

Job Aid Cerner Ambulatory

Outgoing Referral Process

Overview

It is required to send a Continuity of Care Document (CCD) electronically whenever technically possible. Meaningful use thresholds require this for at least 50% of all external referrals transmitted.

Referral Definitions

External Referral – A referral sent to a provider outside Munson hosted Cerner Ambulatory Solution. This is a transition of care requiring a continuity of care document (CCD) be transmitted to the receiving provider/practice. These referrals should be sent via Provider letter using direct trust email when available.

Internal Referral – A referral routed to a provider inside the Munson hosted Cerner Ambulatory Solution. These are to providers who already have access to the patient's chart and therefore do not require a CCD because the patient chart is shared across the health system.

Transmitting Referral Information using Provider Letters

Provider Letter allows staff to create a letter to another provider that can be sent to their secure email, message center inbox, faxed or mailed. While creating the letter, documents, flowsheet results, and Transition of Care Summaries can be added. This is the preferred workflow for External Referrals.

1. Navigate to myViews on the top tool bar and select Ambulatory Referrals Management



- 2. Select your location, or multiple by holding down the ctrl key.
- 3. Locate the patient with a new referral and click on the "Referral Ambulatory" order.

Name 🔺	MRN \$	FIN \$	Location 🔺	Referral
JAMES A	4070676	54230830	Pre - Procedure Clinic	Referral Ambulatory 0472371919:19:00 EDT, Cardiolog for it please. Please provide pre o Consult for lef



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4. Right Click on the Referral Ambulatory order and select modify.

wedication List				
View	Display: All Orde	rs (All Statuses)	▼	
Orders for Signature	¢ 77	Order Name	h.	R
Plans	4 Non Catorea	ined.	Renew	14
Suggested Plans (0)	2 Non Categor	Office Visit I	Modify	1.2
Orders		99215	Сору	- 6~
Non Categorized	⊿ Radiology		Suspend	
Patient Care	-	NM MYOC F	Activate	
Vital Signs		MULTI SEST/	Constate	
C Activity		NM MYO M	Complete	
Radiology		PERF W /PH	Cancel/DC	
	△ Laboratory		Delete/Void	
Diagnostic Tests	66	Glycohemod	Reschedule Task Timer	, 2 ⊠
	0.0	(HDAIC)	Reschedule Task Times	24
Consults/Referrals	0.0	culture, Stap	Add/Modify Compliance	⊻ c~
Therapies	And	Complete Pl	Order Information	15
Continuous Infusions	00	(CBC)	Comments	
Medications	66	Basic Metabo	Break	18
Supplies		(BMP)	Results	- 0.
- Discharge Orders	60	25(OH) Vitar	Reference Information	ي بخ ⊻
Protocols/Standards		Deficiency A	Print	•
System Auto-Generated	⊿ Cardiology		Advanced Filture	
L Procedures		Electrocardic	Advanced Filters.	: 🚽 🔲
Medication History		- Routine 12	Enable Edit on the Line	
Medication History Snapshot	⊿ Consults/Re	ferrals	Disable Order Information Hyperlink	

- 5. Enter the ordering provider and select Per Protocol/Policy/Existing Order.
- On the order details screen: (1) Select the Yes for external referral, (2) click on the magnifying glass in the referred to provider field (3) Spell out the name of the facility you are searching for, do not use acronyms. Example (GLOC- Great Lakes Orthopeadics) (4) Select OK. On the next screen, click sign.

Provider Selection		🖬 cal Record Request 📲 Communicate 👻 🔊 Charges 🎉 Depart 😋 Result Copy 🌄 Related Records 🖕	
great Alias:	Sulfix Search Alias type: Preview	List N:AC4055014 FIN-AC0054132080 Allergies: penicilins ation.Pre - Procedure Clinic Odd Status/Full Code (no limitation on resuscitative measures) Portal-Patient Declined Odd Status - Portal-Patient Declined	ComEx
Usemane:	Clear Clear	نام * 🕞 External Rx History • 🖉 Rx Plans (0): In Process et al. (2) الم المحد المحد 	II screen Print liation Status s History 🕑 Admission
Limit by organization	No data filtering No data filtering No data filtering No data filtering	W Dudies (Al Stature) Image: Stature Image: Stature	Order Com 0 **Diagnosis:E R
View physicians only Name I Great Lakes Family Carel, Cadilac	Services Positions Alase	Auto-Generated Inv For Referral Ambulatory alls Drade Comments Diagnoses In.	
et Information	OK Carcel	Special Instructions in entitlesia request recomendations. Patient needs MBI under anesthesia. *External Referrat Ves No Reson for Keterrat Immoderate to severe autor stenicos thorization Effective from Date ************************************	D752 EST



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7. Go to Communicate on the top toolbar and use the dropdown to select **Provider Letter**. The Create Letter dialog box is displayed.



