



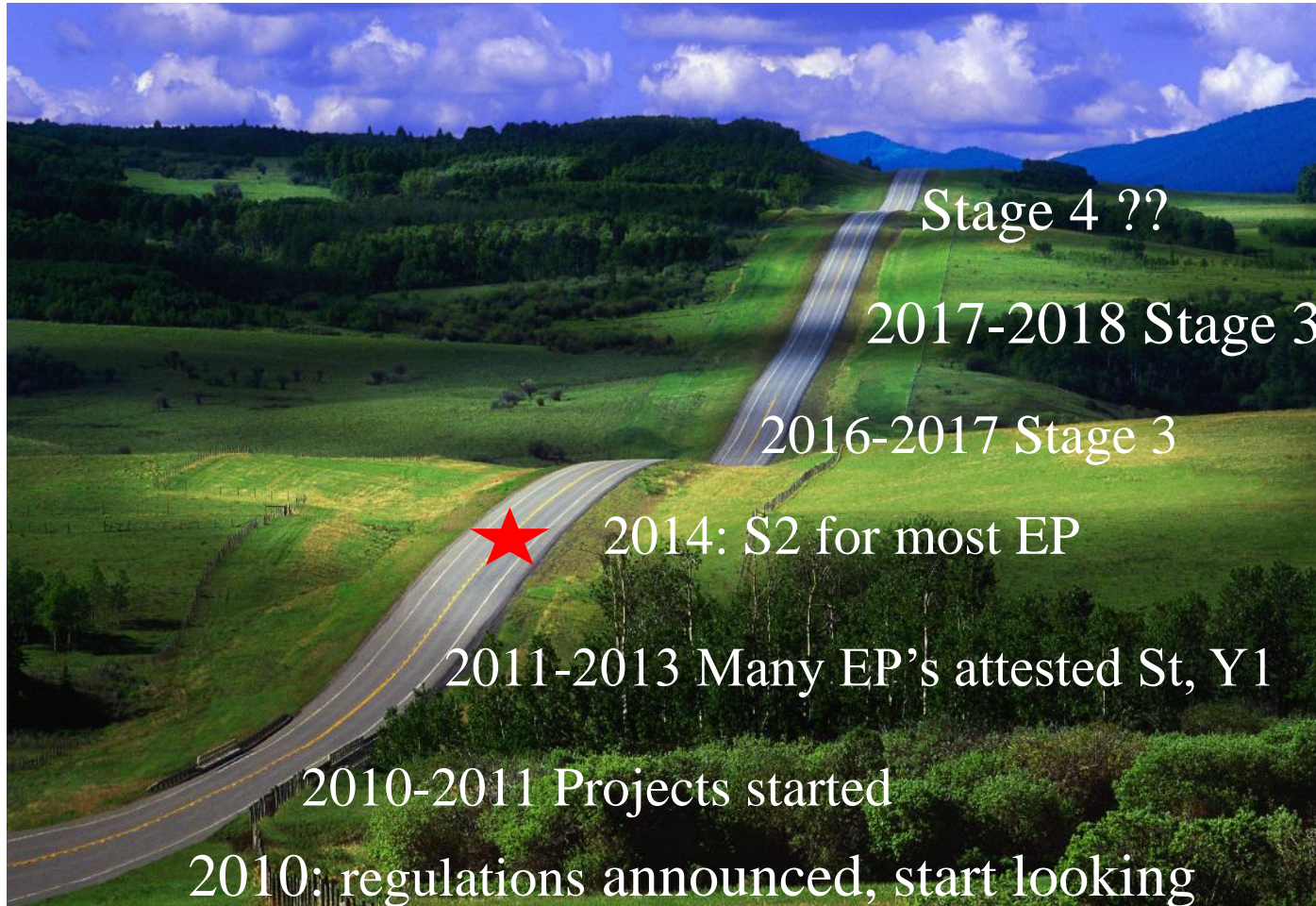
Meaningful Use

Transition of Care

Webinar

July 2014

Long Road Traveled



Timing

Stage 2 Extension

First Payment Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	1 or 2*	2	2	3	3	TBD	TBD	TBD
2012		1	1	1 or 2*	2	2	3	3	TBD	TBD	TBD
2013			1	1*	2	2	3	3	TBD	TBD	TBD
2014				1*	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

*3-month quarter EHR reporting period for Medicare and continuous 90-day EHR reporting period (or 3 months at State option) for Medicaid EPs. All providers in their first year in 2014 use any continuous 90-day EHR reporting period.

Birch Tree Podiatry																																																																																			
Jan, 2011	Feb, 2011	Mar, 2011	Apr, 2011	May, 2011	Jun, 2011	Jul, 2011	Aug, 2011	Sep, 2011	Oct, 2011	Nov, 2011	Dec, 2011	Jan, 2012	Feb, 2012	Mar, 2012	Apr, 2012	May, 2012	Jun, 2012	Jul, 2012	Aug, 2012	Sep, 2012	Oct, 2012	Nov, 2012	Dec, 2012	Jan, 2013	Feb, 2013	Mar, 2013	Apr, 2013	May, 2013	Jun, 2013	Jul, 2013	Aug, 2013	Sep, 2013	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014	Apr, 2014	May, 2014	Jun, 2014	Jul, 2014	Aug, 2014	Sep, 2014	Oct, 2014	Nov, 2014	Dec, 2014	Jan, 2015	Feb, 2015	Mar, 2015	Apr, 2015	May, 2015	Jun, 2015	Jul, 2015	Aug, 2015	Sep, 2015	Oct, 2015	Nov, 2015	Dec, 2015	Jan, 2016	Feb, 2016	Mar, 2016	Apr, 2016	May, 2016	Jun, 2016	Jul, 2016	Aug, 2016	Sep, 2016	Oct, 2016	Nov, 2016	Dec, 2016	Jan, 2017	Feb, 2017	Mar, 2017	Apr, 2017	May, 2017	Jun, 2017	Jul, 2017	Aug, 2017	Sep, 2017	Oct, 2017	Nov, 2017	Dec, 2017
Stage 1, Year 1				Stage1, Year 2				Stage1, Year 3				Stage 2, Year 1				Stage 2, Year 2				Stage 2, Year 3				Stage 3, Year 1																																																											
90 days				365 Days Attestation				365 Days Attestation				Quarter				365 Days Attestation				365 Days Attestation				365 Days Attestation																																																											

