



Meaningful Use

Transition of Care

April 2016

Overview

- Summary of care/transition of care is not going away
- Increasing requirement
 - 10% 2016
 - 50% 2018
- Works well with the same EHR
 - eCW to eCW
 - NG to NG
- Significant challenges between EHR vendors
 - Attachments limitations
- Individual practice strategy for key transitions of care



Beginners Checklist

- Monitor each providers percentage and denominator
- Clearly understand how your EHR records numerator and denominator are calculated
- Clarify which of your “referrals” are considered transitions of care (denominator)
- Document the process for your practice for referrals/transitions to your key providers/sites
 - Update for new providers or improved functionality
 - Train and monitor referral staff
- Test with your key providers/sites



*the
Beginner's Guide*

2016 Regulations (General)

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf

Eligible Professional Objectives and Measures	
(1)	Protect electronic protected health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use clinical decision support to improve performance on high-priority health conditions.
(3)	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible prescriptions electronically (eRx) .
(5)	Health Information Exchange -The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation .
(8)	Patient electronic access - Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
(9)	Use secure electronic messaging to communicate with patients on relevant health information.
(10)	Public Health Reporting -The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

HIE Regulations

Eligible Professional EHR Incentive Program Objectives and Measures for 2016 Objective 5 of 10

Date updated: February 4, 2016

Health Information Exchange	
Objective	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
Measures	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
Exclusion	Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

Also called Summary of Care, Transition of Care, CCDA

Regulations (numerator and denominator)

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

- **DENOMINATOR:** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
- **NUMERATOR:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
- **THRESHOLD:** The percentage must be more than 10 percent in order for an EP to meet this measure.
- **EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

What's Included

Summary of Care Record – All summary of care documents used to meet this objective must include the following information if the provider knows it:

- 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 (EP only)
 - ★• Current problem list (Providers may also include historical problems at their discretion)*
 - ★• Current medication list*
- ★• Current medication allergy list*

**Note: An EP must verify that the 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 as of the time of generating the summary of care document or include a notation of no current problem, medication and/or medication allergies..*

When

Transition of Care

```
graph TD; A[Transition of Care] --> B[Transition in]; A --> C[Transition Out]; B --- D[Medication Reconciliation Requirement]; C --- E[Summary of Care Document Requirement];
```

Transition
in

**Medication Reconciliation
Requirement**

Transition
Out

**Summary of Care Document
Requirement**

What is a Transition of Care Federal Government

Definition of Terms

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.



What is a Transition of Care



Ran by MCEITA, no useful feedback from CMS/ONC MU hotline

Examples of Transitions of Care:

- Referral to a specialist or another primary care provider (outside your practice)
- Referral to Hospice
- Referral to Home Care
- Referral to Palliative Care
- Referral to a rehab hospital
- Referral/transfer to an extended care facility/assisted living to be managed by a provider from another practice
- Referring a patient from an ambulatory practice to the ED
- Patients who are referred back to their primary care provider after seeing a specialist (and the specialist has completed care of the patient and will not manage/see the patient for this medical issue)
- Patient leaves the practice



What is NOT a Transition of Care

- Ordering lab test
- Ordering cardiac rehab
- Ordering diabetic education
- Ordering a physical therapy
- Ordering radiology test (MRI, x-Ray, Cat Scan, Bone Density, etc.)
- Ordering other diagnostic studies (PFT, EKG, etc.)
- Scheduling patients for a procedure at another site if the procedure is performed by a referring provider/practice. Examples:
 - Cardiologist schedules a patient for a cardiac cath to be performed at the local hospital where the cardiologist will be performing the cardiac cath
 - A surgeon who sees a patient in the office and schedules surgery at the hospital
- Specialist/consultant sending information back to the referring provider but not sending the patient back to them. Often provider will send a courtesy note indicating the specialist saw the patient and what the patient will be treated for.
- Referral of a patient to another provider within the same practice (using the same EHR).



CHALLENGE: Encounter verses Longitudinal

Encounter CCDa: Only information from the one episode of care

Longitudinal: All information on the patient since beginning EHR

May get complaints about what you are sending.

