Connecting Healthcare®
Engaging Patients™

HIE Success - Physician Education Series

Meaningful Use 2016

Meeting the Health Information Exchange (HIE) Measure

Watch the Video at: https://youtu.be/Z2gwNv78I6s

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Your Faculty for today:
Walt Culbertson

- President and Founder, Connecting Healthcare®
- Host and Producer, Medical Update Show
- Served as Technical and Operations Lead, HIE Project Manager Florida Health Information Exchange
- Served as the State of Florida - Technical SME for the ONC State Health Policy Consortium, Southeast Regional HIT-HIE Collaboration (SERCH)
- Served as Interim Program Director, for the Center for the Advancement of Health IT, Florida's largest ONC Regional Extension Center (REC)
- Past Executive Director and co-Founder, ePrescribe Florida and President, ePrescribe America

Learning Objectives

Meaningful Use 2016

Meeting the Health Information Exchange (HIE) Measure

1. What is the 2016 Meaningful Use “Health Information Exchange (HIE)” objective and Measure?
2. What is a transition of care or referral event?
3. What is an electronic summary of care record?
4. What are the permitted methods of HIE?
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2016 Program Requirements

- In October 2015, CMS released a Final Rule that modified the requirements for participation in the Electronic Health Record (EHR) Incentive Programs for years 2015 through 2017. [1, 2]
- Note: On October 14, 2016 CMS Released the Final Rule implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) which has many implications for 2017 and beyond. [3]

[1] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

[2] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPWhatYouNeedtoKnowfor2016.pdf

[3] https://qpp.cms.gov/docs/CMS-5517-FC.pdf

How Long is the 2016 Reporting Period?

- For all returning participants, the EHR reporting period will be a full calendar year from January 1, 2016 through December 31, 2016
  - For EPs, eligible hospitals, and CAHs that have not successfully demonstrated meaningful use in a prior year, the EHR reporting period is any continuous 90-day period between January 1 and December 31, 2016
- **HOWEVER:**
  - CMS has proposed to change the EHR reporting periods in 2016 for returning participants from the full CY 2016 to any continuous 90-day period within CY 2016
  - Language is in the proposed rule for the "Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System"
  - Final Rule is expected in November 2016

Health Information Exchange Objective

Eligible Professional
EHR Incentive Program
Objectives and Measures for 2015 / 2016*
Objective 5 of 10

Date issued: October 6, 2015

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.
Alternate Exclusion	Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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

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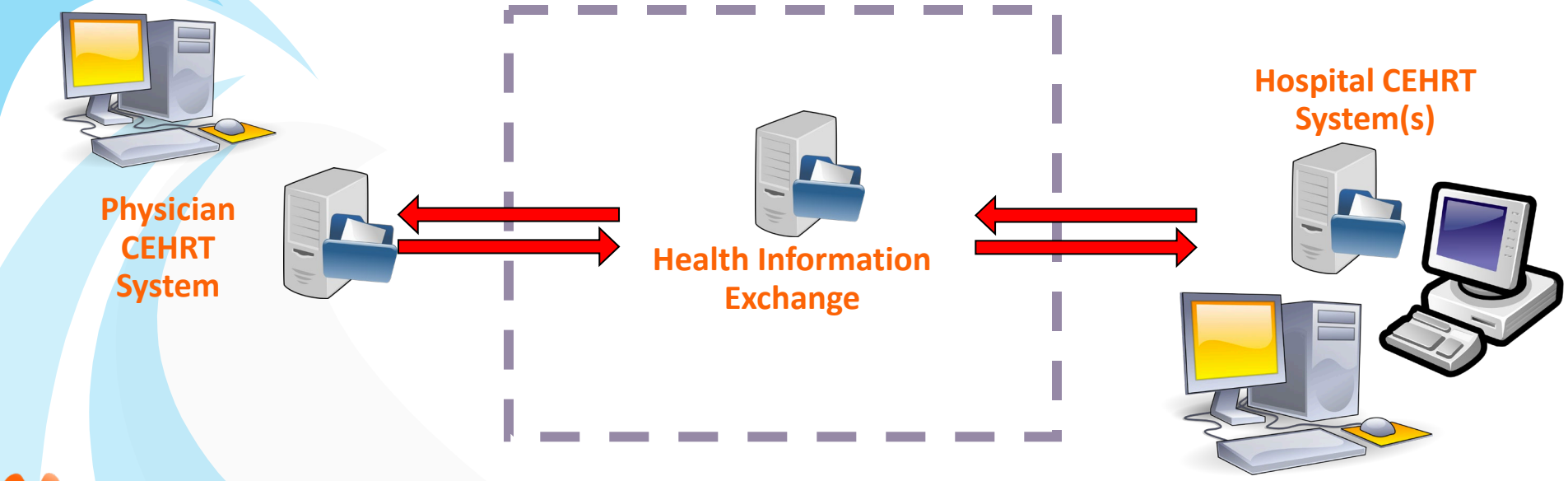
Health Information Exchange - Objective

