

UW Family Medicine Clerkship Electronic Health Record (EHR) Checklist.

Updated July 2012

EHR's in general have certain common design and functional elements. The following is a checklist that can be used to orient to any EHR system. Some EHR's will not have all the elements listed below, however they might have something similar. You can use this check list as a self orientation tool or to make sure that all important elements are covered. Your goal is to find out how each of the following tasks are accomplished in the EHR that you will be using.

1. Basic Navigation

- Login
- Finding a patient

2. Data Review

- Previous Notes
- Problem List
- Medications / Allergies
- Past Medical / Surgical History
- Family / Social History
- Health Maintenance
- Lab / Radiology
- Consultations
- Other documents

3. Data Entry

- Writing a new Note (Templates, Free text, Voice Recognition)

- Computerized Provider Order Entry CPOE

 - Ordering Medications / Refills
 - Ordering Labs and Radiology
 - Referrals

- Updating Medical database

 - Problem List
 - Medications / Allergies
 - Past Medical / Surgical History
 - Family/ Social History
 - Health Maintenance
 - Lab/ Radiology
 - Consultations
 - Other documents

- Clinical Communications

 - Sending note to faculty
 - Responding to patient communications

3. Aggregator Functions

Patient Lists

Disease specific patient lists (e.g. Diabetes)

Health Maintenance

List that shows which patient is due to what HM (e.g. Colon Cancer screening)

4. Patient Education

Patient education resources

After Visit Summary

5. Clinical Decision Support

Allergy checking

Drug interaction checking

Lab and Health Maintenance reminders

Drug dosing suggestions

Disease / Condition specific smart sets

Links to clinical resources

6. Meaningful use Criteria (FYI)

Starting in 2011 the Center for Medicare and Medicaid Services (CMS) started an incentive program that pays eligible professionals up to \$64K (approx.) over a 5 year period if they meet certain criteria. The professionals must be using a certified EHR system and must meet 20 of the 25 objectives (15 core and any 5 of the other 10) in order to qualify for the payment.

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

The objectives include tasks like maintaining an up to date problem list, transmitting prescriptions electronically and maintaining an active medication list etc. You may find that your preceptors would appreciate help in being able to accomplish this task. The next two pages list the current objectives.



Eligible Professional Meaningful Use Table of Contents Core and Menu Set Objectives

| Eligible Professional Core Objectives | | |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| (1) | Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. | AVAILABLE |
| (2) | Implement drug-drug and drug-allergy interaction checks. | AVAILABLE |
| (3) | Maintain an up-to-date problem list of current and active diagnoses. | AVAILABLE |
| (4) | Generate and transmit permissible prescriptions electronically (eRx). | AVAILABLE |
| (5) | Maintain active medication list. | AVAILABLE |
| (6) | Maintain active medication allergy list. | AVAILABLE |
| (7) | Record all of the following demographics: (A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth. | AVAILABLE |
| (8) | Record and chart changes in the following vital signs: (A) Height. (B) Weight. (C) Blood pressure. (D) Calculate and display body mass index (BMI). (E) Plot and display growth charts for children 2–20 years, including BMI. | AVAILABLE |
| (9) | Record smoking status for patients 13 years old or older. | AVAILABLE |
| (10) | Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States. | AVAILABLE |
| (11) | Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule. | AVAILABLE |
| (12) | Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request. | AVAILABLE |
| (13) | Provide clinical summaries for patients for each office visit. | AVAILABLE |

| Eligible Professional Core Objectives | | |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| (14) | Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically. | AVAILABLE |
| (15) | Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. | AVAILABLE |

| Eligible Professional Menu Objectives | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| (1) | Implement drug formulary checks. | AVAILABLE |
| (2) | Incorporate clinical lab-test results into EHR as structured data. | AVAILABLE |
| (3) | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach. | AVAILABLE |
| (4) | Send patient reminders per patient preference for preventive/follow-up care. | AVAILABLE |
| (5) | Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP. | AVAILABLE |
| (6) | Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate. | AVAILABLE |
| (7) | The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation . | AVAILABLE |
| (8) | The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral. | AVAILABLE |
| (9) | Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice. | AVAILABLE |
| (10) | Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice. | AVAILABLE |
| View or Download ALL EHR Meaningful Use Core and Menu Set Measures. | | AVAILABLE |