TouchWorks EHR

Stage 2 Meaningful Use - Core Measure 15
Summary of Care Configuration Guide

Last Updated: May 27, 2014
MU Core 15 – Summary of Care

The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide Summary of Care record for each transition of care or referral. This guide will provide you the step-by-step instructions on how to configure the necessary setup and preferences to enable TouchWorks to work for reporting Summary of Care.

Final Rule Requirements

The EP that transitions or refers their patient to another setting of care or provider or care provides a Summary of Care record for more than 50% of TOC and referrals

The EP, eligible hospital or 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 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 nationwide health information network.

Conducts one or more successful electronic exchanges of a Summary of Care document, which is counted in "measure 2" with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR OR Conducts one or more successful tests with the CMS designated test EHR during the EHR RP

Core Objective: Menu Objective:

Numerator 1: The number of transitions of care and referrals in the denominator where a Summary of Care record was provided.

Numerator 2: The number of transitions of care and referrals in the denominator where a Summary of Care record was
- Electronically transmitted using CEHRT to a recipient OR
- 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 nationwide health information network. The organization can be a third-party or the sender's own organization

Denominator 1 & 2: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider

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

Attestation: Conducts one or more successful electronic exchanges of a Summary of Care document, which is counted in "measure 2" with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR OR Conducts one or more successful tests with the CMS designated test EHR during the EHR RP
Prerequisites

- TouchWorks EHR 11.4.1
- Referral Orders
- Allscripts Community Direct Messaging installation, included in the MU 2014 Package installation
- Referral Provider Dictionary Setup

Configuration Checklist

- Referral Order Configuration – Orderable Item Dictionary
- Communication Method Dictionary Configuration
- Clinical Document Source Dictionary Configuration
- Auto Submit Configuration
- Preferences Configuration
- Managing Patient Consent
- Referring Provider Set-Up
- TWUser Admin Updates
- CCDA Templates Review & Configuration
- Reviewing Referral Documents
- Tasks Configuration

Referral Order Configuration- Orderable Item Dictionary

- Ensure that you have referral orders setup and configured for this measure. The below section discusses some best practices for referral orders.
- Navigate to TWAdmin>Dictionaries>Orderable Item and within the Non-Medication group select either Follow-Up or Referrals.
  - Referral orders must be created under the Referral Orders classification in order to count in the denominator for this measure
  - Referral orders can be excluded from the measure by selecting the “Do Not Include in MU Reporting” check box
    - Examples may include referrals to WIC, Pastoral Services or Pharmacy where the patients’ medical history is not a requirement process request.
- Set “To Be Done Default” – Best Practice is to set default to “Today”. Use the other settings if there is a policy/procedure in place to manage Future and Fuzzy date workflows.

- Additional Information Questions –
  o Click Additional Information Questions to display the Add Additional Information Questions page for associating specific questions with the orderable item.
  o Additional Information Questions is filled with entries defined in the Additional Information dictionary. The questions selected in that dictionary are added to the
Questions section in the Order tab of Order Details for the orderable item, where they should be answered when the item is ordered.

- For Referral Orders, in order to count that a Summary of Care was provided in workflows where Direct Messaging is not used, a delivered Care Summary provided Additional Information Question will need to be added to all referral orders
  - Add the appropriate (MU) Care Summary provided additional information questions to the orderable items. There are various delivered questions they each have different defaulting and requiredness behavior. These are the same Additional Information Questions that were introduced in 11.2 for MU Stage 1.
- Additional Information questions are also used to make sure the referral order routes to the appropriate staff to perform the necessary scheduling action. You want to ensure that your provider does not have to be presented with the order details screen unless there is a piece of information that only the provider can answer.

### Additional Information Question

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td></td>
</tr>
</tbody>
</table>

- Recipient Required

- **Specialty**
  - This drop-down list is used to assign a medical specialty to the referral or follow-up orderable item.
  - By default, no specialty is selected for a newly added orderable item. Only 1 option can be selected from the list. The options in the list are populated by entries defined in the Specialty dictionary.
  - Currently, the system does not use the specialty linkage in the referral workflow, but intends to in the future versions to assist with recipient search.

- **Type**
  - A default type can be set for the referral order.
  - The options in the list are populated by entries defined in the Referral Type dictionary.
  - The Type Field is just informational for the referral and is not used in any automated workflows or the system for anything.

- **Reason**
  - You can default in a referral reason for the referral by selecting a picklist value. The picklists and values are defined in the Referral Reason Dictionary
  - The end user can override this by typing in additional information, removing the default or adding the linked problem as the reason.
  - This is a change from prior versions where the reason field was controlled by a picklist to the end user.

- **Recipient Required**
  - When selected, this check box indicates that a recipient is required in Order Details for referral orders. It is available only in the Orderable Item dictionary for referral orders.
  - If this is selected, the user placing the order has to pick a recipient before they can save the order. If you choose to use this, you will want to ensure you have a generic recipient a user can pick if he/she cannot find the recipient they wanted, or do not know the intended recipient.
  - A recipient is always required when placing an e-referral order using Direct messaging.
- Auto complete upon order becoming active
  - Determine need for orders to be active upon ordering. If there are workflows at the organization to track completion of orders, this setting should not be configured for those follow-up/referral orders.

- List of Valid Communication Action Methods
  - This control is a drop-down list used to select a specific picklist of communication methods that populates the drop-down list of the Communicate control.
  - The Perform control is populated with all entries from the Communication Method dictionary’s Picklists.
    - In the Communication Method Dictionary add eReferral option to the referrals pick list and remove Allscripts Referral Network. TWAdmin → Dictionaries → Communication Method → Picklist

- Default Communication Methods
  - This control is a drop-down list used to specify the default communication method for the picklist selected from the List of Valid Communication Action Methods control that becomes the default option selected for the Perform control.
  - It is recommended to always set a default in the referral order that will be communicated in that fashion 80% of the time

<table>
<thead>
<tr>
<th>Identifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapped Medcin ID:</td>
</tr>
<tr>
<td>LOINC Code:</td>
</tr>
</tbody>
</table>

