

## Masspro Physician Recognition Programs

### Agreement for Physician Office Link (POL) Recognition Program

The Massachusetts Peer Review Organization (Masspro) located at 245 Winter Street, Waltham MA, 02451 on behalf of the Physician Office Link Program (POL), a Bridges to Excellence recognition program, and \_\_\_\_\_, (the “Physician” or “Physician Group”); located at \_\_\_\_\_, for good and valuable consideration, hereby agree as follows:

1. Physician/Physician Group hereby enrolls in the POL, subject to the terms and conditions of this Agreement.
2. Participation in the POL requires Physician/Physician Group to submit certain information to Masspro. Physician/Physician Group certifies that, to the best of its knowledge and belief, the information submitted for survey under the Physician Office Link Program (POL) is correct. Physician/Physician Group agrees to make available to Masspro information that verifies responses to the Office System Survey-BTE Version and any and all information obtained during the assessment process.
3. The assessment under the POL Recognition Program is subject to the fees in effect when Physician/Physician Group applies for recognition under the POL, as identified in Appendix A, which is attached to and incorporated by reference into this Agreement. Physician/Physician Group shall pay all such fees in advance.
3. If Physician/Physician Group successfully achieves recognition, Physician/Physician Group agrees that BTE and the portal vendor, currently HealthGrades, may publish on their Web sites or in other formats, and authorize others to publish, that the Physician/Physician Group has achieved recognition for the BTE POL program. Masspro will only share information with BTE about Physician/Physician Groups that achieve recognition.
4. Physician/Physician Group understands and agrees that any information, notes, internal memoranda, drafts or documents obtained or generated as part of the POL Assessment are deemed as confidential, provided however, that should the Masspro POL assessment process be audited by BTE, this information may be subject to review by representatives of BTE or their designees for the purpose of the audit.
5. As part of the assessment process, Masspro will view protected health information within the Physician’s office. Masspro will review such information only in connection with the assessment of Physician’s attainment of recognition standards and for no other purpose. Masspro will not disclose such protected health information to any person for any reason whatsoever and will not retain or remove copies of any protected health information. The assessment process will require Masspro to collect copies of certain documents, such as sample reports, registries and patient flow sheets. Any and all documents collected from the Physician/ Physician Group as part of the assessment process that include protected health information, shall be fully de-identified by the practice before being turned over to Masspro.

6. The Physician/Physician group agrees to abide by Masspro's assessment. The Physician/Physician group will be provided a determination and agrees that if the Physician/Physician group achieves any level of recognition, that the designation can and will be shared with BTE and other public resources identified. The Physician/Physician group understands that if they have achieved Level 1 or Level 2 Recognition, they can reapply for consideration for a higher level of recognition after 6 months from the original assessment date and that Masspro will provide concrete examples of where improvements might be achieved. If a Physician/Physician group receives a determination that they have not received recognition, Physician/Physician group agrees to abide by the determination and will be provided a report identifying areas not achieved. The Physician/Physician group understands that if they do not pass, they can reapply for recognition after 6 months from the original assessment date.

7. The assessment process is designed to measure the attainment of certain process goals developed by Bridges to Excellence. If Physician/Physician Group achieves recognition, Masspro will provide the Physician/Practice Group with a certificate of recognition which Physician/Physician Group can use to publicize the achievement of recognition. Physician/Physician Group shall not otherwise represent that the results of an assessment are an endorsement of the Physician/Physician Group by Masspro or by Bridges to Excellence.

8. Physician/Physician group agrees to defend, indemnify and hold Masspro harmless against any and all claims, liability, loss, damages, judgments, or injury, and all costs and expenses (including reasonable attorney fees and costs associated with any suits, actions, proceedings, claims, or official investigations or inquiries) of any kind related to (1) third party claims for malpractice or injury by Physician/Physician group; (2) the Physician/Practice Site's failure to achieve desired results under the POL or (3) payment and network decisions made by third parties based on Physician/Physician group's recognition under the POL, unless and until any such claims, liability, loss, damages, judgments, injury, costs, expenses and attorney fees are found by a court of competent jurisdiction to have resulted from intentional wrongful acts or gross recklessness on the part of Masspro. Masspro's liability under this Section 8 is limited to actual damages. Masspro is not liable for consequential, special, incidental, indirect, exemplary, or punitive damages under this Agreement.