- 8. The Provider Letter Recipients dialog box is displayed.
- 9. Search for the **facility** to which you want to send the referral. If you do not find the facility, search for a provider and select from the Provider list. The facility or provider is added to the Recipient list. You can save a facility or provider as a favorite by clicking on the star icon. X Do not use the check boxes at the top of the window.

elect Frovide DCP Ockenfels, Search for Prov	r John vider		
Internal	Great Lakes		<u>^</u>
Favorite (0)	Recent Recipient (2)		
Fav Pref	fix First Name	Last Name	Credentials N
cipient			
cipient v Prim P	refix First Name	Last Name	Credenti.

- 10. The "mode" of transmission defaults to:
 - a. Non-Munson secure email.
 - b. "Inbox" if the provider actively uses Message Center.
 - c. "Fax" if the provider has neither inbox or secure email

Note: you can change to mail if you must print and send in the mail.



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Recipient

Fa	v	Prim	Prefix	First Name	Last Name	Credenti	Mode	Details	Del
1	<u>i</u>		MD	Brian	Jaffe		Inbox		×
3	k.		MD	Ahmet	Sevimli		Secure E	Ahmet.Sevimli@meg.eclinicaldirectplus.com	×
3	k I		MD	Nancy	Reye		Secure E	nancyreye@clhcmi.allscriptsdirect.net	×

Important: If the secure email is "allscripts" please change the mode of transmission to Fax. Allscripts offices receive many faxes and they often fail. You may have to print and send in the mail if this continues to happen.

D Brian D Ahmet D Nancy	Jaffe Sevimli Reye		Inbox Secure E Secure E	Ahmet.Sevimli@meg.eclinicaldirectplus.com nancyreye@clhcm <mark>allscriptsdirect.net</mark>	3
D Ahmet D Nancy	Sevimli Reye		Secure E Secure E	Ahmet.Sevimli@meg.eclinicaldirectplus.com nancyreye@clhcm <mark>allscriptsdirect.net</mark>	>
D Nancy	Reye		Secure E	nancyreye@clhcm <mark>allscriptsdirect.net</mark>	>
Print To: Lopez-Wil	d , Dianne M 🗙			d	2
) r	int To: Lopez-Wil	int To: Lopez-Wild , Dianne M X	int To: Lopez-Wild, Dianne M(X) Printed On Letter	int To: Lopez-Wild, Dianne M X	int To: Lopez-Wild, Dianne M X

- 11. Click **OK**. The Create Letter dialog box is displayed.
- 12. From the Subject drop down, select referral request.
- 13. Select Transition of Care to generate a Transition of Care summary (CCD).

Recipient Great Lakes Orthopaedic Center 🗵
Subject: Referral Request Save As: Provider Letter
Transition of Care Browse Documents
Arial 🔹 🔹 🔹 🧐 🔍 🔍 🐇 🖿 🖻 🖏 🖪 🙂 🖌 🗄 🗐 🕸
This patient is referred for
A copy of the most recent office note is attached.
All pertinent laboratory and diagnostic studies are present in Powerchart.
All pertinent laboratory and diagnostic studies are attached.
Please let me know if you need any additional information.
Thank you for your assistance.



14. To add a document, click Browse Documents

Create Letter			
Task Edit			
ZZZZTESTCERN, ATEST MOM		MRN:A4000056	FIN:A0054225161
DOB:08/24/1963	Age:56 years	Sex:Male	Provider:
Recipient Subject: Referral Request	Save As: Provider Letter	•	
Transition of Care Browse Documents	Contro (2019) Continuity of C	Care Document 🔀	
Arial 🔹 12 💌 🍕	e e X 🖻 🛍 🌂 🖪		i 🛓 🔤 🏘

15. Select a document, select **Attach Full Document** and then click **OK**. The document is added to the provider letter. **NOTE:** You may have to change the date range as it defaults to the last 30 days.

