Health Information Exchange (HIE) Checklist

2018 MODIFIED STAGE 2 MEANINGFUL USE OBJECTIVE AND MEASURES
The eligible professional (EP) who transitions or refers their patient to another setting of care or provider of care must:

1. Use certified electronic health record technology (CEHRT) to create a summary of care record
2. Electronically transmit the summary of care record to a receiving provider for more than 10 percent of transitions of care and referrals

DEFINITION OF TRANSITION OF CARE (TOC)
The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health or rehabilitation facility) to another. At a minimum, this includes all transitions of care and referrals that are ordered by the EP.

EXCLUSION CRITERIA
Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the electronic health record (EHR) reporting period.

HIE/TOC CHECKLIST
Transitions of care have occurred if you answer “yes” to the following questions:

☐ Did you or a staff member transition or refer any patients to other settings of care within the EHR reporting period, such as:
   ☐ Hospital (inpatient, observation, outpatient)
   ☐ Ambulatory primary care practice (PCP)
   ☐ Ambulatory specialty care practice
   ☐ Long-term care
   ☐ Home health
   ☐ Rehabilitation facility
   ☐ Other (e.g., sleep study, therapy, wound care, surgical center, etc.)

☐ Did you or a staff member refer any patients to other providers of care?

☐ For specialists: Do you send records or transition a patient back to the care of a PCP after treatment or consultation?

☐ For specialists: Do you send (transition) a patient back to the care of a PCP for ailments that are presumed to be managed by their PCP and are outside of the scope of your specialty?
HIE/T2C WORKFLOWS

☐ Have you collected all possible direct email addresses for a provider(s) to whom you transition or refer your patients during the reporting period?
  ☐ Have you contacted your top referral physicians or settings of care in order to obtain a direct email address?
  ☐ Have the direct email addresses been added to your EHR?

☐ Have you followed the workflow that is outlined in the vendor EHR user guide to meet the HIE measure?

☐ Have appropriate staff been trained on how to meet the HIE measure?
  ☐ Who is responsible for sending a Consolidated Clinical Document Architecture (CCDA, or summary of care record) for transitions or referrals?
  ☐ Is staff familiar with how to send a CCDA via the EHR to another setting or provider of care?
  ☐ Is a workflow in place to alert the responsible referral staff (clerk/nurse/MA/office manager) that a CCDA needs to be sent out for a transition or referral?

AUDIT DOCUMENTATION FOR TAKING HIE/T2C EXCLUSION

If, after considering the above, the EP(s) is confirmed to have had less than 100 transitions or referrals within the EHR reporting period, we recommend that the following actions be taken to support taking the exclusion for this measure:

☐ Write a narrative explaining the reason for taking the exclusion for this measure and have the EP(s) sign it. If your organization has multiple providers who are taking the exclusion, we recommend that ALL providers sign the narrative and understand what it means.

☐ If possible, run a report that lists all of the transitions or referrals within the EHR reporting period. This documentation will be used to prove the EP(s) had under 100 referrals or transitions within the EHR reporting period.

☐ If you cannot run a report, keep a paper copy in your attestation audit folder of all of the transitions or referrals that took place during the reporting period. This documentation will be used to prove the EP(s) had under 100 referrals or transitions within the EHR reporting period.

☐ Keep a copy of the Meaningful Use report that you used to support your exclusion from this measure. The report must show the denominator is less than 100.

AFMC HEALTHIT RECOMMENDED BEST PRACTICES:

☐ Enter all transitions and referrals into the EHR.

☐ If taking the exclusion, review all transitions and referrals with the EP(s) to ensure that all information has been captured in the EHR.

☐ Make sure that all staff involved in transitions and referrals are thoroughly trained on proper procedures and workflows for sending patient electronic health records for transitions and referrals.

ADDITIONAL RESOURCES

A link to the AFMC HealthIT webinar detailing the HIE objective can be found at: https://www.youtube.com/watch?v=4f_LAFSTKS4&feature=youtu.be

We encourage all staff involved in the referrals and transitions workflows in your clinics to view the webinar recording. Additional resources provided by CMS can be found below.

CMS LINK TO THE SPECIFICATION SHEET FOR THE HIE OBJECTIVE: