

The Structure of eReferral Messages

October 13, 2015

We'll get started at 12:00 pm ET (9:00 am PT)

To mute your line: *6

To unmute your line: *6

For operator assistance: 00

DO NOT PUT YOUR LINE ON HOLD!

Acknowledgement of Support

This project is supported by an educational grant from Pfizer Independent Grants for Learning & Change, and is conducted in collaboration with the Smoking Cessation Leadership Center.

Evan Frankel has disclosed that he receives salary support from an educational grant from Pfizer Independent Grants for Learning & Change for this project.

Learning Objectives

After participating in this webinar attendees will be able to:

- Describe the NAQC standard recommendation for message structure
- Understand the CDA and the uses of cCDA templates
- Describe the different cCDA document templates

Agenda

1. Published! NAQC eReferral Guide
2. Structure of eReferral Messages
3. Progress Note, CCD, & Header Templates
4. Feedback Reports
5. Next Steps

Extra! Extra! Read ALL About it!

- Congratulations to all involved, the NAQC eReferral Guide has been published and released!
- Tear our pages 1 to 17 and commit to memory.
- Share guide with Partners.
- View the guide as a roadmap.



It was a busy news day

- On October 6th, ONC released the new CEHRT requirements for MU3.
- Solidified that our method, outlined in the NAQC eReferral Guide is the PREFERRED and CERTIFIED method for sharing data
- 611 or so pages, so it is tough to get through
- 60 day comment period before it becomes the new guidelines for MU Program and beyond

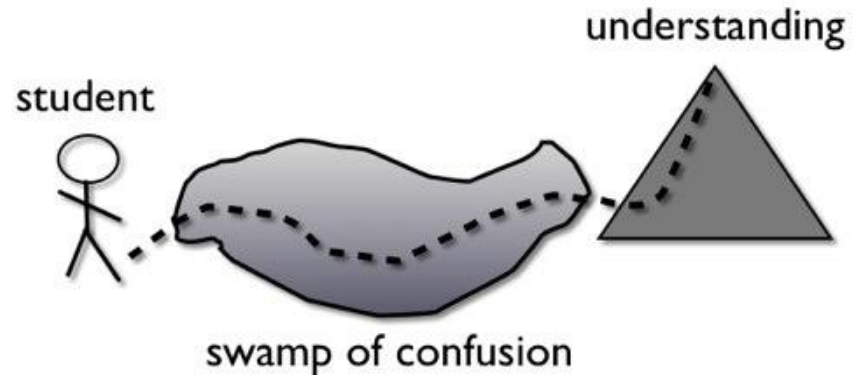
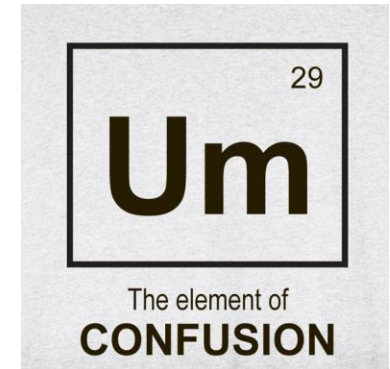
NAQC Standard for eReferral

NAQC is asking QLs to adopt the standards below:

1. Adopt HL7 version 3 (HL7v3), also known as Clinical Document Architecture (CDA). Use the **consolidated CDA (cCDA)** templates for messages.
2. The cCDA General **Header** template shall be used on all documents to provide identification of patient and provider.
3. The cCDA **Continuity of Care Document (CCD)** template shall be used to generate referral forms from a provider to a tobacco cessation service.
4. The cCDA **Progress Note** template shall be used to generate feedback reports from a tobacco cessation service to a provider.

What is all of this stuff?

- cCDA?
- CDA
- CCD / CCR
- XML
- Headers
- Progress Notes...



Writing a letter and sending mail

- Writing or drafting a letter to a friend.
- Choosing what to say and what not to say.
- Knowing they speak your language.



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- Sending and receiving mail is different than writing a letter.
- An envelope can be blank.



A quick lesson in Extensible Markup Language (XML)

- Fully self-describable language
 - WHAT?
- Meant to store and transport data
- Extensible means that if something is added or removed, it can still work and be understood.
- XML is commonly found in weather data, science and financial systems.
 - Example: The stock market data is fixed. APPL is trading at %xxx.xx and the stock exchange can send or post that information, which can be displayed on any website, or run in any program, but each place you see it --- it looks different

More on XML

- Each acquirer of XML data can transform it however they'd like.
- Once you know how to convert XML into your environment, you can convert ALL XML into your environment.
 - This is called “Parsing” and if you parse XML into a form that can be accepted, using a “Transform”
- XML can have data about data stored as attributes and the data itself should be stored as elements – but in the end, data can be anywhere an XML document, it is up to the renderer or Parser of XML to find and “Do” what they want.

