# Meaningful Use Personal Pace Education Module: *Transitions of Care*

# Prerequisites

- This education module assumes you have general familiarity with:
  - The Medicare and Medicaid EHR Incentive Programs ("meaningful use").

  - The Standards and Certification Criteria 2014 Edition final rule and standards terminology.

  - The relationship between meaningful use and Certified EHR Technology (CEHRT).

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## Meaningful Use

- **When looked across both Stages 1 & 2, the ToC objective includes 3 measures:**

  - **Measure #1** requires the provision of a summary of care record for <u>more than 50%</u> of transitions of care and referrals.

  - **Measure #2** requires that the provision of a summary of care record using electronic transmission through CEHRT or eHealth Exchange participant for <u>more than 10%</u> of transitions of care and referrals

  - **Measure #3** requires at least one summary care record electronically transmitted to recipient with different EHR vendor or to CMS test EHR

## 2014 Edition Certification

- **Two 2014 Edition EHR certification criteria**

  - **170.314(b)(1) : Transitions of care— receive, display, and incorporate transition of care/referral summaries.**

  - **170.314(b)(2) : Transitions of care— create and transmit transition of care/referral summaries.**

# Meaningful Use & Certification Relationship "Transitions of Care" (ToC) Objective

## Meaningful Use

**Stage 1 only**

- **Measure #1** requires the provision of a summary of care record for <u>more than 50%</u> of transitions of care and referrals.

**Stage 2**

- **Measure #1**

- **Measure #2** requires that the provision of a summary of care record using electronic transmission through CEHRT or eHealth Exchange participant for more than 10% of transitions of care and referrals

- **Measure #3** requires at least one summary care record electronically transmitted to recipient with different EHR vendor or to CMS test EHR

# Meaningful Use & Certification Relationship "Transitions of Care" (ToC) Objective

## Meaningful Use

- **When looked across both Stages 1 & 2, the ToC objective includes 3 measures:**

  *Exclusion: Eligible professionals who have less than 100 transitions of care and referrals in the reporting period do not have to meet these measures*

  **Note:** *For any of these measures it is important to remember that the recipient does NOT also have to have Certified EHR Technology.*

## 2014 Edition Certification

- **Two 2014 Edition EHR certification criteria**

  - **170.314(b)(1) : Transitions of care—receive, display, and incorporate transition of care/referral summaries.**

  - **170.314(b)(2) : Transitions of care—create and transmit transition of care/referral summaries.**

## ToC Measure #2

- The eligible provider, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides 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 a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

## 170.314(b)(2)

- Transitions of care—create and transmit transition of care/referral summaries.

(i) Enable a user to electronically create a transition of care/referral summary formatted according to the Consolidated CDA with, at a minimum, the data specified by CMS for meaningful use.

(ii) Enable a user to electronically transmit CCDA in accordance with:
- "Direct" (required)
- "Direct" +XDR/XDM (optional, not alternative)
- SOAP + XDR/XDM (optional, not alternative)

## ToC Measure #2

- **The eligible provider, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides 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 a EHEALTH Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.**

## 170.314(b)(2)

- **Transitions of care—create and transmit transition of care/referral summaries.**

  - **Patient name; Sex; Date of birth. Race; Ethnicity; Preferred language; Smoking status; Problems; Medications; Medication allergies; Laboratory test(s) and value(s)/result(s); Vital signs (height, weight, blood pressure, BMI); Care plan field(s), including goals and instructions; Procedures ; Care team member(s) and other ambulatory and inpatient specific data**

- **(ii) Enable a user to electronically transmit CCDA in accordance with:**

  **1**

  - **"Direct" (required)**
  - **"Direct" +XDR/XDM (optional, not alternative)**

  **2**

  - **SOAP + XDR/XDM (optional, not alternative)**

**For your reference**

- **Denominator:**
  - Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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 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 a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

# Certification Options

# 3 Valid Certification Options for EHR Technology

**Minimum Certification Requirement**

**45 CFR 170.314(b)(2)**
(i)   Create CCDA with requisite data specified for MU
(ii)  Enable a user to electronically transmit ToC in accordance with "Direct" (or "Direct" +XDR/XDM; or SOAP + XDR/XDM)

# 3 Valid Certification Options: OPTION 1

## Option 1

1. EHR generates CCDA

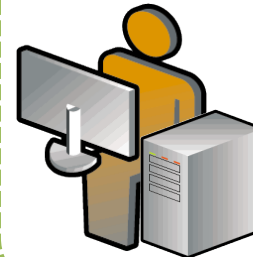2. EHR performs as STA and sends Direct msg

**Provider A**

Direct (SMTP + S/MIME)

**Provider B**

STA/HISP function integrated into EHRs; no separate certification testing for HISP.