- Identifiers Section
  - Enables administrators to specify the standard and industry indicators of orderable items that are used to identify and synchronize those items with vendor coding systems.
  - This section is very important for setup for orders that are used in any of the Clinical Quality Measures or Clinical Decision Support workflows.
Communication Method Dictionary Configuration

- The Communication Method dictionary populates the Perform for referral orders in the Order Details. This is how the referral is sent by the system. In order to take advantage of Direct Messaging, you will need to add eReferral communication method to the picklists you are using for referral orders.
  - Please note that Allscripts Referral Network communication method is no longer being used and should be removed from all communication method picklists.
  - To edit an existing picklist, select Picklist → Edit picklist → Find eReferral → Add Entry
  - For Referral Orders, only the follow communication methods will apply:
    - Record
    - Print Requisition
    - Send to Performing Location
    - Perform Order
    - E-referral (only used for sending using direct messaging)
Clinical Document Source Dictionary Configuration

- The Clinical Document Source dictionary defines the import rules for organizations sending clinical exchange documents (CEDs). This dictionary was called Clinical Document Target dictionary prior to version 11.2.

- As part of the MU 2014 Package installation an entry will be added in this dictionary called “Unidentified Source” (prior to 11.4.1 HF5) or “Allscripts Community Direct Message” (post 11.4.1 HF5). This is the entry that will control how the system imports Direct Messages from outside communities.

- The two importance pieces for you as an organization is to review and understand how you want to automatically import the message.

- Import. Available entries include:
  - Nothing: This is the default value and specifies that nothing is imported.
  - Document Only: Specifies that only a document is created. Discrete data is not parsed. In the early stages of adoption, it is best practice to set to “Document Only” until you as an organization feel comfortable with the clinical content being sent.
  - Document and Parse Discrete Items: Specifies that a document is created and any discrete items included in that CCDA are parsed and available for inclusion in the Clinical Desktop.

- Source is Trusted: This field is always disabled as many sources of information will be sending to you via ACDM.

Auto Submit Configuration

- As part of the MU 2014 Package installation an Allscripts Communication Direct Messaging Community will be created. As part of the setup, you will need to ensure the following end points are setup:
  - Navigate to TWAdmin>Comm Admin> AutoSubmit
  - Synchronize Communities
Click Synchronize Communities to synchronize the configuration of Communities in Allscripts TouchWorks EHR.

- Enable the settings for Community Endpoints
  - Auto Submit = Y
  - Active = Y
  - Direct-HISP = Y
  - Supports CCDA = Y

Preferences Configuration

- Community/Auto CED Submittal
  - Navigate to Preferences>General>Community/Automatic CED Submittal
  - This preference enables organizations to automatically submit CEDs to a patient-designated community with which to share information when the patient’s chart is updated. Select yes for ACDM.
  - This flag needs to be set to a yes for ACDM to appear as a Community in the Patient Profile as well as the Export CED dialog.

- Community/Patient Data Sharing Security
  - Navigate to Preferences>General>CommunityPatient Data Sharing Security
  - Opt-in or Opt-out. This preference enables organizations to determine by default whether or not all patients will participate in community data sharing. Opt-in means the system will send automatically to all communities. Opt-out means the system will not send to any community, including ACDM. If you choose Opt-out, you will need to establish a workflow where someone asks the patient if you can send their information and then someone changes the setting in Patient Profile.
  - At the request of the patient, the organization may override this option for a specific community on the Patient Profile page.

- CEDVerification
  - When this preference is set to Y, a Verify CED Doc task is generated for the specified user when a Clinical Exchange Document is imported into the application. A provider must verify the document before it is added to the patient chart. The task routing is based on the CEDVerificationRouting preference setting.
  - When set to N, the document is imported and does not require verification prior to being added to the patient chart.

- CEDVerificationRouting
  - This preference determines the recipient of the task for verification of a Clinical Exchange Document (CEDs). This preference applies to CEDs imported in any format.
  - If you set Recipient then PCP then Clinical Exchange Document Team as the value, the task is assigned to the recipient specified in the document that is being received. If the recipient is not defined in the document, the task is assigned to the primary care provider for the patient. If there is not a provider defined as a primary care provider for the patient, the task is assigned to the Clinical Exchange Document team.
  - If you set Recipient then Clinical Exchange Document Team as the value, the task is assigned to the recipient specified in the document that is being received. If the recipient is not defined in the document, the task is assigned to the Clinical Exchange Document team.
  - If you set PCP then Clinical Exchange Document Team as the value, the task is assigned to the primary care provider for the patient. If there is no provider defined as a primary
care provider for the patient, the task is assigned to the Clinical Exchange Document team.

- If you set Clinical Exchange Document Team as the value, the task is assigned to the Clinical Exchange Document team.
- Allscripts Recommendation:
  - For versions prior to 11.4.1 HF4, set this preference to Clinical Exchange Document Team Document Team
  - Ensure that the delivered Clinical Exchange Document Team is assigned to users who can manage and route the tasks.

Managing Patient Consent

- Use the Community Information panel to manage consent for patients
- Shared option allow referrals to be sent electronically
- Default option allow referrals to be sent electronically if the value in the Clinical Document Source Dictionary for the community is set to Opt in.
- Not Shared option will prevent referrals to be sent electronically.
Referring Provider Set-Up

- When sending a referral to a recipient, the system searches against the Referring Provider Dictionary. Entries are added to the Referring Provider dictionary by either manually entry or by importing them through an interface from a practice management system. They can also be created by copying a provider’s details in TWUserAdmin by checking the Is Referring Provider checkbox. These referring providers can be used as the referring provider in the following areas:
  - Associated Providers section in the Patient Profile
  - CC Recipient for documents, notes, and results
  - Charge Referring Provider fields
  - Appointment Referring Provider fields
  - Follow Up/Referral External radio button Provider fields
  - Follow Up or Referral Order Details, Recipient field