- 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
- **Transition of Care -** The movement of a patient from one setting of care (e.g. hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another
- **Referrals -** Cases where one provider refers a patient to another, but the referring provider maintains their care of the patient as well

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

Electronic Summary of Care

- A summary of care record is an electronic document containing specific patient information created using Certified Electronic Health Record Technology (CEHRT) and electronically communicated using some form of HIE.



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What is a Summary of Care Record

Criterion	Description	Summary Type
Transition of Care *170.314(b)(1)&(2)*	when transitioning a patient to another care setting, the EP or EH/CAH should provide a summary care record	**Transition of Care/Referral Summary**

Common MU Data Set

- Patient name
- Sex
- Date of birth
- Race **
- Ethnicity **
- Preferred language**
- Care team member(s)
- Medications **
- Medication allergies **
- Care plan
- Problems **
- Laboratory test(s) **
- Laboratory value(s)/result(s)
- Procedures **
- Smoking status **
- Vital signs

Criterion-Specific Data Requirements

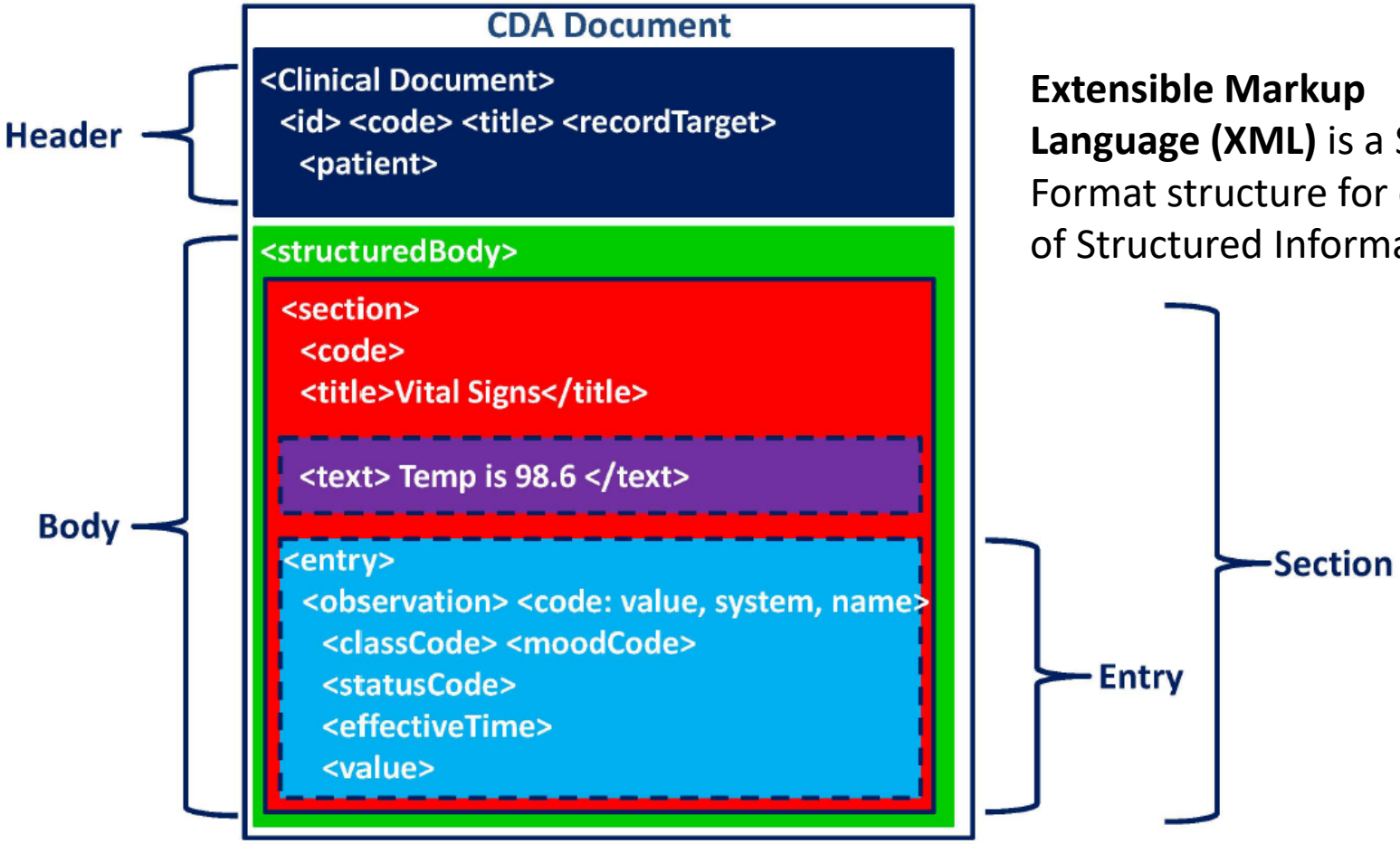
- Provider Name & Office Contact Information (Ambulatory Only)
- Reason for Referral (Ambulatory Only)
- Encounter Diagnoses **
- Cognitive Status
- Functional Status
- Discharge Instructions (Inpatient Only)
- Immunizations **

