

KEY CONSIDERATIONS FOR HEALTH INFORMATION ORGANIZATIONS SUPPORTING MEANINGFUL USE STAGE 2 TRANSITION OF CARE MEASURES

April 26, 2013

**Prepared for the Office of the National Coordinator
for Health Information Technology by:**

Genevieve Morris, Senior Associate

Scott Afzal, Principal

David Finney, Principal



Audacious Inquiry, LLC
5523 Research Park Drive, Suite 370
Baltimore, MD 21228
301-560-6999



Table of Contents

INTRODUCTION.....	2
STAGE 2 TRANSITION OF CARE (TOC) MEASURES	2
USING PUSH SERVICES TO SUPPORT TOC MEASURE #2 (HIO CERTIFICATION)	3
USING PUSH SERVICES TO SUPPORT TOC MEASURE #2 (NO HIO CERTIFICATION)	4
USING QUERY/PULL SERVICES TO SUPPORT TOC MEASURE #2 (NO HIO CERTIFICATION).....	5

This report was created by Audacious Inquiry, LLC under a contract with the Office of the National Coordinator for Health Information Technology (ONC). The content, views, and opinions do not necessarily reflect those of the U.S. Department of Health and Human Services or ONC.



Introduction

On behalf of the Office of the National Coordinator, Audacious Inquiry has prepared “Key Considerations for Health Information Organizations Supporting Meaningful Use Stage 2 Transition of Care Measures.” The purpose of this document is to provide Health Information Exchange Organizations (HIOs) and health information service providers (HISPs) with expanded advice on how to support the Transitions of Care measure 2, which requires 10% of referrals by eligible providers/hospitals to be sent electronically. Built into the document are expectations about what CMS will require if an eligible provider is audited. While CMS will issue formal audit guidelines later in the year, planning now to meet these requirements is crucial. We encourage you to utilize this guidance in conjunction with the Transitions of Care Interoperability Training Module on healthit.gov.

Stage 2 Transition of Care (TOC) Measures

Measure 1

The EP, 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 50% of transitions of care and referrals.

Measure 2

The eligible provider (EP), eligible hospital (EH) or critical access hospital (CAH) that transitions or refers its 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:

1. electronically transmitted using certified electronic health record technology (CEHRT) to a recipient; or
2. where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange participant.

Denominator: Number of transitions of care and referrals during the CEHRT reporting period for which the EP or eligible hospital’s or CAH’s inpatient or emergency department (Place of Service 21 or 23) was the transferring or referring provider.

Numerator: 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 an eHealth Exchange participant. The organization can be a third-party or the sender’s own organization.

NOTE: All approaches to counting in the numerator of measure #2 require that the transmission reach the intended recipient. A summary of care record that does not reach the provider to whom the patient is referred or the facility to which the patient is transitioned does not contribute to this objective and therefore does not count in the measurement of progress towards the objective. It is up to the CEHRT vendor to determine how to assist its customers and provide them with assurance that transmissions have reached their intended recipients. This assurance could include a presumption of success on the



provider’s part of subsequent transmissions if they have reasonable certainty that initial transmissions were successful.

Measure 3

An EP, eligible hospital or CAH must satisfy one of the two following criteria:

1. 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 EHR technology, or
2. Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Using Push Services to Support TOC Measure #2 (HIO Certification)

Some health information organizations (HIOs) intend to support EPs and EHs in achieving measure #2 through “push” services. In this scenario, if an EP or EH plans to rely on an HIO to both create and send consolidated clinical document architecture (CCDA) summaries of care, those HIO capabilities must be certified in order to be considered part of the EP or EH’s CEHRT. At a minimum the HIO must be able to send messages via SMTP according to the Direct Project Applicability Statement for Secure Health Transport v1.1 for certification. In this model, the EP or EH’s technology must send the Common Meaningful Use Dataset and the additional TOC required data to the HIO to construct the CCDA document. Generally speaking an HIO has two choices for certification, regardless of the technical architecture they utilize (federated, hybrid, or centralized data repositories).

Option 1	Option 2
Seek a stand-alone EHR Module certification for the capabilities the HIO seeks to enable an EP or EH to use (create and transport the CCDA summary of care).	Partner with one or more EHR vendor systems to perform the transport portion of the certification criterion and be considered “relied-upon software” as part of the EHR vendor systems’ certifications. In such an instance, the EHR vendor system and HIO must receive certification together; the EHR to create the CCDA summary document and the HIO functioning as relied-upon software to transport the summary via Direct, the required transport standard.



Using Push Services to Support TOC Measure #2 (No HIO Certification)

HIOs do not have to receive EHR certification in order to support TOC measure #2. HIOs have two additional options to support Stage 2 through push services, beyond seeking certification as described above, regardless of the technical architecture they utilize (federated, hybrid, or centralized data repositories).

Option 1	Option 2
<p><i>Become an eHealth Exchange participant.</i></p> <p>In this scenario, an EP or EH utilizes its CEHRT to generate a CCDA summary document, which is then sent to an eHealth Exchange participant via any transport standard. The eHealth Exchange participant can then push the CCDA document to the receiving provider via any transport method.</p> <p>NOTE: In this scenario, the HIO providing these capabilities should keep in mind that the EP or EH may expect the HIO to provide assurance that the receiving provider has successfully received the CCDA summary document. Further, this assurance must be documented in a way that can support future audits. In addition, the EP or EH likely will rely solely on the HIO to calculate and report the numerator to the EP or EH.</p> <p>For more discussion of the measure #2 numerator and denominator, please see CMS's Stage 2 Final Rule and the measure specification sheet.</p>	<p><i>Have the capability to receive a CCDA document via Direct or SOAP+XDR/XDM transport.</i></p> <p>In this scenario, an EP or EH utilizes CEHRT to generate a CCDA summary document and sends the document to an HIO via the CEHRT's Direct or SOAP+XDR/XDM transport capability. The HIO could then repackage the message and send it to the receiving provider via any transport method.</p> <p>NOTE: The SOAP+XDR/XDM option will only be available when EPs and EHs possess CEHRT that is capable of supporting and has been certified to the optional SOAP+XDR/XDM standard. Again, the HIO providing these capabilities should keep in mind that the EP or EH may expect the HIO to provide assurance that the receiving provider has successfully received the CCDA summary document. Further, this assurance must be documented in a way that can support future audits. In addition, the EP or EH likely will rely solely on the HIO to calculate and report the numerator to the EP or EH.</p>



Using Query/Pull Services to Support TOC Measure #2 (No HIO Certification)

An HIO may also utilize query or pull services to support the measure, without receiving certification and without becoming an eHealth Exchange participant. To do so, the HIO acts as an intermediary to which an EP or EH uses their CEHRT to send a CCDAs summary document via the Direct transport standard (SMTP, SMTP+XDR/XDM) or SOAP+XDR/XDM, and the HIO then makes the CCDAs available for query. The HIO providing these capabilities should keep in mind that it will need to assist EPs and EHs in documenting that the receiving provider has successfully accessed the CCDAs summary document. In this case, it is likely the EP or EH will solely rely on the HIO to calculate and report the numerator to the EP or EH.

Supporting an EP or EH's Calculation and Reporting of the Numerator/Denominator for TOC Measure #2

Per the Meaningful Use rule, an EP or EH may only count transmissions in the measure's numerator if they are accessed by the provider to whom the sending provider is referring or transferring the patient. Further, an EP or EH may only count in the numerator transitions of care that first count in the denominator. Receipt by the provider occurs when either the clinician receives/queries or the practice/facility at which the clinician works receives/queries the summary of care. EPs and EHs must choose from two options for their denominator:

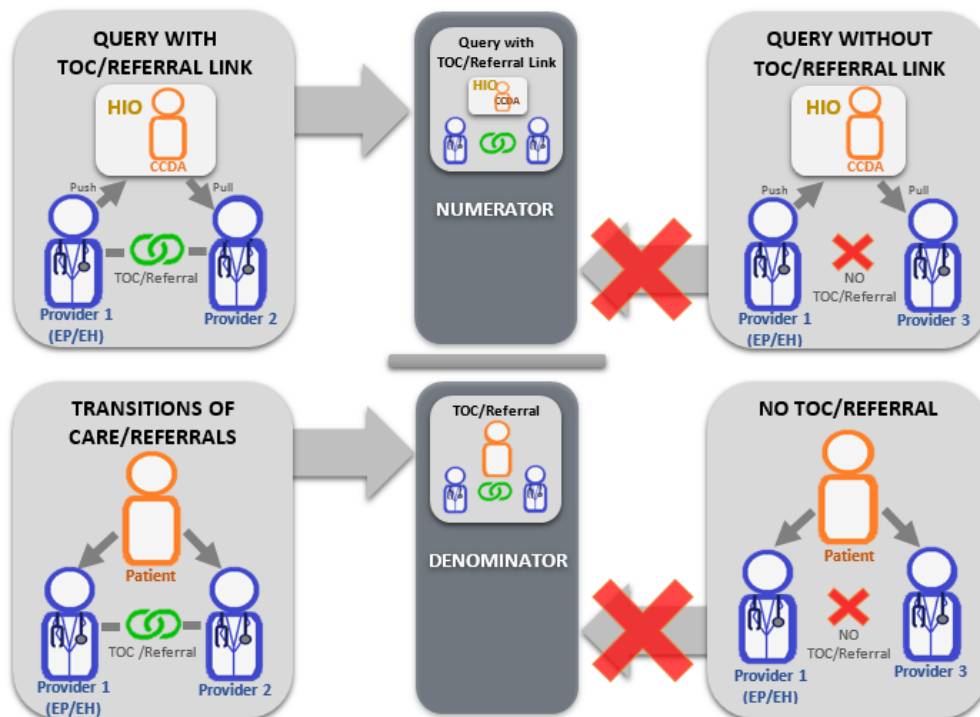
- Use the minimal denominators provided by CMS in the Stage 2 Final Rule and described in the measure specifications available [here](#)):
 - EPs: The transitions and/or referrals that were ordered by the EP.
 - EHs/CAHs: All discharges from the inpatient department and after admissions to the emergency department when follow-up care is ordered by an authorized provider of the hospital.
- Expand the denominator definition to count the transitions of care or referrals described in the Stage 2 Final Rule *plus* an expanded set of transitions of care and/or referrals based on criteria defined by the EP or EH. EPs and EHs must document how this is being captured and ensure they consistently capture the denominator for all patients. For example if an EP decides to include patient self-referrals, the denominator needs to count all patient self-referrals and EP orders, not just those reported to the EP by an HIO; the complexity of this approach should be considered prior to choosing this option.