**In Witness Whereof, the parties have executed this Agreement effective as of the later date noted below**

\_\_\_\_\_  
Name of Physician/Physician Group (print)

MASSPRO

\_\_\_\_\_  
Signature of Authorized Physician/  
Physician Group Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Masspro Physician Recognition Programs  
Bridges to Excellence Physician Office Link (POL)

Appendix A: Application Fee Structure

Application fees are based on the number of physicians applying for recognition within a physician group. Payment must be received prior to the assessment date.

# Of physicians at each practice location	Application Fee Schedule
1	\$255.00
2	\$350.00
3	\$445.00
4	\$540.00
5	\$635.00
6	\$730.00
7	\$825.00
8	\$920.00
9	\$1,050.00
10	\$1,110.00
11	\$1,205.00
12	\$1,300.00
13-15	\$1,395.00
16-20	\$1,490.00
20-25	\$1,700.00
25+	Please contact Masspro for pricing information

Note: For IPA's, PHO's and multi-site practices, discounted pricing may be available.

## Process for Recognition in the Bridges to Excellence Physician Office Link (POL) Program

Physician or physician practices wishing to become recognized in the POL program should follow the steps outlined below:

### ***Application Process***

Step One: Contact Jennifer Hermann at Masspro (781-419-2886 or [jhermann@masspro.org](mailto:jhermann@masspro.org)) and request an application packet. Upon request, the application packet will be mailed to the address supplied.

Step Two: Review the application materials. Complete the agreement with the appropriate signatures. Make payment and return the agreement to Masspro at the following address:

Masspro  
Attention: Jennifer Hermann  
245 Winter Street  
Waltham, MA 02451

Step Three: Upon receipt of agreement and payment, Masspro will contact the practice to schedule a mutually agreed upon date and time for the onsite assessment. Masspro will send out the Office System Survey- BTE version and the BTE Physician Office Link Practice Worksheet prior to the onsite assessment. The Office System Survey is used nationally to measure practices' adoption of health information technology, implementation of care management improvements, patient self-management, access and communication and interoperability. See Appendix B for more information regarding the content and scoring of the Office System Survey-BTE version.

### ***Survey Process***

Step Four: Practice should complete the Office System Survey- BTE version prior to the onsite assessment. Practice will provide the assessor with the survey during the onsite assessment.

### ***Onsite Assessment Process***

Step Five: During the onsite assessment, the practice will be asked to demonstrate evidence of improved processes in care management, patient education and support and clinical information systems. See Appendix C for assessment tools. In order to prepare for the onsite assessment, the practice should use the Onsite Assessment Practice Worksheet that is attached as part of Appendix C.

### ***Results Processing***

Step Six: The assessor will take the information from the onsite assessment and the information obtained from the Office System Survey- BTE version and Masspro will score the responses according to the BTE pre-defined scoring criteria. See Appendix D for scoring methodology. Once scored, Masspro will determine the level of recognition achieved and will mail each physician in the practice a letter

communicating the results. The results will be processed within 2-3 weeks from the date of the onsite assessment. Recognition is valid for two years from the date of scoring.

If a practice fails to meet the recognition requirements, Masspro will indicate areas for improvement needed in order to achieve recognition. A practice can re-apply for recognition 6 months after the original assessment date.

Step Seven: Masspro will share the identity of physicians and practices that achieve recognition status with BTE and their portal vendor, currently HealthGrades. Masspro will not share information with BTE or any of their partners regarding practices who have not met a recognition level.

Bridges to Excellence Physician Office Link (POL)

Appendix B: Office System Survey- BTE Version

**SECTION 1 - General Information - Practice**

1. Please review your practice information below for accuracy. Please make corrections where necessary:

1.1. Legal Name of Practice \_\_\_\_\_

1.2. Address: \_\_\_\_\_

1.3. City: \_\_\_\_\_ 1.4 State \_\_\_\_\_ 1.5. Zip Code: \_\_\_\_\_

1.6. Telephone No.: \_\_\_\_\_

1.7. Fax No.: \_\_\_\_\_

1.8. E-mail Address: \_\_\_\_\_

1.9. Practice (Group) Medicare Billing Number (PIN): \_\_\_\_\_

(If unknown, please check with your billing manager or HCFA 1500 Form - field 33)

1.10. Federal Tax ID for this practice: \_\_\_\_\_

**Please check here if all of the above information is correct.**

1.11. Is your practice affiliated with an Independent Practice Association (IPA), Physician Hospital Organization (PHO) or medical group?