Pulmonary																																																																																			
Jan, 2011	Feb, 2011	Mar, 2011	Apr, 2011	May, 2011	Jun, 2011	Jul, 2011	Aug, 2011	Sep, 2011	Oct, 2011	Nov, 2011	Dec, 2011	Jan, 2012	Feb, 2012	Mar, 2012	Apr, 2012	May, 2012	Jun, 2012	Jul, 2012	Aug, 2012	Sep, 2012	Oct, 2012	Nov, 2012	Dec, 2012	Jan, 2013	Feb, 2013	Mar, 2013	Apr, 2013	May, 2013	Jun, 2013	Jul, 2013	Aug, 2013	Sep, 2013	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014	Apr, 2014	May, 2014	Jun, 2014	Jul, 2014	Aug, 2014	Sep, 2014	Oct, 2014	Nov, 2014	Dec, 2014	Jan, 2015	Feb, 2015	Mar, 2015	Apr, 2015	May, 2015	Jun, 2015	Jul, 2015	Aug, 2015	Sep, 2015	Oct, 2015	Nov, 2015	Dec, 2015	Jan, 2016	Feb, 2016	Mar, 2016	Apr, 2016	May, 2016	Jun, 2016	Jul, 2016	Aug, 2016	Sep, 2016	Oct, 2016	Nov, 2016	Dec, 2016	Jan, 2017	Feb, 2017	Mar, 2017	Apr, 2017	May, 2017	Jun, 2017	Jul, 2017	Aug, 2017	Sep, 2017	Oct, 2017	Nov, 2017	Dec, 2017
Stage 1, Year 1				Stage1, Year 2				Stage1, Year 3				Stage1, Year 4				Stage 2, Year 1				Stage 2, Year 2				Stage 3, Year 1																																																											
90 days				365 Days Attestation				365 Days Attestation				Quarter				365 Days Attestation				365 Days Attestation				365 Days Attestation																																																											

Summary of Care (MU requirement)

Provide summary care record for each transition of care or referral

What this measure requires

EPs must do the following to meet this measure:

Measure 1:

Provide a summary of care record for more than 50% of transitions of care and referrals.

Measure 2:

Provide a summary of care record for more than 10% of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange (formerly NwHIN exchange) participant or in a manner that is consistent with the governance mechanism ONC establishes for the eHealth Exchange.

Measure 3:

EPs must also satisfy one of the following criteria:

- Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed/ designed by a different EHR technology developer than the sender’s EHR technology.
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Transition of Care



Transition
in

Transition
Out

**Medication Reconciliation
Requirement**

**Summary of Care Document
Requirement**

Transition of Care Definition

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP.



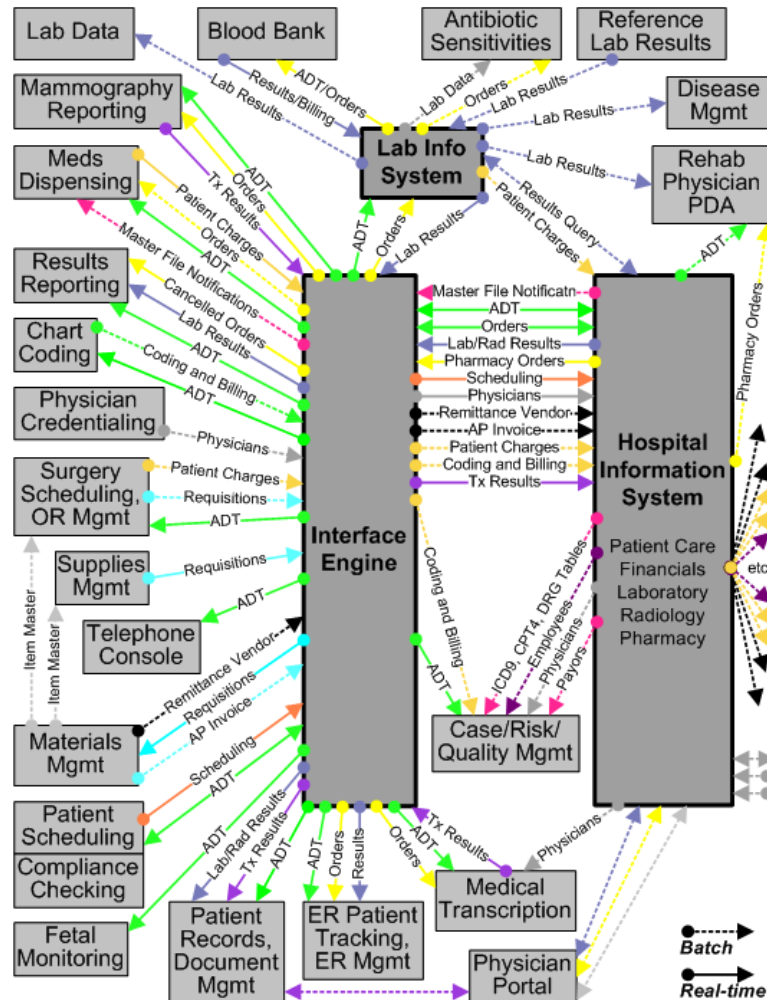
DOUBLE FACEPALM

When the Fail is so strong, one Facepalm is not enough.

