

Team 2: Gap Analysis-Family Health History

Team 2: Family Health History, Gap Analysis For MU2 OpenEMR						
Objective	Measure	Current	Gap	Future Action	Priority	
Record Family Health History of father/Mother/Offspring/Sibling as structured data	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed.	Data entered as plain text only. Therefore, cannot be measured.		Need to record as SNOMED CT or HL7 Pedigree. 'Family History' tab should have this option so that database table can reflect this mapping.	High	
Change Family Health History of father/Mother/Offspring/Sibling as structured data	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed.	Edit allow entering only plain text. Therefore, cannot be measured.		Need to have edit that should have pop ups for SNOMED CT or HL7 Pedigree. Family History' tab should have this option so that database table can reflect this mapping.	High	
Access Family Health History of father/Mother/Offspring/Sibling as structured data	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed.	Since data entry and edits does not have any validation for structured data, it cannot be measured		1) Add validation for entering and editing structured data to give Family Health History report that could be measured. 2) Providing health history report in narrative form will be easier to remember and understand.	High	
Record, Change, Access Family Health History of father/Mother/Offspring/Sibling as structured data	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed.	There is no option for entering medication for the family member. This is one of the important point that helps treating patients. For example mental illness medication.		Entering and editing for medication for family member SNOMED CT or HL7 Pedigree should be developed. Current 'Family History' tab should have this option so that database table can reflect this mapping.	High	
		'General' tab on OpenEMR has check boxes for risk factors but the 'Other (Specify)' does not have any text box or dropdown list to enter structured data.		Add a text box to enter 'Other (Specify)' risk factor as structured data.	High	
		'Relative' tab in OpenEMR allows writing free text which		Need to have option to enter structured data for other category as well as the listed ones.	High	

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		could create confusion. It has 9 disease listed but no option to add 'Other' at all.				
		'General' tab on OpenEMR has just one text box to enter date/notes for exam/test.		Add a text box with calendar option to pick a date and another text box to add notes should be there.	Medium	