**Option 1 -- What gets presented for certification:**

**Provider A**

# 3 Valid Certification Options: OPTION 2

## Option 2

1. EHR sends "data" to HISP
2. HISP generates CCDA
3. HISP performs as STA and sends Direct msg

**Provider A**

**HISP/HIE**

Any Edge

Protocol

Direct (SMTP + S/MIME)

**Provider B**

HISP/HIE certified on its own.
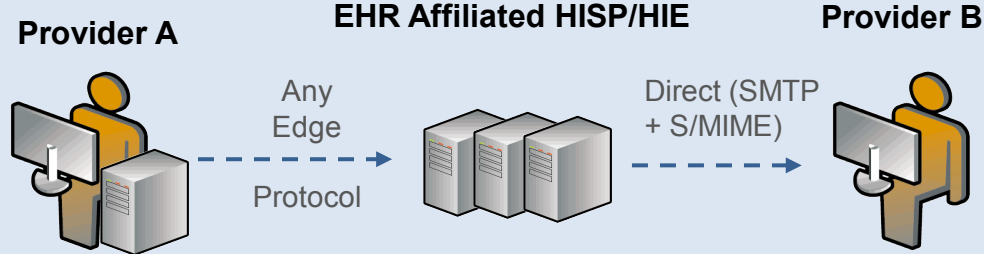
**Option 2 -- What gets presented for certification:**

**HISP/HIE**

# 3 Valid Certification Options: OPTION 3

## Option 3

1. EHR generates CCDA
2. EHR sends CCDA to HISP
3. HISP performs as STA and sends Direct msg

**Provider A**     **EHR Affiliated HISP/HIE**     **Provider B**



Any Edge Protocol

Direct (SMTP + S/MIME)

HISP/HIE certified as "relied upon software" with the EHR. Certification given to the pair, not separately to EHR and HISP.

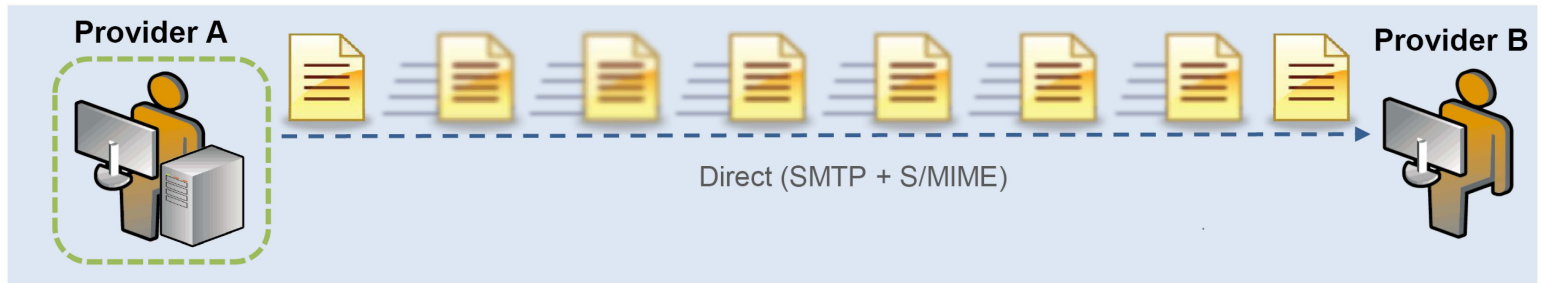**Option 3 -- What gets presented for certification:**

**Provider A**     **EHR Affiliated HISP/HIE**



Any Edge Protocol
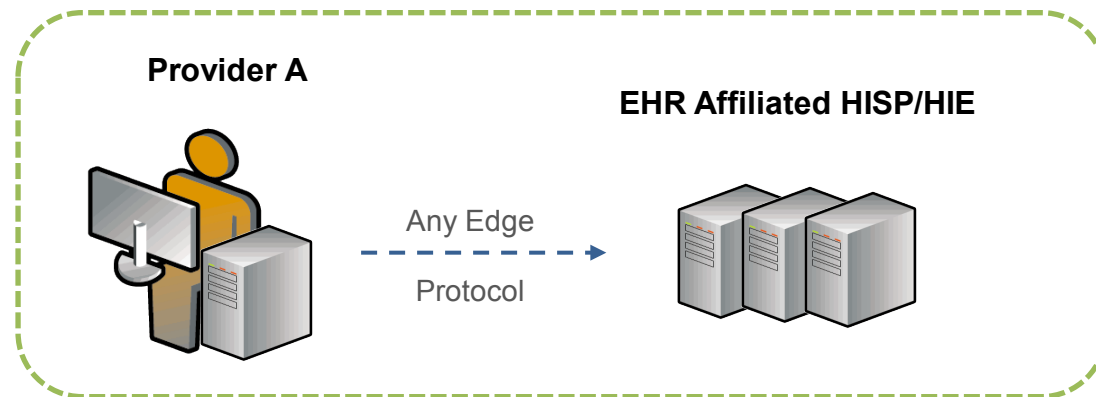
# MU "Measure #2" Approaches

*Note: it is important to remember that the summary care record must reach the provider it is being sent to before it can be counted towards Measure #2.*
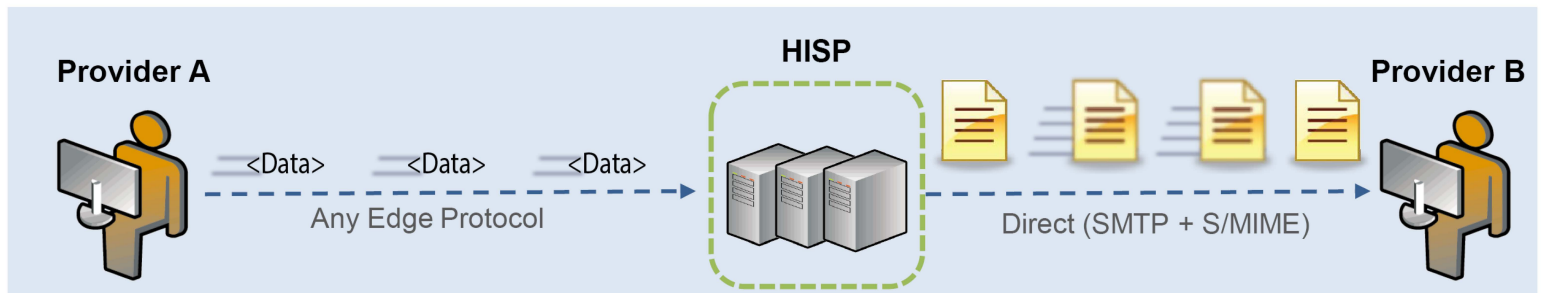
# MU Approach #1A: Transmit Summary Care Record
## Using CEHRT "Direct" Transport Capability

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– – – – Represents Certified EHR Technology or "CEHRT"

**Example 1**

Provider A — Provider B
Direct (SMTP + S/MIME)

**Example 2**

Provider A — HISP — Provider B
<Data> <Data> <Data>
Any Edge Protocol
Direct (SMTP + S/MIME)