- CMS/ONC hotline says it must happen **BEFORE** the patient arrives at their new location
- Federal Regulations do not specify
- Trinity says within the reporting period
- Must understand your software and how it defines a Transition of Care (aka, denominator)
- Examples.

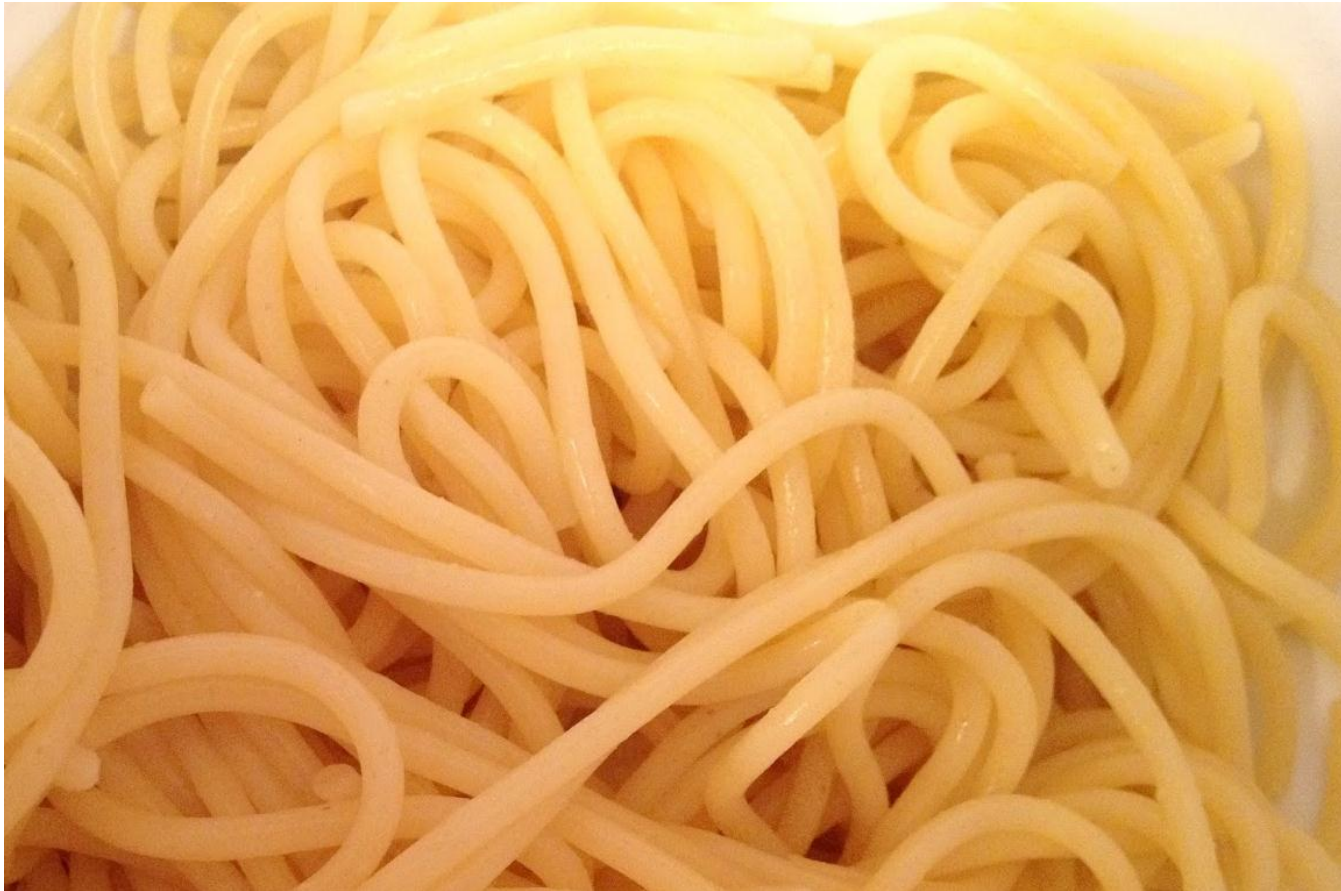
Why – Current at MMC

Hospital IT Configuration Featuring an Interface Engine



Works well because we are a “closed” environment and we have an advanced IS department

Other Parts of the Country



Now take a city like Chicago or New York

- MANY hospitals
- MANY providers
- Patients in Florida, Arizona, etc.