No  Yes - please indicate which IPA, PHO or medical group: \_\_\_\_\_

1.12. Preferred Method of Contact:  Telephone  Fax  E-mail (check all that apply)

**SECTION 2 – Provider Profile**

Please note that physician identifiers are being requested in this survey to ensure that the correct information corresponds with the correct physician practice.

First Name	MI	Last Name	DOB	GENDER
UPIN <sup>1</sup>		(NPI) National Provider Identification Number (If known)		
Credentials (MD, DO)		Specialty <sup>2</sup>	Language(s) spoken (Other than English)	
Primary Practice Location (Y/N) <sup>3</sup> Yes      No		Medical License #	DEA #	

First Name	MI	Last Name	DOB	GENDER
UPIN <sup>1</sup>		(NPI) National Provider Identification Number (If known)		
Credentials (MD, DO)		Specialty <sup>2</sup>	Language(s) spoken (Other than English)	
Primary Practice Location (Y/N) <sup>3</sup> Yes      No		Medical License #	DEA #	

First Name	MI	Last Name	DOB	GENDER
UPIN <sup>1</sup>		(NPI) National Provider Identification Number (If known)		
Credentials (MD, DO)		Specialty <sup>2</sup>	Language(s) spoken (Other than English)	
Primary Practice Location (Y/N) <sup>3</sup> Yes      No		Medical License #	DEA #	

**Footnotes:**

- 1 Unique Physician Identification number, a six place alphanumeric identifier assigned to each physician/practitioner
- 2 Please use the following codes to indicate specialty: Cardiology (C); Endocrinology (E); Family Practice (F); Geriatrics (G); Internal Medicine (I); Other (please specify)
- 3 Please indicate whether the provider listed primarily practices at this office location (50% or greater = practices primarily at this site).

### SECTION 3 – Office Practice

The implementation of information technology (IT) presents many operational challenges. As the transition from paper to computer takes place, there are opportunities to redesign existing workflows to gain maximum efficiencies. These questions focus on current workflow processes.

\* This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

Please estimate the proportion of patient encounters/visits for which clinicians **or others** in your practice engage in each of the following activities.

Clinicians or others in your practice:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
3.1 - Pull <b>paper</b> charts for scheduled patient visits					
3.2 - Dictate visit notes into a tape recorder or phone.					
3.3 - Dictate visit notes directly into the EHR					
3.4 - Use a computerized (as opposed to paper) system to manage the following office workflows:					
a. Telephone calls					
b. Prescription refills					
c. Referrals					
d. Results follow-up (lab, diagnostic test, x-ray)					

### SECTION 4 – Patient Access

The practices demonstrates the following processes to support patient access	Yes	No
4.1 - Coordinates visits with multiple clinicians and/or diagnostic tests		
4.2 - Triage upon phone call/visit		
4.3 - Maintains capacity to schedule same day visits		
4.4 - Provides telephone advice during office hours by appropriate clinician		
4.5 - Provides urgent phone answering within specified times		
4.6 - Provides secure email communications and answers within specified times		
4.7 - Provides an interactive Web site		

4.9 - Provides patient education brochures in other languages		

## SECTION 5 –Patient Access

The practices works to improve the patient’s ability to self-manage health by providing educational resources and on-going assistance and encouragement.	Yes	No
5.1 - Your practice assesses language preference		
5.2 - Your practice assesses other communication barriers		
5.3 - Your practice assess patient preferences, readiness to change and self-management abilities		
5.4 - Your practice provides educational resources in the language or medium the patient understands.		
5.5 - Your practice provides self-monitoring tools or personal health record		