NOTE: Data requirements marked with a double asterisk (**) also have a defined vocabulary which must be used

Standards for Electronic Transitions of Care

- The **Consolidated Clinical Document Architecture (C-CDA)** is the standard adopted for EHR technology certification for summary of care records
  - The CDA provides a common architecture, coding, semantic framework, and markup language for the creation of electronic clinical documents
  - Can be used to communicate a wide range of health information including clinical, administrative and population health
- In the final 2015-2017 rule, all the required data elements for the C-CDA remained as previously finalized in other Meaningful Use (MU) rules

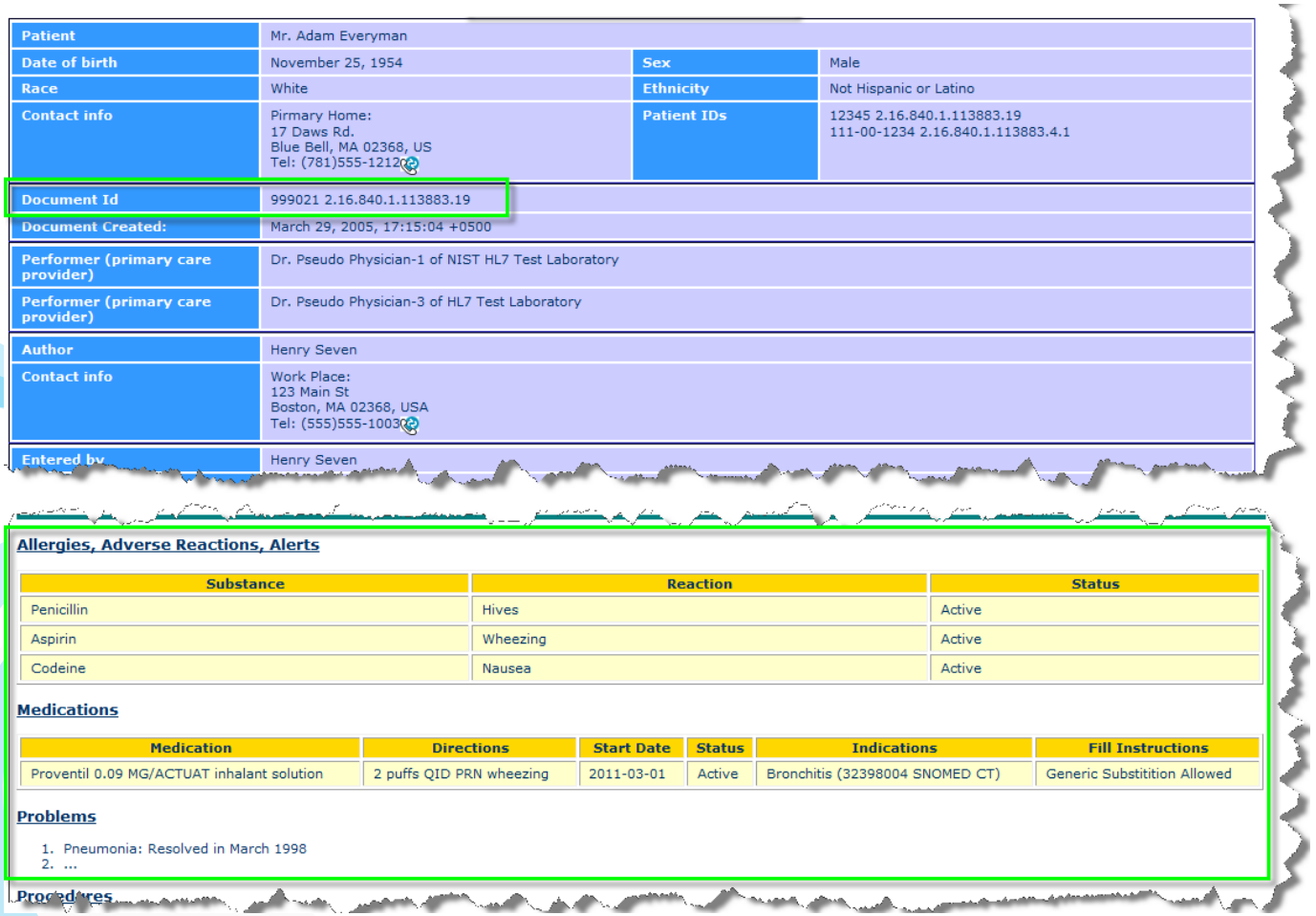
Electronic CDA Structured as XML Document



Extensible Markup Language (XML) is a Standard Format structure for exchange of Structured Information

Office of the National Coordinator (ONC)

C-CDA Rendered as a Readable Document



Patient	Mr. Adam Everyman		
Date of birth	November 25, 1954	Sex	Male
Race	White	Ethnicity	Not Hispanic or Latino