Summary of Care CCD / CCDa

Transition of Care/Referral Summary

Patient name	ATEST ZZZZTESTCERN
Sex	Female
Race	UNKNOWN
Ethnicity	Unknown
Date of birth	February 3, 1991
Preferred Language	eng
Patient IDs	5 8261221 5 668371 36432
Contact info	Primary Home: NEED NEW ADDRESS GRAYLING, MI 49738- , US Primary Home Tel: (231) 555-1212

Document Id	2.16.840.1.113883.3.1164.999362
Document Created	March 7, 2014, 13:48:05, EST

- Many are 26+ pages long (hospital)
- Some providers don't like receiving this via paper and are asking for Direct email addresses.
- Can look very different (but similar) from one vendor to the next (Style Sheet)

What is Sent? (CCDA)

Transition of Care/Referral Summary

Patient name	PATIENTONE AAATOC
Sex	Male
Race	White
Ethnicity	Declined
Date of birth	April 13, 1985, 12:00:00, EST
Preferred Language	eng
Patient IDs	1000725601
Contact info	Primary Home: 5301 E HURON RIVER DR YPSILANTI, MI 48197-1051, US Tel: 453.123.1215
Document Id	2.16.840.1.113883.3.137.210.999362
Document Created	September 27, 2013, 08:51:58 -0400
Performer (primary care physician)	Arthur Tai
Author	Millennium Clinical Document Generator
Contact info	
Encounter Id	
Encounter Date	From August 29, 2013, 08:00:00 -0400 to ,
Document maintained by	St. Joseph Mercy Hospital, Ann Arbor
Contact info	Work Place: 5301 E. Huron River Dr. P.O. Box 995 Ann Arbor, MI 48106- Tel: (734) 712-3456

Encounter

Dates	Location	Diagnoses	Providers
08/29/2013	St. Joseph Mercy Hospital, Ann Arbor 5301 E. Huron River Dr. P.O. Box 995 Ann Arbor, MI 48106-	Discharge Diagnosis: Polyp colon	HNAMTEST, Physician HNAMTEST, Physician Tai MD, Arthur W

What is sent (CCDA), 9 pages

Reason for Visit

TESTING CHIEF COMPLAINT

Vital Signs

	1	2
	Alert (09/25/2013 13:25:00 America/New_York)	
Alertness-IOT	Oriented x 4 (09/25/2013 13:25:00 America/New_York)	
Orientation-IOT	Intact (09/25/2013 13:25:00 America/New_York)	
Attention/Concentration-IOT	Follows 3 step commands (09/25/2013 13:25:00 America/New_York)	
Comprehension-IOT	Cooperative (09/25/2013 13:25:00 America/New_York)	
Behavior-IOT	Intact (09/25/2013 13:25:00 America/New_York)	
Short Term Memory-IOT	Intact (09/25/2013 13:25:00 America/New_York)	
Long Term Memory-IOT	Intact (09/25/2013 13:25:00 America/New_York)	
Problem Solving-IOT	24 Br PM (09/03/2013 13:42:00 America/New_York)	
Respiratory Rate	82 BPM (09/03/2013 13:42:00 America/New_York)	82 BPM (08/30/2013 09:49:00 America/New_York)
Pulse Rate	98 % (09/03/2013 13:42:00 America/New_York)	98 % (08/30/2013 09:49:00 America/New_York)
Pulse Oximetry [90-100 %]	130 mmHg (09/03/2013 13:42:00 America/New_York)	120 mmHg (08/30/2013 09:49:00 America/New_York)
Systolic BP	87 mmHg	80 mmHg

Summary of Care Data Requirements

Summary of Care Record – A summary of care record must include the following elements:

- Patient name.
- Referring or transitioning provider's name and office contact information (EP only).
- Procedures.
- Encounter diagnosis
- Immunizations.
- Laboratory test results.
- Vital signs (height, weight, blood pressure, BMI).
- Smoking status.
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth).
- Care plan field, including goals and instructions.
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider.
- Reason for referral
- ★ • Current problem list (EPs may also include historical problems at their discretion).
- ★ • Current medication list, and
- ★ • Current medication allergy list.

To count in the numerator of any measure, the EP must verify these three fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the EP or hospital as of the time of generating the summary of care document.

Summary of Care Technical Piece

- To count in the numerator of measure 2, one of the following three transmission approaches must be used:
 - Use of the transport standard capability required for certification. As required by ONC to meet the CEHRT definition, every EP, eligible hospital, and CAH, must have EHR technology that is capable of electronically transmitting a summary care record for transitions of care and referrals according to the primary Direct Project specification (the Applicability Statement for Secure Health Transport). Thus, EPs, eligible hospitals, or CAHs that electronically transmit summary care records using their CEHRT's "Direct" capability (natively or combined with an intermediary) would be able to count all such electronic transmissions in their numerator.
 - Use of the SOAP-based optional transport standard capability permitted for certification. As part of certification, ONC permits EHR technology developers to voluntarily seek certification for their EHR technology's capability to perform SOAP-based electronic transmissions. EHR technology developers who take this approach would enable their customers to also use this approach to meet the measure. Thus, EPs, eligible hospitals, or CAHs that electronically transmit summary care records using their CEHRT's "SOAP-based" capability (natively or combined with an intermediary) would be able to count all of those transmissions in their numerator.
 - Use of CEHRT to create a summary care record in accordance with the required standard (i.e., Consolidated CDA as specified in 45 CFR 170.314(b)(2)), and the electronic transmission is accomplished through the use of an eHealth Exchange participant who enables the electronic transmission of the summary care record to its intended recipient. Thus, EPs, eligible hospitals, or CAHs who create standardized summary care records using their CEHRT and then use an eHealth Exchange participant to electronically transmit the summary care record would be able to count all of those transmissions in their numerator. [See related FAQ.](#)

This of this as "medical grade email".

Direct Email: Everyone is using this (that we can tell).

