



The Office of the National Coordinator for  
Health Information Technology

# Using Direct Messaging & C-CDA to Improve Care Coordination – Eye-Care Referrals

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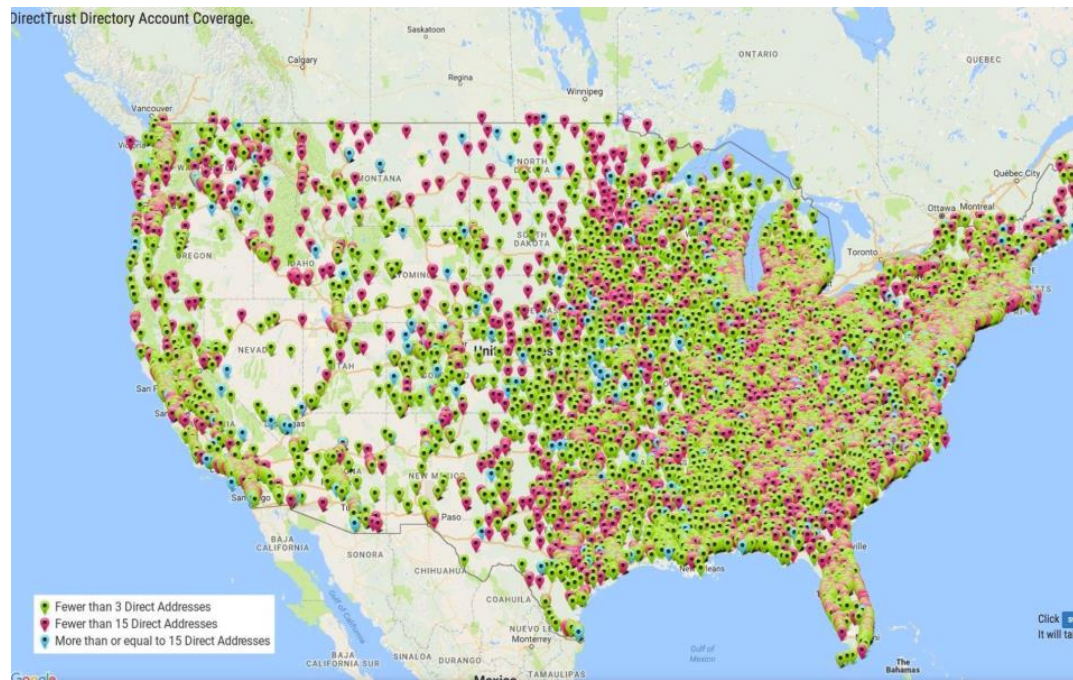
# Today's Presenters

- Scott Stuewe
  - » President and CEO DirectTrust
- Jim Grue
  - » Healthcare Reform Consultant, Cardinal HPE, LLC
- Cameron Parker
  - » Director of IT, Eye Specialty Group
- Thomas Brown
  - » CEO and Administrator, Eye Specialty Group

# What is *DirectTrust*?

## A *Network*, a *Trust Framework* and a *Membership Organization*

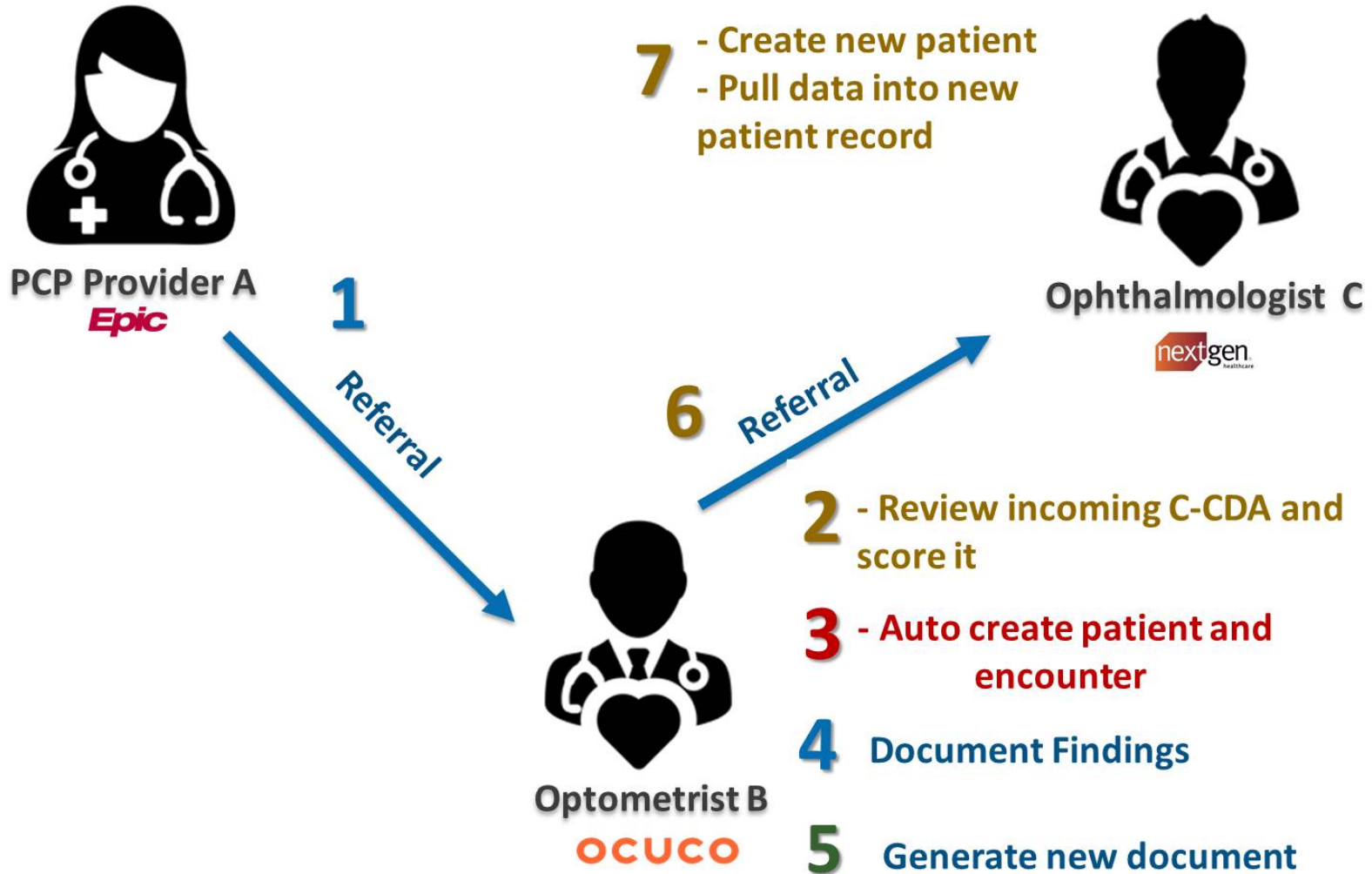
- A **Network** of **1.8 Million** individual accounts, **260,000** consumer accounts, **133,000** provider organizations - **200 million** messages sent annually, **496 million** sent to date
- A **Trust Framework** that establishes trusted exchange within Over **400 EHRs** by identity proofing participants and accrediting the operators of the network
- A diverse **Membership Organization** of 112 information technology companies, provider organizations, payers and governmental entities



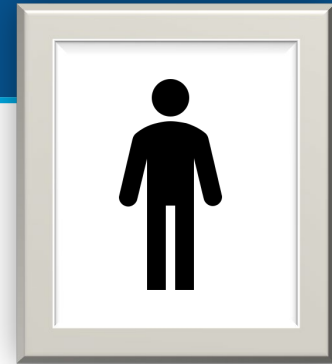
# Referral Process enabled by Direct

- Primary Goal: to improve patient care across referrals
  - » Utilize current capabilities of Direct Secure Messaging
  - » A process w/ a low bar of entry for implementation
  - » Add value to patients, clinicians, office staff and overall clinical workflows

# New Patient Referral

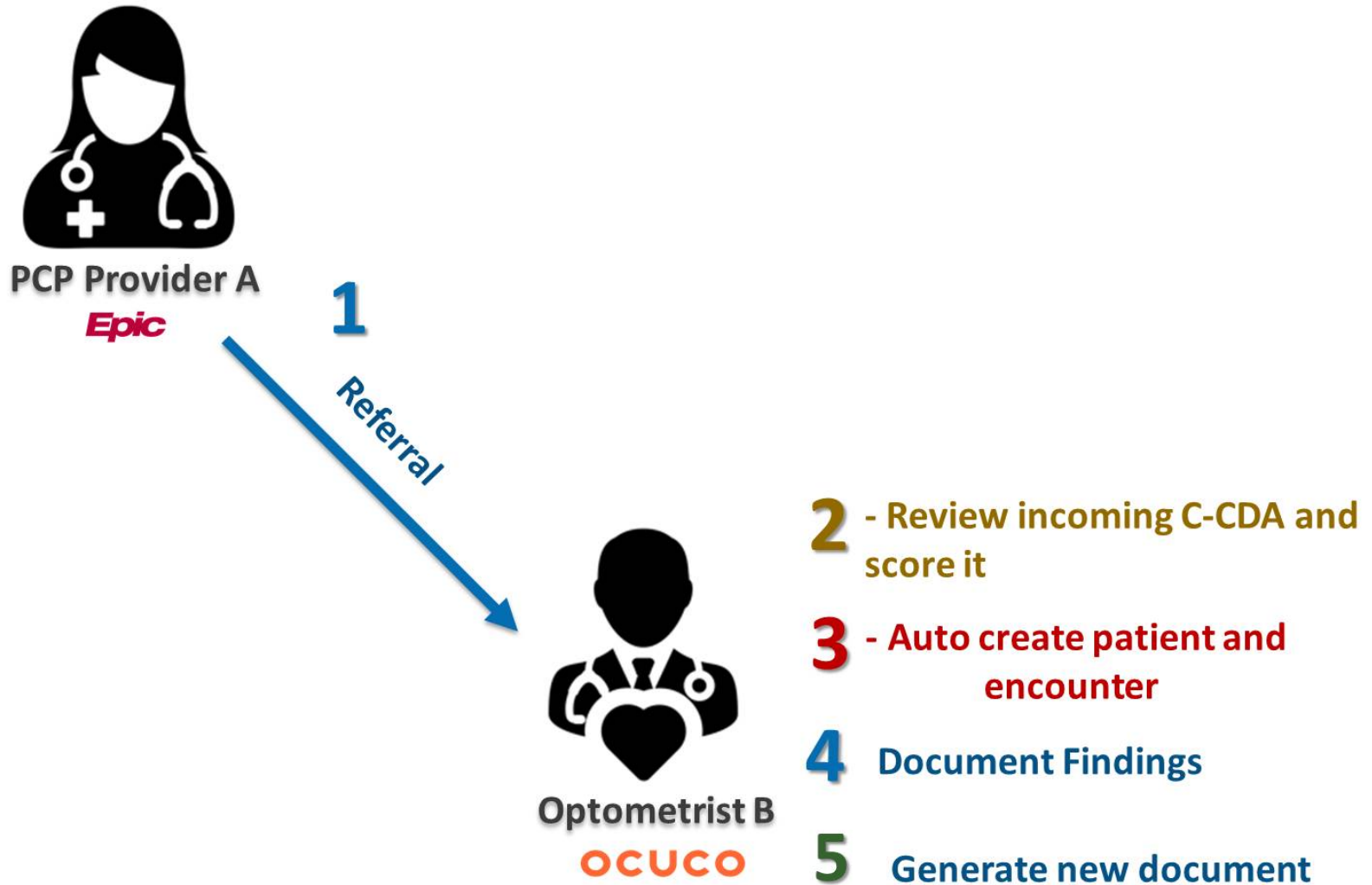


# Diabetic Eye Care Patient Story



- 34 year old male with borderline controlled diabetes
- At PCP visit reports difficulty with his vision
- Physical exam and laboratory yield an A1C of 7.8
- Patient agrees to visit optometrist for eye exam
- Optometrist rules out diabetic retinopathy, but diagnoses Cataracts
- Optometrist refers to Ophthalmologist to schedule patient for surgery

# Acuitas by Ocuco





# Nextgen

- 7** - Create new patient  
- Pull data into new patient record



Ophthalmologist C



**OCUCO**



# Features and Benefit of Direct Messaging in Specialty Referrals

## Features:

- Communicate seamlessly to 1.6 Million addressable locations — almost 900,000 discoverable in the DirectTrust directory
- Embedded in the workflow of the EHR systems, automating processes
- Patient and encounter creation and clinical data acquisition and reconciliation
- Score inbound messages

## Benefits:

- Improved Efficiency
- Improved Accuracy and Quality
- Better Clinical Outcomes
- Easier outcomes reporting

# Eye Specialty Group - Eye-Care Transitions



# 360X Project

- Started in 2012 as an Initiative of ONC's State Health Information Exchange Cooperative Agreement Program
- Primary Goal: to improve patient care across referrals
  - » Standardized type of data exchanged and method of transport to enable enhanced referral management regardless of health IT systems/HISP services used
  - » Transparency of progress and/or gaps in care until the loop is closed
  - » A process w/ a low bar of entry for implementation
  - » Add value to patients, clinicians, office staff and overall clinical workflows
- Utilizes well-understood and adopted standards/specifications to accomplish goals (Direct, C-CDA, HL7 V2, XDM metadata)

# 360X Project

- Enhance patient care across ambulatory transitions of care through standardization of referral tracking and ability to automatically close the referral loop
- Discrete referral idea (ID number) that persists across systems until the referral loop is closed
- Administrative tracking messages that allow staff to follow up:
  - » Appointment scheduled (date/time); Appointment rescheduled
  - » Patient: “no show”; cancel
  - » Interim consult notes (if multiple encounters included) prior to closing the loop
- Multiple vendor participants – see demo at the HIMSS Interoperability Showcase

**<http://bit.ly/360Xreferrals>**

The screenshot shows the HealthIT.gov website with the 'C-CDA Scorecard' page. The header includes the HealthIT.gov logo and navigation links: Home, ETT, TestTools, and TechLab. Below the header, a breadcrumb trail reads 'SITE / sandbox-ccda / ccda-scorecard'. The main heading is 'C-CDA Scorecard'. The interface is divided into two main sections: 'Run the Scorecard' and 'Learn'.

**Run the Scorecard**

This section contains a green 'Try Me!' button and a dropdown menu currently set to 'High scoring sample'. Below this, under the heading 'Run:', there are two steps:

1. Select your C-CDA Document.  
A green '+ Select' button is present, followed by the text '\*Please select a C-CDA file.'
2. Click Score.  
A blue 'Score' button with a checkmark icon is present.

**Learn**

This section contains a list of links for learning more about the scorecard:

- Scorecard Introduction and Release Notes
- How to Interpret the Scorecard Results
- One Click Scorecard using Direct (with an external link icon)

**Implement**

This section contains a list of links for implementation:

- Scorecard API and External Tool Instructions
- Download the Scorecard for Local Instantiation (with an external link icon)

**PHI Note:** The C-CDA Scorecard does not retain your submitted C-CDA file as the file is deleted from the server immediately after processing. However, we strongly suggest that you do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII) in your C-CDA file submissions to the Scorecard. Click [here](#) for more information on how to de-identify PHI.

Score Card: <https://healthit.gov/scorecard>

One Click: <https://oncprojecttracking.healthit.gov/wiki/display/TechLabTU/ONC+One+Click+Scorecard>



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# Thank you!

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