Family Health History

(Menu Objective #4)

OBJECTIVE:
Record patient family health history as structured data.
MEASURE:
More than 20 percent 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.
EXCLUSION:
Any EP who has no office visits during the EHR reporting period.
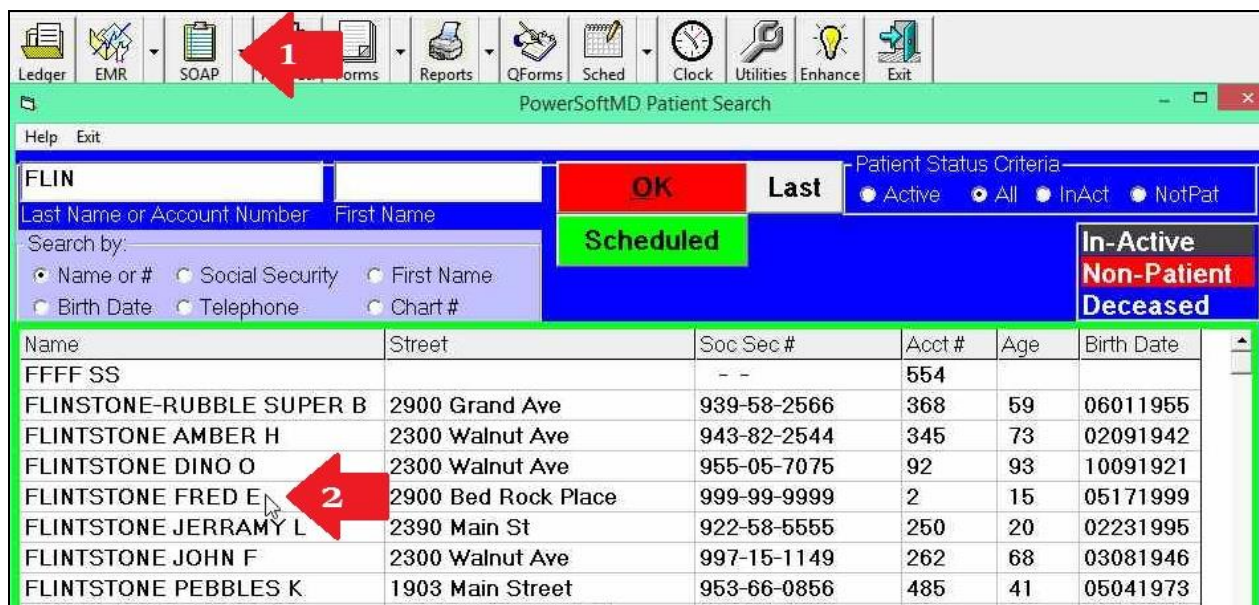
Government Website for Family Health History:
www.cms.gov/Regulations-and-
Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPMenu_4_FamilyHealthHistory.pdf

PowerSoftMD Video Link:

http://www.powersoftmd.com/FlashMU/MUFamilyHistory.html

Recording Family Health History:

1) Click on SOAP notes and select a patient.

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2) Click on Soc/Fam History, then Update Family History buttons.

3) Click the Snomed Code Field, search for a problem, and click it in the results.

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4) Click the Relationship field, and select a relationship from the pop up list.

5) Click Save/Exit when done adding entries.