The Pennsylvania CHIPRA category "D" team has been focused on the adoption of the Model Pediatric Electronic Health Record ("PEHR") format. Objectives within the analysis and adoption process are centered on the utilization of PEHR data for improved evidence based quality measures; communication between clinicians, patients and service providers and ultimately improved clinical outcomes. As we work through the PEHR model format adoption process, we are assessing and documenting the care delivery experience including (costs to patients, practices and health systems; patient safety gains; patient education and interoperability, security and confidentiality across the continuum of care).

The PEHR model format is categorized in twenty-one different clinical and functional topic sets. Within the twenty-one topic sets there are five hundred and sixty-eight individual requirements.

No.	Topic Set	Total Req.	No.	Topic Set	Total Req.
1.	Activity Clearance	6	12.	Patient Portal	11
2.	Birth Information	66	13.	Prenatal Screening	17
3.	Child Abuse Reporting	29	14.	Primary Care Management	31
4.	Child Welfare	20	15.	Quality Measures	5
5.	Children with Special Needs	23	16.	Registry Linkages	16
6.	Growth Data Requirements	61	17.	School Based Linkages	4
7.	Immunization	48	18.	Security & Confidentiality	24
8.	Medication Management	37	19.	Special Terminology & Information	9
9.	New Born Screening	16	20.	Specialized Scales & Scoring	35
10.	Parent, Guardian & Family Relationship Data	21	21.	Well Child & Preventive Care	83
11.	Patient Identifier	7		Total Requirements:	568

The requirements are prioritized by the following descriptors (Shall, Should and May).

- ⇒ **Shall** – asserting the electronic health record must contain the described functionality.
- ⇒ **Should** – asserting the electronic health record should contain the described functionality.
- ⇒ **May** – asserting the electronic health record may contain the described functionality, although the desire of the designers it that if not initially a system would eventually contain the functionality;

The first phase of the project was to complete a gap analysis between the model format functionality and objectives and the health systems current or implemented electronic medical record system and the current clinical workflow. To create a baseline we developed a tool that focused on the adoption of the individual requirements and we created a scoring system to ensure each individual Health System Partners results, could be compared with one another.

Upfront we established the assessment was based on the understanding, that for a requirement to be documented as being met that data must not only be collected or transmitted, but also be actionable in the continuum of care. We utilized the descriptions of the header and function descriptions were predecessors to each of the requirements. We also established likert scales to establish our current position and the level of complexity for implementing change.

Findings Summary

1 – System does not have capability.
2 – System has capability feature being utilized.
3 – System has capability; feature not being utilized.
4 – System has partial capability; feature being utilized.
5 – System has partial capability; feature not being utilized.

Findings Complexity

1 – Refine Existing Workflow.
2 – Define New Workflow.
3 – Simple Development & Workflow.
4 – Moderate Development & Workflow.
5 – Complex Development & Workflow.

To complete the gap analysis each of the five partners worked independently with various internal clinical and technical resources and with their respective electronic health record vendors to establish their current status for each requirement.

What we learned was there was a gap based on requirement interpretation by the health system and or the electronic health record vendor, and a variance in perception based on the health systems interoperability, experience with the EHR and current accepted standards.

To address the variances in the future years of the project we are working on a system to journal the requirement adoption story that highlights what quantifies acceptance of a requirement, how that affects quality and what metrics are being utilized to measure the quality improvement affect. We are also documenting costs, workflow modification and systems changes that enable a requirement to be implemented.

We are in the final stages of developing management reports that will be monitored by the category "D" consortium and the Pennsylvania Department of Public Welfare to ensure the most is made of the data and experienced derived from the process of adopting the model format.