

Provider Listening Sessions

ToC Panel

- Has your vendor installed or upgraded you to their Stage 2 certified product for ToC or have they installed or upgraded you to parts of the requirements?
 - Create and transmit a care/referral summaries **yes**
 - Receive, display and incorporate transition of care/referral summaries **yes**
- If so, what has your experience been with the ToC tools? If not, when do you anticipate receiving the Stage 2 certified product? I have been Using the ToC tool for referrals and transitions of care since 12/28/2012. To date (2/18/2014) I have exchanged referrals/transition of care (outgoing CCDs with attachments) with 14 physicians and 2 facilities. I have received incoming CCDs from 2 physicians and 5 physicians have sent me non structured messages.
- Have you tested your ability to use these tools to send and receive information with other healthcare organizations you frequently refer patients too? If so, what has your experience been? Yes currently using the ToC tool for normal operations include three different workflows to meet the ToC measure. These workflows vary depending on whether the recipient is a) on a different EMR b) on the same EMR and part of my User Community c) on the same EMR but not affiliated with my user Community. I have been successfully using the tool for normal operations for all three workflows including sending and receiving both structured and unstructured information with physicians and facilities.
- How are providers/vendors collecting the numerator and denominator data for the ToC measure? There are three parts to the ToC measure I will address each of the sub measures separately.

Part 1 The provider that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

- I never refer a patient to another healthcare provider without creating a summary of care record. I always print a referral/transition of care record and hand it to the patient before they leave the office as both a reminder for them to make the appointment and also because it has the contact information of the provider and a description of the problem. I do include any attachments with the printed referral/transition of care because I rarely complete my notes by the time the patient walks out the door. I always send a duplicate copy to the healthcare provider or facility after my note is completed and in order to meet this measure I always attach either a summary of care record when I fax a referral /transition of care record and a CCD when I send the referral/ transition of care electronically. My percentage for this is 82 % as of today 2/18/2014 which meets the 50% benchmark

Part 2 *The provider 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 percent of such transitions and referrals either (a) electronically transmitted using a Certified EHR to a recipient, or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a nationwide health*

information network participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

- There are three different ways that I have to meet this sub measure depending on whether the recipient is a) on a different EMR b) on the same EMR but not part of my User Community c) on the same EMR and part of my User Community. I am keeping a handwritten diary of electronic ToC files that I have sent out to both other physicians and also facilities that I refer my patients to so that I can validate my numbers with the metrics calculated by my EMR vendor. As of today, 2/18/2014, I am at 27% for this measure which meets the 10% benchmark.

Part 3 A provider must satisfy one of the two following criteria:

*Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's certified EHR technology; or
Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.*

- I have not yet satisfied Part 3 but hopefully will complete a successful test with CMS before the end of February
- What if any fees is your vendor charging you for sending and/or receiving ToC transactions? Fees are still being negotiated for using "direct". There is no fee for using my EMR vendor's proprietary P2P network but there is a \$25 monthly fee per provider to send ToC transactions using "out of network" model where the HISP team exchanges a trust anchor.
- How much staff training/workflow redesign has been required to implement and effectively use the exchange tools that support ToC? Any particular challenges or best practices from you're experience? The training and workflow redesign has been all on the shoulders of the physician. **See handout P2P MD and facility workflow**
- What is your workflow when you send a transfer summary in your EHR? **See handout P2P MD and facility workflow**
 - How do you get the recipients address to send the care summary to?
 - It depends on whether the provider is on the same EMR or on a different EMR.
 - Healthcare providers on a different EMR first must be invited and accept the invitation to participate in the EMR vendor proprietary P2P network before they can be selected. Providers on the same EMR but not within the provider community are required to register to participate in the EMR vendor's proprietary network typically done post implementation. Some providers elect not to register to use the proprietary network and therefore the provider will not show up when their name is typed into the search bar.
 - Providers on the same EMR and part of my User Community can be selected on the ToC tool by searching for their name.
 - How do you attach or include the information you want to send? The ToC tool has a selection screen that allows you to select the information. It is fairly straight forward to use

- When your organization receives a transfer summary how are you:
 - Matching the summary to the correct patient? Does it happen automatically?
 - The provider is required to match the incoming patient record to the patient by cross-referencing with the EMR patient table.
 - Is it a manual process? Yes
 - Routing the transfer summary to the appropriate location (primary care provider, specialists, medical records department etc)? Once the transfer summary information is matched to the patient in the EMR patient table the transfer summary automatically shows up in the patients chart in a special file in the patient documents. The physician may choose to re-route the summary to a different file or rename the title of the document.
 - How does a provider know they have received information to review?
 - The provider must keep checking the incoming P2P tasking queue to see if there is an electronic file waiting for them
- Are you able to send information other than a transfer summary (i.e. lab results etc) using your ToC tool? Yes progress notes, telephone notes and labs are easily attached whereas other documents such as internally faxed or scanned images require 20 steps to attach ie imaging reports
- Are you aware of unique issues that small or rural provider are facing meeting the ToC requirements? Small independent providers such as myself who are not owned by a hospital or integrated delivery system must expend a large amount of time to meet the ToC requirement mostly in outreach and education of other healthcare providers. See discussion below on outreach
- With regard to exchange across vendor platforms:
 - Is it happening? Not in my local provider community but it is happening in certain pockets of the state where provider groups have signed up to share data with the ILHIE or regional HIEs. I do not know what percentage of the data being exchanged includes summary of care records
 - What challenges are slowing or inhibiting it?
 - Lack of EMR vendor initiative to set up HISP to HISP exchange between vendors
 - Low percentage of physicians in my local community participating in either the State or Regional HIE
 - Lack of EMR vendor initiative to supply providers with direct addresses
 - Lack of physician awareness of the concept of using a direct address to share information with other healthcare providers
- With regard to exchange across unaffiliated providers:
 - Is it happening? Yes What is working? Use of proprietary vendor ToC tool **See handout P2P MD and facility workflow and Sample follow-up letter to healthcare provider recipients**

- What challenges are slowing or inhibiting it? The time required by the physician champion to outreach with other physicians and facilities. Outreach activities includes the following:
- Talking with another physician or healthcare provider on the phone to collect emails for invitations to the propriety ToC P2P software
- Reassuring the healthcare provider that transmitting data electronically using the proprietary P2P software will not break HIPAA or Security rules.
- Explaining how to use the application
- Following up with the recipient to make sure that they received the referral/transition of care