## SECTION 6 – Office Electronic Data/System

The practices seek to improve timeliness, effectiveness, efficiency and coordination of care by using complete and accurate electronic data from all provider sources.	Yes	No
6.1 - Your practice uses accurate procedures for integrating into a repository all patient level data showing rendering provider and clinical histories		
6.2 - Your practice has procedures to consolidate information from multiple data sources		
6.3 - Do you have a CCHIT certified vendor		
6.4 – Your practice utilizes unique physician and patient identifiers		

## SECTION 7 – Office Electronic Health Record

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. This record may include patient demographics, diagnoses, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR has the capability of generating a complete record of a clinical patient encounter, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. *(The EHR covers all conditions that the patient might have and is distinct from a registry that covers a specific disease or a limited set of diseases).* Implementation of the EHR may vary based on the goals set by a practice and the intended functions such as: enter progress notes; provide decision support within the patient encounter; and utilize computerized physician order entry for laboratory and prescriptions.

This section asks about the use/planned use of an EHR in your practice.

★ This series of questions refers to patient visits to ANY and ALL clinicians in your practice over the past month.

7.1 - Does your practice have an Electronic Health Record (EHR)?

**Yes** When was the vendor contract signed? \_\_\_\_\_ (mm/dd/yy)  
 When was the system installed? \_\_\_\_\_ (mm/dd/yy)  
 What is the name and version of the EHR system you use? \_\_\_\_\_

Is your EHR CCHIT Certified?  **Yes**  **No**  
 Are you currently using the system?  
 **Yes** **Please proceed to question 7.2.**  
 **No** **Please proceed to Section 8 – Patient Registry/Care Management Processes**

**No** If no, when do you plan to implement an EHR?  Within 1 year  1-2 years  
 Not known at this time

**Please proceed to Section 8 – Patient Registry/Care Management Processes**

Clinicians in your practice use the EHR to:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
7.2 - Generate laboratory requisitions/orders electronically					
7.3 - Enter/retrieve laboratory test results electronically					
7.4 - Generate radiology requisitions/orders electronically					
7.5 - Enter/retrieve radiology results electronically					
7.6 - Enter data into documentation templates					
7.7 - Review and act on reminders for care activities (e.g. overdue health maintenance)					

Clinicians in your practice use the EHR to:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
7.8 - Maintain medication lists for individual patients					
7.9 - Maintain allergy list					
7.10 -Maintain problem and/or diagnosis list					
7.11 - Trend lab and/or other test results over time					
7.12 - System employs either paper based or electronic or electronic tools to flag abnormal test results.					
7.13 - What percentage of patients does your EHR include					

**SECTION 8 – Office Patient Registry/Care Management Processes**

*For purposes of this survey, a registry is defined as an electronic system that is designed to identify patients with specific diagnoses or medications; identify patients overdue for specific therapies; prompt ordering of specific laboratory tests or recommended drugs, and prompt communication with patients requiring follow-up. For example, a practice may use a diabetes registry to document care at visits, and to create reports that indicate which patients are due for certain blood tests, or are not meeting specific treatment goals for diabetes. A registry may also be used to ensure all suggested preventive screenings take place. A Registry is usually a stand-alone system that tracks specific information regarding a limited number of disease states, but otherwise lacks additional functionality. An EHR can also be used for Patient Registry/Tracking purposes. If your practice uses either an EHR, or a Registry, answer as appropriate the questions in this section.*

These next questions ask about the existence and use of electronic registries in your practice.

\* This series of questions refers to patient visits to ANY and ALL clinicians in your practice over the past month.

8.1 - Does your practice have or use a freestanding e-registry to track patients who have a specific chronic illness, or receive preventive care for at least one condition? **Note - if your practice uses an EHR for this purpose, please be certain that question 7.1 was completed and begin with question 8.2.**