Excessive size can cause some sending systems to “time out”



CCDA From GloStreams

Grayling Family Practice Clinic : Care Record Summary

Patient	Donald Duck
Date of birth	January 9, 1950
Sex	Male
Race	Other Race
Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 1010 W North Down River Rd Grayling, MI 49738, US Tel: +1(989) 348-7671
Patient IDs	2.16.840.1.113883.4.1
Document Id	1.1.1.1.1.1.1.1.1
Document Created:	January 27, 2015, 14:24:00, EST
Performer	Bashar E Kiami
Performer	Brian N Stirling
Performer	Gregg B Hanert
Performer	Jeffrey K Chaulk
Performer	Lisa A Harrington, DO
Author	Lisa A Harrington, DO
Contact info	Work Place: 1010 W North Down River Road Grayling, MI 49738 Tel: +1(989) 348-7671
Encounter Id	bc4d7a0b-4c51-4119-a2b8-4ee9e73d1c27
Encounter Date	
Encounter Location	Adult Medicine
Legal authenticator	Lisa A Harrington, DO signed at January 27, 2015, 14:25:00
Contact info	Work Place: 1010 W North Down River Road Grayling, MI 49738 Tel: +1(989) 348-7671
Document maintained by	Grayling Family Practice Clinic
Contact info	Work Place: 1010 W North Down River Rd. Grayling, MI 49738, US Tel: +1(989) 348-7671

Table of Contents

- [Social History](#)

CCDA From eCw

CDA Content

Continuity of Care Document (C-CDA)

Patient	Wellcentive ZzzTest
Date of birth	May 10, 1970
Sex	Male
Race(s)	White
Ethnicity	Not Hispanic or Latino
Language(s)	English (Preferred)
Contact info	123 Main St Cadillac, MI 49601, US Tel: +1-2315551234
Patient IDs	364084943 2.16.840.1.113883.4.1
Document Id	e962e379-139b-4770-af3c-223c7e94bac3 2.16.840.1.113883.3.109.3.1420.4.1.1.80210.2.2.8
Document Created:	March 24, 2015, 11:58:26 -0400
Performer (primary care physician)	Roger Gerstle, MD 1400 Medical Campus Dr Traverse City, MI 49684
Performer	Joseph Cook, DO 1400 Medical Campus Dr Traverse City, MI 49684, US
Author	Timothy R Lambert, Munson Family Practice
Contact info	1400 Medical Campus Dr Traverse City, MI 49684, US Tel: +1-2319358000

CCDA From Next Gen

CDA Content

Substance	Reaction	Severity	Status
Penicillins	hives	moderate	Active

Medications

Medication	Instructions	Dosage	Effective Dates (start - stop)	Status	Comments
Tussionex Pennkinetic ER 8 mg-10 mg/5 mL suspension, extended release	take 5 milliliter by oral route every 12 hours	Not Available	Feb-27-2015 -	Active	
enalapril maleate 10 mg tablet	take 1 by Oral route 2 times every day	Not Available	Feb-27-2015 -	Active	
atorvastatin 40 mg tablet	take 1 tablet by ORAL route every evening	40 MG	-	Active	
losartan 100 mg tablet	take 1 tablet by ORAL route every evening	100 MG	-	Active	
Zithromax Z-Pak 250 mg tablet	take 2 tablet by oral route every day for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days	500 MG	Feb-27-2015 - Mar-03-2015	No Longer Active	
atorvastatin 40 mg tablet	take 1 tablet by ORAL route every evening	40 MG	Jan-31-2015 - Feb-25-2015	No Longer Active	

Problems

Condition	Effective Dates (start - stop)	Clinical Status
Fibromyalgia	Feb-27-2015 -	Active
CAD (coronary artery disease)	Feb-27-2015 -	Active
Hypertension	Feb-25-2015 -	Active
Hyperlipidemia	Feb-25-2015 -	Active

Table of Content (Interactive)

Table of Contents

- [Social History](#)
- [Problems](#)
- [Medications](#)
- [Allergies, adverse reactions, alerts](#)
- [Results](#)
- [Vital Signs](#)
- [Plan of care](#)
- [Procedures](#)
- [Instructions](#)
- [Family History](#)
- [History of immunizations](#)
- [Functional and Cognitive status](#)
- [Reason for Referral](#)
- [History of encounters](#)

Social History

Description	SNOMED Code	Qualifiers	Comments	Date Reported	Category
Caffeine				8/29/2011	Social History
Children				8/29/2011	Social History
Drug Use - Denies				8/29/2011	Social History
Education: College				8/29/2011	Social History
Education: Graduate Degree				8/29/2011	Social History
Employment: Full Time				9/19/2011	Social History
Marital Status: Married				9/19/2011	Social History
STD - Denies Hx.				9/19/2011	Social History
Travel History Reviewed			Never travelled	9/19/2011	Social History