Only sending to those that do not have access to Munson Healthcare Cerner (Powerchart/Firstnet) . May be applicable if multiple locations

Department of Defense



Summary of Care



Direct Emails Only



Personal **WORK**



eCw P2P

eCw P2P



eCw P2P



- eCw can communicate directly with each other via P2P
- Cost to go outside of the P2P world
- Munson is testing going outside the P2P world
- <http://www.munsonhealthcare.org/p2p> (help with P2P)

List of Email Addresses MHC Collected

Site Actions Browse Page Terry, Randi

Meaningful Use - Transition of Care [Home](#)
Meaningful Use Transition of Care Team Site

I Like It Tags & Notes

Home Search this site...

Libraries
Site Pages
Education Materials

Lists
Discussions
Team Discussion

All Site Content

Welcome to Meaningful Use - Transition of Care

Facility:

[Clear Filters](#)

Direct Trust Email List

<input type="checkbox"/> DIRECT TRUST	FACILITY/PROVIDER	LAST	FIRST	Title1	AKA	CITY	STATE	Phone
A.Robert.VanTuinen@epic00.shdirect.org	Spectrum Health	Van Tuinen	A R	MD		Grand Rapids	MI	616-267-7292
Aaron.Defrang@epic00.shdirect.org	Spectrum Health	Defrang	Aaron J	DO		Rockford	MI	616-863-3150
aazeem733@epic00.shdirect.org	Spectrum Health	Azeem	Asif	MD		Grand Rapids	MI	616-942-6230
Abeba.Berhane@epic00.shdirect.org	Spectrum Health	Berhane	Abeba M	MD		Grand Rapids	MI	616-391-8810
academic.internal.medicine@academicinternalmedicineaa.midirect.net	Academic Internal Medicine AA							
academic.internal.medicine@academicinternalmedicineaa.midirect.net	Academic Internal Medicine Clinic					Ypsilanti	MI	734 712 3980
academic.ob.gyn.program.aa1@cheternity.midirect.net	Academic OB GYN Program AA							
Adam.Edlund@epic00.shdirect.org	Spectrum Health	Edlund	Adam G	MD		Grand Rapids	MI	616-391-3139
adrian.sheremeta.md.pc@asmdpc.midirect.net	Dr. Adrian Sheremeta MD PC					Livonia		
adrian.sheremeta@asmdpc.midirect.net	Dr. Adrian Sheremeta MD PC	Sheremeta	Adrian D			Livonia		
adult.endocrinology.consultants.pc@ae.midirect.net	Adult Endocrinology Consultants PC							
Alan.Woelfel@epic00.shdirect.org	Spectrum Health	Woelfel	Alan K	MD		Grand Rapids	MI	616-885-5000
Alejandro.Quiroga@epic00.shdirect.org	Spectrum Health	Quiroga Chand	Alejandro	MD		Grand Rapids	MI	616-267-2400

Done Local intranet | Protected Mode: Off 100%

The REAL Benefit - Receiving

join.me/805-493-131

Allscripts Professional EHR

Desktop Patient TRAIN, LULU A. (MIPCT)

5/11/1943 | 70y Female | Medicare | #196320

MANAGER, System

ePHI Import Queue

Import Wizard... Filter Match patient...

Patient: <AB> Created: All past dates

Status: <All Statuses>

Patient	Date Created	Institution	Type	Status	Import Date	Imported By	Submit...	Submit...	Author
	3/21/2014 10:34 AM	Cadillac Family Physicians	Continuity of Care Document (...)	Imported	4/3/2014 11:56 ...	Keller, Julie A LPN			Manager, Syst
	4/2/2014 3:05 PM	Cadillac Family Physicians	Continuity of Care Document (...)	Imported	4/10/2014 9:59 ...	Keller, Julie A LPN			Manager, Syst
	4/3/2014 8:43 AM	Cadillac Family Physicians	Continuity of Care Document (...)	Imported	4/3/2014 3:41 PM	Keller, Julie A LPN			Keller, Julie
	4/9/2014 11:14 AM	Munson Medical Center	Continuity of Care Document (...)	Imported	4/10/2014 10:0 ...	Keller, Julie A LPN			
	4/10/2014 4:21 PM	Saint Louis County Departm...	Continuity of Care Document (...)	Imported	4/10/2014 4:36 ...	Keller, Julie A LPN			
	4/10/2014 4:42 PM	Fayetteville Medical Associa...	Continuity of Care Document (...)	Imported	4/10/2014 4:53 ...	Keller, Julie A LPN			
	4/10/2014 4:53 PM	INSA North	Extract, Exchange of Personal...	Imported	4/14/2014 2:57 ...	Keller, Julie A LPN			
	4/14/2014 5:42 PM	Family Practice Associates ...	Family Practice Associates ...	New					Braun, William
	4/14/2014 5:43 PM	Family Practice Associates ...	Scanned Document (XDS-SD)	New					Arndt, Elizabet
	4/17/2014 4:58 PM	Munson Medical Center	Continuity of Care Document (...)	Imported	4/18/2014 12:4 ...	Manager, System			Manager, Syst
	4/21/2014 4:13 PM	Transylvania Regional Hospi...	Continuity of Care Document (...)	New					Riddell, Shanno
	4/24/2014 9:55 AM	Munson Medical Center	Continuity of Care Document (...)	New					Riddell, Shanno
	4/24/2014 10:15 AM	Munson Medical Center	Continuity of Care Document (...)	New					
	4/24/2014 10:17 AM	Munson Medical Center	Continuity of Care Document (...)	New					
	4/24/2014 10:31 AM	Munson Medical Center	Continuity of Care Document (...)	New					
	4/24/2014 10:31 AM	Munson Medical Center	Continuity of Care Document (...)	New					
	4/28/2014 8:24 AM	Mercy Cadillac	Continuity of Care Document (...)	Imported	4/28/2014 1:13 ...	Keller, Julie A LPN			
	5/2/2014 10:21 AM	Mercy Cadillac	Continuity of Care Document (...)	Imported	5/7/2014 1:22 PM	Manager, System			
	5/5/2014 10:05 AM	Mercy Cadillac	Continuity of Care Document (...)	New					
	5/6/2014 7:28 AM	Munson Medical Center	Continuity of Care Document (...)	Reconciliation Required					
	5/7/2014 1:56 PM	Munson Medical Center	Continuity of Care Document (...)	Imported	5/7/2014 2:00 ...				