- For eReferrals there are a few important things to note in the Referring Provider Setup (TWAdmin ➔ Provider Admin)
  - Ensure that if the referring provider is a user/provider in your system that you have the entries both linked in Provider Admin and User Admin. Entries that are not linked will be considered external from a reporting perspective.
  - In the “Linked Provider” field, select an Allscripts TouchWorks EHR user who can receive this referring provider's carbon copy tasks. (if not linked this is not possible)
    i. For internal providers, select the corresponding user/provider to complete this field. This will ensure for ACDM that the provider is identified as an internal provider.
    ii. Select the provider's preferred Default CC Method: for print, for fax, or for review task.
  - Enter a Specialty for assistance in recipient search
  - Add NPI to assist in reducing duplicate providers
  - If the user belongs to a practice, enter the practice information in Practice, Practice Address1, Practice Address2, Practice Address3, City, State, Zip, Zip Internet, Phone, Ph. Internet, Country, County, Fax, and Fax Internet. (All of these boxes are disabled if you selected Is Practice or Is Agency.)
  - If the referring entity is a practice and not a specific provider, select Is Practice
  - If the referring entity is an agency and not a specific provider, select Is Agency
  - Ensure the last name and first name fields are populated to facilitate searching
  - Ensure contact information is up to date

- The most important step to setup in this dictionary, is adding a Direct ID for the referring provider. If the referring provider does not have a Direct ID, you will not be able to send them an electronic referral order.
  - Click Add Another Direct ID to enter a Direct ID for the provider, practice, or agency
  - The provider, practice, or agency must have a Direct ID to receive electronic referrals.
  - Ensure this address is set as the default Direct address by highlighting the row and clicking the Set Default button
  - For internal providers, if the entry is NOT linked to the TWUser entry then the Direct address will be need to be added manually.
TWUser Admin Updates

The below steps discuss additional setup to be done within the TWUser Admin setup in order for providers to send and receive Direct Messages.

- Is Referring Provider Field
  - Select the Is Referring Provider check box to add the provider to the Referring Provider dictionary so that the provider can be found during a recipient search for a referral order.
  - This is a one-time copy to the Referring Provider Dictionary

- Direct ID
  - As part of your MU Package installation Direct IDs will be created for your providers in which you have purchased MU Package Licenses for. The installation will extract your provider information, you will review the lists, direct IDs will be created, and then a script will update this value in the TWUser Admin Dictionary.
  - Use Enter Direct ID to enter Direct ID information for providers, practices, or agencies
Linking Referring Providers to User/Provider Reporting Rules:

- Linked means User/Provider from TW User entry is linked to Referring Provider Dictionary entry
- Not Linked means the User/Provider from TW User entry is not linked to the Referring Provider Dictionary entry
- Please note: In multi-org situations, the Referring Provider Dictionary entries are shared.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Single Org</th>
<th>Sharing Multi-Org</th>
<th>Non-Sharing Multi-Org</th>
</tr>
</thead>
</table>
| Linked Provider         | • Not included in report  
                         • Unable to send erreferrals | • Not included in report  
                         • Unable to send erreferrals | • Not included in report  
                         • Unable to send erreferrals |
| Provider not linked     | • Included in report  
                         • Able to send erreferrals as long as entry has a Direct Address  
                         SOC will be generated if erreferral is selected as perform method | • Included in report  
                         • Able to send erreferrals as long as entry has a Direct Address  
                         SOC will be generated if erreferral is selected as perform method | • Included in report  
                         • Able to send erreferrals as long as entry has a Direct Address  
                         • SOC will be generated if erreferral is selected as perform method |
Client Considerations:
For clients who would like to send ereferrals to internal providers, below outlines options to implement:

Choice #1
- Unlink Referring Provider Dictionary entry from TW User Entry using SSMT
- Manually add Direct Address into Referring Provider Dictionary
- Will not be able to set referring provider carbon copy tasks
- “Internal” recipients will be considered “external” and will be able to select the ereferral perform method and generate a SOC.
- With this option, the ereferral will count in the numerator

Choice #2
- Create practices or agencies for each practice and/or specialty in the Referring Provider Dictionary
- Purchase Direct address for each practice/agency created and load into RPD
- Advise users to select practice/agency as the recipient when placing referral order
- Must link practice Direct Id to a user, user/provider, or team within TWUser Admin
- Delegate the tasks to support staff who will be managing requests

Choice #3
- Keep TW User and Referring Provider entries linked
- Create an additional Referring Provider entry for each provider with the Direct Address with a display name that indicates this entry is for ereferrals (ex: eMiranda Ladue external entry vs Miranda Ladue linked entry)
- Will not be able to set referring provider carbon copy tasks
- Train users on which entry to select when generating ereferrals

CCDA Templates Review & Configuration

- Allscripts delivers 4 locked, enforced Consolidated Clinical Document Architecture (CCDA) templates that can be used for clinical summaries, summaries of care documents, and continuity of care documents (CCD). These templates can be used as delivered, or you can make copies of the templates and modify them for your needs through CCDA Template Admin. Access CCDA Template Admin from TW Admin > Document Admin > CCDA Template Admin. For the purpose of the TOC measure, only the Summary of Care template will be discussed in this document.

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Template Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allscripts Clinical Summary–RTF</td>
<td>Visit Summary-RTF</td>
</tr>
<tr>
<td>Allscripts Clinical Summary–CCDA</td>
<td>Visit Summary–CCDA</td>
</tr>
<tr>
<td><strong>Allscripts Summary of Care</strong></td>
<td><strong>Summary of Care</strong></td>
</tr>
<tr>
<td>Allscripts CCD</td>
<td>CCD</td>
</tr>
</tbody>
</table>

- **Allscripts Summary of Care (SOC):** A Summary of Care is a document that is delivered in C-CDA format that is used for referral and transition of care workflows. A Summary of Care provides more detailed information not in the clinical summary about the issues requiring the referral or transition of care to the provider receiving the referral. Sending a Summary of Care document
electronically as part of a referral workflow is a requirement for Meaningful Use Stage 2. There can only be one active enterprise version of a Summary of Care at any time since the version will be shared amongst all users, regardless of site and/or specialty.