**Example 3**

Provider A — EHR Affiliated HISP — Provider B
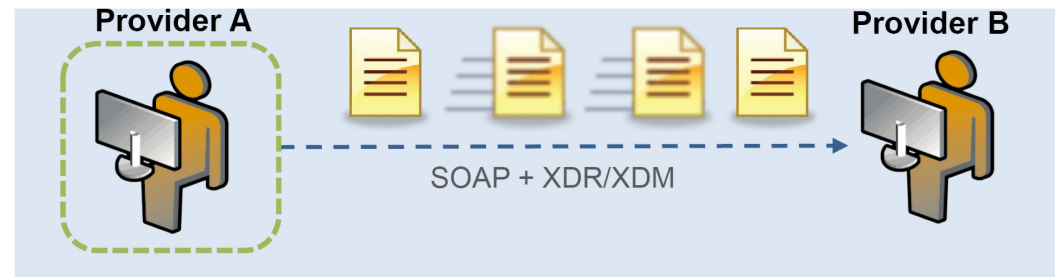<Data> <Data> <Data>
Any Edge Protocol
Direct (SMTP + S/MIME)
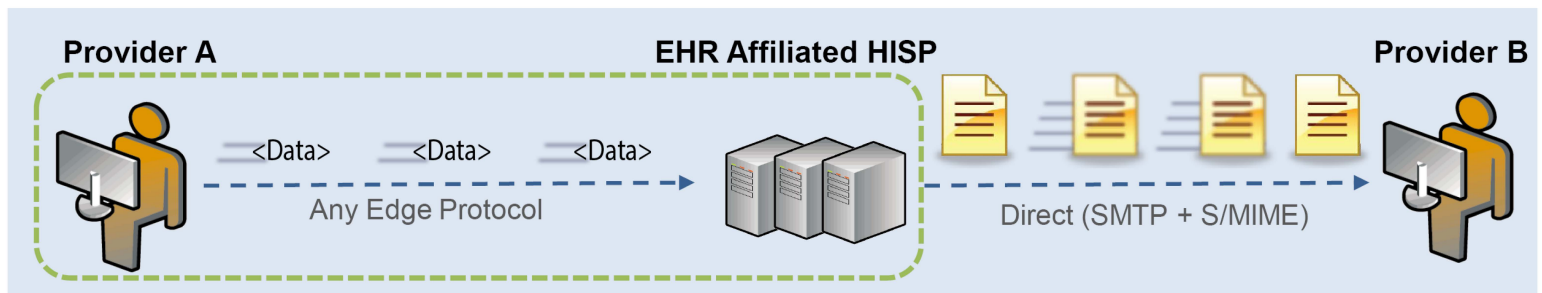
# MU Approach #1B: Transmit Summary Care Record Using CEHRT Optional SOAP +XDR/XDM Transport Capability
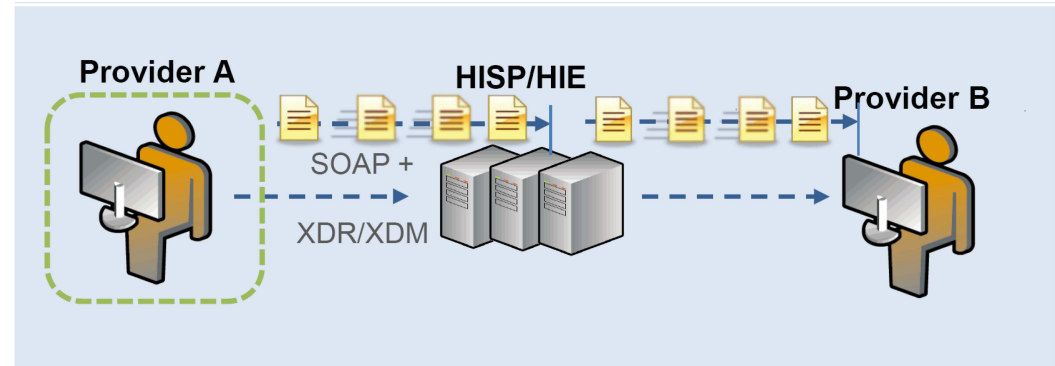
**Example 1**

1. EHR generates CCDA
2. EHR (certified to include optional SOAP + XDR/XDM transport) sends message to Provider B using SOAP + XDR/XDM



**Example 2**

1. EHR generates CCDA
2. EHR (certified to include optional SOAP + XDR/XDM transport) sends message to Provider B (via HISP) using SOAP + XD
3. HISP/HIE repackages content and sends to Provider B



