A summary-of-care document, sometimes called a discharge summary or transition-of-care document, provides essential clinical information for the receiving care team. It helps ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.

The denominator is the number of transitions of care and referrals the provider made during the reporting period. The numerator is the number of those in which the summary-of-care document was electronically transmitted. The percentage must be more than 10 percent.

Four things you need to know:

Direct, MU2 and transitions of care

MedAllies Direct Solutions™ enhances transitions of care, which improves patient outcomes and accelerates your path to Meaningful Use.

Stage 2 Meaningful Use (MU2) moves beyond where any other health IT initiative has gone before. Others entities—labs, hospitals, fellow providers, patients, etc.—are now part of the equation. MU2 emphasizes the ability to exchange health information between providers to improve care coordination and support transitions of care. Providers must demonstrate health IT is being meaningfully used (in ways that can be measured both quantitatively and qualitatively) to improve patient care and outcomes.

MU2 requires electronic exchange of data across disparate systems. Providers that transition or refer a patient to another setting or provider must provide an electronic summary-of-care document1 for more than 10 percent of these transitions. And they must also conduct one or more successful electronic exchanges of a summary-of-care document with a recipient who has a different EHR vendor. This must be done over an MU2-certified EHR.

Here are the details: One of MU2’s requirements—Core Measure 15—Summary of Care—relates to transitions of care. (This isn’t the only requirement related to transitions, but it may prove the most challenging.) It includes three measures:

Measure #1 requires that a provider send a summary-of-care document for more than 50% of transitions of care and referrals.

Measure #2 requires a provider that transitions or refers their patient to another setting of care or provider of care to electronically transmit a summary-of-care record—using certified EHR technology—to a recipient with no organizational affiliation. The recipient must be using a different certified EHR technology vendor than the sender. This must happen for more than 10 percent of transitions of care and referrals.2

Measure #3 requires at least one summary-of-care record to be electronically transmitted to recipient with different EHR vendor or to the CMS test EHR.

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1 A summary-of-care document, sometimes called a discharge summary or transition-of-care document, provides essential clinical information for the receiving care team. It helps ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.

2 The denominator is the number of transitions of care and referrals the provider made during the reporting period. The numerator is the number of those in which the summary-of-care document was electronically transmitted. The percentage must be more than 10 percent.
2 You need a certified EHR. To meet Meaningful Use 2, eligible providers and hospitals must adopt technology that has been approved by the Office of the National Coordinator for Health IT. This is called certified EHR technology (CEHRT). To be certified, EHRs must, among things, be compliant with the Direct standard. The ONC has a Certified Health IT Product List.

BOTTOM LINE: Put simply, for you to obtain your MU dollars, your EHR must be certified. If it’s certified, it’s ready to connect to a Direct network.

Unsure? Ask your vendor the following:
❖ Has your 2014 EHR software been fully certified for MU2?
❖ Will the new software upgrade be available for installation by July 2014?

3 Accreditation ensures reach. Reach is identical for all EHNAC/DTAAP³-accredited networks. This accreditation assures physicians their Direct-enabled system complies with MU2 requirements. Any provider organization can communicate with any other provider organization if both have certified EHR technology and are using an accredited network.

4 MU2 is essential to the medical neighborhood. Becoming part of a medical neighborhood requires communicating with clinical partners. The Direct technology standard established to meet MU2 requirements for transitions of care allows a clinician to push pertinent clinical information out of his own EHR system into the EHR of the clinician who will care for the patient next. The recipient clinician will receive critical information relevant to the specific transition of care—directly into her own EHR.

Some of your clinical partners aren’t ready for, or eligible to participate in, MU2, but you can still communicate with them. To include these organizations in the interoperable community they can use MedAllies Mail. One of MedAllies’ Direct Solutions, this provides a secure method for providers to communicate with health care organizations that are paper-based or don’t yet have 2014 CEHRT systems.

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³ Electronic Healthcare Network Accreditation Commission/Direct Trusted Agent Accreditation Program (www.ehnac.org/direct-trusted-agent/)