- By default, Allscripts includes the following sections for each template:

<table>
<thead>
<tr>
<th>Section</th>
<th>RTF</th>
<th>CCDA</th>
<th>SOC</th>
<th>Allscripts CCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Details</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reason For Visit</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chief Complaint</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Functional &amp; Cognitive Status</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plans</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interventions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medications Administered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Results</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Medical History</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Surgical History</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Hx</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social History</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Advanced Directives</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Team</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Document &amp; Product Details</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

- As an enterprise you can edit the Summary of Care document that is automatically created to send for the eReferrals
  - TWAdmin>Document Admin>CCDA Template Admin>click Edit or View from CCDA Template Admin
  - In order for a Summary of Care document to count for MU Reporting, it must contain Problem, Meds, and Allergies to count.
  - For additional information on how to configure each section of the SOC, please reference the Clinical Summary configuration guide [https://clientconnect.allscripts.com/docs/DOC-16206](https://clientconnect.allscripts.com/docs/DOC-16206)
Reviewing Referral Documents

The following Document Types are used in the various Referral workflows

- These documents can be renamed to meet the needs of your organization
  a. TWAdmin → Dictionaries → Document Type → Display Name

- Assign the documents to the appropriate chart sections
  a. TWAdmin → Chart Admin → Manage Chart Sections

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCDA-Import From External</td>
<td>This is the document type that is used for handling any incoming CCDA-CCD from non-Referral workflows. This is not a Summary of Care CCDA document.</td>
</tr>
<tr>
<td>CCDA-Referral</td>
<td>This is the CCDA document that relays information entered within the Referral order when an eReferral is sent. It is used to trigger the Referral Request task when received by a TouchWorks user and carries the RefID Tag that makes the Referral Loop possible in TouchWorks to TouchWorks workflows. In addition to patient demographic details, it carries the scheduling instructions and the reason for referral that were entered while creating the order. It does not contain other clinical data like the Summary of Care Document</td>
</tr>
<tr>
<td>CCDA-Unstructured</td>
<td>When a referral order has document and result attachments other than the Summary of Care-CCDA those documents are converted into this document type to handle the unstructured or non-discrete type of data contained in them.</td>
</tr>
<tr>
<td>Manual Export Summary of Care CCDA</td>
<td>This is the Summary of Care Document in CCDA format that is used for any Transition of Care when exported via the Export CED workflow. This document type is recognized for meaningful use calculations</td>
</tr>
<tr>
<td>Summary of Care-CCDA</td>
<td>This is the Summary of Care Document in CCDA format that is created when sent as an attachment with an electronic Referral Order. This document type is recognized for meaningful use calculations and reporting for Transitions of Care.</td>
</tr>
</tbody>
</table>
Tasks Configuration

- Tasks are managed within the TW Admin>Dictionary>Task Name.
- The grid below outlines the tasks associated with the Follow-Up/Referral workflow and will need to be assigned to the appropriate (existing or net new) Task Views the organization.
- All of the tasks should be delegated for support or clinical staff to manage.
  - Ensure that the “Delegate” flag is checked for all of the tasks
- Assign Tasks to the appropriate Task Views for your support or clinical staff to manage
  - TWAdmin → Task Admin
- There may be occasions when provider sending the electronic referral request is not built in the referring provider dictionary. The direct address is stored as part of the task which will enable the e-response workflow however there is no way to flag that the sending provider is not included in the referring provider dictionary.
- Allscripts Recommendation:
  - Ensure all tasks associated with Follow-Up/Referral Workflow remain active.
  - Check message queue for Failed Tasks.
  - CED tasks can be delegated and thus the organization should determine a team who will manage these tasks.

<table>
<thead>
<tr>
<th>Task Type</th>
<th>Module</th>
<th>Is Created by</th>
<th>Is Created When</th>
<th>Task Action</th>
<th>Assigned To</th>
<th>Resolved When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Soc Failed</td>
<td>Order/Referral</td>
<td>The application</td>
<td>The intent of this task is to notify a provider that a manual export of a summary of care document has failed.</td>
<td>This is a notification task only.</td>
<td>The provider who tried to export the SOC document.</td>
<td>This task is resolved automatically when the assigned provider or delegate selects the task and clicks Done.</td>
</tr>
<tr>
<td>Task Type</td>
<td>Module</td>
<td>Is Created by</td>
<td>Is Created When</td>
<td>Task Action</td>
<td>Assigned To</td>
<td>Resolved When</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Referral Failed Task</td>
<td>Order/Referral</td>
<td>The application</td>
<td></td>
<td>The intent of this task is to notify an Allscripts TouchWorks EHR™ provider that an electronic referral request they sent has failed. The provider can then attempt to resubmit the referral order.</td>
<td>The provider who placed the referral order.</td>
<td>This task is resolved automatically when the assigned provider resubmits the referral order and it is transmitted successfully. If the referral order fails on resubmission, a new Referral Failed task is created. The provider can also click Done to complete the task manually.</td>
</tr>
<tr>
<td>Referral Request Task</td>
<td>Order/Referral</td>
<td>The application</td>
<td></td>
<td>The intent of this task is to notify an Allscripts TouchWorks EHR™ provider that an electronic referral request was sent by another Allscripts TouchWorks EHR™ user. The provider receiving the Referral Request must review the approval and respond.</td>
<td>The provider listed as the Recipient in Order Details for the referral order.</td>
<td>This task is resolved when you click Done.</td>
</tr>
<tr>
<td>Referral Response Task</td>
<td>Order/Referral</td>
<td>The application</td>
<td></td>
<td>The intent of this task is to notify a Direct provider who sent an electronic referral request that the request was received and the recipient sent a response.</td>
<td>The Direct user who sent the original electronic referral order.</td>
<td>This task is resolved when you click Done.</td>
</tr>
<tr>
<td>Task Type</td>
<td>Module</td>
<td>Is Created by</td>
<td>Is Created When</td>
<td>Task Action</td>
<td>Assigned To</td>
<td>Resolved When</td>
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</tr>
<tr>
<td>Referral Response Failed Task</td>
<td>Order/Referral</td>
<td>The application</td>
<td></td>
<td>Working this task resubmits the response to the Direct Community.</td>
<td>The provider who sent the referral response</td>
<td>This task is resolved automatically when the assigned provider resubmits the referral response and it is transmitted successfully. If the referral response fails on resubmission, a new Referral Response Failed task is created. The provider can also click Done to complete the task manually.</td>
</tr>
<tr>
<td>SOC Acknowledgement Task</td>
<td>Order/Referral</td>
<td>The application</td>
<td></td>
<td>The Direct user who sent the referral order with a summary of care.</td>
<td>The provider who sent the referral order with a summary of care.</td>
<td>This task is resolved automatically when the assigned provider double-clicks it or clicks Go To.</td>
</tr>
<tr>
<td>Task Type</td>
<td>Module</td>
<td>Is Created by</td>
<td>Is Created When</td>
<td>Task Action</td>
<td>Assigned To</td>
<td>Resolved When</td>
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</tr>
<tr>
<td>CED Match Patient Task</td>
<td>Incoming CED documents from any source</td>
<td>The application</td>
<td>The intent of this task is to notify a provider that they need to manually match a referral request patient to an existing Allscripts TouchWorks EHR™ patient when an existing patient is not automatically matched when the request is received.</td>
<td>When you work this task, the Match Patient Dialog screen is displayed which includes view the details of the patient in the referral request and match the referral request to an existing Allscripts TouchWorks EHR patient in the application. The matched patient is used for all future communication regarding the referral request.</td>
<td>The user who matches the Direct ID of the referral recipient generated from the CED Patient Match task and is linked to the matched patient.</td>
<td>This task is resolved automatically when the patient selected on Match Patient Dialog is matched to the referral request patient.</td>
</tr>
<tr>
<td>Verify CED Document Task</td>
<td>CED</td>
<td>The application</td>
<td>The intent of this task is to notify users upon the receipt of an unsolicited Clinical Exchange Document.</td>
<td>Verify CCR Doc</td>
<td>The user who matches the Direct ID of the referral recipient generated from the CED Patient Match task and is linked to the matched patient.</td>
<td>This task is resolved when the document is verified by the user.</td>
</tr>
<tr>
<td>Verify CED Item Task</td>
<td>CED</td>
<td>The application</td>
<td>This task is created upon the receipt of an unsolicited Clinical Exchange Document (CED)</td>
<td>Verify CCR Item</td>
<td>CCR Verification Team</td>
<td>This task is resolved when there are no more unverified items for this document.</td>
</tr>
</tbody>
</table>
Referral Workflows

