



The Office of the National Coordinator for  
Health Information Technology



# Key questions from EPs, EHs and CAHs on MU Stage 2 Exchange

- Meaningful Use Stage 2 objectives involve a lot of health information exchange.
- Examples:
  - Provider-to-Provider (e.g., Transitions of Care [ToC])
  - Provider-to-Patient (e.g., View, Download, Transmit [VDT])
  - E-prescribing
  - Lab results reporting
  - Public health reporting
- Of these, we've found that care coordination and consumer engagement generate the most questions from vendors and providers.

# CEHRT 2014 Edition Transitions of Care (ToC): Measure #2

## EP/EH/CAH Perspective

|                               |   |  |
|-------------------------------|---|--|
| <b>To pass certification:</b> | My EHR technology developer <b><u>must</u></b> demonstrate that its EHR technology can:   | 1) Create a CCDA with required MU data<br>2) Send the CCDA according to Direct |
|                               | My EHR technology developer can also voluntarily demonstrate that its EHR technology can: | 1) Send according to Direct + XDR/XDM<br>2) Send according to SOAP + XDR/XDM   |

|  |   |  |
|--|---|--|
| <b>To demonstrate Meaningful Use ToC Measure #2:</b> | I <b><u>must</u></b> have EHR technology that's been certified to:                | 1) Create a CCDA with required MU data<br>2) Send the CCDA according to Direct   |
|  | I <b><u>may</u></b> electronically send a CCDA in following ways for it to count: | 1) Send ("push") a CCDA via my CEHRT using Direct<br><br>2) Send ("push")/Respond to query with a CCDA via my CEHRT using SOAP + XDR/XDM ( <i>if certified</i> )<br><br>3) Send ("push") to/Respond to query via an eHealth Exchange participant with a CCDA created by my CEHRT |

# CEHRT 2014 Edition Transitions of Care (ToC): Measure #2

## EP/EH/CAH Perspective

### To pass certification:

My EHR technology developer

must construct

CCDA with required MU data  
according to Direct

A provider's ability to exercise  
these choices is a function of  
the decisions made by their  
certified EHR technology  
vendor(s).

Direct + XDR/XDM  
SOAP + XDR/XDM

### To demonstrate Meaningful Use ToC Measure #2:

I may electronically send a  
CCDA in following ways for it  
to count:

- 1) Send ("push") a CCDA via my CEHRT using Direct
- 2) Send ("push")/Respond to query with a CCDA via my CEHRT using SOAP + XDR/XDM (*if certified*)
- 3) Send ("push") to/Respond to query from an eHealth Exchange participant with a CCDA created by my CEHRT

# CEHRT 2014 Edition Transitions of Care (ToC): Measure #2

## EP/EH/CAH Perspective

**To pass certification:**

My EHR technology developer  
must demonstrate

CCDA with required MU data  
according to Direct

To the degree that such  
options exist for a provider,  
you may find that your  
customers begin to ask things  
like which path(s) should I  
take?

Direct + XDR/XDM  
SOAP + XDR/XDM

**To demonstrate  
Meaningful Use  
ToC Measure #2:**

I may electronically send a  
CCDA in following ways for it  
to count:

- 1) Send (“push”) a CCDA via my CEHRT using Direct
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- The following slides describe several key questions and considerations we are hearing from providers – these do not reflect regulatory interpretation
- We share these in the spirit of encouraging early and frequent communication between vendors and their customers on important aspects of MU stage 2 exchange functionality

## **What exchange options do I have?**

- Providers need to know what services you (or your partners) offer.
- Providers also need to know if/how they'll be able to work with other organizations to facilitate exchange (e.g., state/regional HIEs, national HISPs, etc.).

## **How does your software/service help to ensure that I'll have the ability to exchange with a sufficient number of other providers?**

- Providers will likely seek assurance from you that they'll be able to reach their desired exchange partners (who might be using another vendor's product).
- It may help to explain the steps you (or your partners) have taken to facilitate cross-vendor, cross-enterprise exchange
  - Footprint/reach of your HIE services
  - Optional transport standards that enable use of other HISP/HIE organizations
  - Participation in a trust community, such as DirectTrust
- Work with Regional Extension Centers to make sure these elements of your implementation are clear



## **What will these exchange services cost?**

- Providers are anxious about how much this going to cost and they want to be able to plan and predict (they don't want to be caught off guard):
  - One-time costs
  - Recurring costs
  - fees associated with interfacing to 3<sup>rd</sup>-parties
- Don't forget the regulatory requirements for transparency – if the provider will incur any costs to use the certified tools/services other than the “sticker price,” you must disclose those costs upfront

## **When will your product be ready for installation and use?**

- Providers are concerned about lead times for certification, installation/upgrade, training, etc.

**How will I (or my patient) use your software to <insert> (e.g., send a referral, download their record, etc.)?**

- Be prepared to offer descriptions / examples of common use cases to illustrate how these tasks will be accomplished.
- For example, when sending a referral or transitioning a patient how will a provider look-up/input another provider's Direct address?

## **What data do you track / reports do you offer to ensure I'm able to demonstrate I've met the relevant MU stage 2 measures?**

- As your software counts numerators and denominators for measures, what will the output / reports look like (a single percentage, raw numbers for numerator and denominator, detailed listing of transitions that are counted in numerator/denominator)?
- What detailed data does your software/service offer in case of an audit?

- You need to communicate with your customers and RECs now about your MU Stage 2 exchange tools and products (whether certified now, or to be certified soon), including:
  - What they are
  - When they will be available
  - What they will cost
  - What the implementation timeline will look like
  - Any optionality they will need to consider/make a decision about
- Your customers want to understand generally how the MU Stage 2 exchange stuff works – they do not want info that is overly technical, but rather a balance of info that gives them confidence that the tools meet the certification and MU requirements and will be useful
- RECs, consultants, and others working to support EPs, EHs and CAHs will be compiling and sharing information about MU Stage 2 exchange offerings – good idea to post info on websites, hold webinars, etc.

# Questions and comments?