Order Entry

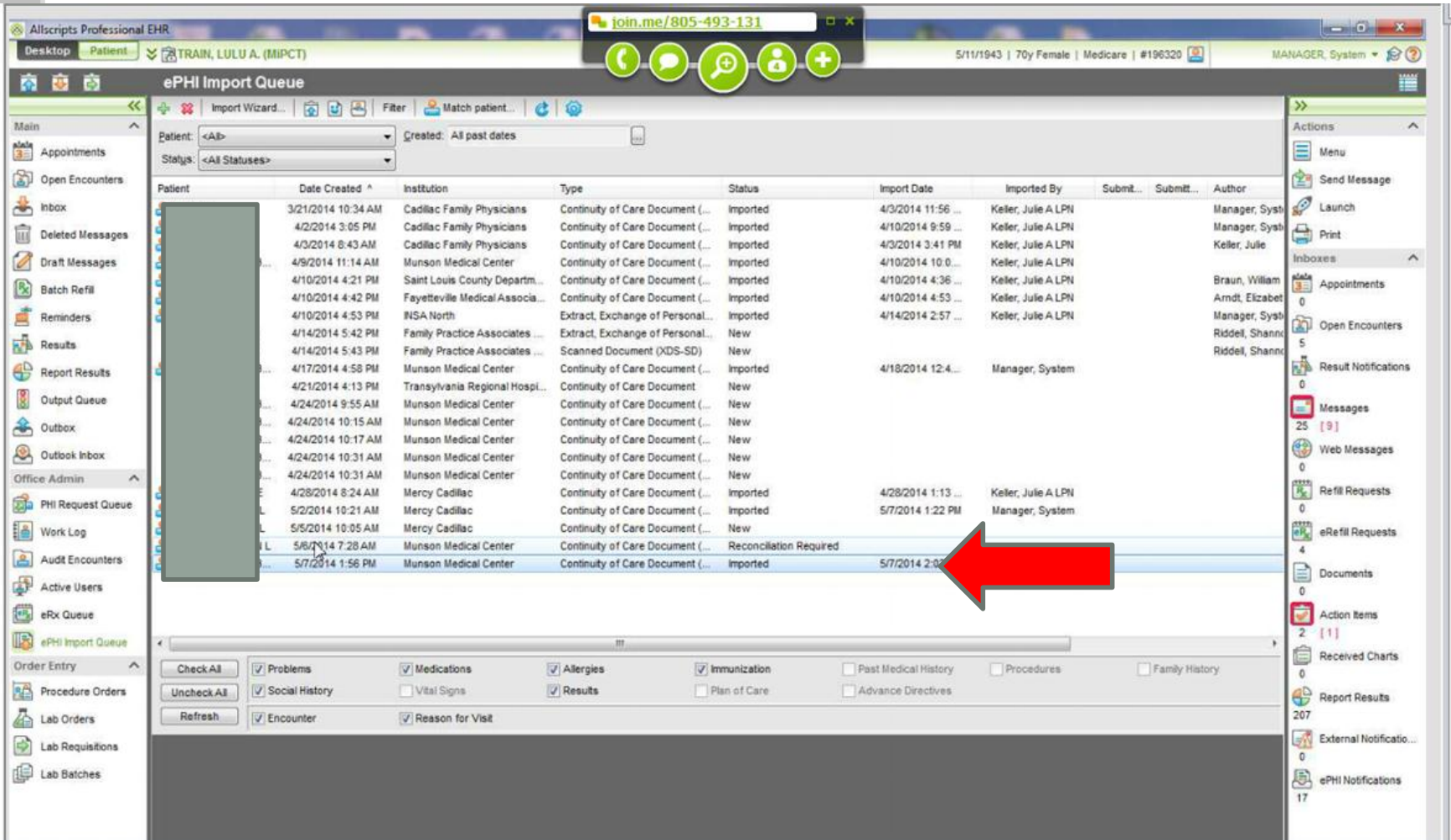
Check All Uncheck All Refresh

Problems Medications Allergies Immunization Past Medical History Procedures Family History

Social History Vital Signs Results Plan of Care Advance Directives

Encounter Reason for Visit

Actions: Menu Send Message Launch Print Inboxes: Appointments 0 Open Encounters 5 Result Notifications 0 Messages 25 (9) Web Messages 0 Refill Requests 0 eRefill Requests 4 Documents 0 Action Items 2 (1) Received Charts 0 Report Results 207 External Notificatio... 0 ePHI Notifications 17



The REAL Benefit - Receiving

The screenshot displays the 'ePHI Import Wizard' window in Allscripts Professional EHR. The window title is 'Allscripts Professional EHR' and the subtitle is 'ePHI Import Wizard'. A 'Join.me' window is visible in the background with the URL 'join.me/805-493-131'. The main content area is titled 'Verify Patient Match' and contains the instruction: 'Verify that the matched patient is the patient in the document. If there is no match, then make a selection.' Below this instruction are two columns: 'ePHI Document' and 'Chart'. The 'ePHI Document' column lists patient information: Patient (redacted), SSN (redacted), Date of Birth: 10/12/1952, Gender: Male, Address (redacted), Phone (redacted), Race: White, Ethnicity, Language: English, and Marital Status: D. The 'Chart' column lists corresponding information: (redacted), 10/12/1952, Male, (redacted), White, Not Hispanic or Latino, English, and Divorced. At the bottom of the window are 'Start >>' and 'Cancel' buttons. The left sidebar shows a navigation menu with items like 'Main', 'Appointments', 'Open Encounters', 'Inbox', 'Deleted', 'Draft Messages', 'Batch Requests', 'Reminders', 'Results', 'Report Requests', 'Output Queue', 'Outbox', 'Outlook', 'Office Administration', 'PHI Requests', 'Work Lists', 'Audit Encounters', 'Active Users', 'eRx Queue', 'ePHI Import', 'Order Entry', 'Procedures', 'Lab Orders', 'Lab Requests', and 'Lab Batch'. The bottom status bar shows 'Page: 17 of 39', 'Words: 525', and a zoom level of 190%.

ePHI Document	Chart
Patient: [Redacted]	[Redacted]
SSN: [Redacted]	[Redacted]
Date of Birth: 10/12/1952	10/12/1952
Gender: Male	Male
Address: [Redacted]	[Redacted]
Phone: [Redacted]	[Redacted]
Race: White	White
Ethnicity:	Not Hispanic or Latino
Language: English	English
Marital Status: D	Divorced

The REAL Benefit - Receiving

The screenshot displays the Allscripts Professional EHR interface for a patient named Molina Health (#410). The patient's insurance is Medicaid, and their allergies are listed as Aspirin (ANALGESICS - NonNarcotic), Codeine, and Penicillin. The patient's marital status is Divorced, and their blood type is (no entry). The interface shows a list of medications, categorized into Current Medications, Administered Medications, and Previous Medications. A red arrow points to the entry for Warfarin Sodium (5MG Tablet, Oral, Taken starting 05/03/2014) Undefined. The entry includes a comment: "Comments: Qty: 30.0" and a recording date: "Recorded 05/07/2014 02:05 PM by System Manager, ePHI Import from Munson Medical Center." The interface also shows a navigation pane on the left with various tabs like Summary, Face Sheet, Patient History, Demographics, Reminders, Flow Sheet, Immunization, Medication, Chart Add, Results, Result Summary, Contact, History, Reason, History, Vitals, Physical, and Assessment. The bottom of the screen shows a status bar with "Page: 27 of 39" and "Words: 525".

Medications: All, Newest to Oldest

Revision History, Newest to Oldest

Expand View

Warfarin Sodium (5MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
Comments: Qty: 30.0
Recorded 05/07/2014 02:05 PM by System Manager, ePHI Import from Munson Medical Center.

Docosate Sodium (100MG Capsule, Oral, Taken starting 05/05/2014) Undefined.

Test between EHRs

CMS.gov

Centers for Medicare & Medicaid Services

[Home](#) | [Submit Request](#) | [Login](#)

Frequently Asked Questions ADA/508 friendly site

Text FAQ #

Explore Topics

Browse by Group

▸ Top Questions

▸ Billing

▸ CMS Information Technology

▸ Coding

▸ Computer Data & Systems

▸ Data Navigator

▸ E-Health

▸ Electronic Health Records
Incentive Programs

▸ Fraud and Abuse

▸ Freedom of Information Act

[EHR Incentive Programs] For the Stage 2 meaningful use objective of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs that requires the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR, if multiple eligible professionals (EPs) are using the same certified EHR technology across several physical locations, can a single test meet the measure?

The Stage 2 Final Rule (CMS-0044-F) changed the way shared Certified EHR Technologies are handled for the Stage 2 measure option for summary of care records at transitions of care and referrals. Previously, if multiple EPs are using the same certified EHR technology in different physical locations/settings (e.g., different practice locations), there must be a single test performed for each physical location/setting.

The intent of the objective is to demonstrate that a provider has the full capability to use their certified EHR technology to successfully transmit a summary of care document to a different EHR vendor in a live setting.

Under changes made in the Stage 2 Final Rule providers that use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test for the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR that covers all providers in the organization. For example, if a large group of EPs with multiple physical locations use the same EHR technology and those locations are connected using a network that the group has either operational control of or license to use, then a single test would cover all EPs in that group.

For more information, please visit the EHR Incentive Programs Stage 2 Final Rule:
<http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

(FAQ7729)

javascript:void(0);



Internet | Protected Mode: Off



100%

Testing with Munson

May 7, 2014

Cadillac Family Physicians
Julie Keller, Project Manager
8950 Professional Drive
Cadillac, MI 49601



Dear Julie,

Per Meaningful Use, Stage 2, Core Item Summary of Care, Measure 3 for both the Eligible Hospital and Eligible Providers, we must conduct one or more successful electronic exchanges of a summary of care document. Munson Medical Center (EH) using Cerner, version 2012.01.19 exchanged a Summary of Care (CCDA) with Cadillac Family Physicians (EP) using Allscripts, version Pro EMR 13.0 SP2, HF1 exchanged that C-CDA. This letter serves as confirmation of the following:

- 1) Munson Medical Center (MMC) is a separate legal entity from Cadillac Family Physicians and neither entity is owned or controlled by the other.
- 2) MMC has a distinct certified EHR technology (Cerner Millennium 2012.01.19) from Cadillac Family Physicians (Allscripts Pro EMR 13.0 SP2, HF1)
- 3) MMC was Cadillac Family Physicians' test partner in sending the Summary of Care on May 7, 2014, as described below.