**[Approach 1B - Example 2] Key notes for Providers and EHR technology developers to consider:**
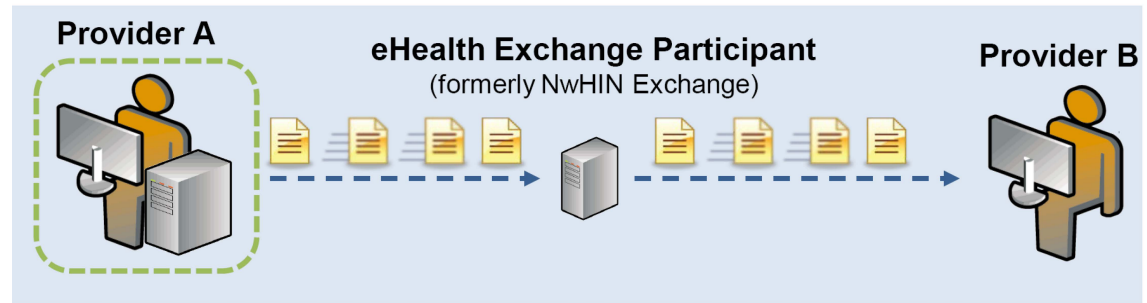
- The fact there's a "HISP/HIE in the middle" is irrelevant with respect to Provider A meeting MU requirements. Provider A's use of their CEHRT's optional transport capability enables Provider A to include this transmission in Measure #2's numerator (consistent with the measure's requirements and that Provider B receives the summary care record).

- *Under this approach, <u>HISPs/HIE entities do not have to be certified.</u>* This allows any EHR vendor supporting the SOAP + XDR/XDM option to interoperate with any HISP that also offers SOAP + XDR/XDM support.

**NwHIN Example**

Example 1

1. EHR generates CCDA
2. EHR sends CCDA to eHealth Exchange Participant
3. eHealthExchange Participant sends to Provider B

Provider A

eHealth Exchange Participant
(formerly NwHIN Exchange)

Provider B

– – – – – CEHRT

**[Approach 2 – Example 1] Key notes for Providers and EHR technology developers to consider:**

- Similar to Example 2 in Approach1B, the fact that there is an eHealth Exchange participant in the middle is irrelevant with respect to Provider A meeting MU requirements.

- An eHealth Exchange participant does not have to be certified, however, Provider A must still use their CEHRT's capability to generate a standard summary care record in accordance with the CCDA and Provider B still needs to receive the summary care record in order for it to count in Provider A's numerator.
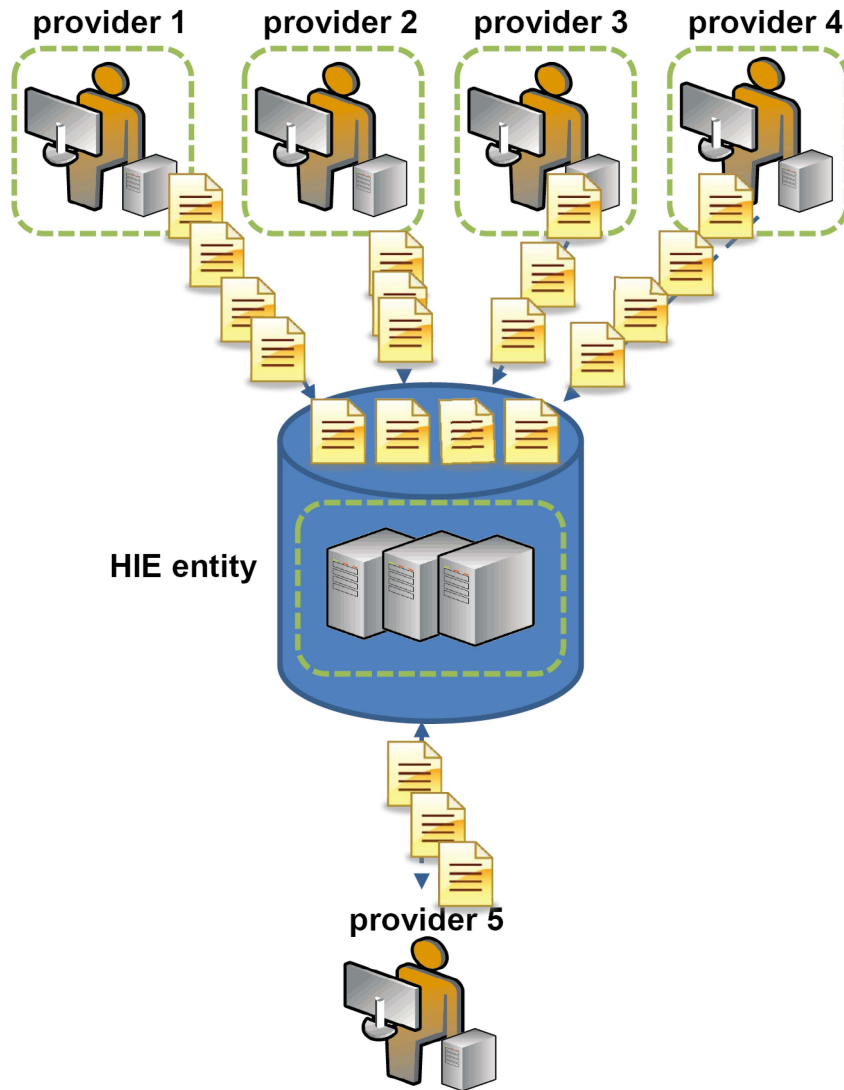
provider 1   provider 2   provider 3   provider 4