<input type="checkbox"/> Yes <table style="width: 100%;"> <tr> <td>When was the e-registry contract signed?</td> <td>_____ (mm/dd/yy)</td> </tr> <tr> <td>When was the e-registry system installed?</td> <td>_____ (mm/dd/yy)</td> </tr> <tr> <td>What is the name of the e-registry system?</td> <td>_____</td> </tr> <tr> <td>Are you currently using the e-registry system?</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><b>Please proceed to question 8.2</b></td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><b>Please proceed to Section 9</b></td> </tr> </table>	When was the e-registry contract signed?	_____ (mm/dd/yy)	When was the e-registry system installed?	_____ (mm/dd/yy)	What is the name of the e-registry system?	_____	Are you currently using the e-registry system?		<input type="checkbox"/> Yes	<b>Please proceed to question 8.2</b>	<input type="checkbox"/> No	<b>Please proceed to Section 9</b>	<input type="checkbox"/> No
When was the e-registry contract signed?	_____ (mm/dd/yy)												
When was the e-registry system installed?	_____ (mm/dd/yy)												
What is the name of the e-registry system?	_____												
Are you currently using the e-registry system?													
<input type="checkbox"/> Yes	<b>Please proceed to question 8.2</b>												
<input type="checkbox"/> No	<b>Please proceed to Section 9</b>												
<b>Please proceed to Section 9</b>													

\* Preventive care is defined as immunizations, mammography and other cancer screening.

8.2 - Which of the following conditions are included in your practice's registry/EHR:

Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adult Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coronary Artery Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Anticoagulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestive Heart Failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*Preventive Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Others, please list:</b> _____		

Following is a list of tasks that may be performed by registries. For each task, please estimate the proportion of patients or patient encounters for which clinicians **or others** in your practice use each type of registry.

<u>Types of Disease/Condition Registries</u>					
0= none    1= about ¼    2= about ½    3= about ¾    4= all or nearly all					
Registry Tasks	Preventive Care	Diabetes	Coronary Artery Disease	Congestive Heart Failure	Hypertension
8.3 - Prompt your practice to notify patients who are overdue for office visits	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.4 - Prompt clinicians to order tests, studies, and other services (e.g., immunizations)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.5 - Produce reminders for patients about needed tests, studies, and other services immunizations)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.6 - Generate a list of eligible patients for each disease/condition	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.7 - Generate a list of patients requiring intervention	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.9 - Generate written or electronic information to help patients understand their condition	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**Types of Disease/Condition Registries**

0= none    1= about ¼    2= about ½    3= about ¾    4= all or nearly all

<b>Registry Tasks</b>	<b>Preventive Care</b>	<b>Diabetes</b>	<b>Coronary Artery Disease</b>	<b>Congestive Heart Failure</b>	<b>Hypertension</b>
8.10 - Create written action plans (personalized to patient's condition) to help guide patients in self-management at	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.11 - Prompt clinician and/or patient to review self-management plan together during a visit.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.12 - Modify self management plan as needed following a patient visit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.13 - Generate laboratory requisitions/orders electronically	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.14 - Enter/retrieve laboratory test results electronically	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**SECTION 9 - Electronic Prescribing**

With electronic prescribing tools, clinicians can generate prescriptions electronically using either a freestanding product, or as a component of the EHR. The next series of questions ask to what extent your practice uses an electronic prescribing tool and whether that tool is stand-alone, or part of your EHR.

\* This series of questions refers to patient visits to ANY and ALL clinicians in your practice over the past month.

9.1 - Does your practice use electronic software to generate the following types of prescriptions (as part of an EHR or a freestanding e-prescribing):

Yes     New prescriptions only     Refills     Both

Is e prescribing accomplished within your EHR?

Yes    **Please skip to question 9.2**

No    What is the name and version of the e-prescribing system you use?

When was the contract signed? \_\_\_\_\_ (mm/dd/yy)

When was the system installed? \_\_\_\_\_ (mm/dd/yy)

**Please skip to Question 9.2**

No    When do you plan to implement e-prescribing?

Within 1 year at this time     1-2 years     3-4 years     Not known

**Please skip to Section 10**

Please estimate the proportion of patient visits/encounters for which clinicians or others in your practice use an electronic or hand-held device for each of the following e-prescribing activities.