Date Subject	Author	Туре	14	Text From Document	Document Sections				
01/07/20 Provider L	etter Cook, Josep	h N Provider Letter		Currently Selected Do	rumant				
1/07/20 Provider L	etter TEST Cook, Josep	h N Provider Letter		currently selected be	-cument				
1/07/20 Provider L	etter Cook, Josep	h N Provider Letter						hysterectomy	
1/07/20 Primary C	are Office Note Cook DO, Jo	seph N Primary Care Offic						acetaminonhen-codeine 300 mo-60 mo	
1/02/20 Ambulato	ry Comprehens Schwabe LP	N, Sheila Ambulatory Comp	re					oral tablet, 1 Tab, Oral, q4hr, PRN	
2/31/20 DME Orde	r Cook DO, Jo	oseph N General Message						codene sulfate 30 mg oral tablet, 30	
2/31/20 Anticoagu	lation Therapy Cook DO, Jo	oseph N Anticoagulation T	e					Depo-Testosterone 200 mg/mL	
2/31/20 Anticoage	lation Therapy Cook DO, Jo	oseph N Anticoagulation T	e					intramuscular solution, 300 mg= 1.5 mL,	
2/27/20 Allergy In	ection Schwabe LP	N, Sheila Allergy Injection F	m					IM, g2Week Iosartan 50 mn oral tablet, 50 mn= 1	
2/27/20 Allergy Inj	ection Schwabe LP	N, Sheila Allergy Injection F	rm					Tab, Oral, Daily, 3 refils	
2/27/20 Letter	Hartman, Je	ssica A Medication Manag	e					Mirena 52 mg intrauterine device, 52	
2/19/20 Primary C	are Office Note Hartman, Je	ssica A Primary Care Offic						Allomier	
2/18/20 Allergy In	ection Cook, Josep	h N Allergy Injection F	rm					codeine (swelling, Anaphylaxis)	
2/18/20 Allergy In	ection Cook, Josep	h N Allergy Injection F	rm	-	1.44				
2/18/20 Preventat	ve Health Exam Cook DO, Jo	oseph N Annual Wellness C	ffi	Attach Text Selection	Attach Full Docum	ent	Attach Document Sections		
2/18/20 Primary C	are Office Note Cook DO, Jo	oseph N Primary Care Offic							
2/18/20 Bladder Se	an PVR Cook, Josep	h N Bladder Scan PVR	0						
2/10/20 Reminder	Message Hartman, Je	ssica A Reminder							



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16. To add a patient result, click **Add Results**, click **Select All** to select all results or select a specific result and click **Include Selected**. The results are added to the Results list.



17. Select **Preview** to preview the Provider Letter or click **OK** to send the provider letter.

t Preview	N				
eph					
	Dear Provider,				
	Body of letter.				
	Attached Section acetaminophen-codei codeine sulfate 30 mg Depo-Testosterone 20 losartan 50 mg oral ta Mirena 52 mg intraute	ine 300 mg-60 g oral tablet, 3 00 mg/mL intra ablet, 50 mg= erine device, 5) mg oral tablet, 1 0 mg= 1 Tab, Oral amuscular solution 1 Tab, Oral, Daily, 52 mg= 1 Each, In	Tab, Oral, q4hr, PRN I, q6hr, PRN n, 300 mg= 1.5 mL, IM, q2Wee 3 refills traUterine, ONCE	k
	Attached Results		Ū į		
	Attached Results Result Name	Current Re	sult	Reference Range	
	Attached Results Result Name Weight Historical (kg)	Current Re	sult 06/19/2018	Reference Range	-
	Attached Results Result Name Weight Historical (kg) Weight Type	Current Re 60 admission	sult 06/19/2018 06/19/2018	Reference Range	
	Attached Results Result Name Weight Historical (kg) Weight Type Height Historical (cm)	Current Re 60 admission 170	sult 06/19/2018 06/19/2018 06/19/2018	Reference Range	
	Attached Results Result Name Weight Historical (kg) Weight Type Height Historical (cm) Height Historical (in) (Inch)	Current Re 60 admission 170 66.93	sult 06/19/2018 06/19/2018 06/19/2018 06/19/2018	Reference Range 20.0 - 213.4	-
	Attached Results Result Name Weight Historical (kg) Weight Type Height Historical (cm) Height Historical (in) (Inch) BSA (Body Surface Area) Historical (m2)	Current Re 60 admission 170 66.93 1.69	sult 06/19/2018 06/19/2018 06/19/2018 06/19/2018 06/19/2018	Reference Range 20.0 - 213.4	-