HIE entity
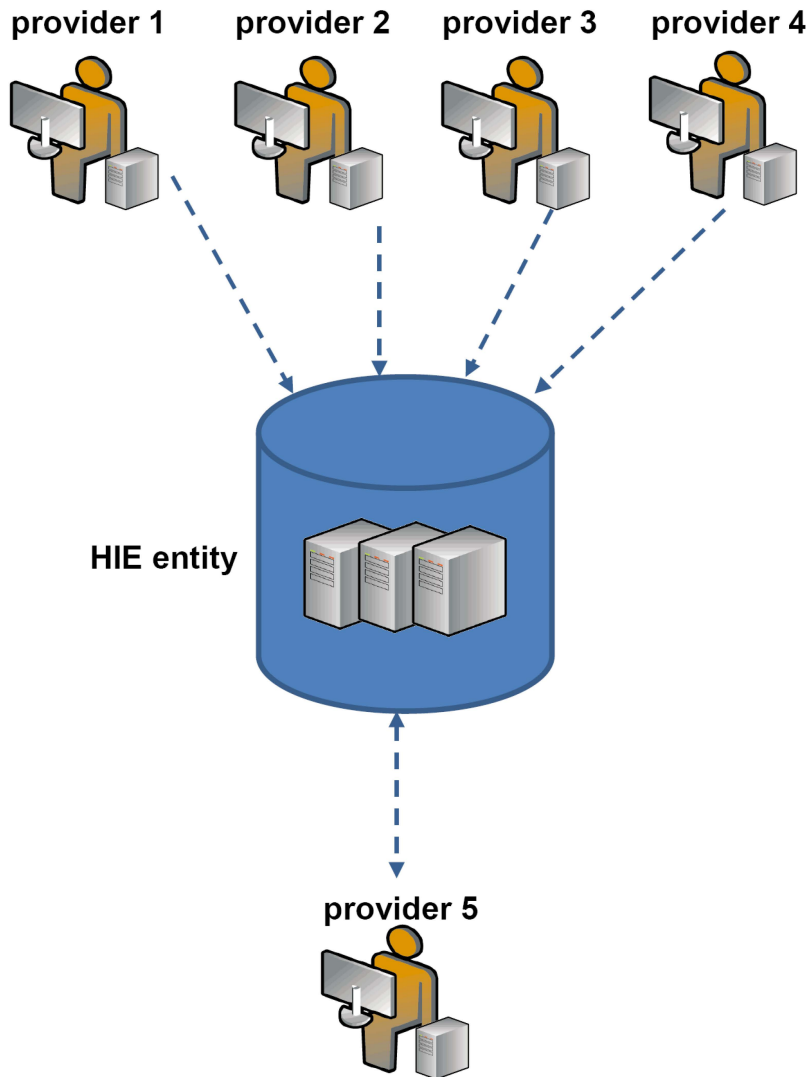
provider 5

**[Approach 3] Key Notes for Providers and EHR technology developers to consider:**

- Similar to Example 2 under Approach 1B, the fact that there is an entity in middle is irrelevant with respect to providers #1-4 meeting MU requirements. However, there are two scenarios to keep in mind when it comes to having EHR technology that meets the Certified EHR Technology definition and how that could affect MU measurement.