0= none                      1= about ¼                      2= about ½                      3= about ¾  
4= all or nearly all

E-prescribing activities:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
9.2 - Identify generic or less expensive brand alternatives at the time of prescription entry					
9.3 - Reference the drug formularies of the patient's health plans/pharmacy benefit manager to recommend preferred drugs at time of prescribing					
9.4 - Offer guidelines and evidence-based recommendations when prescribing medication for a patient					

9.5 - Calculate appropriate dose and frequency based on patient parameters such as age and weight					
9.6 - Maintain a list of each patient's current medications					
9.7 - Screen prescriptions for drug allergies against the patient's allergy information					
9.8 - Screen new prescriptions for drug-drug interactions against the patient's list of current medications					
9.9 - Select individual medication for prescription					
9.10 - Print prescriptions on a computer printer					
9.11 - Transmit prescriptions directly to pharmacy via electronic fax (no paper printed)					
9.12 - Transmit prescriptions directly to pharmacy via electronic means (without relying on a fax machine at either clinician's office or in the pharmacy)					
9.13 - Provide patient appropriate information about the medication to the patient					
9.14 - Connects to a pharmacy benefit manager.					

**SECTION 10 - Data Attestation**

I have reviewed the data submitted in this survey and agree that it is a correct assessment of this practice.

Agree       Disagree

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**SECTION 11 - Attestation**

I understand that I may be chosen to participate in an on-site validation of this survey.

Agree       Disagree

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Masspro Physician Recognition Programs  
Bridges to Excellence Physician Office Link (POL)

Appendix C: Onsite Assessment Tool



Bridges To Excellence Office Assessment. Total Points = 30		Total	
Assessment Criteria		Pts	Module pts.
<b>are Management *Must Pass</b>			<b>15</b>
1	<p>Implement new care process and care management strategies</p> <p>Refer to the attached 'Operational Redesign Workbook' or the Dartmouth Green Book</p> <p>What new programs or procedures are being implemented (or considering) that will improve care management?</p> <p>Which of the following disease states is the practice focusing on as opportunities for care improvement?</p> <ul style="list-style-type: none"> <li>* Diabetes</li> <li>* CAD</li> <li>* Hypertension</li> <li>* CHF</li> <li>* Asthma</li> <li>* Lower Back Pain</li> <li>* Depression</li> <li>* Anticoagulation</li> </ul>		
2	<p>Utilize the EHR to practice evidence-based medicine</p> <p><i>The practice must provide documentation that the system incorporates standard national evidenced based medicine guidelines and can provide evidence of use of those tools and guidelines in the daily care and tracking of patients.</i></p> <p>How is the practice using the EHR to practice standards based medicine?</p> <p>Which of the following tools in the EHR (or third-party systems) is the practice using to augment patient encounters?</p> <ul style="list-style-type: none"> <li>* Clinical content supplements</li> <li>* Decision support for: <ul style="list-style-type: none"> <li>* Lab ordering</li> <li>* Prescribing</li> <li>* Referrals</li> <li>* Lab orders</li> <li>* Follow-up appointments</li> <li>* Preventative care</li> <li>* Treatment options</li> </ul> </li> <li>* Weight and age based dosing assistance</li> <li>* Patient dashboards *</li> </ul>	5	
3	<p>Identify and target additional care management improvement opportunities</p> <p><i>The practice must provide documentation that additional care management plans have been devised based on patient outcomes data generated from the system and that there is a plan for implementing.</i></p> <p>What new opportunities for operational process improvement are now available using the EHR?</p> <p>What challenges still exist in the practice?</p> <p>What is your timeline for evaluating the following advanced models of care:</p> <p>1: &lt; 6 months</p>	5	

Assessment Criteria		Total
Pts	Module pts.	
	2: 6-12 months 3: 1 to 2 years 4: no plans to implement 5: do not know enough to make a decision	
	Group visits	
4	Conduct post-implementation evaluation of healthcare quality changes <i>The practice must provide samples of reports generated from the systems and provide evidence of how they are being effectively shared and used throughout the practice.</i>  What changes to the practice are improving the effectiveness and quality of care administered? What changes to the practice are potentially decreasing the effectiveness or quality of care?  Use tools to measure outcomes How long after implementation did you begin running reports that captured robust data? The practice ran reports on the following measures: Checklist of DOQ-IT measures Was your practice able to submit DOQ-IT measures to the centralized repository? What other reports did your practice run? What problems did you encounter with data reporting?	5
5	Focus on quick wins for the staff/patient What priorities were elevated because they were easier? What priorities were put off for later in the project because of their difficulty to implement? What effect did this shift have in the success of the project? Did it change any of the goals your practice set out to achieve?  Celebrate a successful change How did you communicate/celebrate with the practice about the successes of the process and technology changes?	