The following patient's test data was sent and received:

Test Patient Name	Sent from	Sent to
CFP Test	Allscript tanialebaron@cfp.allscripts.direct.net	Cerner jmclean@direct.mhc.net
ZZZZCERNTEST, BTESTBABY	Cerner jmclean@direct.mhc.net	Allscript alanconrad@cfp.allscripts.direct.net

MMC verifies that we received the test data that was sent electronically as described above from Cadillac Family Physicians. We have collected and provided screenshots to document the exchanged.

Please let us know if there are any questions, concerns or follow-ups from this validation effort at rterry@mhc.net or 231-935-5199.

Sincerely,

Randi Terry
IS Director
Meaningful Use Coordinator

Survey MHC Conducting

[SURVEY PREVIEW MODE] EMR/Meaningful Use Survey - Windows Internet Explorer provided by Munson Proxy (Munson)

https://www.surveymonkey.com/s.aspx?PREVIEW_MODE=DO_NOT_USE_THIS_LINK_FOR_COLLECTION&sm=DzF7sz

Convert Select

Favorites Web Slice Gallery Free Hotmail Customize Links 2

[SURVEY PREVIEW MODE] EMR/Meaningful Use S...

Exit this survey

MUNSON MEDICAL CENTER

EMR/Meaningful Use Survey

6%

Dear Physician/Practice Manager:

As the technology of health care evolves, we continue to collaborate with physicians to develop systems to facilitate orders and results reporting, as well as the secure exchange of patient records. To help us better help you, please take a few minutes to complete the following survey on where you practice stands with EMR technology and Meaningful Use. Thank you.

Pete Springsteen, MD
Medical Director, Information Systems

Randi Terry
Director, Information Systems

Next

Here's the link for SurveyMonkey: <https://www.surveymonkey.com/s/emrmu>.

Checklist for Providers

<https://www.munsonhealthcare.org/upload/docs/Meaningful%20Use/Summary%20of%20Care%20Checklist%20for%20Providers.pdf>

Meaningful Use Summary of Care Checklist for Providers

√ TECHNOLOGY	
1.	Do you have 2014 certified code installed? a. If not, do you have an installation date planned?
2.	Do you know when you plan on attesting for Stage 2? Examples: Oct. – Dec. 2014, Jan. – Dec. 2015
3.	Do you have the “white papers/documentation” from your vendors describing how the Summary of Care are generated and sent? a. Have you reviewed that documentation?
4.	Do you know what type of support your EHR/EMR vendor (e.g. eCW , NextGen , GloStream , etc.) provides as related to generating the Summary of Care?
5.	Do you know if your vendor is using the Direct Trust certification? a. If yes, do you know who the Direct Trust HISP is? Examples: Allscripts , Medicity , Surescripts
6.	Do you have your Direct email address set up? a. Do you know if this is Direct Trust or Direct email accounts?
7.	Have you exchanged electronic Summary of Care with anyone yet? a. List with which provider(s) you have electronically exchanged the Summary of Care. b. Have you run your Meaningful Use reports? c. Do you know where you are at with this measure as it relates to the 10% that must be sent electronically?
8.	Are your problems all coded in Snomed ? This is a requirement of the Summary of Care.
9.	Do you know who provides your IT services? a. Are they available to assist with this project (if needed)?
√ PROCESS	
10.	Do you currently send paper Summary of Care? a. Is the Summary of Care in the CCD/CCD format?
11.	Do you currently track your referrals in your EHR? a. Can you get a list of the all your referrals that are generated? b. Do you know what EHR those top referrals are using? c. Can those top referrals accept Summary of Care (CCDA/CCD) electronically?
12.	Do you have processes formulated for sending out the Summary of Care both paper/faxing and electronically?
13.	Do you have processes formulated for receiving the Summary of Care and matching/reconciling with patient’s chart? This includes paper, fax and electronically.
14.	Have you thought about a process including ownership to handle failed electronic submissions of Summary of Care?
√ EDUCATION	

Work Together

- Munson is capturing email addresses. You are welcome to use them. They are located at XXX
- Munson is working (or will in the next few months) with Allscripts, eCw, Epic (UofM and Spectrum physician offices). Just starting Next Gen and Meditech
- Munson is working with Cerner and eCw to develop a connection to each other. Not certain if that will be successful
- How else can we work together or how can we assist the physician offices?

Lessons Learned

- No problem found
- Snomed for Problem List
- Direct email is NOT out of the box. Must test with each partner (Munson is happy to test with anyone), took Munson 6 months
- There is a difference between Direct and Direct Trust. eCw is Direct not Direct Trust (but eCw has applied to be Direct Trust)
- Definition of Procedure
- Definition of Care Team.



Lessons Learned

- This process can be done by anyone (will never be completed by the physician)
- Go after the top referrals
- Can use Great Lakes Health Connect to obtain an email address if the receiving entity does not have an EHR
- Must have process to receive the Summary of Care.



Questions

