

## **SUMMARY OF CARE 2**

(Part of Core Objective #15)

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**OBJECTIVE:** The EP who transitions their patient to another setting of care or provider of care or

**MEASURES:** EPs must satisfy both of the following measures in order to meet the objective.

**Measure 1:**

- The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

**Measure 2:**

- The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

**Measure 3:**

An EP must satisfy one of the following criteria:

- Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at 495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).
- Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

**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 is excluded from all three measures.

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**NUMERATOR:** (Patients Credited)

Matching transitions where an electronic summary of care record was sent to the recipient.

**DENOMINATOR:** (Patients Considered)

Total number of patient transitions of care by the provider to another setting or provider in the Reporting Period.

**HOW TO:**

Create a referral CCDA Summary of Care File for the Patient

01) From the a patient's SOAP Note screen, select the top toolbar "MU Central" option.

02) Click on "Refer Patient to Doctor or Facility".

- 03) Search and select the doctor you are referring the patient to.
- 04) Click the "Electronic Summary of Care" button
- 05) Click the red "Generate" button to create the CCDA Transition of Care File, then Exit.  
Send electronic CCDA Summary of Care File to the outside Doctor
- 06) Still on the SOAP Note Screen, from the top toolbar select "eScripts".
- 07) Click the Orange "CCDA's and/or Secure Messaging" button.
- 08) Click the blue "Compose" near the top of the screen.
- 09) Type in the "To:" field, the secure messaging address of the referred doctor.  
If you do not know their address, the Name fields and search button can be used to look them up.
- 10) Type a Subject and a Message into the "Subject:" and "Message:" Fields  
The Subject line is NOT encrypted, so should not have any health or other personal information!
- 11) Click the top left "Browse..." button
- 12) Use the file picker that opens to navigate to C:\Temp\ and select the CCDA that was just generated, and click the "Open" button.  
The file will be named after the patient, like C:\Temp\CCDA\_Patient\_Name.XML
- 13) Click Send, then close eScripts.
- 14) Click "Summary of Care CCDA Uploaded" and you are done

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