

Meaningful Use of HIT

MI 5516 Public Health Informatics



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October 22, 2013

Getting Started

- The Push for HIT
- HITECH/EHRs/MU/HIE
- Florida HITECH Implementation

Healthcare Reform Pushing Healthcare Technology

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HEALTH BLOG

WSJ's blog on health and the business of health. Blog Search

< Side Effect Watch: Femur Fractures in Fo[...] -- PREVIOUS | SEE ALL POSTS FROM THIS BLOG | NEXT -->

June 5, 2008, 8:00 am

Congress to Doctors: Start e-Prescribing or Take a Medicare Pay Cut

Posted by Jacob Goldstein

It's sounding more and more electronic prescribing.



Charles E. Grassley

Those who don't use e-prescribing beyond. Some docs would. Both measures are tied to July 1.

GOVERNMENT HEALTH IT

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Interest in health IT is high, but meaningful use will take time, experts say

Wednesday, September 16, 2009

By Diana Manos, [Healthcare IT News](#)

Experts and federal officials close to the issue of healthcare IT adoption and the promotion of meaningful use under the stimulus package say interest is high, but the actual work that lies ahead is monumental.

They were gathered at the 2009 Annual Conference of the Agency for Healthcare Research and Quality, held in Washington, D.C. this week.

Tony Trenkle, director of the Centers for Medicare and Medicaid Services' Office of e-Health Standards and Services, said adoption of healthcare IT by 2011 will be a tough task to accomplish, but "interest has never been higher."

HITECH Act: Reimbursement Schedule a Challenge

February 16, 2009 by John

The reimbursement schedule for EHR adoption is aggressive. Over the weekend, we spent more time pouring over the Stimulus Bill, (formerly known as the American Recovery and Reinvestment Act, ARRA), which Obama is scheduled to sign on Tuesday, Feb. 17th.

Within the ARRA, (Division B, page 489) is a very aggressive schedule to meet the oft-stated deadline of all US citizens having an electronic record of their health by end of 2014. Those physicians that move quickly (demonstrate being a "meaningful EHR user") will reap the greatest rewards, up to \$48,400, through Medicare reimbursements. Those that drag their feet (adopting in year 2015 or later) will end up with zero reimbursement, and worse, in the form of future penalties from CMS.

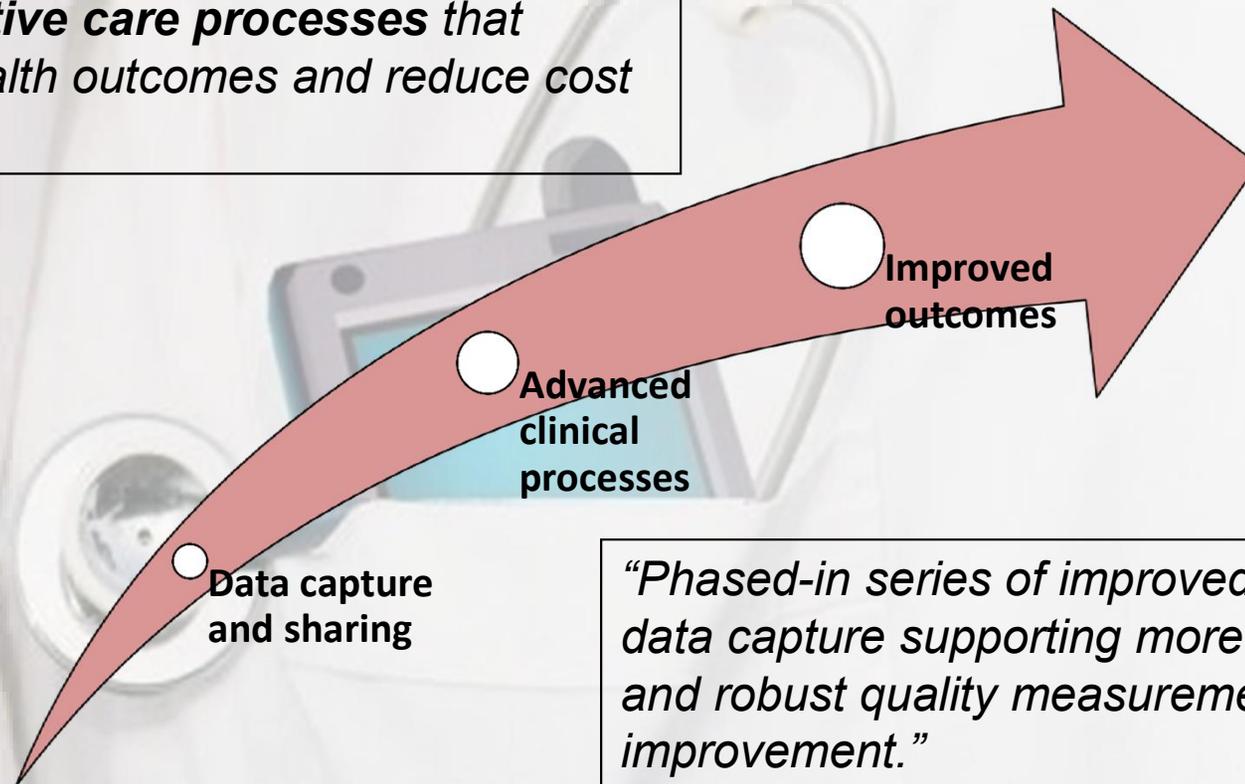
The following table provides our interpretation of the Medicare physician reimbursement schedule for that \$19.2B (we have yet to look closely at reimbursement schedule for hospitals). The Bill also allows for an additional reimbursement of 10% for those physicians providing services in an area designated by the Secretary of HHS as a "health professional shortage area." At this point, **we are assuming** that those practices that have already adopted a "certified EHR" and can demonstrate "meaningful use" will be grandfathered-in under ARRA and receive reimbursement.



Bending the Curve Towards Transformed Health

Achieving Meaningful Use of Health Data

*“These goals can be achieved only through the effective use of information to support **better decision-making** and **more effective care processes** that improve health outcomes and reduce cost growth”*



“Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement.”

HITECH Foundations

- The **Health Information Technology for Economic and Clinical Health (HITECH)** Act provides the Department of Health & Human Services (HHS) with the authority to establish programs to improve *health care quality, safety, and efficiency* through the promotion of health IT including:
 - Electronic health records (EHR)
 - Private and secure electronic health information exchange (HIE)
- Under HITECH, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt and **meaningfully use** certified EHR technology and use it to achieve specified objectives.

The Goal of Meaningful Use

- The goal of **meaningful use** is to promote the *adoption and use* of **electronic health records** to improve health care in the United States. The benefits of the meaningful use of EHRs include:
 - **Complete and accurate information.** With electronic health records, providers have the information they need to provide the best possible care.
 - **Better access to information.** Electronic health records facilitate greater access to the information providers need to diagnose health problems earlier and improve the health outcomes and coordination of care for their patients.
 - **Patient empowerment.** Electronic health records will help empower patients to take a more active role in their health and in the health of their families. Patients can receive electronic copies of their medical records.

HITECH in Action

- **Incentive Program** for Electronic Health Records
 - Issued by CMS, these final rules define the minimum **meaningful use** requirements that providers must meet through their use of **certified EHR technology** (CEHRT) in order to qualify for the incentive payments
 - Stage 1 of meaningful use had to be achieved by 2013
 - Stage 2 of meaningful use *to be* achieved in 2014
- **Technical capabilities required** for EHR technology
 - These rules identify the standards and certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they adopt are capable of performing the required functions.

Stages of Meaningful Use

Stage 1 2011-2012

Data capture
and sharing

Stage 2 2014

Advance clinical
processes

Stage 3 2016

Improved
outcomes

Stage 1: Meaningful use criteria focus on:	Stage 2: Meaningful use criteria focus on:	Stage 3: Meaningful use criteria focus on:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety, and efficiency, leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care		Improving population health

CEHRT & MU Relationship

Meaningful Use Stage 2 (MU2)

ONC: Standards, Implementation Specifications & Certification Criteria (SI&CC) 2014 Edition

- Specifies the data and standards requirements for certified electronic health record (EHR) technology (CEHRT) needed to achieve “meaningful use”

Reference: *ONC Health Information Technology : Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology 170.314(b)(1)&(2)*



CMS: Medicare and Medicaid EHR Incentive Programs Stage 2

- outlines incentive payments (+\$\$\$) for early adoption
- outlines payment adjustments(-\$\$\$) for late adoption/non-compliance

Reference: *CMS Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 2 Final Rule 495.6*

MU2 Electronic Exchange Requirements

- **Meaningful Use Stage 2 (MU2)** focuses more on the actual usage of **health information exchange (HIE)** than did MU1

MU2 Requirements

- **Measure #1** requires that a provider send a summary of care record for more than 50% of transitions of care and referrals.
- **Measure #2** requires that a provider electronically transmit a summary of care for more than 10% of transitions of care and referrals
- **Measure #3** requires at least one summary of care document sent electronically to recipient with different EHR vendor or to CMS test EHR

CEHRT & MU Relationship Care Coordination / Transitions

Meaningful Use Stage 2 (MU2) – Care Coordination

ONC: Standards, Implementation Specifications & Certification Criteria (SI&CC) 2014 Edition

- Electronically receive and incorporate a transition of care/referral summary
- Electronically create and transmit a transition of care/referral summary

Reference: ONC Health Information Technology : Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology 170.314(b)(1)&(2)



CMS: Medicare and Medicaid EHR Incentive Programs Stage 2

- **Measure #2** : Provide an electronic “summary of care record for more than 10 percent of such transitions and referrals” using one of the accepted transport mechanisms specified in the rule.

Reference: CMS Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 2 Final Rule 495.6

CEHRT Criterion 170.314(b)(2) – Transition of Care (Send)

- In order for a certification criterion to be met, all specific capabilities expressed as part of it need to be demonstrated.
- For example, in 45 CFR 170.314(b)(2) there are two:
 - (i) Create CCDA with requisite data specified for MU
 - (ii) Enable a user to electronically transmit CCDA in accordance with:
 - (a) Direct (required)
 - (b) Direct +XDR/XDM (optional, not alternative)
 - (c) SOAP + XDR/XDM (optional, not alternative)
- Thus, whatever EHR technology is presented for certification must demonstrate compliance with both (i) and (ii) under (b)(2) to meet the certification criterion.

The Flexibility of Direct Messaging

Communication Pathways



Between People



Between Machines



Between People & Machines

Communication Content

I've attached the study of Mr. Author. Thanks for seeing him.



Readable by People

```
EVN|A28|20060501140008|||000338475^Author^Arthur^^^^
^Regional
MPI&2.16.840.1.113883.19.201&ISO^L|20060501140008<cr>
PID|||000197245^^NationalPN&2.16.840.1.113883.19.3&ISO^PN
~4532^^
```

Readable by Machines

I've attached an x-ray and electronic record for Mr. Author



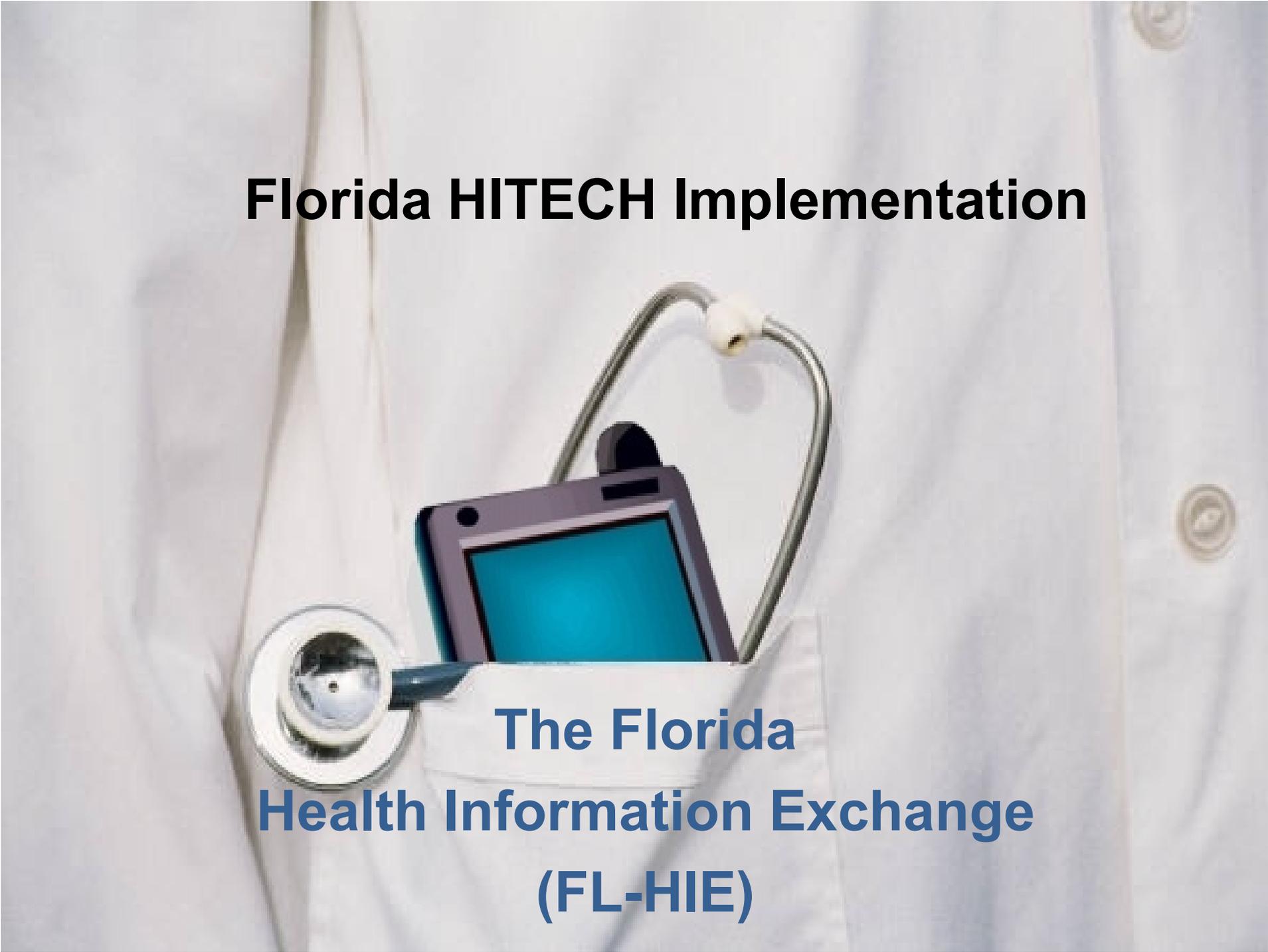
```
EVN|A28|20060501140008|||00
0338475^Author^Arthur^^^^
^RegionalMPI&2.16.840.1.1138
83.19.201&ISO^L|2006050114
0008<cr>
```

Readable by People and/or Machines

MU Transition of Care

- **Measure #2:** The eligible provider, eligible hospital or Critical Access Hospital (CAH) that 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 (Push of CCDA using Direct Messaging) to a recipient, or
 - (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN (Now HealtheWay) Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.
 - Uses nationally developed CONNECT Standards for document exchange (Query and Pull of CCDA)

Florida HITECH Implementation

A white lab coat is shown from the chest up. A silver stethoscope is draped around a tablet computer with a blue screen, which is resting on the lapel of the coat. The background is a plain, light-colored wall.

**The Florida
Health Information Exchange
(FL-HIE)**



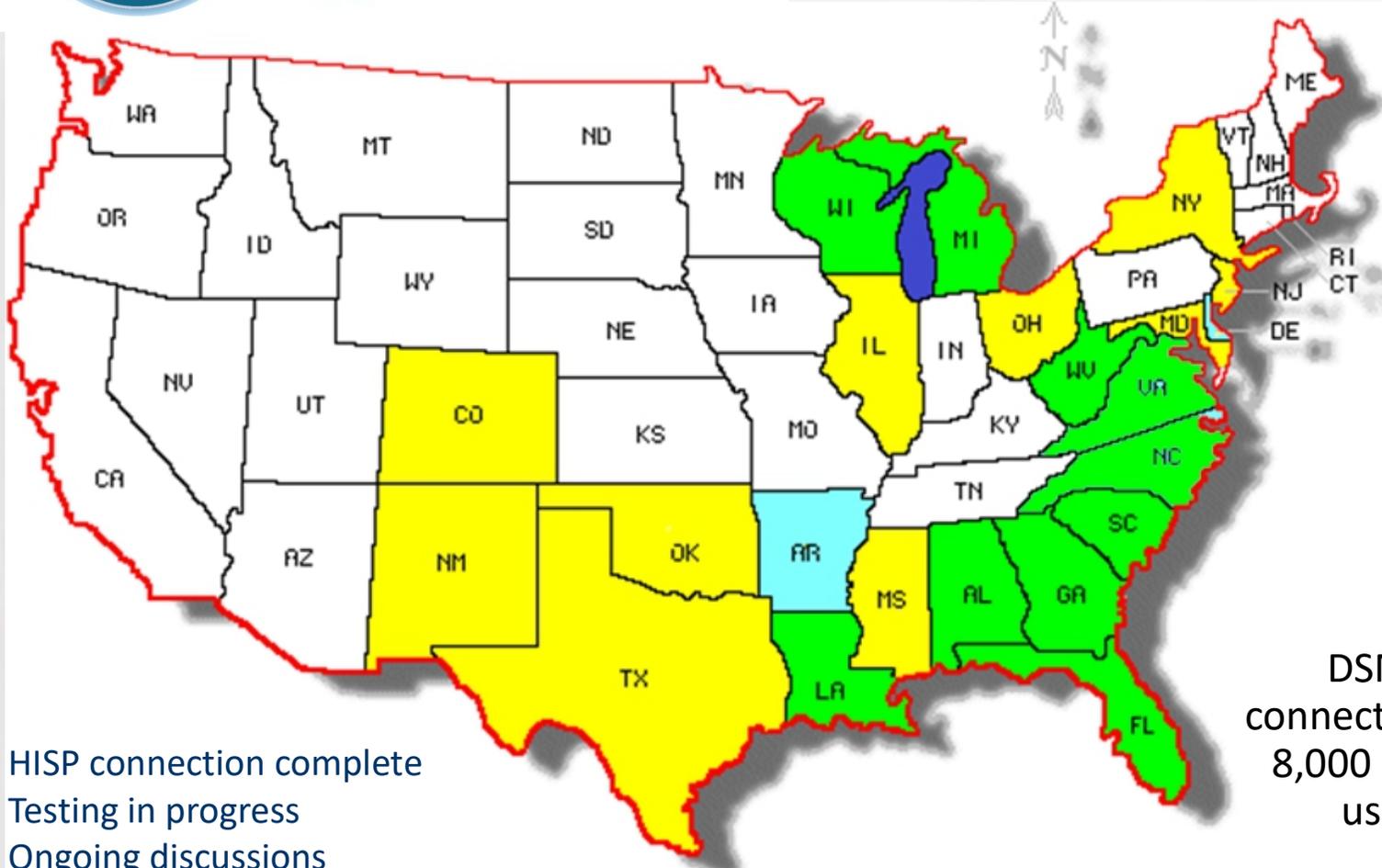
Two Florida HIE Services

1. Direct Secure Messaging (DSM) is a NHIN Direct compliant secure e-mail system that allows participants to push encrypted health information to other participants and to respond to requests for information
2. Patient Look-Up (PLU) is a NHIN CONNECT compliant service that allows clinicians to query for and retrieve patient records from other participating nodes on the Florida statewide network

Both services maintain the same policies and workflows around patient consent and authorization that exist in paper-based data exchanges today.



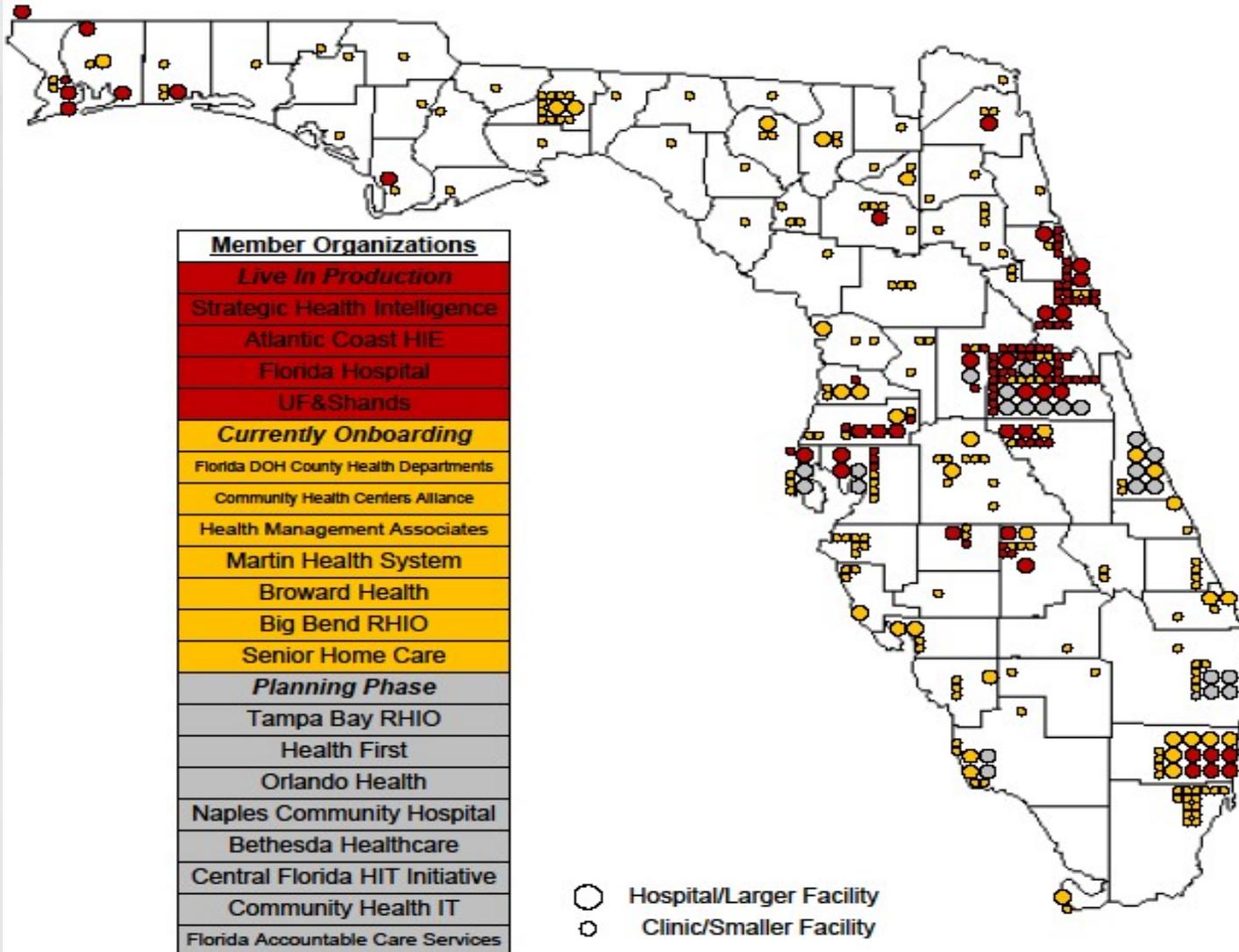
DSM Connections to Other States as of Sept 11, 2013



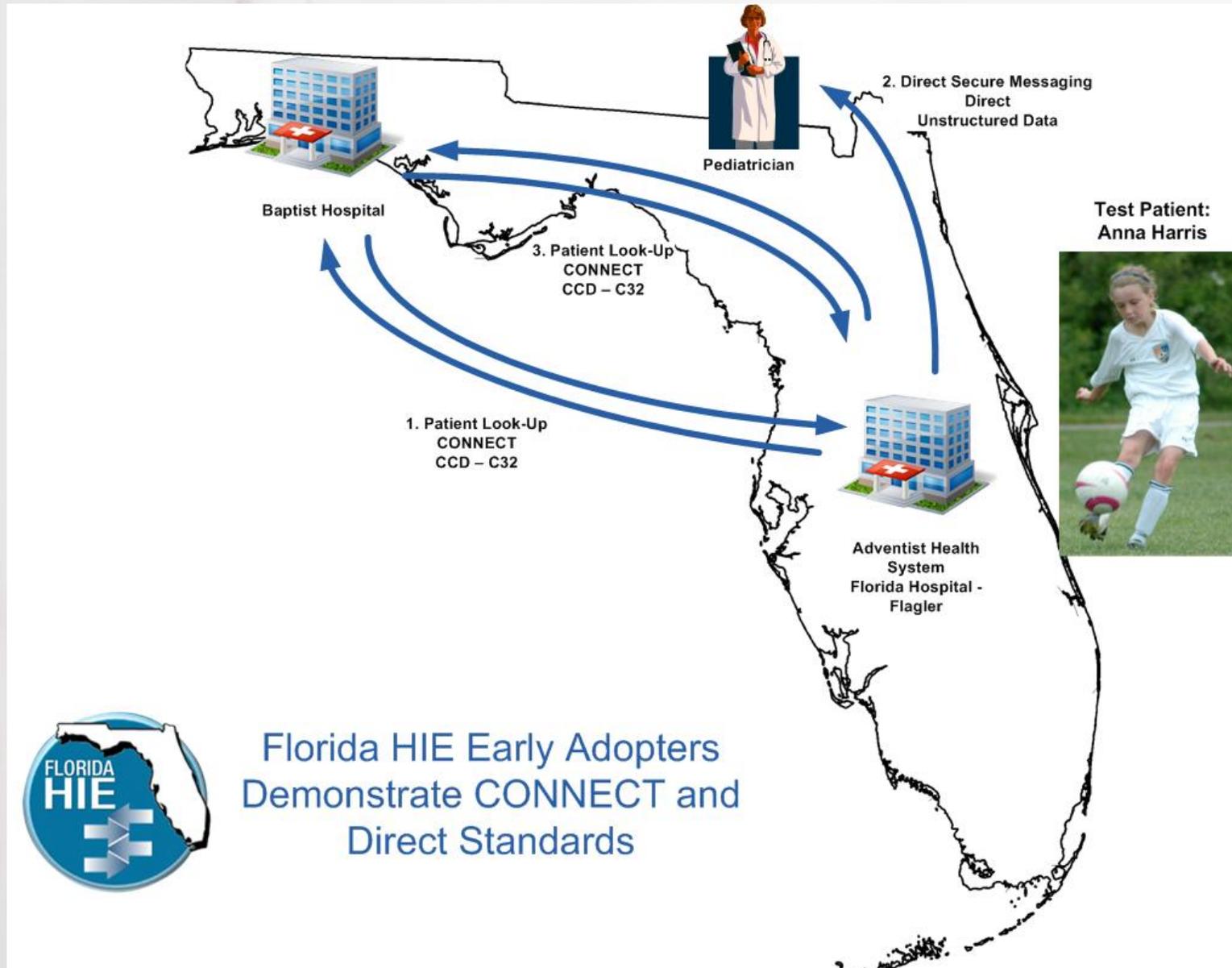
DSM is connecting over 8,000 Florida users



Partner
Organization
Onboarding
Status through
May, 2013



Use Case – Anna Harris



Florida Hospital Patient Look-Up (PLU) Login Screen

OpenHRE™
from Browsersoft

Sign in to OpenHRE

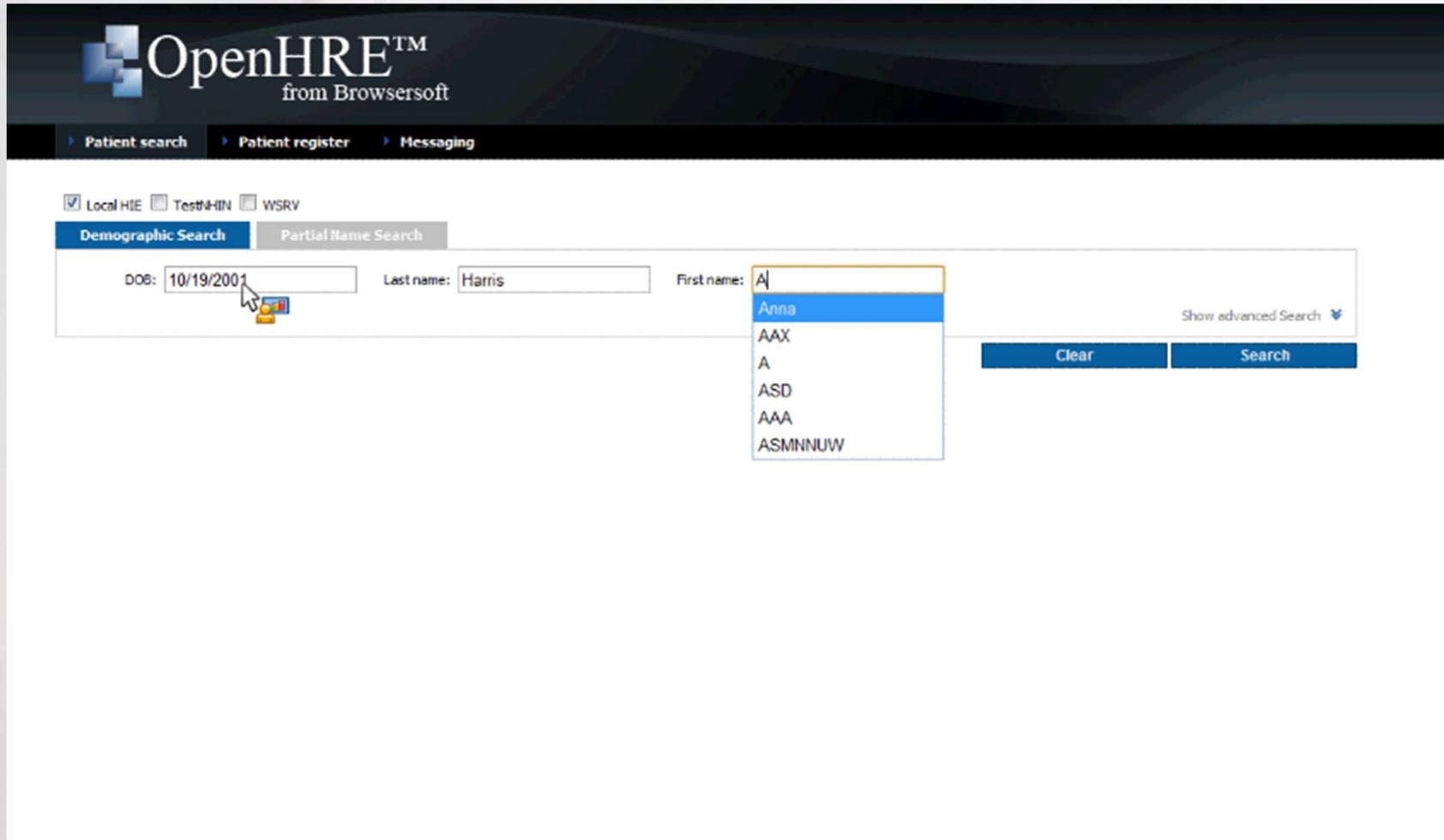
User name

Password

Browsersoft, Inc.

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Florida Hospital Patient Discovery



OpenHRE™
from Browsersoft

[Patient search](#) [Patient register](#) [Messaging](#)

Local HIE TestNHIN WSRV

Demographic Search Partial Name Search

DOB: Last name: First name:

- Anna
- AAX
- A
- ASD
- AAA
- ASMNUW

Show advanced Search 

Florida Hospital Document Query & Retrieve



[Patient search](#)
[Patient register](#)
[Messaging](#)

Local HIE
 Test#HIN
 WSRV

Demographic Search

Partial Name Search

DOB:
 Last name:
 First name:

Show advanced Search

Patient search results

DOB	SSN	Last Name	First Name	Middle Name	Suffix	Gender	Address	City	State	Zip	Phone	HIE ID	Role	View Option
Source Local HIE - 1 Result														
<input checked="" type="radio"/>	10/19/2001	HARRIS	ANNA			F	137 NORTH BELT	SAINT				0000003000	Other (ADMINISTRAT	- Select View Option

- Select View Option
- Select View Option - Clinical Summary View
- Source Document List
- FHIN Clinical Summary View
- FHIN Source Document List

Document search results

Source	Date	Name	Mime type	Size	View Option
	2012-02-16 13:36:28	Aggregated HTML document	text/html		
	2012-02-16 13:36:28	Aggregated CCD document	text/xml		HIE-Engine
	2012-02-16 13:36:36	C32 Medical Summary	text/xml		WHI_Automated

Florida Hospital Continuity of Care Document Summary View

[Return to search page](#)

ANNA HARRIS DOB:10/19/2001 AGE:10y GENDER: Female HIE ID:000003000
DNR STATUS: PCP: Home Phone:-- [Print All](#)

Disclaimer: This record is an aggregate summary of medical information obtained from multiple participating healthcare providers. This clinical summary is intended to support optimal patient care. It is not intended to replace the patient's medical record nor is it guaranteed to encompass all historical information on this patient. It is provided to you in conformation with patient privacy requirements.

Conditions(Problems) Summary/Details +/- Print				
Problem	Code	Status	Onset Date	Source
Plantar Warts	68566005 (SNOMED CT)	Active	01/30/2011	2.16.840.1.113883.3.1178
Pharyngitis	68566005 (SNOMED CT)	Active	10/25/2010	2.16.840.1.113883.3.1178
Pneumonia	47505003 (SNOMED CT)	Active	09/26/2010	2.16.840.1.113883.3.1178
Extrinsic Asthma	47505003 (SNOMED CT)	Active	02/27/2009	2.16.840.1.113883.3.1178
Allergic Rhinitis	68566005 (SNOMED CT)	Active	02/27/2009	2.16.840.1.113883.3.1178
Gastroenteritis	47505003 (SNOMED CT)	Active	09/14/2008	2.16.840.1.113883.3.1178
Conjunctivitis	68566005 (SNOMED CT)	Active	08/22/2007	2.16.840.1.113883.3.1178
Proteinuria	47505003 (SNOMED CT)	Active	05/07/2005	2.16.840.1.113883.3.1178

Diagnosis Summary/Details +/- Print				
Diagnosis	Code	Status	Date	Source
No records found				

Procedures Summary/Details +/- Print				
Procedure	Code	Date	Performer	Source
Urinalysis	227359011 (SNOMED CT)	12/15/2010	BAPL Representative, person	2.16.840.1.113883.3.1178
Throat Culture	185195015 (SNOMED CT)	10/25/2010	BAPL Representative, person	2.16.840.1.113883.3.1178
Influenza virus A+B Ag [Presence] in Throat by Immunoassay	6435-2 (LOINC)	09/25/2010	BAPL Representative, person	2.16.840.1.113883.3.1178
Views PA and R-lateral	37141-9 (LOINC)	05/16/2009	BAPL Representative, person	2.16.840.1.113883.3.1178
Views PA and R-lateral	37141-9 (LOINC)	02/25/2009	BAPL Representative, person	2.16.840.1.113883.3.1178
CBC W/O DIFFERENTIAL	43789009 (SNOMED CT)	07/20/2006	BAPL Representative, person	2.16.840.1.113883.3.1178

MEDICATIONS (RX and documented Historical/Home Medications) Summary/Details +/- Print				
Medication name	Details	Status	Order Date	Source
Cetirizine	Cetirizine	Active	02/09/2011	2.16.840.1.113883.3.1178
Albuterol Sulfate	Albuterol Sulfate	Active	02/27/2009	2.16.840.1.113883.3.1178
Ventolin	Ventolin	Active	02/27/2009	2.16.840.1.113883.3.1178
Montelukast Sodium	Montelukast Sodium	Active	10/27/2008	2.16.840.1.113883.3.1178

VITAL SIGNS / CLINICAL RESULTS (Last 4 Results) All Results +/- Print				
Name/Measurement	Most Recent	Previous	Previous	Previous
No records found				

Radiology Summary/Details +/- Print				
Report Name	Performed by	Date Completed	Status	Source
No records found				

History & Physical Summary/Details +/- Print				
Report Name	Performed by	Date Completed	Status	Source
No records found				

Discharge Summary Summary/Details +/- Print				
Report Name	Performed by	Date Completed	Status	Source
No records found				

Provider Reports Summary/Details +/- Print					
Report Type	Report Name	Performed by	Date Completed	Status	Source
No records found					

VISITS Summary/Details +/- Print						
Location	Encounter Type	Reason For Visit	Attending Provider	ADH Date	DC Date	Source
No records found						

Florida Hospital Direct Secure Messaging (DSM) Login



Florida HIE Log In

Name:

Password:

Florida Hospital DSM Inbox

Folders
Last Refresh:
Sat, 11:23 am
([Check mail](#))

- **INBOX** (1)
- Drafts
- Sent
- Trash

Current Folder: **INBOX** [Sign Out](#)

[Compose](#) [Addresses](#) [Folders](#) [Options](#) [Search](#) [Help](#)

[Toggle All](#) Viewing Messages: 1 to 3 (3 total)

Move Selected To: Transform Selected Messages:

From	Date	Subject
<input type="checkbox"/> russellpediatrics_test@Florida-HIE.net	Thu, 12:47 pm	Read: Appointment Request
<input type="checkbox"/> russellpediatrics_test@Florida-HIE.net	Feb 9, 2012	Read: Scheduling Request
<input type="checkbox"/> russellpediatrics_test@Florida-HIE.net	Feb 9, 2012	Read: test

[Toggle All](#) Viewing Messages: 1 to 3 (3 total)

Florida Hospital DSM Message Generation

Current Folder: INBOX

[Compose](#) [Addresses](#) [Folders](#) [Options](#) [Search](#) [Help](#)

To: "Jane Quinn" <russellpediatrics_test@Florida-HIE.net>

Cc:

Bcc:

Subject: Appointment Request

Priority Normal ▾ Receipt: On Read On Delivery

Hello,

We just discharged one of your pre-existing patients, Anna K. Harris. Anna was treated for an ankle injury and our ED physician requested that you schedule a follow-up with Anna as soon as possible. Please see the attached discharge summary, x-ray image, and x-ray report.

Thanks
Jane Quinn

Attach:

(max. 10 M)

- Anna K. Patient 10yo female child ankle fracture encounters HIMSS.pdf - application/pdf (252 k)
- Harris, A - Ankle Fracture tibia HIMSS.jpg - image/jpeg (23 k)
- HIMSS Demo Ankle x-ray report 1 HIMSS.pdf - application/pdf (95 k)

Pediatrician DSM Login



Florida HIE Log In

Name:

Password:

Pediatrician DSM Read Receipt Prompt

Current Folder: INBOX

[Compose](#) [Addresses](#) [Folders](#) [Options](#) [Search](#) [Help](#)

[Message List](#) [Unread](#) [Delete](#)

[Previous](#) | [Next](#)

The message sender has requested a response to indicate that you have read this message. Would you like to send a receipt?

OK

Cancel

Pediatrician DSM Message Delivery

Current Folder: **INBOX** [Sign Out](#)

[Compose](#) [Addresses](#) [Folders](#) [Options](#) [Search](#) [Help](#)

[Message List](#) | [Unread](#) | [Delete](#) [Previous](#) | [Next](#) [Forward](#) | [Forward as Attachment](#) | [Reply](#) | [Reply All](#)

Subject: Appointment Request
From: floridahospED_test@Florida-HIE.net
Date: Sat, February 18, 2012 11:31 am
To: "Jane Quinn" <russellpediatrics_test@Florida-HIE.net>
Priority: Normal
Read receipt: sent
Options: [View Full Header](#) | [View Printable Version](#) | [Download this as a file](#)

Hello,

We just discharged one of your pre-existing patients, Anna K. Harris. Anna was treated for an ankle injury and our ED physician requested that you schedule a follow-up with Anna as soon as possible. Please see the attached discharge summary, x-ray image, and x-ray report.

Thanks
Jane Quinn

Attachments:

Anna K. Patient 10yo female child ankle fracture encounters HIMSS.pdf	345 k	[application/pdf]	Download
Harris, A - Ankle Fracture tibia HIMSS.jpg	31 k	[image/jpeg]	Download View
HIMSS Demo Ankle x-ray report 1 HIMSS.pdf	131 k	[application/pdf]	Download

Pediatrician DSM Attached Image View

[Sign Out](#)

[Compose](#) [Addresses](#) [Folders](#) [Options](#) [Search](#) [Help](#)

Viewing an image attachment - [View message](#)

[Download this as a file](#)



Pediatrician

DSM Attached Document View

1 / 11 130% Find

Patient: **Harris, Anna K** Date: **20 Jul 2005 1804 EDT** Appt Type: **EROOM**
 Facility: **Florida Hospital Flagler** Clinic: **Urgent Care Center FL** Provider: **Daniels, RICHARD D**
 Patient Status: **Outpatient**

Reason for Appointment: ANKLE INJURY
Appointment Comments:
 Notes Edited by: TECH, MARIA I 07 Feb 2012 1818

cat 4 ms/jl

AutoCites Refreshed by TECH, SHAWN D. @ 07 Feb 2012 1812 EDT

Problems

- ASTHMA EXTRINSIC
- WARTS PLANTAR
- PROTEINURIA
- GASTROENTERITIS
- ALLERGIC RHINITIS
- ALLERGIC RHINITIS - POLLEN TREES

Allergies
No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
MONTELUKAST SODIUM, 5MG, TAB CHEW	Active	TAKE 1 TAB PO PM	1 of 3	22 Jun 2005
CETIRIZINE HCL, 1MG/ML, SYRUP	Active	GV 1 TO 2 TSP PO QD FOR ALLERGIES	2 of 4	22 Jun 2005
PSEUDOEPHEDRINE HCL, 30MG/5ML, SYRUP	Active	GIVE 1 TSP TID PRN F CONGESTION #240 RF3	2 of 3	22 Jun 2005
FLUTICASONE (FLONASE EQ.)-NAS 0.05% SPR	Active	INH 1 SPRAY TO EACH NOSTRIL QD	4 of 4	25 Mar 2005

Baptist/Strategic Health Intelligence (SHI) PLU Login Screen

The Virtual Health Network® ver 3.0 Ver 3.0
Powered by Cogon Systems, LLC

Not logged [Login](#)

Menu

Patient Discovery

Last name:

First name:

Middle name:

Gender: Male Female

DOB:

SSN:

Florida HIE:

County:

Cities:

Org:

Provider:

Patient Search

Security Preferences

Patient Interoperability Exchange Portal

Login

Login:

Password:

SHI Local Patient Discovery

Menu ⏪ Patients ⓧ

Patient Discovery ⏷

Last name:

First name:

Middle name:

Gender: Male Female

DOB:

SSN:

Florida HIE:

Patient Search +

Security Preferences +

Last	First	Middle	Opt	Sex	DOB	SSN	Source
HARRIS	ANNA	K	N	Female	10/19/2001	123789456	BAPL

SHI Statewide Patient Discovery

The Virtual Health Network® ver 3.0 Ver 3.0
Powered by Cogon Systems, LLC

Welcome Dr. Baker [Logout](#)

Menu << Patients >>

Patient Discovery

Last name:
First name:
Middle name:
Gender: Male Female
DOB:
SSN:
Florida HIE:
County:
Cities:
Org:
Provider:
 Adventist Health System
 Big Bend RHIO
 Harris Corporation
 State Express Lite Harris Corporat
 Strategic Health Intelligence

Patients

Last	First	Middle	Opt	Sex	DOB	SSN	Source
HARRIS	ANNA	K	N	Female	10/19/2001	123789456	BAPL

Page 1 of 1

Displaying 1 - 1 of 1

VHN™ © 2012 Cogon Systems, LLC a Smarttronix Company

SHI Statewide Document Retrieve

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Welcome Dr. Baker [Logout](#)

Menu << Patients

Patient Discovery

Last name:
First name:
Middle name:
Gender: Male Female
DOB:
SSN:
Florida HIE:
County:
Cities:
Org:
Provider:

Patient Search +
Security Preferences +

Last	First	Middle	Opt	Sex	DOB	SSN	Source
HARRIS	ANNA	K	N	Female	10/19/2001	123789456	BAPL_FHIE

SHI Continuity of Care Document Summary View

The Virtual Health Network® ver 3.0 Ver 3.0
 Powered by Cogon Systems, LLC

Menu Patients HARRIS, AN... Refresh

Patient Discovery

Last name: harris
 First name: anna
 Middle name:
 Gender: Male Female
 DOB: 10/19/2001
 SSN:
 Florida HIE:
 County:
 Cities:
 Org:
 Provider: Adventist Health System
 Reset Search

Patient Search
 Security Preferences

Name: HARRIS, ANNA, K DOB: 10/19/2001 Sex: Female SSN: 123-78-9456

Personal Info Allergy (3) Conditions (9) Meds (5) Procedures (6) Results (6)

MPI 4f335908b3dee52910000001
 Marital Single
 Race 2106-3
 Tp 2012-02-16T11:55:16Z
 RefNo ID 6375225
 More

Address Street City State Zip Country
 503 Elmwood St Pensacola FL 32503-
 More

Phone Home +18509876543
 More

Name Last First Middle Prefix
 HARRIS ANNA K
 More

Lang en-US
 Lang_mode ID Name Sysc Sysn
 ESP Expressed spoken 2.16.840.1.112992.5.60.U1.7 LanguageAbilityMode

SHI Continuity of Care Document Conditions View

The Virtual Health Network[®] ver 3.0 Ver 3.0
 Powered by Cogon Systems, LLC

Welcome Dr. Baker [Logout](#)

Menu Patients HARRIS, AN...

Patient Discovery Refresh

Last name: harris
 First name: anna
 Middle name:
 Gender: Male Female
 DOB: 10/19/2001
 SSN:
 Florida HIE:
 County:
 Cities:
 Org:
 Provider: Adventist Health System

Reset Search

Patient Search
 Security Preferences

Name: HARRIS, ANNA, K DOB: 10/19/2001 Sex: Female SSN: 123-78-9456

Personal Info Allergy (3) Conditions (9) Meds (5) Procedures (6) Results (6)

Date	ID	Code	Type	Desc	Priority	Src	Facility
02/09/2012 06:56:28		OTH	Admitting	Ankle fracture, left	0	FHIE	C32
09/16/2009 05:08:45	47505003	Extrinsic Asthma			1	BAPL	C32
09/16/2009 05:08:45	47505003	Gastroenteritis			1	BAPL	C32
09/16/2009 05:08:45	47505003	Pneumonia			1	BAPL	C32
09/16/2009 05:08:45	47505003	Proteinuria			1	BAPL	C32
09/16/2009 05:08:45	68566005	Allergic Rhinitis			1	BAPL	C32
09/16/2009 05:08:45	68566005	Conjunctivitis			1	BAPL	C32
09/16/2009 05:08:45	68566005	Pharyngitis			1	BAPL	C32
09/16/2009 05:08:45	68566005	Plantar Warts			1	BAPL	C32

References



Key Terms / Acronyms
CEHRT Definition

Key Terms / Acronyms

- SMTP (Simple Mail Transfer Protocol): is an Internet standard for electronic mail (e-mail) transmission across Internet Protocol (IP) networks.
- S/MIME (Secure/Multipurpose Internet Mail Extensions): an Internet standard for public key encryption and signing of MIME data.
- MIME (Multipurpose Internet Mail Extensions): an Internet standard that extends email to support other content types, including non-text attachments
- SOAP (Simple Object Access Protocol): a protocol specification for exchanging structured information in the implementation of web services in computer networks
- XDR / XDM: IHE standard for supporting XML-based detailed metadata along with SMTP- or SOAP-based transport options. See [XDR/XDM for Direct](#) to learn more.
- CCDA (Consolidated Clinical Document Architecture): an XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents for exchange
- XML (eXtensible Markup Language): defines a set of rules for encoding documents in a format that is both human-readable and machine-readable

CEHRT Definition

- (2) For FY and CY 2014 and subsequent years, the following:
- EHR technology certified under the ONC HIT Certification Program to the 2014
- Edition EHR certification criteria that has:
 - (i) The capabilities required to meet the Base EHR definition; and
 - (ii) All other capabilities that are necessary to meet the objectives and associated measures under 42 CFR 495.6 and successfully report the clinical quality measures selected by CMS in the form and manner specified by CMS (or the States, as applicable) for the stage of meaningful use that an eligible professional, eligible hospital, or critical access hospital seeks to achieve.

Questions?