Still more XML

- It is important to note that XML is completely frameless, it has endless possibilities and anyone can write in it.
 - It is wonderful, but it also a land without laws.
 - It is 1800s Colorado.
- The CDA that defines the XML we use in this implementation is crucially important because ...

Clinical Document Architecture (CDA)

- A template library
- Each template has a purpose
- Within the templates, there are Sections, Narrative Blocks and Entries
- Nested within the Narrative Blocks (Body) is the human-readable format
 - In short, the map for what-goes-where is built into CDA

CDA (more)

- But CDA had flaws
- Everyone made their own, it was a 'nonstandard-standard'
- Implementation was laborious
- Matching for cross-referenced materials was difficult and there was conflicting information in any C32 CDA implementation

Enter the Consolidated CDA

- Huge improvement when Consolidation occurred. A real simplification of templates into a harmonious set of guides.
- C-CDA is a consolidation of existing CDA Implementation Guides and removed the confusing collection of documents into a series of NINE templates

C-CDA

- In July of 2012, release 1.1 of CDA R2
 - 9 Document Templates
 - 60 Section Templates
 - 82 entry templates
- But then again --- they came out with 2.0
 - And of course – it isn't interoperable with 1.1
 - So they came out with 2.1. More on that shortly...

The Header of the C-CDA

- Called the “US Realm Header”
- It is the demographics section.
- It is up to consumer of data to determine what is / is not accepted when data has been transmitted.
- It is **REQUIRED** for any C-CDA document transfer.

Continuity of Care Document (CCD)

- One of the potential templates in C-CDA
 - Core Data set of the most relevant administrative, demographic, and clinical information facts about a patient's healthcare, covering one or more encounters
 - Great for transitions, not great for referrals

CCD is Ripe with Information

- It is not the entire patient's record
- Purpose is to Effectively Continue Care
- Specifically to exchange data from one care setting to another care setting
- It is part of C-CDA, but not the right part for our needs (although it could theoretically work).

Progress Note Template

- This is the template that is advised for eReferral for NAQC.
- Within this template are the data elements most befitting of eReferral. The Guide describes the Quitline-specific information.
- It functions well for the round-trip required to close the loop on communication

So what is in it?

- Patient
- Organization
- Assessment
- Encounter
- Plan
- Medications
- Intervention
- Social Hx

How do we know it works?

- Each EHR system that received current ONC certification (CEHRT) had to do the following:
 - Create and transmit Transition of Care / Referral Summaries
 - Create AND Transmit

Qualified Registries and Data Set

- Included in the data that we are transmitting is enough to quality for certain reporting requirements
- MU3 is out (kinda) and the results support that this method of data transmission is now the preferred way of communicating.
- We will discuss this in greater detail in future webinars

Feedback reports

- Leveraging the same (Referral) template, similar dataset, same transmission capabilities
- Update care teams/providers regularly
- Meet requirements for measurement and qualification

What the Government said...

- The new 2015 CEHRT Requirements were delivered.
- C-CDA 1.1 is now partnered with 2.1
 - They will be interchangeable
 - They include even more to help Quitlines
- Direct transport of C-CDA is now a required standard
 - 2 measures. 1 to create, another to receive

I'm a Quitline. What do I do?

1. Find the incoming specifications for your Quitline. Know what is needed to run your operations.
2. Look at the C-CDA Progress Note specifications.
3. Our next webinar will dig into how this information will flow from system to system.

Additional Resources

Link to NAQC's eReferral Guide:

<http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/eReferraltechnicalguide2015f.pdf>

The Guide has an extensive glossary, fyi!

Federal EHR Incentive Program 2015 and Beyond:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-06-2.html>

NAQC's eReferral webpage

<https://naquitline.site-ym.com/default.asp?page=EQR>

eReferral Webinar Series Schedule

- | | |
|-----------------------|---|
| October 13, Noon ET: | Structure of eReferrals |
| November 10, Noon ET: | HL7 and Interoperability |
| December 8, Noon ET: | Message Transport and Message Delivery |
| June 7, Noon ET: | Refining Your eReferral System After Implementation |

Questions and Discussion



CONTACT US!

If you have any questions regarding the information that was presented during the webinar or have feedback on how to improve future trainings, please contact **Linda Bailey** at lbailey@naquitline.org.

Thank you for your participation!