# "Pull" or "Query" Scenarios



## Scenario 1:

- If provider's #1-4 have CEHRT without the aid of an HIE and use the CEHRT's transport capability (Direct or SOAP) to send a CCDA formatted summary care record to an HIE entity which subsequently enables the summary care record they've sent to be pulled by another provider, then a pull of that summary care record just needs to occur by provider #5.
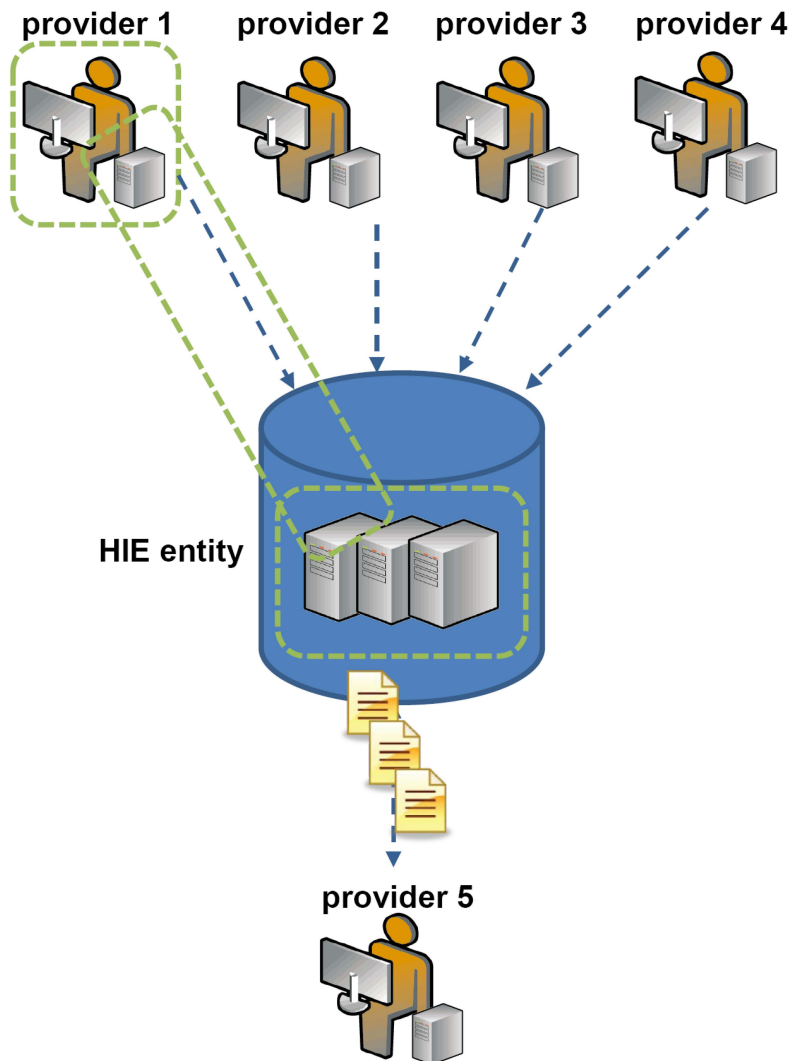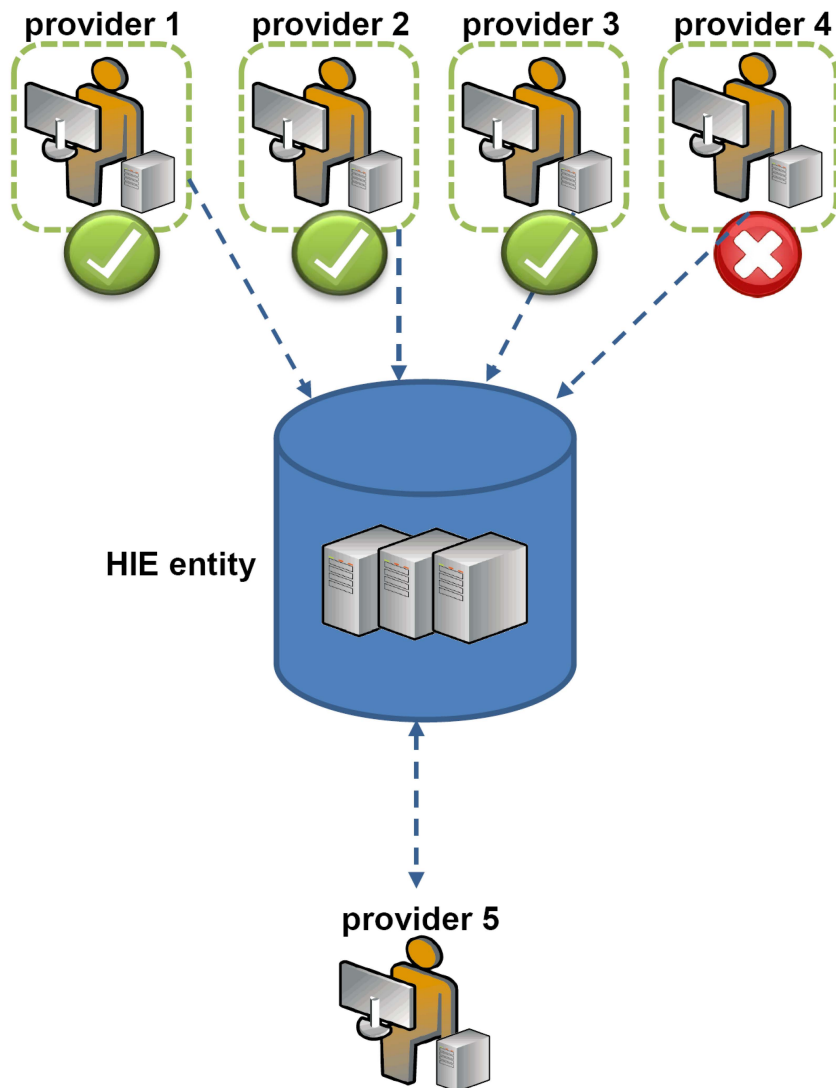
## Scenario 2:

- In contrast to scenario 1, if provider's #1-4 depend on the HIE entity to satisfy the CEHRT definition (from either a paired or stand alone certification approach) and thus rely on it to create the CCDA formatted summary care record and transmit it to provider 5 as a result of a pull, these providers would need to have EHR technology that had been certified in a stand alone way or combination with the HIE to perform the full requirements specified in the certification criterion (as described per prior slides).

**provider 1**   **provider 2**   **provider 3**   **provider 4**

**HIE entity**

**provider 5**

## Scenario 1 or Scenario 2

- In either scenario, for all providers where the patient meets the denominator requirements for measure #2, when provider #5 pulls the patient's summary care record from the HIE entity, they can then count that pull in their numerator as a transmission to provider #5.

# Let's Recap

- Three certification options are available for ToC certification
  1. "Native" capabilities all within the same EHR technology solution
  2. EHR technology + HIE/HISP combination
  3. HIE/HISP stand alone

- EHR technology developers that include and seek testing and certification  for the optional SOAP + XDR/XDM can provide a "HISP/HIE agnostic" solution for their customers.

- There are three approaches to demonstrating MU:
  **1A:** Use CEHRT's "Direct" capability
  **1B:** Use CEHRT's  "SOAP+XDR/XDM" capability
  **2:** Use CEHRT to create a CCDA and partner with an eHealth Exchange participant
  **3:** Use CEHRT to create a CCDA that is then retrieved/queried by another provider

- For any of these MU approaches transmissions will only count in the measure's numerator if they are received by the provider to whom the sending provider is referring or transferring the patient.

- The recipient does NOT also have to have Certified EHR Technology.

# Resources

- See these general resources for more info
  - ONC resources: http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2
  - CMS resources: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html

- ToC specific FAQs from ONC and CMS
  - ONC FAQ 11-12-30-1 (http://www.healthit.gov/policy-researchers-implementers/faqs/how-can-i-learn-more-about-onc-regulations-guidance-and-electro)
  - CMS FAQ 7699 (https://questions.cms.gov/faq.php?id=5005&faqId=7699)

- Consolidated CDA
  - http://www.hl7.org/implement/standards/product_brief.cfm?product_id=258

- "Direct" specification and XDR/XDM specification
  - http://www.healthit.gov/policy-researchers-implementers/direct-project

- SOAP specification
  - http://modularspecs.siframework.org/SOAP+based+Secure+Transport+Artifacts