

Associated Certification Criteria: § 170.315(b)(1) Transition of Care (Cures Update) § 170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(h)(1) Direct Project						
<p>Table of Contents Link</p> <p>Measure Description: Send and receive Transition of Care (TOC) messages with other providers to close the referral loop. The patient's ePHI will be exchanged using a C-CDA 2.1 Care Referral or Referral Note and DIRECT secure messaging for data transport.</p>		<p>Justification: We chose to concentrate on the aspects of this criterion that would: 1) showcase ConnectEHR's streamlined approach to provider-to-provider patient referrals and transitions of care with the ultimate goal being higher quality patient care 2) eliminate as much risk of data entry errors as possible by transmitting patient data securely and electronically rather than relying on manual data entry for referrals 3) reduce the overall time burden of manual data entry 4) ensure private and secure transmission of patients' PHI 5) result in increased interoperability between disparate HIT systems.</p>				
<p>Metric Description: 1) 100 percent of outbound TOC's successfully received by HISP 2) Average C-CDA grade from scorecard for C-CDAs generated from ConnectEHR is a "C" or better 3) 100 percent of trading partner's C-CDAs received, we're able to show problem list, medication list, medication allergy list for clinical reconciliation. 4) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.</p>		<p>Standards Implemented: • USCDv1 July 2020 Errata • Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015 • HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012 • ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019</p>				
<p>Developer Info: Empower Systems 1200 Harger Road, Suite 408 Oak Brook, IL 60523 (305)766-3245</p> <p>Care Setting: Inpatient Real World Testing URL: <a href="https://www.empower.md/real-world-testing/">https://www.empower.md/real-world-testing/</a></p>		<p>Product Info: Product Name: Empower Inpatient+Ambulatory Product Version: 1.1.57</p> <p>CHPL ID: 15.04.04.2918.Empo.01.00.1.181001</p> <p>Methods Use to Demonstrate Interoperability: 1) HISP via Direct Protocol (SMTP) 2) HIE exchange 3) HTTPS via secure provider portal 4) Visual validation/Counting</p>				
Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.	<ul style="list-style-type: none"> <li>Confirm Trading Partner</li> <li>Confirm ability to send and receive clinical documents</li> <li>Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment</li> </ul>	May, 2022	FALSE	We've decided to work with NYCH and their HIE Healthix	
2	Identify a patient(patient A) that has received C-CDA from Trading Partner, where there's data to be reconciled	We can query the clients database for patients that have received C-CDAs from TP where clinical data is available for reconciliation.			patient A received a CCDA from healthix 11/12/2022 and there are medications to be reconciled	
3	Care provider to pull up this patient in Empower for clinical reconciliation	Care provider is able to simultaneously view data (including medications, allergies, and problems) along with the source and last modification date attributes from at least two sources.	June, 2022	FALSE	we were able to see both healthix's list and Empower's list of medications	
4	Care provider creates a single reconciled list using the data reviewed from the multiple medication, problems, or alle	Care provider able to save and verify a single list in Empower for Medications, Allergies, and Problems.			clinician was able to save the medications he would like to carry on for patient A's chart.	
5	Patient A has inpatient admission and discharge and data is captured in EHR	<ul style="list-style-type: none"> <li>USCDv1 data elements captured in EHR (system under test)</li> <li>Care provider is able to create a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions.</li> </ul>			Staff documents in Empower and once patient is discharged we generate a CCDA to be sent to Healthix	

6	Care provider initiates TOC in EHR	<ul style="list-style-type: none"> <li>Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.</li> <li>Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions.</li> <li>Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.</li> </ul>	June, 2022	FALSE	This process is automated. We have a job that queries a folder for new CCDAs to send to healthix		
*	Next steps take place in trading partner's EHR.						
7	Validate that C-CDA for Patient A contains USCDIv1 data elements.	Recipient uses scorecard to grade C-CDA	June, 2022	FALSE	The CCDA generated by ConnectEHR does use USCDIv1 data elements		
8	Trading partner refers Patient B from TP EHR to system under test by generating C-CDA Clinical Document or Referral Note.	<ul style="list-style-type: none"> <li>Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.</li> </ul>			Healthix is just a repository of CCDA from different HER vendors. They don't have the ability to refer patients or generate their own CCDA. Everytime a new patients gets admitted at NYCH, we will send a request to Healthix to see if there are existing CCDAs for this patient. If so we will import that CCDA and present to the clinicians for clinical reconciliation.		
6	In system under test, tester acknowledges receipt of valid Clinical Document.	<ul style="list-style-type: none"> <li>Tester uses Document Center to locate Clinical Document.</li> <li>Care provider reviews the Direct Status screen (under Direct Outgoing menu choice).</li> </ul>	July, 2022	FALSE			
7	Calculate and compile metrics		August, 2022	FALSE	For NYCH, they had 18549 CCDA's that were set to create and send to healthix in 2022. 181 of them failed to generate. That's a success rate of 99.02%. NYCH received 2056 documents from Healthix. ConnectEHR was able to receive 100% of those documents. Empower was able to show medication,allergy, and problem list 100% of the time for clinical reconciliation.		
<b>Attestation:</b> <b>This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the Health IT Developer's Real World Testing requirements.</b>							
Authorized Representative Name: Roger Cheng							
Authorized Representative Email: rcheng@empower.md							
Authorized Representative Phone:847-274-6780							
Authorized Representative Signature:							
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