Problems

Condition	Effective Dates	Condition Status	Problem Type	SNOMED Code	ICD9/10 Code
Anal fissure (disorder)	9/19/2011	Active	30037006 - Anal fissure (disorder)	30037006	565.0
Impotence of organic origin (disorder)	9/19/2011	Active	198036002 - Impotence of organic origin (disorder)	198036002	607.84
Pt is here today for a follow up evaluation for diabetes	9/19/2011	Active			
Patient here for follow up exam.	10/24/2011	Active			
Dyspnea at rest	1/17/2012	Active	Dyspnea at res	161941007	786.09
DIAB W/O COMP TYPE II/UNS NOT STATED	9/25/2012	Active	73211009 - Diabetes mellitus	73211009	250.00

CHALLENGE: Additional Attachments

EHR	Attachments to practice with same EHR	Attachments to practice with different EHR
eCW	Yes (P2P)	No (P2P)
Next Gen (NG)	Yes (NG Share)	Epic and Allscripts
Varian (MMC Oncology)	No	No
Allscripts	Yes	NG and others
Glostream	unknown	
Cerner	unknown	



Attachments may include

- Referral Letter
- Signed order
- +/- Lab Test Result
- Additional forms
- Insurance

Direct Trust - Department of Defense



Examples of Direct Trust Emails

Cerner: Munson Medical Center: medrecmmc@direct.mhc.net

Next Gen: Dr. Joseph Cook: joseph.cook.p8@direct.munsonhealthcare.nextgenshare.com

eClinical Works: Kent Bowden: kent.bowden@csc.eclinicaldirectplus.com

Medicity: munson.home.care.and.hospice@mhc.midirect.net

Varian: MMCCompBreast@mhc.direct.varian.com

Glostream: Mitzie@directaddress.net

Practice Fusion: sleepdiagnostics@direct.practicefusion.com

Epic (Spectrum Health): Michael.Dickinson@epic00.shdirect.org

Epic (UofM): echadd13557@direct.med.umich.edu



Direct Trust to Direct Trust



Direct Emails Only

medrecmmc@direct.mhc.net to

joseph.cook.p8@direct.munsonhealthcare.nextgenshare.com

When calling an office, many are confused and indicate they do not use email.

Direct Trust to Non Direct Trust



WORK

Cannot send from Direct Trust to non-Direct Trust

Cannot send from

joseph.cook.p8@direct.munsonhealthcare.nextgenshare.com to rterry@mhc.net

Addresses Built

<http://www.munsonhealthcare.org/summaryofcare>

DIRECT ADDRESSES

Direct addresses are intended for clinician communication only. Referring providers should continue to follow their usual referral process in addition to sending a CCDA electronically to make sure patient's needs are promptly addressed.

