Meaningful Use

Transition of Care

eCW ONLY

April 2016

MUNSON HEALTHCARE

New Dial In Number

231-213-0100; conference ID 85549#

Mute if not talking

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Agenda

- Definition of Transition:
  - What is a "transition"
  - What is NOT a "transition"
  - Numerator and denominator
- Denominator in eCw (aka, record a transition)
  - P2P
  - Faxing
  - Printing
- Sending referrals that are not "transitions"
  - Physical Therapy
  - Diabetes Education
- P2P (within eCw), electronic

- Direct Trust Addresses (for communicating outside eCw but still using P2P
  - Obtaining a Direct Trust email address
    - Cost ($100-$120, per year, per provider)
    - Obtain from eCw
  - Each EHR vendor is a separate connection
  - Regional Direct Trust address book
  - P2P using Direct Trust Address

- Problems:
  - No warning is not sent (green check)
  - No attachments can be sent (indicated fix on the way)
  - Sending electronic and faxing (causing problem with numbers)
  - Problems with P and D (Direct Trust)
  - Error with not getting in EHR

- Adding Direct Trust addresses into eCw
- Attachments to other EHR

- Attach CCDA to record (import)
- Reconcile Meds, Allergy problem list

- Strategy
  - Reduce number in denominator
  - Increase number in numerator (electronic)

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Regulations (numerator and denominator)

Attestation Requirements
DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

- DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
- NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
- THRESHOLD: The percentage must be more than 10 percent in order for an EP to meet this measure.
- 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.

What is a Transition of Care

Ran by MCEITA, no useful feedback from CMS/ONC MU hotline

Examples of Transitions of Care:

- Referral to a specialist or another primary care provider (outside your practice)
- Referral to Hospice
- Referral to Home Care
- Referral to Palliative Care
- Referral to a rehab hospital
- Referral/transfer to an extended care facility/assisted living to be managed by a provider from another practice
- Referring a patient from an ambulatory practice to the ED
- Patients who are referred back to their primary care provider after seeing a specialist (and the specialist has completed care of the patient and will not manage/see the patient for this medical issue)
- Patient leaves the practice

What is NOT a Transition of Care

- Ordering lab test
- Ordering cardiac rehab
- Ordering diabetic education
- Ordering a physical therapy
- Ordering radiology test (MRI, x-Ray, Cat Scan, Bone Density, etc.)
- Ordering other diagnostic studies (PFT, EKG, etc.)
- Scheduling patients for a procedure at another site if the procedure is performed by a referring provider/practice. Examples:
  - Cardiologist schedules a patient for a cardiac cath to be performed at the local hospital where the cardiologist will be performing the cardiac cath
  - A surgeon who sees a patient in the office and schedules surgery at the hospital
- Specialist/consultant sending information back to the referring provider but not sending the patient back to them. Often provider will send a courtesy note indicating the specialist saw the patient and what the patient will be treated for.
- Referral of a patient to another provider within the same practice (using the same EHR).

New POTENTIAL Definition

EP verses EC (new definition under MACRA/MIPS)

Who Will Participate in MIPS?

Affected clinicians are called **"MIPS eligible clinicians"** and will participate in MIPS. The types of **Medicare Part B** eligible clinicians affected by MIPS may expand in future years.

Years 1 and 2

Physicians (MD/DO and DMD/DDS), PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists

Years 3+

Secretary may broaden Eligible Clinicians group to include others such as

Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals

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CCDA From eCw

CDA Content

Continuity of Care Document (C-CDA)

Patient	Wellcentive ZzzTest
Date of birth	May 10, 1970
Sex	Male
Race(s)	White
Ethnicity	Not Hispanic or Latino
Language(s)	English (Preferred)
Contact info	123 Main St Cadillac, MI 49601, US Tel: +1-2315551234
Patient IDs	364084943 2.16.840.1.113883.4.1
Document Id	e962e379-139b-4770-af3c-223c7e94bac3 2.16.840.1.113883.3.109.3.1420.4.1.1.80210.2.2.8
Document Created:	March 24, 2015, 11:58:26 -0400
Performer (primary care physician)	Roger Gerstle, MD 1400 Medical Campus Dr Traverse City, MI 49684
Performer	Joseph Cook, DO 1400 Medical Campus Dr Traverse City, MI 49684, US
Author	Timothy R Lambert, Munson Family Practice
Contact info	1400 Medical Campus Dr Traverse City, MI 49684, US Tel: +1-2319358000

