**eQIP BH Milestone 3 - Process**

These Checklists have been developed to help you track your Organization’s progress toward meeting the eQIP Milestones. A fully completed Checklist must be sent to your Grant Manager as a first step toward attesting to meeting eQIP Milestone 3.

Remember, in order to meet a specific Milestone, **each** required functionality must be achieved in **every** facility for which you received an EMRAM score. It is very important that you cross-check this checklist against the original EMRAM Gap assessment(s) that you received from HIMSS for each of your clinical facilities. This is to ensure that you have addressed every gap and are reporting on each facility that received a score. MeHI will also be reviewing those documents.

The Milestone 3 Checklist tracks your progress toward meeting each of the required functionalities of EMRAM Stage 4 and Stage 5. REMEMBER, some of the EMRAM functionalities have been clarified and requirements modified from the original. To help better explain the requirements for each functionality, this checklist maps to the current “Frequently-Asked-Questions” (FAQ) – and FAQ number – that corresponds to each Stage. If you wish to access the complete FAQ document, visit MeHI’s eQIP Grantee Page and look under “Q&As”:

Webpage: [**http://mehi.masstech.org/eqip-bh-grantee**](http://mehi.masstech.org/eqip-bh-grantee)

**NOTE**: The “Grantee Notes” column must be completed for this tracking form to be accepted. In this column, please document how your organization achieved these functionalities to meet Stages 4 and 5 of EMRAM. These notes should include sufficient details for a reviewer to understand how the functionality was achieved. To provide some examples:

* The date in which the specific functionality was achieved at your Organization
  + Example: *We rolled our EHR system, “XYZ System”, in January 2016. All Providers were trained by April 2016. With this rollout, our providers are now able to enter consult notes and electronic communications directly into the EHR.*
* If you had already met a requirement prior to the start of the grant (i.e. a “YES” on your EMRAM gap analysis) at one or more of your facilities, mark this in the “Grantee Notes Column”
  + Example: *Met in 6 of 7 facilities prior to the start of grant; rolled-out in “Location” facility on October 22, 2016*.
* If you are requesting a wavier
  + Example: *XX Org is requesting a wavier for EMRAM 4.19. Reason: We are not currently required to submit data to the CDC.*

Once you have sufficiently documented your organization progress notes and believe that you have met the requirements for eQIP Milestone 3, notify your Grant Manager via email with the completed Milestone 3 Functionality Checklist attached. Your Grant Manager will contact you upon review.

*As a reminder, you are required to submit an updated Health IT description at the time of attestation. The template will be provided to you by the eQIP Program Manager, along with the attestation forms, once your milestone achievement is approved.*

**Milestone 3 Checklist: EMRAM Stages 4 –5**

In order for your Organization to successfully meet this Milestone, your Organization must meet each required functionality in all of the facilities for which it received an EMRAM score. As a reminder, if all of your Organization’s clinical sites were at the same Stage at the time of your EMRAM survey submission, you may have only received one EMRAM score for all of your facilities. However, you must note if facilities met functionalities at different times.

In Table 1, for all required functionalities that your Organization has achieved, check the box in the “Requirement met in all clinical sites” column. For requirements that are denoted as “OR” stages, which are highlighted in blue, appropriately mark which of the requirements your Organization has met. The “MeHI Notes” column describes any clarifications / modifications from the original chart. The “FAQ #” maps the functionality to an FAQ that corresponds to that item.

The “Grantee Notes” column MUST be completed to include justification detailed explanation of how your Organization met the specified functionality.