<b>Patient Education and Support</b>	<b>11</b>
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1	Use patient education tools to increase the amount of information patients receive at the visit receiving from the EHR <i>The practice must provide documentation and samples of the education tools shared with patients with data and information generated from the system. A full 5 points is awarded for at least 3 of the below items.</i> Medication list Follow-up appointments Problem list Allergies Lab tests to be performed Copy of the visit note Education materials about diagnoses Education materials about treatment plan Education materials about new medication plans	5
2	Revise the patient survey to include questions about the EHR o Attach a copy of the patient survey * How did the EHR change the visit?	

Assessment Criteria		Total
Pts	Module pts.	
	* Did the EHR improve the quality of care (or perceived quality of care)?	
	Conduct post-implementation evaluation for patient education and support How did the patient experience change with the implementation of the EHR? Conduct at least two patient interviews to get feedback Attach the results of patient surveys regarding the patients' perspective on the changes	
3	Regularly communicate with the organization about the progress of the implementation Attach a copy of your communication plan How did you communicate with each of the following groups to ensure their participation and support of the project? * Physicians * Other clinicians * Billing staff * Support staff	
4	What is your timeline for implementing personal health records for patients? The practice needs to provide written documentation with a plan for implementation; under 6 months is 2 points, 6-12 is 1 point. 1: < 6 months 2: 6-12 months 3: 1 to 2 years 4: no plans to implement 5: do not know enough to make a decision Electronically distributing health records to patients Electronically transferring patient information between practices	2 1
5	What are your timelines for implementing a patient portal for the following functions: The practice needs to provide written documentation with a plan for implementation; under 6 months is 2 points, 6-12 is 1 point. 1: < 6 months 2: 6-12 months 3: 1 to 2 years 4: no plans to implement 5: do not know enough to make a decision Prescriptions refills Appointment scheduling Patient-provider messaging Lab results look-up Online consults	2 1

<b>Clinical Information Systems</b>	<b>4</b>
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1	Use tools to measure office operations What reports did you run on office operations? * Office efficiency	2
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Assessment Criteria		Pts	Total Module pts.
	<ul style="list-style-type: none"> <li>* Medical records filing</li> <li>* Task resolution assurance</li> <li>* Other _____</li> <li>* Full operational usage of the EHR</li> </ul>		
2	Identify and target additional process improvement opportunities What new opportunities for operational process improvement are now available using the EHR? What challenges still exist in the practice?	2	
<b>TOTAL POINTS</b>			<b>30</b>

**MASSPRO**  
BTE Physician Office Link  
Practice Worksheet

**1. Care Management**

**You will be asked to demonstrate the practice's use of its EHR for care management and care improvement.**

Please select 1 or more disease categories your practice is focusing on as opportunities for care management.

Diabetes

Hypertension

Asthma

Depression

CAD

CHF

Lower Back Pain

Anticoagulation

*Other*

- 2.** Using the disease category checked off above, you will be asked to demonstrate and print examples of how your practice uses standard national evidence-based guidelines at the point of care to track disease categories and provide care to patients. *Examples: alerts/reminders/EHR based protocols/flows sheets/ pop-up reminder screens.*

*In the identified disease category(s) selected above, you will be asked if the practice is using the EHR (or another third party system) to augment care/education during the patient encounter to help with diagnosis. If yes, you will be asked to provide examples. **Examples: clinical content and/or education the provider can access in the EHR or over the Internet e.g., weight and age based dosing assistance.***

*In the identified disease category(s), you will be asked if the practice utilizes patient dashboards; if yes, you will be asked to print a dashboard. **Examples: a screen with patient(s) summary information or a screen/report that summarizes the health needs of patients scheduled in the future.***

**You will be asked to demonstrate whether you use decision support at the point of care for the following:**

- **Lab Ordering**
- **Prescribing**
- **Referrals**
- **Follow-up appointments**
- **Preventive Care**
- **Treatment options**