Numerator /Denominator

Numerator: CCDA's send electronically
Denominator: all transitions

Reduce the denominator (remove PT, Diabetic Ed, Nutrition consult, etc)
- 2/100 = 2%
- 2/10 = 50%

Increase the numerator (send everything you can electronically)
- 5/100 = 5%
- 20/100 = 20%

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Examples of Direct Trust Emails

Cerner: Munson Medical Center: medrecmmc@direct.mhc.net
Next Gen: Dr. Joseph Cook: joseph.cook.p8@direct.munsonhealthcare.nextgenshare.com
eClinical Works: Kent Bowden: kent.bowden@csc.eclinicaldirectplus.com
Medicity: munson.home.care.and.hospice@mhc.midirect.net
Varian: MMCCompBreast@mhc.direct.varian.com
Glostream: Mitzie@directaddress.net
Practice Fusion: sleepdiagnostics@direct.practicefusion.com
Epic (Spectrum Health): Michael.Dickinson@epic00.shdirect.org
Epic (UofM): echadd13557@direct.med.umich.edu

Addresses Built

http://www.munsonhealthcare.org/summaryofcare

DIRECT ADDRESSES

Direct addresses are intended for clinician communication only. Referring providers should continue to follow their usual referral process in addition to sending a CCDA electronically to make sure patient's needs are promptly addressed.

MHC REGIONAL DIRECT TRUST EMAIL LISTING

Last updated: 3/28/2016

Munson Healthcare has published this *Meaningful Use, Summary of Care, Direct Email Directory* as a community service and for informational purposes only. A listing in this directory is not a Munson Healthcare endorsement of any particular health care provider. This list is updated regul... completeness or timeliness of the directory; email addresses should always be confirmed before sending Protected Health Information or other confidential information. Use of information in this directory is authorized only to transmit patient information for treatment purposes. Use for any...

Those items in Yellow or Orange have not been tested or do not work correctly. DO NOT USE

	Status	Type	Location	Last Na	First Name	N	Cre	NPI	State License	Direct Address	Contact for testing	EHR Vendor
321	Active	Provider	Pine River Medical	GERALYN	DOSKOCH			1710079256		GERALYNDOSKOCH@csh.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547 8851	Cerner
322	Active	Provider	Pine River Medical	KATHRYN	FRAKE			1558581355		KATHRYNFRAKE@csh.cernerdirect.com	Michelle Hines mhines@mhc.net 231 547 4042	Cerner
323	Active	Provider	Pine River Medical	MARYANN	IVEY			1427137231		MARYANNEIVEY@csh.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547 8851	Cerner
324	Active	Provider	Pine River Medical	MICHAEL	HARMELING			1194836502		MICHAELHARMELING@csh.cernerdirect.com	Donna Looze, dlooze@mhc.net, 231 582 5314	Cerner
325												
326	Active	Office	Prudenville Community Health Center - MHC Grayling Physician							1420.0001@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
327	Active	Provider	Prudenville Community Health Center	Baker	Hayley			1942519525		hayley.baker.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
328	Active	Provider	Prudenville Community Health Center	Gee	James			1487974184		james.gee.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
329	Active	Provider	Prudenville Community Health Center	Gielincki	Barbara	S		1811920960		barbara.gielincki.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
330	Active	Provider	Prudenville Community Health Center	Janisse	Amanda	C		1942561964		amanda.janisse.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
331	Active	Provider	Prudenville Community Health Center	Rubert	Cynthia			1023074960		cynthia.rubert.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
332												
333	Active	Office	Roscommon Community Health Center - MHC Grayling Physician							1420.0001@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
334	Active	Provider	Roscommon Community Health Center	Anderson	Amorette	Leann		1205025046		amorette.anderson.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
335	Active	Provider	Roscommon Community Health Center	DeYoung	Karen			1982801569		karen.deyoung.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
336	Active	Provider	Roscommon Community Health Center	Dibbet	Mark			1215953948		mark.dibbet.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
337	Active	Provider	Roscommon Community Health Center	Thornton	Timothy			1205852936		timothy.thornton.p1@direct.munsonhealthcare.nextgenshare.com	Jessica Hartman, 989-348-0069	Next Gen
338												
339	Active	Office	Sleep Diagnostic of Michigan (West Branch Location)							sleepdiagnostics@direct.practicefusion.com	Donna Pauley, dpauley@michigansleep.com, 989-312-0666	Practice Fusion
340												
341												
342	Active	Office	City							1420.0015@direct.munsonhealthcare.netztgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
343	Active	Provider	Surgical Associates Of Traverse City	Gaultier	Toni			1467445619		toni.gaultier.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
344	Active	Provider	Surgical Associates Of Traverse City	Noble	Walter	C		1184616716		walter.noble.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
345	Active	Provider	Surgical Associates Of Traverse City	Potthoff Sr	William	P		1760475818		william.potthoffsr.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
346	Active	Provider	Surgical Associates Of Traverse City	Seah	Adrian	S		1306966908		adrian.seah.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
347	Active	Provider	Surgical Associates Of Traverse City	Tooley	Richard	N		1295727824		richard.tooley.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
348	Active	Provider	Surgical Associates Of Traverse City	VanderKolk	Michael	H		1467444216		michael.vanderkolk.p15@direct.munsonhealthcare.nextgenshare.com	Julie Smeltzer, 231-935-2401	Next Gen
349												
350	Active	SNF	Tendercare Birchwood						1070000029	tendercare.birchwood@ehsi.midirect.net		Uses drop box from Mich Health Connect
351	Active	SNF	Tendercare Leelanau						1070000213	tendercare.leelanau@ehsi.midirect.net		Uses drop box from Mich Health Connect
352	Active	SNF	Tendercare Traverse City						1070000365	tendercare.traverse.city@ehsi.midirect.net		Uses drop box from Mich Health Connect
353												
354	Active	SNF	The Maples Benzie County Medical Care Facility					1417931858	MW0006918	the.maples@benziemaples.midirect.net	Kathleen Dube, 231-352-9674, kdube@ben	Uses drop box from Mich Health Connect
355												
356	Active	Office	The Sleep Center Munson Healthcare Charlevoix Hospital	PAMELA	KNYSZ			1.62E+09		PAMELAKNYSZ@csh.cernerdirect.com	Matt Perkins, mperkins@mhc.net 231 547	Cerner
357												
358	Active	Office	Traverse Bay Radiation Oncologist PC					1356351506		traversebayradiation@mhc.direct.varian.com	Sue Curnow, 231-935-7106	Varian