**Table 1: Functionality checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STAGE 4: CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data**  ● CPOE and physician documentation with the use of structured templates required; appropriate CDS for health maintenance alerts, pharmaceuticals, Dx to order logic, etc.  ● Inbound lab results stored as discrete data  ● Clinical charting of vitals can lead to electronic growth charts  ● Textual/data results returned electronically in formats such as PDF, CCR, and CCD, and then attached to patient record  o Links to in-office results such as EKG waveform, images  ● HIE & external reporting to state/regional immunization registries and for syndromic surveillance data in the format required by the agency  ● Ability to manage drug recalls | | | | | | |
| **STAGE** | **CATEGORY** | **REQUIREMENT** | **MeHI Notes** | **FAQ #** | **Grantee Notes** | **REQUIREMENT MET IN ALL CLINICAL SITES** |
| 4.1 | Clinical Data Repository | For physician documentation | The term “physician” should be broadly applied to include other members of the care team at your organization.  A c**linical data repository is a** database that collects patient information, from multiple sources or systems, and presents the information in a single document.  This allows centralization of pertinent patient data so providers can access a file at the point of care. | 3.9  3.20 | *EXAMPLE ONLY: Met in all of our clinical facilities prior to the start of the grant.* |  |
| 4.2 | Physician Documentation | Structured document templates (e.g. diabetic workup, annual physical, etc.) creating discrete data | The term “physician” should be broadly applied to include other members of the care team at your organization. | 3.9 | *EXAMPLE ONLY: We rolled our EHR system “XYZ System”, in January 2016. All Providers were trained by April 2016. With this rollout, our providers are now able to enter consult notes and electronic communications directly into the EHR* |  |
| 4.3 | Current Encounters | Ability to create growth charts from the capture of structured data (vital signs, immunizations, BMI, etc.) | This requirement is specific to the ability to create trend charts from structured data that is captured. Structured data is anything that is captured to create any type of trend to analyze overtime – such as alcohol consumption, emotional level, etc. For this requirement, the focus is specifically on your organization’s ability to capture and track such data in your EHR. It is not necessary that you organization be able to create a visual representation – such as a graph – of this data. | 3.21 |  |  |
| 4.4 | Electronic Messaging | Consult communications | Consult communications in requirement 4.4 are focused on internal communications within an organization (or facility). For example, they can be between a clinician and a psychologist or psychiatrist.  The electronic messaging requirements (4.4 and 4.5) are internally focused. | 3.22  3.23 |  |  |
| 4.5 | Electronic Messaging | Referral communications | The electronic messaging requirements (for 4.4 and 4.5) are internally focused. | 3.23 |  |  |
|  | CPOE - % of Medical Orders Entered by Physicians: | |  |  |  |  |
| 4.6 **OR** |  | 1-25% of orders | “% of medical orders” includes lab, radiology, and pharmacy orders, as well as medication orders. | 3.24 |  |  |
| 4.7 **OR** |  | 26-50% of orders | “% of medical orders” includes lab, radiology, and pharmacy orders, as well as medication orders. | 3.24 |  |  |
| 4.8 **OR** |  | 51-75% of orders | “% of medical orders” includes lab, radiology, and pharmacy orders, as well as medication orders. | 3.24 |  |  |
| 4.9 **OR** |  | 76-94% of orders | “% of medical orders” includes lab, radiology, and pharmacy orders, as well as medication orders. | 3.24 |  |  |
| 4.10 |  | >94% of orders | “% of medical orders” includes lab, radiology, and pharmacy orders, as well as medication orders. | 3.24 |  |  |
| 4.11 | Medication Management | Medication lists on-line for all patients | We are expecting that medication data for each patient who is currently prescribed medication and who is currently receiving any type of clinical services by your organization be entered into your EHR. The medication list would be part of the patient’s record and would be updated, as necessary. | 3.18 |  |  |
| 4.12 **OR** | Exam Results | All lab reports are electronically imported and stored in discrete structured form. | Exam/ lab results that are applicable to Behavioral Health might include blood or urine lab results that accompany a Mental Health Assessment, screening for alcohol and drugs, or neurological exam results. These may or may not be applicable to clinical practice in your facilities. | 3.25 |  |  |
| 4.13 **OR** | Exam Results | Textual/data results may be returned via HL 7 transactions and stored directly into patient records |  |  |  |  |
| 4.14 | Exam Results | Textual/data results returned electronically in formats such as PDF, CCR, and CCD, and then attached to patient record |  |  |  |  |
| 4.15 | Information Exchange | With hospitals for clinical information | The terms “Information Exchange” refers to any type of secure electronic exchange with another system or organization (e.g., via DIRECT).  If you are able to electronically exchange clinical information with some of the hospitals or agencies that you currently interact with, then your organization will meet this requirement. | 3.26  3.27 |  |  |
| 4.16 | Information Exchange | With governmental agencies (e.g. local, county, state) | The terms “Information Exchange” refers to any type of secure electronic exchange with another system or organization (e.g., via DIRECT).  If you are able to electronically exchange clinical information with some of the hospitals or agencies that you currently interact with, then your organization will meet this requirement.  We expected that you be able to electronically submit all information that you currently do on paper to the appropriate government agencies, providing they can accept electronic submissions from your EHR. For examples, this could be immunization data to the Massachusetts Department of Public Health.  If a government agency that you are required to report to is unable to accept electronic submission of clinical data from your EHR, only then should you request a waiver. | 3.26  3.27  3.28 |  |  |
| 4.17 | Information Exchange | With reference laboratories | The terms “Information Exchange” refers to any type of secure electronic exchange with another system or organization (e.g., via DIRECT).  We do not expected you to connect to all labs in your area. To meet this requirement, you will need to connect with the lab(s) that complete the work for a high percentage of your clients. | 3.26  3.29 |  |  |
| 4.18 | Information Exchange | With hospitals for demographic and insurance information. | The terms “Information Exchange” refers to any type of secure electronic exchange with another system or organization (e.g., via DIRECT).  If you are able to electronically exchange clinical information with some of the hospitals or agencies that you currently interact with, then your organization will meet this requirement. | 3.26  3.27 |  |  |
| 4.19 | Information Exchange | With the CDC | The terms “Information Exchange” refers to any type of secure electronic exchange with another system or organization (e.g., via DIRECT).  It is unlikely that BH organizations are required to submit information to the CDC. It depends on whether you are required to submit any PHI to CDC or the State. If no to either, you should then request a waiver. If no to CDC, but yes to state, then you should request a waiver for CDC and demonstrate your ability to send via your EHR to meet 4.20.  If the state registry that you currently report to on paper is unable to accept electronic submission from your EHR, you may also request a waiver.  \*\* *Internal note: To our knowledge, only licensed mental health clinics are required to submit information to the CDC. \*\** | 3.26  3.30 | *EXAMPLE ONLY: XX Org is requesting a wavier for EMRAM 4.19. Reason: We are not currently required to submit data to the CDC* |  |
| 4.20 | Information Exchange | With external registries for reporting of patient data (e.g. immunization, disease or device) | Organizations can meet this requirement if they submit any PHI to the State. | 3.30 |  |  |
| 4.21 | Summary Reporting for Transitions in Care | Ability to transmit standardized format (e.g. CCD, CCR) or other standardized individual components of patient's electronic record |  |  |  |  |
| **STAGE 5: Personal health record, online tethered patient portal** *(please refer to FAQ 3.31 for definition of tethered patient portal).*  **Note that EMRAM Stage 5 requirements have been modified by MeHI for this Grant**. Please refer to the “MeHI notes” for stages 5.2 and 5.3 in the table below, which outlines the modification made by MeHI to meet the Patient Portal functionality.  ● Offering a Patient Portal; secure communication with provider available  ● Portals may offer some of the following:  o PHR  o Bill pay  o Schedule request  o Patient specific educational content  o Ability to take personal action on health based on provider initiatives  o Summary record electronically upon request  *MeHI Notes (FAQ 3.31):*  *The patient portal is a key component of Stage 5.*  *A “tethered portal” is one sponsored by the health care organization that makes available a patient’s own health information from the organization’s EHR. It may have other functions, including secure messaging, appointment scheduling, and receiving educational information.*  *An untethered personal health record (PHR), such as Microsoft HealthVault, is under control of the individual patient who enters all the information and may grant access.* | | | | | | |
| **STAGE** | **CATEGORY** | **REQUIREMENT** | **MeHI Notes** | **FAQ #** | **Grantee Notes** | **REQUIREMENT MET IN ALL CLINICAL SITES** |
| 5.1 | Patient/Consumer Functions | Patient Health Record (PHR) |  |  |  |  |
| 5.2 | Patient/Consumer Functions | A patient portal allowing the patient to see personal health information, pay bills, request a schedule, request an appointment, etc. | In terms of piloting a portal at one site before rolling it out to all sites, it is advisable to pilot any new functionality first, and it is acceptable at Stage 5.2 for the portal to be in a pilot stage. For purposes of the Grant, however, each clinical facility must achieve Stage 5 before you may achieve Milestone 3.  In other words, each facility needs to have access to portal functionality – in a pilot or full production stage – to meet the requirement.  Grantees can meet this eQIP requirement by providing patients access to their own health information in one of 3 ways:   1. Through a Patient Portal (a secure website tethered to the organization’s EHR); or 2. By exporting the data to a patient-controlled personal health record (PHR). A PHR is owned by the patient (or proxy for the patient) and may have information that is not contained in a medical record. Examples of PHRs would be *Open Notes* and *Microsoft HealthVault*; or 3. By allowing download to a standard electronic format such as *Blue Button* or CCD   Secure email is not okay to satisfy Stage 5. An important part of this requirement is making a patient’s clinical health data available to them in an electronic format, and secure email by itself is not sufficient for this purpose.  For the purposes of eQIP, it is optional whether Grantees use the Portal for other processes beyond making the patient’s clinical health data available (e.g., registration, prescription refill requests, appointment scheduling and other functions would all be optional). | 3.32  3.33  3.34  3.35 |  |  |
| 5.3 | Patient/Consumer Functions | Patient specific medical education content | For the purposes of eQIP, it is optional whether Grantees use the Portal for other processes beyond making the patient’s clinical health data available (e.g., registration, prescription refill requests, appointment scheduling and other functions would all be optional). | 3.35 |  |  |
| 5.4 **OR** | Electronic Messaging | Patient communications |  |  |  |  |
| 5.5 | Patient/Consumer Functions | Email communications with physicians or nurses |  |  |  |  |