -Access -Communication -Coordination -Whole-person care, self-management support and comprehensiveness B. Qualitative data. Obtains feedback from patients/families/caregivers through qualitative means.
Evidence Required	Report

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

1 CREDIT	QI 06: VALIDATED PATIENT EXPERIENCE SURVEY USE
Description	The practice uses a standardized, validated patient experience survey tool with benchmarking data available.
Evidence Required	Report

This criteria describes an internal process at your organization. MEDITECH does provide 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.

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

CORE	QI 08: GOALS AND ACTIONS TO IMPROVE CLINICAL QUALITY MEASURES
Description	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.

	C. Chronic or acute care clinical measures. D. Behavioral health measures.
Evidence Required	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.

CORE	**QI 09: GOALS AND ACTIONS TO IMPROVE RESOURCE STEWARDSHIP MEASURES**
Description	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.
Evidence Required	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.

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

Evidence Required	Report OR Quality Improvement Worksheet

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

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

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

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

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

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

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

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

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

CORE	QI 15: REPORTING PERFORMANCE WITHIN THE PRACTICE
Description	Reports practice-level or individual clinician performance results within the practice for measures reported by the practice.

Evidence Required	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 supplement this criteria. Utilizing the CCD functionality would be one way that the MEDITECH EHR could be incorporated into this workflow. For additional details and support, contact your MEDITECH MPM Applications Specialist.

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

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

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

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

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

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