Below lists out the major components of the referral workflow and the steps for each:

- Sending an Electronic Request
- Receiving a Response to an electronic request from another TouchWorks user
- Responding to an electronic referral request from another TouchWorks user
- Receive an electronic Referral Request From a non TouchWorks user
- Edit and manually export a Summary of Care from Chart Viewer to an external system
- Create a Non electronic referral

Send an Electronic Referral Request

- Log into Allscripts TouchWorks EHR™ with user/provider access.
- Search for and select a patient.
- From Clinical Toolbar, click the drop-down arrow on Lab Icon.
- Select Follow Up/Referral.
- Add Clinical Item is displayed with the FU/Ref tab on the Orders tab selected.
- Search for the referral type you want to order, and select it to open Order Details.
- From For, select the problem you want to associate the referral with, if applicable.
- For To Be Done, enter the date you want the referral completed. By default, the current date is entered. Click to open the Select a Date page and enter a different date.
- In Recipient, select the provider or practice you want to send the electronic referral to. If the recipient you are looking for is not displayed in the list, click to open the Select Recipient page and search for a recipient.
  - Favorite & default recipients can be created at the user level for each referral order
  - Recipient field is required if the Perform method chosen is eReferrals
- From Reason, enter a reason for the referral. The reason is required for any eReferrals. You can click TT to use text templates to populate the reason.
- From Perform, select eReferrals.
  - Notes: Use eReferrals as opposed to Allscripts Referral Network to send electronic referrals. Electronic referrals are being sent through Direct HISP instead of Allscripts Referral Network to meet Meaningful Use Stage 2 requirements. If the patient did not consent to sharing their information electronically or if recipient selected does not have a Direct ID, a warning is displayed beneath Perform when you select eReferrals and you must select a different Perform option.
  - Patient Consent can be changed in the Patient Profile → Community section
- (Optional) You can include notes for the scheduler on the receiving system in the For Scheduler text box.
- (Optional) You can include notes for the patient in the For Patient text box.
- (Optional) Click the Attachments tab or scroll to and expand the Attachments section of Order Details. You can attach notes (including referral letters), supporting documents such as x-rays or scans, verified results, an entire clinical summary document (in CCD or CCR format), or a Summary of Care document (in CCDA format). Note that the Attachments section is enabled only when the Perform method is eReferrals.
- To attach documents or results to the referral order, click Attach Documents and Results. Attach Documents and Results to Referral is displayed.
- From the ChartViewer pane in the upper left area of the page, select an item to attach. You can select only 1 item at a time. If you select a document, the contents are displayed in the Preview pane on the right. You cannot preview results. Use the Previous and Next buttons to navigate through the documents in the patient chart.
- Click Attach To Referral. The item is added to the Selected Documents and Results pane in the lower left area of the page.
• Complete steps 15 through 17 until you are done adding attachments.
• Click OK to close Attach Documents and Results to Referral and return to the Attachments area of Order Details. The documents and results you selected are listed in the Attachments grid.
• Click Generate Summary of Care to open Summary of Care Editor and preview and edit a Summary of Care document to attach to the referral order. A Summary of Care document in Consolidated Clinical Document Architecture (CCDA) format is required to meet transition of care requirements for Meaningful Use Stage 2. To attach a Summary of Care document without editing the contents, select Generate Summary of Care on Save before saving the referral order. The Summary of Care is attached but you cannot preview it or make changes. The contents of the Summary of Care are determined by the template definition in TW Admin > Document Admin > CCDA Template Admin.
• If you clicked Generate Summary of Care, review the Summary of Care, edit as necessary, and click Export to attach it to the referral order. Summary of Care Editor closes and you return to the Attachments area of Order Details. The Generate Summary of Care on Save check box is no longer displayed, and a View Summary of Care button is displayed in place of Generate Summary of Care.
• To view the documents you attached, click the name of the document. The applicable viewer is displayed, containing the contents of your attachment. If you generated a Summary of Care document to attach to the order, you cannot click on the link to view the Summary of Care until the order has been saved.
• For non electronic workflows, you need to ensure that you document on the order that a Summary of Care was send
  o Click the Questions tab or scroll to and expand the Questions section of Order Details.
  o Indicate whether a care summary was provided to the referred to provider by selecting Yes or No from (MU) Care Summary provided. This information is required for Meaningful Use reporting purposes.
• Complete any additional required fields, and click Save and Return to ACI or Save and Close ACI.
• Click Commit. The Encounter Summary is displayed.
• Click Save and Continue.