MHC REGIONAL DIRECT TRUST EMAIL LISTING											
Last updated: 3/28/2016											
Munson Healthcare has published this Meaningful Use, Summary of Care, Direct Email Directory as a community service and for informational purposes only. A listing in this directory is not a Munson Healthcare endorsement of any particular health care provider. This list is updated regularly for completeness or timeliness of the directory; email addresses should always be confirmed before sending Protected Health Information or other confidential information. Use of information in this directory is authorized only to transmit patient information for treatment purposes. Use for any other purpose is prohibited.											
Those items in Yellow or Orange have not been tested or do not work correctly. DO NOT USE											
Status	Type	Location	Last Name	First Name	Cre	NPI	State License	Direct Address	Contact for testing	EHR Vendor	
321 Active	Provider	Pine River Medical	GERALYN	DOSKOCH		1710079256		GERALYN.DOSKOCH@cah.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547 8851	Cerner	
322 Active	Provider	Pine River Medical	KATHRYN	FRAKE		1558581355		KATHRYN.FRAKE@cah.cernerdirect.com	Michelle Hines mhines@mhc.net 231 547 4042	Cerner	
323 Active	Provider	Pine River Medical	MARYANN	IVEY		1427137231		MARYANN.IVEY@cah.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547 8851	Cerner	
324 Active	Provider	Pine River Medical	MICHAEL	HARMELING		1194836502		MICHAEL.HARMELING@cah.cernerdirect.com	Donna Looze, dlooze@mhc.net, 231 582 5314	Cerner	
325											
326 Active	Office	Prudenville Community Health Center - MHC Gragling Physician						1420.0001@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
327 Active	Provider	Prudenville Community Health Center	Baker	Hajley		1942519525		hajley.baker.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
328 Active	Provider	Prudenville Community Health Center	Gee	James		1487974184		james.gee.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
329 Active	Provider	Prudenville Community Health Center	Gielinski	Barbara	S	1811920960		barbara.gielinski.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
330 Active	Provider	Prudenville Community Health Center	Janisse	Amanda	C	1942561964		amanda.janisse.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
331 Active	Provider	Prudenville Community Health Center	Rubert	Cynthia		1023074360		cynthia.rubert.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
332											
333 Active	Office	Roscommon Community Health Center - MHC Gragling Physician						1420.0001@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
334 Active	Provider	Roscommon Community Health Center	Anderson	Amorette	Leann	1205025046		amorette.anderson.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
335 Active	Provider	Roscommon Community Health Center	DeYoung	Karen		1982801563		karen.deyoung.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
336 Active	Provider	Roscommon Community Health Center	Dibbet	Mark		1215953948		mark.dibbet.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
337 Active	Provider	Roscommon Community Health Center	Thornton	Timothy		1205852336		timothy.thornton.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen	
338											
339 Active	Office	Sleep Diagnostic of Michigan (West Branch Location)						sleepdiagnostics@direct.practicefusion.com	Donna Pauley, dpauley@michigansleep.com, 989-312-0666	Practice Fusion	
340											
341											
342 Active	Office	City						1420.0015@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
343 Active	Provider	Surgical Associates Of Traverse City	Gaultier	Toni		1467445619		toni.gaultier.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
344 Active	Provider	Surgical Associates Of Traverse City	Noble	Valter	C	118461676		valter.noble.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
345 Active	Provider	Surgical Associates Of Traverse City	Pothoff	William	P	1760475918		william.pothoff.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
346 Active	Provider	Surgical Associates Of Traverse City	Seah	Adrian	S	1306366908		adrian.seah.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
347 Active	Provider	Surgical Associates Of Traverse City	Tooley	Richard	N	1235727824		richard.tooley.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
348 Active	Provider	Surgical Associates Of Traverse City	VanderKolk	Michael	H	1467444216		michael.vanderkolk.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen	
349											
350 Active	SNF	Tendercare Birchwood					1070000029	tendercare.birchwood@ehsi.midirect.net			Uses drop box from Mich Health Connect
351 Active	SNF	Tendercare Leelanau					1070000023	tendercare.leelanau@ehsi.midirect.net			Uses drop box from Mich Health Connect
352 Active	SNF	Tendercare Traverse City					10700000365	tendercare.traverse.city@ehsi.midirect.net			Uses drop box from Mich Health Connect
353											
354 Active	SNF	The Maples Benzie County Medical Care Facility					1417931858	the.maples@benziemaples.midirect.net	Kathleen Dube, 231-352-9674, kdube@benzie.com		Uses drop box from Mich Health Connect
355											
356 Active	Office	The Sleep Center Munson Healthcare Charlevoix Hospital	PAMELA	KNYSZ			1.62E+09	PAMELA.KNYSZ@cah.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547	Cerner	
357											
358 Active	Office	Traverse Bay Radiation Oncology PC					1356351506	traversebayradiation@mhc.direct.varian.com	Sue Curnow, 231-935-7106	Varian	

DIRECT ADDRESSES

Not local, but used by region

NO LONGER ACTIVE



Addresses Built

May have to build the address in your EHR

- eCw (Renee Gerrie for hosted eCw)
- Next Gen (John Rokos for hosted Next Gen)



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			Braun, William
	4/10/2014 4:42 PM	Fayetteville Medical Associa...	Continuity of Care Document (...)	Imported	4/10/2014 4:53 ...	Keller, Julie A LPN			Arndt, Elizabeth
	4/10/2014 4:53 PM	INSA North	Extract, Exchange of Personal...	Imported	4/14/2014 2:57 ...	Keller, Julie A LPN			Manager, Syst
	4/14/2014 5:42 PM	Family Practice Associates ...	Extract, Exchange of Personal...	New					Riddell, Shanno
	4/14/2014 5:43 PM	Family Practice Associates ...	Scanned Document (XDS-SD)	New					Riddell, Shanno
	4/17/2014 4:58 PM	Munson Medical Center	Continuity of Care Document (...)	Imported	4/18/2014 12:4 ...	Manager, System			
	4/21/2014 4:13 PM	Transylvania Regional Hospi...	Continuity of Care Document (...)	New					
	4/24/2014 9:55 AM	Munson Medical Center	Continuity of Care Document (...)	New					
	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 ...				

