Using DIRECT in eCW for Health Information Exchange

What is DIRECT?

- Direct is a technical standard for exchanging health information between health care entities (e.g, primary care providers, specialists, hospitals, clinical labs) in a trusted network. It is a secure, easy-to-use, inexpensive and approved for use by nationally-recognized experts and organizations. Direct functions like regular email with additional security measures to ensure that messages are only accessible to the intended recipient, per the protection regulations of the Health Insurance Portability and Accountability Act (HIPAA).
- Only a DIRECT address can send or receive a message from another DIRECT address. Messages sent from a regular email address (Outlook, Gmail, yahoo, etc.) to a DIRECT address will FAIL.
- A Health Information Services Provider (HISP) is an organization that manages security and transport for health information exchange among healthcare entities and individuals using the DIRECT standard for transport.

How do I get a DIRECT Address?

- There are multiple entities from which a DIRECT address can be requested (e.g. eCW, a Health Information Exchange (HIE) or another certified entity with DIRECT Messaging capabilities). The preferred method is from your EMR vendor. All certified EMR's must have the capability to support DIRECT messaging within their EMR.
- eCW offers DIRECT addresses using **eclinicaldirectplus.com**
- The recommended naming convention for a DIRECT address is:
- <first name>.<last name>@<practice name abbreviation>.eclinicaldirectplus.com

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- DIRECT addresses are commonly issued to individual providers, but a health care organization or a department within a health care organization may also request a DIRECT address.

When do I use DIRECT?

- Use DIRECT for all Transitions of Care where you need to send clinical information for a patient to another health care provider.
- Referrals are the most common situations in which DIRECT will be used to facilitate a Transition of Care.
- DIRECT can also be use to send clinical data to another health care provider outside of a referral (e.g. patient presents at ER and ER provider requests patient records)

Challenges with DIRECT for e-Referrals

- Obtaining and maintaining DIRECT addresses for external providers can be burdensome (applies to paper and fax option as well).
- Not all providers with a DIRECT address are in my directory. Unable to add a DIRECT address directly into eCW, must open ticket with eCW for them to add it.
- DIRECT address for Provider is not always accurate/up-to-date (applies to paper and fax option as well).
- No identified individual at an organization that can assist with questions regarding DIRECT addresses for the organization.
- No consistency among organization regarding a DIRECT address for specific services or procedures provided (e.g. Radiology, colonoscopy, cardiology, etc.)
- DIRECT requires administrative support for the non-clinical function of DIRECT (e.g., patient matching, applies to paper and fax option as well)

Using eCW and DIRECT for Meaningful Use

Objective 7 – Health Information Exchange

Measure 1 – 50% of Referrals include a CCD transmitted electronically

- Send Patient Referral Electronically
- Send Patient Record Electronically without a Referral

Using eCW and DIRECT for Meaningful Use

Objective 7 – Health Information Exchange

Measure 2 – 40% of Transitions of Care Incorporate CCD into EMR

- Receive CCD from an external source
- Match CCD to Patient
- Save CCD Document in Patient Documents folder

Using eCW and DIRECT for Meaningful Use

Objective 7 – Health Information Exchange

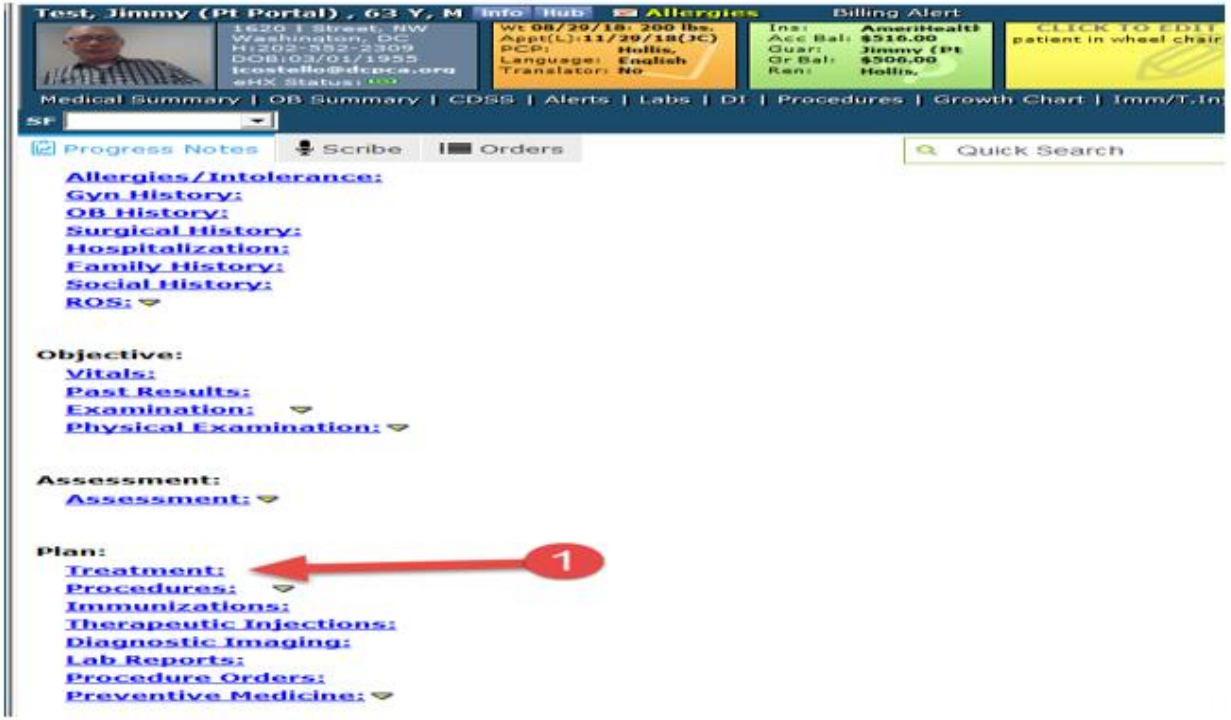
Measure 3 – 80% of Transitions of Care/Referrals must include Reconciling Problem List, Allergies and Medications in Electronic Summary of Care (CCD)

- Identify appointment as a Transition of Care.
- Reconcile/Verify Allergies
- Reconcile/Verify Medications
- Reconcile/Verify Problem List

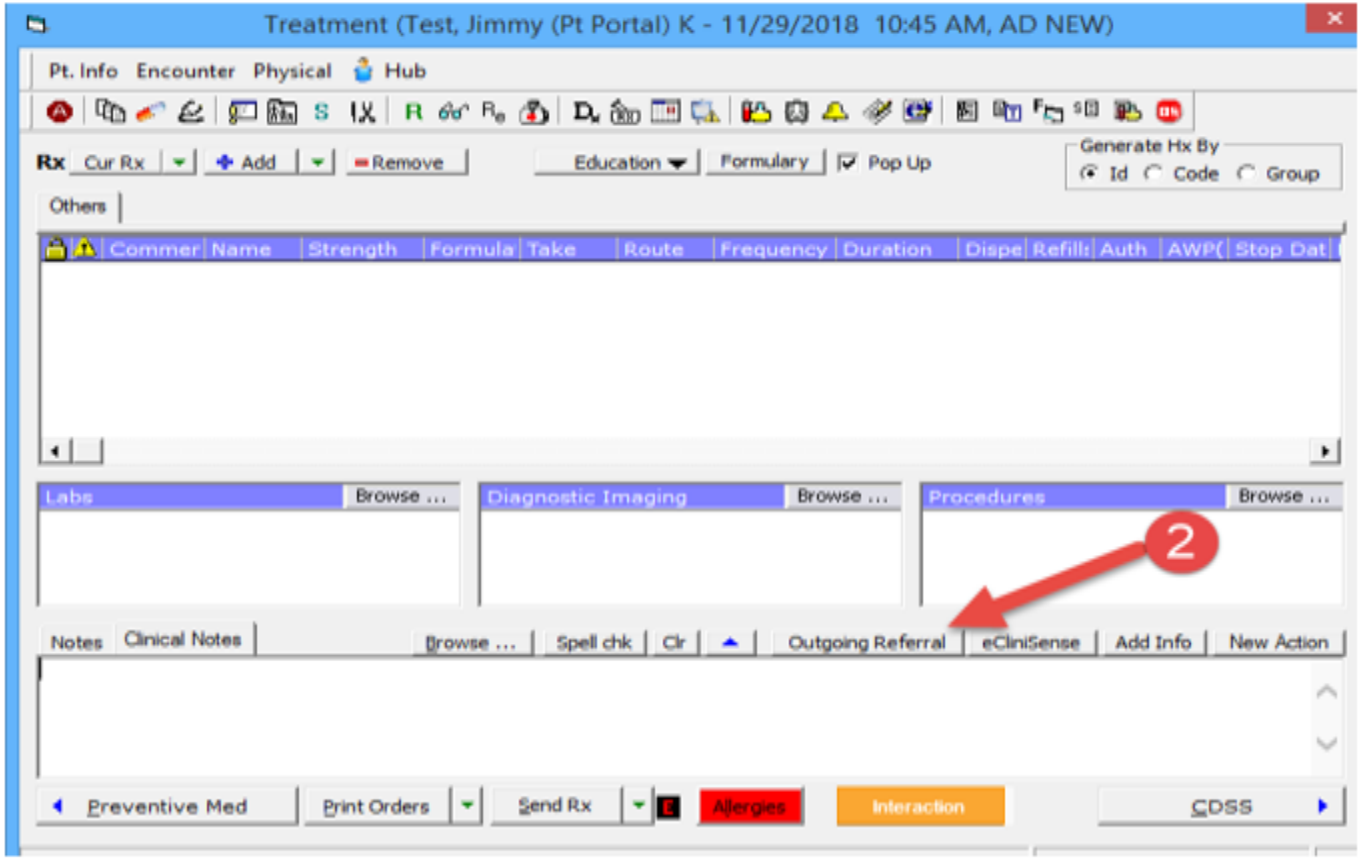
eCW e-Referral Workflows
Objective 7 – Measure 1
(50% of referrals include a CCD transmitted electronically)