Results of this workflows: The referral order is sent to the selected recipient. If the referral is using Allscripts TouchWorks EHR™, and the referral request is sent with a Summary of Care, an SOC Acknowledgment task is created and sent to the provider who requested the referral.

• If the Referral is sent to another TouchWorks user, and if a patient match is made in the recipient's Allscripts TouchWorks EHR™ application:
  o Referral Request task is automatically generated for the recipient when the referral is received.
    ▪ The Referral Request task is the means by which the recipient can respond to the request.
  o The application also creates an inbound referral order in the recipient's system.
    ▪ This order can be used to track the order from the Clinical Desktop, and is linked to the Referral Request Viewer.
  o The Referral Request task includes the order number for the inbound referral order. If the request is sent to a Direct HISP recipient who is not using Allscripts TouchWorks EHR™, the process of receiving and responding to the electronic referral request depends on the recipient's workflows for receiving CCDA documents.
• If the referral request is not sent successfully, a Referral Failed task is created and assigned to the provider who sent the referral request.
If the referral is sent to a Direct HISP recipient who is not using Allscripts TouchWorks EHR™, the process of receiving and responding to the electronic referral request depends on the receiving system's workflows for receiving CCDA documents via Direct messaging protocols.

**Receive a response to an electronic referral request from another Allscripts TouchWorks EHR user**

When you receive a response to an electronic referral from another Allscripts TouchWorks EHR™ user, a Referral Response task is created in your Task List. Work the task to view and respond to the referral response.

**Before you begin**

- The provider who sent the response must be set up in the Referring Provider dictionary with a Direct ID on your system to receive electronic referral requests and responses to electronic referral requests. Similarly, you must be set up in the Referring Provider dictionary on the other provider's system and must have a Direct ID listed.
- On your own system, you must have a Direct ID in your user profile in TW Admin >TWUser Admin to respond to and receive responses to electronic referral requests.
- You must have sent an electronic referral request and have a referral response pending. That is, you must have a Referral Response task in your Task List.

**Before you begin**

- Navigate to the Task List.
- Select a Referral Response task and click Go To.
  - Referral Response Viewer is displayed.
- View the response from the provider the patient was referred to. If the provider entered text in the Send Referral Response box of Referral Request Viewer, that message is received in Referral Request Viewer as a CCDA-Unstructured document in Received Documents. Highlight the document to view the text of the response. Other attached documents are also received as CCDA-Unstructured documents. The Summary of Care is received as a CCDA document.
  - **Note:** You should preview each attached document.
- To add the attached documents to the patient chart, select the check box next to the document or documents and click Save Documents to Chart.
- (Optional) If necessary, send a response to the provider the patient was referred to. You respond to a referral response in the same way you respond to an electronic referral request, however you do so through the Referral Response Viewer rather than the Referral Request Viewer. You can correspond back and forth about the referral until you are ready to mark the original referral order Complete.
- If the referral is complete, click Go to Referral Order. The original referral order is displayed in Order Viewer.
- Click Edit to open Order Details and enter any necessary comments and annotations.
- Click the Response tab.
  - Documents that were saved to the patient chart from referral responses are displayed in a grid. The Document column displays the type of document, and the Date Received column displays the date the particular document was saved to the chart. Click on the document name to view the document.
- From Status, select Complete.
- Select Specialist Response Received.
- Click OK to return to Order Viewer.
- Close Order Viewer.
  - You return to Referral Response Viewer.
- Click Close.
- Go to Clinical Desktop and click Commit.
- If Encounter Summary is displayed, select Transition of Care and Summary of Care Received, if you received a Summary of Care document from the provider responding to the referral request. Then click Save and Continue.
- If Encounter Summary is not displayed, you can go to Daily Schedule or Provider Schedules and select the TC and SoC check boxes to record the receipt of a Summary of Care document.
- Go to Task List and select the Referral Response task associated with this referral.
- Click Done.

Results of this task
The order is completed and the referral loop is closed.

Respond to an electronic referral request from another Allscripts TouchWorks EHR user
When you receive an electronic referral request from another Allscripts TouchWorks EHR™ user, a Referral Request task is created in your Task List. Work the task to view and respond to the referral request.
Before you begin
- On the referring provider’s system, you must be set up in the Referring Provider dictionary with a Direct ID to receive electronic referral requests from that provider.
- On your own system, you must have a Direct ID in your user profile in TW Admin > TWUser Admin to respond to electronic referral requests.
- You must have a referral request pending. That is, you must have a Referral Request task in your Task List. An Inbound Referral Order is created when a Referral Request task is created.

When you receive a referral request and the application cannot match the patient to an existing patient, the application automatically generates a CED - Patient Match task. You can view the details of the patient in the referral request and match the referral request to an existing Allscripts TouchWorks EHR patient in your system. The matched patient is used for all future communication about the referral request.
- Log into Allscripts TouchWorks EHR™ with user/provider access.
- Go to Task List.
- Locate and select the applicable Referral Request task and click Go To.
- Alternatively, you can right-click the inbound referral order from any location in the application that you can view it from (for example, the Meds/Orders component of Clinical Desktop, Worklist, or Health Management Plan, and so on) and select Send eReferral Response.
- Referral Request Viewer is displayed.
- Review the Referral Details.
- From Received Documents, highlight an attached document to display the contents in the Preview pane.
  - Note: You should preview each attached document.
- To add the attached documents to the patient chart, select the check box next to the document or documents and click Save Documents to Chart.
- To view all of the information about the referral request, click Go to Referral Order.
- Order Viewer opens and displays the inbound referral order associated with the referral request. Close Order Viewer to return to Referral Request Viewer.
- Schedule an appointment to see the patient.
- In Send Referral Response, enter a response to the provider who requested the referral.
  - Your response can include a simple acknowledgment of the request, information about the upcoming appointment scheduled with the patient, or, if you respond after seeing the patient, any notes you want to send to the referring provider about the visit.
    - To attach documents or results to the referral response, click Attach Documents and Results.
Attach Documents and Results to Referral is displayed.