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 Allscripts Professional EHR interface. A 'Join.me' window is open at the top with the URL 'join.me/805-493-131'. The 'ePHI Import Wizard' is active, showing a 'Verify Patient Match' dialog. The dialog compares data from an 'ePHI Document' with a 'Chart'. The data is as follows:

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 dialog includes a 'Search...' button, 'Use Current' and 'Clear' buttons, and 'Start >>' and 'Cancel' buttons at the bottom. The background EHR interface shows a sidebar with various modules like 'Appointments', 'Inbox', 'Results', etc. The status bar at the bottom indicates 'Page: 17 of 39' and 'Words: 525'.

The REAL Benefit - Receiving (Clinical Reconciliation)

The screenshot displays the Allscripts Professional EHR interface for a patient named Molina Health | #410. The patient's insurance plan 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, including Current Medications and Previous Medications. A red arrow points to the entry 'Warfarin Sodium (5MG Tablet, Oral, Taken starting 05/03/2014) Undefined.' in the Previous Medications list. The entry is highlighted, and a tooltip is visible, showing the medication name and dosage. The interface also includes a 'Revision History' section and a 'Refill' button. The bottom of the screen shows the page number (Page: 27 of 39) and the word count (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.

Current Medications

- Multivitamins (1 Oral daily, Taken starting 05/03/2014) Undefined.
- Docusate Sodium (100MG Capsule, 1 Oral daily, Taken starting 05/03/2014) Undefined.
- Senna Lax (8.6MG Tablet, 1 Oral daily at 11:00 PM, Taken starting 05/03/2014) Undefined.
- Coumadin 5MG, 1 (one) Tablet daily, #30, 0
- Simvastatin 20MG, 1 (one) Tablet daily, #30
- MS Contin 60MG, 1 (one) Tablet three times daily, #30
- Losartan Potassium-HCTZ 50-12.5MG, 1 (one) Tablet daily, #30
- Omeprazole 20MG, 1 (one) Capsule three times daily, #30
- Hydrocodone-Acetaminophen 10-325MG, 1 Tablet two times daily, #100
- Coreg 25MG, 1 Tablet two times daily, #100
- ProAir HFA 108 (90 Base)MCG/ACT, 2 (two) Inhalers, #30
- Digoxin 0.125MG, 1 Tablet daily, #30, 10/15
- Triamcinolone Acetonide 0.1%, 1 (one) Aerosol, #30

Administered Medications

Previous Medications

- Cyclobenzaprine HCl 10MG, 1 (one) Tablet daily, #30
- Sennosides (8.6MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Docusate Sodium (100MG Capsule, Oral, Taken starting 05/05/2014) Undefined.
- Cyclobenzaprine HCl (10MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Cyclobenzaprine HCl (10MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Warfarin Sodium (5MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Warfarin Sodium (5MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Lisinopril-Hydrochlorothiazide 20-25MG, 1 Tablet daily, #30
- Azithromycin 250MG, 2 (two) Tablet today, #30
- Nitroglycerin 0.4MG/SPRAY, 1 (one) Spray, #30
- Coumadin 4MG, 1 Tablet daily, as directed, #30
- Cephalexin 500MG, 2 (two) Capsule two times daily, #30
- Naproxen 375MG, 1 Tablet two times daily, #30
- Zolpidem Tartrate 10MG, 1 Tablet at bedtime, #30
- Norco (10-325MG Tablet, Oral, Taken starting 05/03/2014) Undefined.
- Morphine Sulfate ER (60MG Capsule ER 24 Hour, 1 Capsule four times daily, #30
- Nexium 40MG, 1 (one) Capsule DR daily, #30
- Amoxicillin 500MG, 2 (two) Tablet two times daily, #30
- Meloxicam 15MG, 1 (one) Tablet daily, #30
- OxyCODONE HCl 40MG, 1 (one) Tablet four times daily, #30
- Gabapentin 300MG, 1 (one) Capsule at bedtime, #30
- Norco 5-325MG, 1-2 Tablet four times daily, #30

The REAL Benefit - Receiving

Import and Clinical Reconciliation

- Medication List
- Problem List
- Allergies
- All needed for Stage 3



TEST, TEST, TEST before live



Figure out who you transition your patients to

Contact them and find out what their address is (NO master list)

What other forms are needed

Do a test, or two, or three....