DIRECT ADDRESSES | Not local, but used by region | NO LONGER ACTIVE

READY

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  - Problems with P and D (Direct Trust)
  - Error with not getting in EHR
  - Cannot match if the patient is in the system
  - Issue with Primary Care (Dr. Hill's request)

- Adding Direct Trust addresses into eCw
- Attachments to other EHR

- Attach CCDA to record (import)
- Reconcile Meds, Allergy problem list

- Strategy
  - Reduce number in denominator
  - Increase number in numerator (electronic)

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Request

- Always have a diagnosis on the CCDA.
- Setting by practice

I continue to receive these without a diagnosis and am therefore unable to accept the referral. I call the office, leave a message, wait for a call back, hopefully am available when they call back, etc. All of these steps can and do cause delays in care. I questioned this during the recent webinar but I don't think it was completely understood. There was a recommendation made to send a letter to practices that we will not accept referrals without a diagnosis, and while this may help I still feel strongly that all practices should be advised to make a diagnosis mandatory when creating a referral (which is a setting in eCW). This would eliminate these problems and put the responsibility on the practice requesting the referral. Another suggestion that was made was to respond electronically to this request stating we cannot accept it, this is only an option to providers and providers are not whom received the request initially. I do not want to re-assign this to a physician and expect him to send a note electronically in the middle of providing patient care. Again, additional unnecessary steps.

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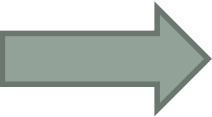
eClinical Works

- eCw uses P2P
- P2P (eCw to eCw)

- P2P (eCw to non eCw)

- Addresses in our community that work:
  - MMC Nephrology, MMC Endo, MMC Pain Clinic, MMC Rheumatology, MMC Infectious Disease, MMC Cadillac Surgical, Northern Michigan Gastroenterology
- Demo from Renee

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May have to build the address in your EHR

- eCw (Renee Gerrie for hosted eCw)

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CHALLENGE: Additional Attachments

EHR	Attachments to practice with same EHR	Attachments to practice with different EHR
eCW	Yes (P2P)	No (P2P)
Next Gen (NG)	Yes (NG Share)	Epic and Allscripts
Varian (MMC Oncology)	No	No
Allscripts	Yes	NG and others
Glostream	unknown	
Cerner	unknown	

Attachments may include
- Referral Letter
- Signed order
- +/- Lab Test Result
- Additional forms
- Insurance

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- Adding Direct Trust addresses into eCw
- Attachments to other EHR

- Attach CCDA to record (import)
- Reconcile Meds, Allergy problem list

Strategy
  - Reduce number in denominator
  - Increase number in numerator (electronic)