3. **You will be asked whether your practice has identified, implemented and can demonstrate additional care management processes based on outcome data generated from your EHR and, for those opportunities not yet implemented, what the implementation plan and timeline are.** *Example: the practice's ability to view Hg A1C results data and determine whether these results meet national standards and demonstrate how this information is impacting clinical decision making at the POC.*

**You will be asked whether there are remaining care management challenges in the practice and to provide an example.** *For example, the practice still has some diabetics in poor control and recognizes its need to increase the use of alerts and follow-up procedures.*

**You will be asked if you have a timeline for evaluating advanced models of care; e.g. group visits.**

**If yes, what is the timeline?**

1. <6 months
2. 6-12 months
3. 1-2 years
4. No plans to implement
5. Practice does not know enough to make a decision

4. **You will be asked to evaluate and provide documentation that the practice conducted an assessment of the care management plan you identified and implemented in question #3.** *Example: Have the implemented changes resulted in an improved and more effective quality of care being delivered?*

**You will be asked if there are any practice changes that have resulted in potentially decreasing the quality of care being delivered?** *Example: a side effect to the EHR implementation was that providers are unable to document at the POC; or are unable to fully utilize e-prescribing functionality, etc.*

**EHR Reporting Functionality:**

- **Using the disease category you identified in question #1, you will be asked to list the reports and you are able to run out of your EHR.**
- **You will be asked how long after your EHR implementation you began running reports that captured robust data**
- **Are there other reports the practice routinely runs? If so, what are they and how are they used in the care delivery process?**
- **Were there any problems the practice encountered with data reporting?**

## Patient Education and Support

1. **The practice will be asked whether they have access to and are able to use EHR- generated patient education tools on the date of service. The practice must provide samples of these education tools along with the data generated from the EHR or another electronic (e.g., website) system. You will be asked to review each item below:**
  - Medication lists
  - Follow-up appointments
  - Problem list
  - Allergies
  - Lab tests due to be performed
  - Copy of the visit note
  - Diagnosis related patient education
  - Treatment plan education materials
  - Medication education materials
  
2. **You will be asked if you have a plan and timeline (and approximate date) for implementing personal health records for your patients. If the answer is yes, you will need to provide documentation of your implementation plan.**
  
3. **You will be asked if you have a timeline for implementing a patient portal. If yes, you will need to provide documentation of the plan and to identify which areas of functionality the portal will incorporate:**
  - Prescription refills
  - appointment scheduling
  - Patient/provider messaging
  - Lab results look-up
  - On-line consults

## Clinical Information Systems

1. **You will be asked to whether there are any EHR generated tools/reports you run to assess your office operations. If yes, you will be asked to provide sample reports. For example: no-shows, patients due for physicals, billing turn around time, etc**

**Have you achieved full operational usage of your EHR? If not, what further functionality is there to be accessed and implemented?**
2. **You will be asked to identify any additional process improvement opportunities available using your EHR that have not been discussed in a previous section. What challenges still exist in the practice?**

Masspro Physician Recognition Programs  
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Appendix D: Scoring Methodology



**OSS-BTE Assessment Point Summary**

<b>BTE Assessment Survey</b>		
<b>Title</b>	<b>Section</b>	<b>Points</b>
Office Practice Workflow	3	0
Patient Access	4	5
Patient Education	5	7
Office Electronic Data/systems	6	15
Office EHR	7	18
Office E-Registry	8	15
Office E-Prescribing	9	10
<b>Total</b>		<b>70</b>

<b>BTE Assessment Office Checklist</b>		
<b>Title</b>	<b>Section</b>	<b>Points</b>
<b>Care Management</b>	1	0
<i>Must Pass section to meet BTE Assessment criteria for rewards</i>	2	5
	3	5
	4	5
	5	0
<b>Patient Education and Support</b>	1	5
	2	0
	3	0
	4	3
	5	3
<b>Clinical Information Systems</b>	1	2
	2	2
<b>Total</b>		<b>30</b>

<b>BTE Assessment Levels</b>	
<b>Level</b>	<b>Points</b>
<b>Basic</b>	<b>15-59</b>
<b>Intermediate</b>	<b>60-79</b>
<b>Advanced</b>	<b>80-100</b>
* Care management is a must pass section to achieve BTE Certification	