Please also note that:

- The unit of measure for TOC measure #1 and #2 is transition/referral and not individual patient. In other words, an individual patient may have several transitions or referrals in a given EP or EH's denominator.

- There must be a one-to-one relationship between the transitions/referrals counted in the EP/EH's denominator and any counted in the numerator. That is, an EP/EH cannot count more than one pull/query in their numerator for just one transition/referral in their denominator.
- An EP or EH's approach to calculating the denominator for TOC measure #1 and measure #2 must be same.

Calculating Valid Stage 2 Transition of Care Measures



While all EPs and EHs that contribute data to a patient's CCDA document may receive credit when that document is exchanged/pulled, the transition or referral associated with that "pull" must be in an individual EP or EH's denominator in order to also include that transition or referral in the numerator. In other words, an EP or EH cannot count a transition or referral in its numerator when that same transition or referral is not in the denominator. It is likely that an HIO will not have easy access to a particular EP or EH's denominator unless the HIO is also the EHR vendor, an EHR vendor provides a list of denominator transitions or referrals to the HIO, or the EP or EH provides a list of denominator transitions or referrals to the HIO. With this set of assumptions in mind, if an EP or EH chooses to utilize an HIO or eHealth Exchange participant to meet the measure through the query/pull method, the HIO likely has two options to support TOC measure #2, regardless of the technical architecture they utilize (federated, hybrid, or centralized data repositories).



Option 1	Option 2
<p>An HIO or eHealth Exchange participant can provide documentation (for example, from an audit log) to an EP/EH and allow the EP/EH to reconcile the information against EHR reports. The HIO needs to provide the following documentation to an EP/EH, so they can calculate their numerator:</p> <ul style="list-style-type: none"> • A list of patients for which the EP/EH contributed data • Dates when the data was contributed (so the contribution can be associated with referrals/transitions in the EP/EH denominator) • A list of providers that queried the patients' records (which contain data contributed by the EP/EH) • The date of each query/view so the EP/EH knows the information was pulled <i>after</i> they referred/transitioned the patient, not before. <p><i>Important Considerations</i></p> <p>To accurately report the measure, EPs and EHs would need to reconcile the HIO's documentation of providers who queried a patient with its own documentation from their EHR technology of the patient transitions or referrals and referred-to providers counted in their denominator. If using the TOC definition in the Stage 2 Final rule, EPs and EHs need to confirm that the date of the referral of the patient in the denominator predates the date of the query in the HIO documentation (this ensures the query did not happen prior to the referral, which would not count). If using the expanded denominator, EPs/EHs still need to ensure that the patient records that were queried reflect the same patients who are included in their expanded denominator.</p>	<p>An HIO or eHealth Exchange participant can calculate the numerator for an EP/EH. In order to calculate the numerator, an HIO/eHealth Exchange participant will need to know:</p> <ul style="list-style-type: none"> • The EP or EH's denominator, however the EP/EH decides to define it • Which patients the EP/EH contributed data for (data must be sent via CCDA summary document from CEHRT) • Which providers queried the patients' records (that contain data contributed by the EP/EH) • The date of each query/view so the HIO is confident the information was pulled <i>after</i> the EP/EH referred/transitioned the patient, not before <p>The HIO would then match the referrals/transitions in the EP/EH's denominator to the appropriate queries/pulls to count the numerator.</p> <p><i>Important Considerations</i></p> <p>In order to calculate the numerator, an HIO needs to have a list of the patient transitions or referrals included in the EP or EH's denominator. If an EP or EH is using the minimal denominator provided by CMS in the final rule, the HIO needs the list to include the referred-to provider so that a link can be formed between the denominator and the numerator.</p>