- From the ChartViewer pane in the upper left area of the page, select an item to attach.
  - You can select only 1 item at a time. If you select a document, the contents are displayed in the Preview pane on the right. Use the Previous and Next buttons to navigate through the documents in the patient chart.
- Click Attach To Referral. The item is added to the Selected Documents and Results pane in the lower left area of the page.
- Complete steps 10 through 12 until you are done adding attachments.
- Click OK to close Attach Documents and Results to Referral and return to the Attachments area of Referral Request Viewer.

Note:
- You cannot view the documents you attached in Referral Request Viewer.
- The documents and results you selected are listed in the Attachments grid.

- Click Generate Summary of Care to open Summary of Care Editor and preview and edit a Summary of Care document to attach to the referral response. A Summary of Care document in Consolidated Clinical Document Architecture (CCDA) format is required to meet transition of care requirements for Meaningful Use Stage 2. To attach a Summary of Care document without editing the contents, select Generate Summary of Care on Save before saving the referral response. The Summary of Care is attached but you cannot preview it or make changes. The contents of the Summary of Care are determined by the template definition in TW Admin > Document Admin > CCDA Template Admin.
- If you clicked Generate Summary of Care, review the Summary of Care, edit as necessary, and click Export to attach it to the referral response. Summary of Care Editor closes and you return to the Attachments area of Referral Request Viewer.
  - The Generate Summary of Care on Save check box is no longer displayed, and a View Summary of Care button is displayed in place of Generate Summary of Care.
  - Note: To view the documents you attached, click the name of the document.
  - The applicable viewer is displayed, containing the contents of your attachment.
- Click Send Response.
- Click Close. Referral Request Viewer closes. The referral response is sent to the provider who sent the initial referral request. A Referral Response task is generated and displayed in the provider's Task List.
- Go to Task List and select the Referral Request task associated with this referral.
- Click Done.

Receive an electronic referral request from a non Allscripts TouchWorks EHR provider

If you receive an electronic referral request in the form of CCDA document from a provider who is not using Allscripts TouchWorks EHR, a Referral Response task is not created. Documents are received like any other incoming documents, and a Verify CED Document or Verify CED Item task is created. The Referral Response Viewer is not applicable to electronic referral responses received in the form of CCDA documents from non-Allscripts TouchWorks EHR users.

Edit and manually export a Summary of Care from Chart Viewer to an external system

Use the Export CED menu option in Chart Viewer to access Clinical Exchange Document Export and select CCDA Summary of Care from Document Format to display Summary of Care Editor, edit the contents of the Summary of Care document, and manually export the Summary of Care as supporting documentation for a referral.

Before you begin
You must have a patient in context.
Navigate to the Chart Viewer component of Clinical Desktop.
- From the lower toolbar, click Clinical Exchange Document > Export CED.
  - Clinical Exchange Document Export is displayed.
- Select the External Location tab.
- In the Export To box, select a community.
  - The communities in the list include only the communities installed and configured for your organization. The community must be Active to be displayed in Export To. If there is only 1 community installed, that community is selected automatically.
- (Optional) In the Recipient box, enter a valid Direct address for the intended recipient of the Summary of Care document.
- In Document Format, CCDA Summary of Care is selected by default and you cannot select another Document Format.
- From Sending Provider, select the sending provider, if not already selected.
  - If the current logged in user is a provider, Sending Provider is set by default to that user.
- In Reason for Referral, enter a reason the patient is being referred.
  - Reason for Referral is required for summaries of care. The text in Reason for Referral is displayed in the Reason for Referral section of the Summary of Care output document.
- Click Next.
- Summary of Care Editor is displayed.
- Review the contents of the Summary of Care document and make changes as necessary in the various sections of the editor.
- When you are satisfied with the contents of the document, click Export.
  - You can also click Back to return to Clinical Exchange Document Export, or Cancel to close both Summary of Care Editor and Clinical Exchange Document Export without exporting the document.

**Results of this task**
If you clicked Export, the Summary of Care document is sent to the provider selected in Recipient. When the export is completed, Summary of Care Editor closes. A Manual Export Summary of Care-CCDA entry is added to Chart Viewer and includes the date of export, the provider name and primary specialty, the date of the associated encounter, and the encounter type. The document can be viewed in Chart Viewer through PDF Viewer. The Verify and Acknowledge options in the viewer are disabled. The Document Hx includes entries for when the document is created, when it is sent to the Community, and when it is viewed. The document status is Final. If the export fails, a Manual SoC Failed task is created in the Task List for the sending provider. The provider can attempt to re-send the Summary of Care document from the Manual SoC Failed task.

**Create a Non electronic referral**
- Log into Allscripts TouchWorks EHR™ with user/provider access.
- Search for and select a patient.
- From Clinical Toolbar, click the drop-down arrow on.
- Select Follow Up/Referral.
- Add Clinical Item is displayed with the FU/Ref tab on the Orders tab selected.
- Search for the referral type you want to order, and select it to open Order Details
• From For, select the problem you want to associate the referral with, if applicable.
• For To Be Done, enter the date you want the referral completed. By default, the current date is entered. Click to open the Select a Date page and enter a different date.
• In Recipient, select the provider you want to send the referral to.
• If the recipient you are looking for is not displayed in the list, click to open the Select Recipient page and search for a recipient.
• From Reason, enter a reason for the referral. Reason is required.
• You can click TT to use text templates to complete Reason.
• From Perform, select how you would like the order completed.
• Answer MU Summary of Care Provided question
• (Optional) You can include notes for the scheduler on the receiving system in the For Scheduler text box. Additionally, you can include notes for the patient in the For Patient text box.
• Complete any additional required fields, and click Save and Return to ACI or Save and Close ACI.
• Click Commit.
• The Encounter Summary is displayed.
• Click Save and Continue.
How TouchWorks Calculates the MU2 Report

**Numerator 1:**
- All orders from the denominator
- **AND:** Summary of Care document is attached to the referral order and must include the following:
  - Current problem list has at least one entry (which can be **No Known Problems**)
  - **AND:** Current medication list has at least one entry (which can be **No Reported Medications**)
  - **AND:** Current medication allergy list has at least one entry (which can be **No Known Medications Allergies** or **No Known Allergies**)
- **OR:** Summary of Care additional information question is set to **Yes**

**Numerator 2:**
- All orders from the denominator
- **AND:** Summary of Care CCDA electronically transmitted using CEHRT to a recipient
  - Send from the referral order
  - **OR:** Manually export from ChartViewer (ties to order based on encounter date)
- **AND:** Summary of Care CCDA has been acknowledged by the receiving system. The acknowledgement will be received in the form of a **SoC Acknowledgement Task** assigned to the ordering provider of the referral order or to the user who manually exported the Summary of Care CCDA.