Stage 3 Requirements

- 50% (not 10%) are sent electronically
- Exclusions Added: 50% or more of encounters with less than 4MB broadband available (and that may have gone up to 5MB),
 - Counties that qualify: Crawford, Kalkaska, Wexford, Missaukee, Charlevoix, Manistee, Chippewa, Luce,
 - Counties that DO NOT qualify: Grand Traverse, Benzie, Otsego, Emmet, Antrim, Roscommon



Stage 3 (CHIME Table)

From CHIME: Officials from the Department of Health and Human Services (HHS) unveiled their vision for MU Stage 3, including changes that support "efforts to increase simplicity and flexibility in the program while driving interoperability and a focus on patient outcomes in the meaningful use program," CMS said. The proposed MU rule would establish a single reporting period for all providers based on the calendar year and require all hospitals to meet 18 measures across 8 objective areas and all eligible professionals to meet 17 measures across the same objective areas. Stage 3 will begin in 2017, but the proposed rule allows most providers the option to wait until 2018 to move from Stage 2 to Stage 3. Below is a snapshot of proposed objectives for Stage 3:

Protect ePHI

- Perform a security risk analysis

eRx

- > 80%
- > 25% of hospital discharges medication orders query drug formulary

Clinical Decision Support

- 5 CDS alerts
- Enabled drug/drug; drug/allergy interaction

CPOE

- 80% medication orders
- 60% lab orders
- 60% diagnostic

Patient Electronic Access to Health Information

- Provide access w/in 24 hours (can be through API)
- > 35% Education resources

Coordination of Care through Patient Engagement (meet 2 of 3)

- > 25% View, Download or Transmit or > 25% use API to access their information
- > 35% use secure messaging
- > 15% PGHD is incorporated

Health Information Exchange (2 of 3)

- > 50% of ToC transmit electronic summary of care record (SoCR)
- > **40% of ToC recipients incorporate SoCR into their EHR**
- > **80% of ToC perform "clinical information reconciliation"**

Public Health

6 measures; EPs choose 3 of measures 1-5; EHs choose 4 of measures 1-6



eClinical Works

- eCw uses P2P
- P2P (eCw to eCw)

<input type="radio"/>	Hill,Laura	872 Munson Ave Traverse Cit...	Family Practice	99223063
<input checked="" type="radio"/>	Hill,Laura	872 Munson Avenue, Suite D ...	Family Medicine	
<input type="radio"/>	HILL,MARCELLA	2572 N US HWY 131 ELMIRA MI...	Physician Assistant	9897317700 919897312999

- P2P (eCw to non eCw)

<input type="radio"/>	<input checked="" type="radio"/> COOK, RONNIE T	130 W RAVINE ST KINGSFORT T...		MA	
<input type="radio"/>	<input checked="" type="radio"/> COOK, JOSEPH	1400 Medical Campus Dr Trav...	Family Medicine	2319358000	N.MI
<input type="radio"/>	<input checked="" type="radio"/> Cook, Loretta	517 W Grace Street Richmond...		MA	

- Addresses in our community that work:
 - MMC Nephrology, MMC Endo, MMC Pain Clinic, MMC Rheumatology, MMC Infectious Disease, MMC Cadillac Surgical, Northern Michigan Gastroenterology
- Demo from Renee

Next Gen Demo

Demo from Dr. Cook/John Rokos

NEXTGEN

Munson Family Practice Referral and Transition of Care

Practice	Electronic Summary of Care (CCDa) to Provider	Electronic Summary of Care (CCDa) to Practice	Attachments	Send as Order (not referral)
THV	Yes (NG share)	Yes (NG share)	Electronic (NG share)	
BAUA	Yes (NG share)	Yes (NG share)	Electronic (NG share)	
Surgical Associates	Yes (NG share)	Yes (NG share)	Electronic (NG share)	
Physical Therapy				X
GLOC	Soon (NG share)	Soon (NG share)	Soon (NG share)	
Diabetic Education				X
MMC Oncology	Yes (Varian)	No	Fax	
MMC specialties (ID, Nephro, Rheum)	Yes (eCw)	No	Fax	
MMC Pain Clinic	Yes (eCw)	No	Fax	
Univ of Michigan	Yes	Yes		
Spectrum	Yes			

Summary

- Summary of care/transition of care is not going away.
- Increasing requirement
 - 10% 2016
 - 50% 2018
- Works well with the same EHR
 - eCW to eCW
 - NG to NG
- Significant challenges between EHR vendors
 - Attachments limitations
- Individual practice strategy for key transitions of care
- Plan ahead of time
- Test, Test, Test



Questions



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