Contact info	Pirmary Home: 17 Daws Rd. Blue Bell, MA 02368, US Tel: (781)555-1212	Patient IDs	12345 2.16.840.1.113883.19 111-00-1234 2.16.840.1.113883.4.1
Document Id	999021 2.16.840.1.113883.19		
Document Created:	March 29, 2005, 17:15:04 +0500		
Performer (primary care provider)	Dr. Pseudo Physician-1 of NIST HL7 Test Laboratory		
Performer (primary care provider)	Dr. Pseudo Physician-3 of HL7 Test Laboratory		
Author	Henry Seven		
Contact info	Work Place: 123 Main St Boston, MA 02368, USA Tel: (555)555-1003		
Entered by	Henry Seven		

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Status
Penicillin	Hives	Active
Aspirin	Wheezing	Active
Codeine	Nausea	Active

Medications

Medication	Directions	Start Date	Status	Indications	Fill Instructions
Proventil 0.09 MG/ACTUAT inhalant solution	2 puffs QID PRN wheezing	2011-03-01	Active	Bronchitis (32398004 SNOMED CT)	Generic Substitition Allowed

Problems

1. Pneumonia: Resolved in March 1998
2. ...

Procedures

"Good Health Summary" – Sample CCD. "CCD.sample.xml" file. C-CDA R2 July 2012 via HL7.

Clinical Document Architecture Extensibility

HL7 Implementation Guide for CDA R2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) July 2012

Document Templates: 9

- Continuity of Care Document (CCD)
- Consultation Note
- Diagnostic Imaging Report (DIR)
- Discharge Summary
- History and Physical (H&P)
- Operative Note
- Procedure Note
- Progress Note
- Unstructured Document

Section Templates: 60

Entry Templates: 82

Document Template	Section Template(s)		
Continuity Of Care Document (CCD)	Allergies Medications Problem List Procedures Results Advance Directives Encounters	Family History Functional Status Immunizations Medical Equipment Payers Plan of Care	Section templates in GREEN demonstrate CDA's interoperability and reusability.
History & Physical (H&P)	Allergies Medications Problem List Procedures Results Family History Immunizations Assessments	Assessment and Plan Plan of Care Social History Vital Signs History of Present Illness History of Present Illness	Chief Complaint Reason for Visit Review of Systems Physical Exam General Status

Office of the National Coordinator (ONC)

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[1] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_HealthInformationExchange.pdf

How to Electronically Transmit

Acceptable Electronic Transmission Methods
Examples of acceptable transmission methods include **secure email**, **Health Information Service Provider (HISP), query-based exchange** or use of third party HIE. There are many other options in addition to the examples listed, as well as opportunities for developers and vendors to utilize innovation and creativity. The provider must ensure that the transmission methods are in compliance with HIPAA requirements.

- With the 2015-2017 MU final rule modification, EPs NO LONGER have to send the summary of care from directly from within the CEHRT!
- DIRECT messaging still the best option for interoperability!

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

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Push - National DIRECT Standard

DIRECT specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet

Brenda.Welby@direct.aclinic.org

D.Houser@direct.ahospital.org

- **Standards-based**. CMS/ONC built on Internet standards for secure e-mail communication wrapped around special governance and policies
- **Simple.** Connects healthcare stakeholders through universal addressing using simple push of information in any format
- **Secure.** Users can easily verify messages are complete and not tampered with in travel
- **Scalable.** Enables Internet scale with no central network authority
- **Flexible.** Any message payload
- **Available.** All Certified Electronic Health Record (EHR) systems must demonstrate DIRECT messaging capability.

FL-HIE Direct Messaging

- DMS is a secure email service that can be used via an online portal or through Trust services for Health Information Service Providers (HISPs) using the national DIRECT standard for secure messaging
  - DMS provides an online portal for providers without an electronic health record (EHR) system providing the capability to electronically exchange protected health information
  - DMS allows for simple, HIPAA-compliant, encrypted transmission of Protected Health Information
  - Orders, records, results, and any other documents can be easily and securely transmitted
  - https://www.florida-hie.net

What about Faxing?

Acceptable Electronic Transmission Methods

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Note: Faxing in general is not acceptable since it is not in C-CDA format. It is only acceptable when a third party is used to transmit the summary of care record and they must convert the transmission to fax because that is the only way the receiving provider can accept the transmission. Additionally, the conversion to fax by the third party must not be a default approach.

- The CMS Fax Alternative *can only* be used in the following circumstances based on the guidance released by CMS:
  - When the provider can clearly demonstrate that the transition of care and referral receiver of the electronic summary of care record has no other way to receive it but fax - Can't be DEFAULT!
  - If the translation is performed through a third-party intermediary OTHER THAN the provider's EHR vendor

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

Understanding your Referral Relationships
First Step Towards an Electronic Future

- Knowing your relationships is critical for what is coming after MU for Medicare and for MU Stage 3 for Medicaid:
  - Value Based Care
  - MIPS for Medicare (HIE will be a critical performance measure)
  - If participating as a Medicaid provider, MU Stage 3
- You should carefully document the outreach details:
  - Who you spoke with at the other office, dates and times of calls
  - Summary of outcomes of electronic capability existing or not:
    - Document DIRECT addresses found
    - Document any other methods used in your community
    - Document interest and HIE work in progress status

Be Patient in Your Relationship Outreach

- Recognize that in many cases you will be leading the way as you outreach to your community relationships to build your roadmap of electronic connections
  - Many offices won't immediately understand what you are asking for!
    - Even among those that have adopted EHRs
  - Be prepared to do some education along the way
- Can be very time intensive but well worth the effort!
  - Knowing the HIT status of referral partners will be critical to successful participation in the shift to value based care

DIY - HIE Relationship Roadmap Documents

Visit the Connecting Healthcare® HIE Learning Center to download!

