Care Transitions and Meaningful Use Criteria

Providers must ensure that systems “talk” to each other

Howard Mevis

The goal of electronic health records (EHR) is to enhance interaction with disconnected data sources. Every day, for example, various forms of information technology within an orthopaedic practice—including picture archiving and communication systems, billing and coding systems, and practice management systems—feed data into or use data from an EHR. Thus, it is key that information technology systems within a practice be coordinated. However, orthopaedic surgeons must also deal with EHR data from sources outside the practice, including primary care and specialty physicians, nurses, physician assistants, and other allied health professionals. In these cases, the systems may not be as well coordinated as those within a practice. Questions may arise, including “Can the two systems ‘talk’ to each other? Do they have specific data transfer requirements?”

Interoperability describes the extent to which systems can exchange data and interpret shared data. For two systems to be interoperable, the recipient must be able to understand the data transmitted in the exchange. Stage 2 meaningful use criteria require interoperability testing of EHR systems.

Care transitions
Interoperability is key to improving patient care during care transitions, such as when orthopaedic surgeons transfer care responsibilities for a patient to another physician, whether that physician is an orthopaedic colleague or a physician in another specialty. Without appropriate transfer of data during these transitions, gaps in treatment, deficiencies in care coordination, and poor communication may result.

Improving care transitions leads to improved quality and timeliness of care and is an objective of the Centers for Medicare & Medicaid Services (CMS) EHR incentive program. A core measure in the CMS meaningful use stage 2 program focuses on care transitions and requires orthopaedic surgeons to meet the following requirements:

- The eligible professional (physician, nurse, or other applicable individual) who transfers care for a patient to another setting or provider of care must provide a summary of care record for more than 30 percent of transitions of care and referrals. (Also applies to hospitals, including critical access hospitals.)
- At least 10 percent of summary of care records for transition of care or referral must be electronically transmitted.

Testing system interoperability
This core measure requires that EHR vendors be certified to ensure that their systems can exchange information electronically with other vendor systems. CMS and the Office for the National Coordinator for Health Information Technology (ONC) have created a test program to help orthopaedic surgeons demonstrate the interoperability requirement of meaningful use stage 2. The test program is now underway with two vendor EHR systems (McKesson and Meditech), and CMS is seeking other vendors to participate in the test program.

Physicians—including orthopaedic surgeons—are required to demonstrate the interoperability of their EHR systems with other systems. Two options are available to demonstrate interoperability. Eligible professionals may complete an electronic exchange of summary of care documents with another, different, EHR system or they may conduct one or more successful tests with the CMS-designated test EHR during the EHR reporting period.

Testing the system
The deadline to begin attesting for meaningful use stage 2 is October 2014 for the earliest adopters of meaningful use stage 1. Testing should be undertaken as soon as possible. Orthopaedic surgeons, their practice executives, and their EHR system vendors should work together to conduct and document a system interoperability test.

Alternatively, orthopaedic surgeons can participate in the ONC test. Practices must first register on EHR Randomizer website (https://ehr-randomizer.nist.gov), which is hosted by the National Institute of Standards and Technology (NIST). The program will randomly select eligible professionals with a designated test EHR developed by a different EHR vendor. According to the ONC, when providers enter information about their current EHR in the Randomizer, they will obtain a randomly selected test EHR that is different from their own EHR technology. The provider must then establish a trust anchor (a technical tool that must be shared with the test EHR before the systems are able to exchange information). The test anchor is available from the provider’s current health information service provider or EHR vendor.

The provider generates a Consolidated Clinical Document Architecture care summary with test or fake patient data. No live data are to be sent; only test data must be submitted to the test EHR’s designated address. After the test EHR successfully receives a direct message, the system will send notification to the provider indicating that the direct message was successfully received. This notification will be in the form of an email to the provider. The provider will be able to use the notification as proof of meeting measure No. 3 for the purpose of meaningful use attestation.

Data to include in testing
Table 1 lists the minimum data specifications or standards for transition of care to another provider. The standards document can be found in the AAOS Practice Management Center, online at www.aaos.org/pracman. A transition of care or a discharge summary provides essential clinical information for the receiving physician and care team. These summaries also help organize final clinical and administrative activities for the transferring care team, ensuring the coordination and continuity of care as patients transfer between different locations or different levels of care within the same location. Transferring accurate information improves quality of care.

Links to the EHR-Randomizer and the transition of care standards can be found in the online version of this article, available at www.aaosnow.org—Howard Mevis is the director of the AAOS department of electronic media, electronic programs, CME-course operations, and practice management group. He can be reached at mevis@aaos.org.

Table 1: Minimum Data Elements for Interoperability Testing

<table>
<thead>
<tr>
<th>Data Element</th>
<th>For Hospital In-Patients</th>
<th>In-Hospital Location or Discharge Location</th>
<th>Care provider names during hospitalization</th>
<th>Discharge Instructions</th>
<th>Reason(s) for hospitalization</th>
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<tbody>
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<td>Full Name</td>
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<td>Race and Ethnicity</td>
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<td>Gender</td>
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<td>BirthDate</td>
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<td>Preferred Contact Information</td>
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<td>Contact Information</td>
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<td>Referring Physician’s Name/Contact Information</td>
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<td>Names/Contact Information for Additional</td>
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<td>Care Team Members</td>
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<td>Care Plan and Instructions</td>
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<td>Care Goals</td>
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