**Denominator**
- External referral orders placed during the reporting period (date is reflected by **created date**)
- **AND:** Order is in a status of **active** or **complete**
- **AND:** EP is listed as the **ordered by, supervised by** or **authorized by** provider
- **AND:** Recipient field (referring provider entry) is not linked to TWUser Admin.

**Exclusion:** If the denominator is less than 100, the EP can be excluded from all three measures

**Attestation**
- Conducts one or more successful electronic exchanges of a Summary of Care document, which is counted in Numerator 2, with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR
- **OR:** Conducts one or more successful tests with the CMS designated test EHR during the EHR RP
- New CMS and ONC Tool Enables Providers to Meet Transitions of Care Measure
  - A new CMS and ONC tool called the **Randomizer** will let you exchange data with a Test EHR in order to meet measure #3 of the Stage 2 transitions of care requirement.
  - To use the tool to meet this measure, you must register with EHR Randomizer. Once registered, it will pair your EHR technology with a different test EHR from the list of authorized systems. You must then send a **Consolidated Clinical Document Architecture** (CCDA) summary of care record to the Test EHR. CMS and ONC recommend that you send a test CCDA document that does not contain actual patient information.
  - Test EHRs will be required to email you within one day of the test, with notification of success or failure. A notification of a successful test can be used as proof of meeting the transitions of care measure.
  - Refer to the Randomizer **Test Instructions** and **FAQs** for more information.
**Indicators**

**Report #1**
- ✔ When the numerator divided by denominator is greater than 50%
- 😞 When the numerator divided by denominator is between 40% and 50%
- ⚫ When the numerator divided by denominator is below 40%

**Report #2**
- ✔ When the numerator divided by denominator is greater than 10%
- ⚫ When the numerator divided by denominator is below 10%

**Calculation flow diagram**

**Additional Information**

Here is a list of reference documents, and where you can find them in the system.

- **Certified Workflows:** ClientConnect > Toolbox > Product Documentation > Allscripts TouchWorks EHR > Certified Workflows
  - Follow-up or Referral (H7) Document
  - Results Referral (R4) Document
  - Quicksets (H9) Document
  - CareGuides (H10) Document
- **Application Design and Behavior Resource (ADBR):** ClientConnect > Toolbox > Product Documentation > Allscripts TouchWorks EHR > Pick your version > Manual Guides > Application Design and Behavior Resource (ensure you save it to your PC)
- For more information on the NwHIM exchange participant information, see: [http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__nhin_exchange/1407](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__nhin_exchange/1407)
- For more information on the Direct Project, see: [http://directproject.org/home.php](http://directproject.org/home.php)
Final Rule Considerations

- Per CMS, if the referral is sent to a provider that has access to the same system, the referral does not count in the denominator.
- UPDATE: CMS has provided an update that states if a provider transitions a patient internally and that a SOC is sent then it could be included in the numerator and denominator. On 4/10/2014 CMS updated this FAQ to further define send to the following (https://questions.cms.gov/faq.php?faqId=9690):
  - If the receiving provider already has access to the CEHRT of the initiating provider of the transition or referral, simply accessing the patient’s health information does not count toward meeting this objective. However, if the initiating provider also sends a summary of care document, this transition can be included in the denominator and the numerator as long as it is counted consistently across the organization and across both measures if:
    - For Measure 1 (Numerator 1), a summary of care document is also provided by any means.
    - For Measure 2 (Numerator 2), a summary of care document is provided using the same technical standards used if the receiving provider did not have access to the CEHRT.
  - For Measure 3 of the Summary of Care objective, a single summary of care document sent to a provider using a different EHR and EHR Vendor or a test with the CMS and ONC Randomizer test system would meet the measure. (For more information on the CMS FAQ, please reference)
  - Allscripts questioned CMS about this FAQ with the following questions:
    - What is the definition of SEND in this FAQ?
    - Does the provider have to send the summary to another provider using the same CEHRT or using DIRECT standard?
  - CMS responded with the following answer: Send in this case would be to send the same way they would for someone who did not have access to the EHR. We modified this question because we learned that there are a lot of hospital systems or provider affiliates, who are separate organizations who just give access to the EHR or patient record (in some cases limited or “read only”, in some cases full access) because they have so many referrals back and forth with those providers. Those transitions to outside entities would still count in the denominator, so this way they can also count in the numerator if the provider uses their normal “sending” method and workflow to also send a summary of care.
    - If the client has workflows like above where you want to include those “internal” providers/read only providers in the denominator, you would need to unlink them to their referring providers or create a new referring provider entry for them. This would allow you to control putting them into the denominator and the system will send using the correct technical standards (aka Direct).
    - Sending Summary of Care electronically via USB, CD, or fax does not count. It must be sent in the specified Direct Standards using the CEHRT.
    - Per CMS, the act of uploading the summary or care record to a repository for the receiving provider to query must have an acknowledgement to the message in order for it to count.
    - The Summary of Care document must contain the following information:
      - Patient name
      - Referring or transitioning provider's name and office contact information
      - Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
- Reason for referral
- Clinical question the referring providers wants answered for a consultation or the procedure to be performed
- Current problem list (if null, the SOC will not be valid)
- Current medication list (if null, the SOC will not be valid)
- Current medication allergy list (if null, the SOC will not be valid)

• Reporting Considerations: This measure is based upon the number of transitions of care and referrals, which is the number of referral orders. If the patient has multiple referrals during a single visit with a provider or if the patient has multiple referrals across multiple visits, the patient will appear in the denominator multiple times. A referral order is used to document both a referral to another provider, place, or specialty and to document any other transitions of care.