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Patient Centered Medical Home: Health Information Technology (HIT) Electronic Toolkit

The *Patient Centered Medical Home (PCMH) model* is getting increasing visibility as a means to improve the quality of care delivery, while concurrently making better use of clinical and financial resources.

Pressures on physician practices, in both primary care and specialty care, are likely to escalate as external funding sources of purchasers, health plans and entitlement programs seek to accomplish “more with less” in health care delivery.

The reliance upon electronic health records (EHRs) to manage, assess and share data on care delivery, and the downstream expectations for improvements and efficiencies, will increase. Practices will need to rely on EHRs to accomplish those essential functions. To ensure that

EHRs can meet those expectations, the capabilities of those systems should be assessed *prior to* and *after* acquisition to ensure those functions can be achieved.

Associated Factors

Monitoring the numerous PCMH Standards imposes considerable administrative burden on practices. EHRs can help manage those data.

Further complicating this undertaking is the variation across the standards sets used by the four main external entities that offer *Accreditation, Certification, Achievement and Recognition programs*. Those entities are:

- Accreditation Association for Ambulatory Health Care
- Joint Commission
- National Committee for Quality Assurance
- URAC

To successfully perform that monitoring and reporting, it is important to determine if an Electronic Health Record under consideration to be acquired by the practice, or already acquired, has the inherent capability to perform those functions.

The *Health Information Technology (HIT) Electronic Toolkit*, made available by the *Washington State Medical Foundation for Health Care Improvement*, allows a practice to input different standards, using the toolkit as a repository for managing the evaluation of the specific EHR product(s). In this way, that information and the resultant assessment of the EHRs’ capabilities can be managed in an effective and objective manner.

Using the HIT Electronic Toolkit: Overview

1. The *Toolkit* and its *Instructions* are available as a downloadable file from the **WSMA Practice Resource Center** webpage:
www.wsma.org/practice_resource_center/practice-management-operations.cfm
2. Determine which *Accreditation organization(s)* your practice already works with, or is considering (e.g.: NCQA). Download the specific *PCMH Standards* of that *Accrediting organization* (or organizations).
3. Use the *HIT Electronic Toolkit* by entering each of those Standards onto the Toolkit in the *Item* and *Evaluation Criteria* sections. Note that the Template is flexible and will accommodate your entry of that information (see *Template* sample below).
4. Then begin to assess on a “by standard” basis whether the Electronic Health Record system(s) under consideration by your practice can perform the functions required by each Standard (see *Standard* example below). When in doubt, the EHR system vendor’s representative should be able to provide answers. Record specific information onto the Toolkit (include any assertions of functionality offered by the vendor’s representative). Consider using closed end (“yes/no”) criteria and/or variable rating (e.g.: “Low / Medium / High”, “1 – 5, with 5 being the highest”, etc) to best capture that information. When comparing two or more EHRs, use the same across measurement criteria consistently, so that meaningful comparisons can be performed.
5. Compile and save electronically all information entered into the *Toolkit*. Then use those findings to help inform and guide your assessment of the capabilities of the EHRs under consideration.

Note: This Toolkit, prepared for the Washington State Medical Association - Foundation for Health Care Improvement, is available without restriction for use and modification by any individuals and organizations.

For questions, contact the Washington State Medical Association - Foundation for Health Care Improvement.

“Standard” example

NCQA - ELEMENT 1A: Access and communication processes

“The practice has written processes for scheduling appointments and communicating with patients.”

“The practice should have a written process that clearly communicates its scheduling policies. Policies should reflect how the practice accommodates patient needs and medical conditions, patient access to after-hours care and type of communication patients can expect with the practice’s physician and staff. The element’s intent is that written policies offer patients timely access to care, same-day response to phone inquiries, expanded visit hours and coordination of care between the physician’s practice and other clinicians.”

Operations Steering Committee Goals for Advanced Access

1. Maintain percentage (%) of patients seen with 0-3 days at greater than (>) or equal to (=) 60%.
2. Maintain See Your Own (SYO) Ratio at 60% -80% to ensure patients have access to their Primary Care Provider (PCP). If SYO Ratio drops below 60%, consider closing PCP’s practice to new patients.
3. Maintain same day capacity sufficient to avoid triage of patient requests, with goal that patients phoning in a given day will be offered an appointment for that same day, regardless of acuity of patient problem

EHR Rating in Support of Medical Home Functionality

Vendor: Name of Vendor and Specific EHR Product

<u>Item</u>	<u>Evaluation Criteria</u>	<u>Y/N</u>	<u>Weight</u>	<u>Pts</u>
1	Disease Registry Functionality (select one only = Y) Fully Integrated, no duplicate data entry needed	Y	20	20
1a	Integrated, but requires duplicate data entry		12	
1c	Separate, but EHR data is loaded automatically		10	
1d	Separate, and EHR data requires re-keying		5	
1e	No current disease registry function in the EHR		0	
2	Disease Registry supports multiple conditions	Y	10	10
3	If 2=Y, Disease Registry reports are easy to understand	Y	10	10
4	Other Important Functionality Supporting Medical Home	Y	20	20
5	Other Important Functionality Supporting Medical Home	Y	20	20
6	Other Important Functionality Supporting Medical Home	Y	10	10
7	Other Important Functionality Supporting Medical Home	Y	10	10
			Total Score for This Vendor/Product	10
				0
				10
			Percent of Total Possible Points	0%

“Toolkit Template” sample