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Numerator: CCDA's send electronically
Denominator: all transitions

Reduce the denominator (remove PT, Diabetic
Ed, Nutrition consult, etc)
- $2/100 = 2\%$
- $2/10 = 50\%$

- Increase the numerator (send everything
  you can electronically)
- $5/100 = 5\%$
- $20/100 = 20\%$

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Strategy (know who you refer to)

Munson Family Practice Referral and Transition of Care

Practice	Electronic Summary of Care (CCDa) to Provider (NG Share)	Electronic Summary of Care (CCDa) to Practice (NG Share)	Attachments	Send as Order (not referral)
THV	YES)	YES • Traverse Heart and Vascular	Electronic (NG share)	
BAUA	YES	YES • Bay Area Urology	Electronic (NG share)	
Surgical Associates	YES	YES • Surgical Associates	Electronic (NG share)	
GLOC	No	YES • Great Lakes Orthopedic Center	Electronic (NG share	
DHA	Yes	YES Digestive Health Associates	Electronic (NG share	
MMC Oncology	YES	YES • Munson Multi-Disciplinary Thoracic • Munson Medical Oncology/Hematology • Munson Gynecologic Oncology	Fax	
MMC ID, MMC Nephro MMC Rheum	YES	No	Fax	
MMC Pain Clinic	YES	No	Fax	
JP Milliken	Yes	No	Fax	
Univ of Michigan	Yes	Yes		
Spectrum	Yes			
Munson Hospice and Palliative Care	No	YES • Munson Home Care and Hospice	Fax	
Emergency Department	No	YES • Munson Medical Center		
Physical Therapy				X
Diabetic Education				X

Good idea to develop for your referrals

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Beginners Checklist

- Monitor each providers percentage and denominator

- Clearly understand how your EHR records numerator and denominator are calculated

- Clarify which of your "referrals" are considered transitions of care (denominator)

- Document the process for your practice for referrals/transitions to your key providers/sites
  - Update for new providers or improved functionality
  - Train and monitor referral staff

- Test with your key providers/sites

TEST, TEST, TEST before live

Figure out who you transition your patients to

Contact them and find out what their address is (NO master list)

What other forms are needed

Do a test, or two, or three….

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Stage 3 Requirements

- 50% (not 10%) are sent electronically

- Exclusions Added: 50% or more of encounters with less that 4MB broadband available (and that may have gone up to 5MB),
  - Counties that qualify: Crawford, Kalkaska, Wexford, Missaukee, Charlevoix, Manistee, Chippewa, Luce,
  - Counties that DO NOT qualify: Grand Traverse, Benzie, Otsego, Emmet, Antrim, Roscommon

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Stage 3 (CHIME Table)

From CHIME: Officials from the Department of Health and Human Services (HHS) unveiled their vision for MU Stage 3, including changes that support "efforts to increase simplicity and flexibility in the program while driving interoperability and a focus on patient outcomes in the meaningful use program," CMS said. The proposed MU rule would establish a single reporting period for all providers based on the calendar year and require all hospitals to meet 18 measures across 8 objective areas and all eligible professionals to meet 17 measures across the same objective areas. Stage 3 will begin in 2017, but the proposed rule allows most providers the option to wait until 2018 to move from Stage 2 to Stage 3. Below is a snapshot of proposed objectives for Stage 3:

Protect ePHI
  Perform a security risk analysis
eRx
  > 80%
  > 25% of hospital discharges medication orders query drug formulary
Clinical Decision Support
  5 CDS alerts
  Enabled drug/drug; drug/allergy interaction
CPOE
  80% medication orders
  60% lab orders
  60% diagnostic
Patient Electronic Access to Health Information
  Provide access w/in 24 hours (can be through API)
  > 35% Education resources
Coordination of Care through Patient Engagement (meet 2 of 3)
  > 25% View, Download or Transmit or > 25% use API to access their information
  > 35% use secure messaging
  > 15% PGHD is incorporated
Health Information Exchange (2 of 3)
  > 50% of ToC transmit electronic summary of care record (SoCR)
  > 40% of ToC recipients incorporate SoCR into their EHR
  > 80% of ToC perform "clinical information reconciliation"
Public Health
  6 measures; EPs choose 3 of measures 1-5; EHs choose 4 of measures 1-6

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Questions

Randi Terry: rterry@mhc.net
Joe Cook, DO: Jcook1@mhc.net
Renee Gerrie: rgerrie@mhc.net
John Rokos: jrokos@mhc.net

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