Dr. Roberta
Relationship Information

DIRECT Message Addresses

Provider	DIRECT MESSAGING ADDRESS	Regular Email
Angel Veloso	angel.veloso.p1@direct. directaddres.com	cguerrero@aol.com
Carlos Ramirez	Wghc.mrami@ directaddress.org	ramirezcalderonmd@hotmail.com
Giovanna Ciocca	giovannaciocca@ directaddress.direct-ci.com	cioccadermatolog
Jose B. Esquenazi	mydoc@directaddress.net	miakid@gmail.net
Joseph Selem	josephselem@ directaddress.direct-ci.com	JSELEM@aol.com
Luis Diaz Rangel	Luis.diazrangel.p1@direct. directaddress.com	diazrangelmd@ho
Manuel Smith	Manuel.smith@ directaddress.direct-ci.com	manuelalzugaray
Mario J		
Martin		
Mo Ma		
Morris		
Orlando		
William		

Non-connected Transition of Care relationships as of May 15, 2016.

Referral and Transition of Care Organization Name	Email Address	Contact Phone	City	State
Cristina Marin	chrism@hotmail.com	904-270-0402	Jacksonville	FL
Javier Sobrado	sobradoJ@gmail.com	904-270-0402	Jacksonville	FL
Nasar Jorge	JorgeNas@aol.com	904-220-3636	Jacksonville	FL
Olvaldo Kafa		904-263-9050	Jacksonville	FL
Vento Omar	Omar2@yahoo.com	904-642-2020	Jacksonville	FL
Rafael Rivas		904-663-8505	Jacksonville	FL
Rolando Lacayo	rolando@hotmail.com	904-553-1253	Jacksonville	FL
Sofia Solomon		904-820-9650	Jacksonville	FL

Dr. Roberta Gonzales
Dashboard - May 15, 2016

	Physician or Facility	Roadmap of Relationship Connections						
		Phone	Found	Contact	EHR	MU	Direct	Test
1	Angel Veloso	904-262-6060	✓	✓	✗	✗	✓	✓
2	Carlos Johnson	904-412-6363	✓	✓	✓	✓	✓	✓
3	Marin Cristina	904-270-0402	✓	✗	✗	✗	✗	✗
4	Cespedes Edgardo	904-596-2325	✓	✓	✓	✓	✗	✗
5	Gerry Martin	904-273-7998	✓	✓	✗	✗	✓	✓
6	Isidoro Zarco	904-443-3330	✓	✓	✓	✓	✗	✗
7	John Sobrado	904-270-0402	✓	✓	✗	✗	✗	✗
8	George Nasar	904-220-3636	✓	✓	✗	✗	✗	✗
							✗	✓
							✗	✓
							✓	✗
							✗	✓
							✗	✓
							✓	✓
							✗	✓
							✗	✗
							✓	✗
							✗	✗
							✗	✓
							✗	✗
							✗	✗
							✗	✗
							✓	✓
							✗	✓

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Download at: http://www.connectinghealthcare.com/HIE_edu.shtml

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What Can I Do IF I Can't Meet the Measure?

- The Florida Agency for Healthcare Administration (AHCA) is working on obtaining direction from CMS whether any hardship exemptions will be provided for 2016
- Many EPs are reporting difficulties in meeting the HIE measure because not enough transition of care and referral partners are connected:
  - Lack of a capability to find those using DIRECT.
    - Emerging, but still not there!
  - General lack of awareness and adoption even among those using certified electronic health technology (CEHRT) systems
- Best recommendation at this point is to:
  Document, document, and document some more!

Connecting Healthcare®
Engaging Patients™
Communicate Educate Motivate™

Have Questions?

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Visit our Website, send us an email, or give us a call!

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