Sending Patient Referral Electronically

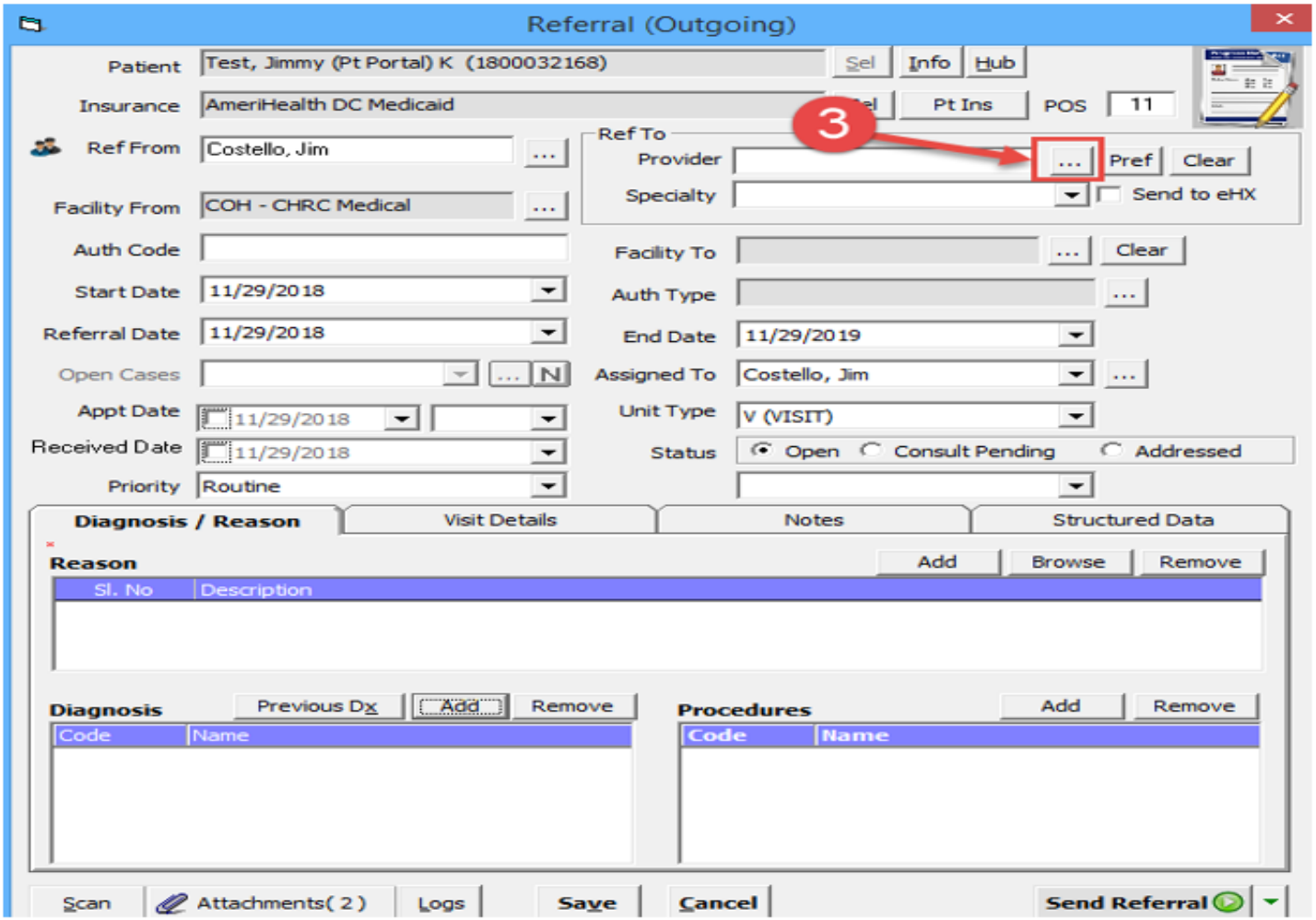
1. Go to the Treatment section in the Progress Note



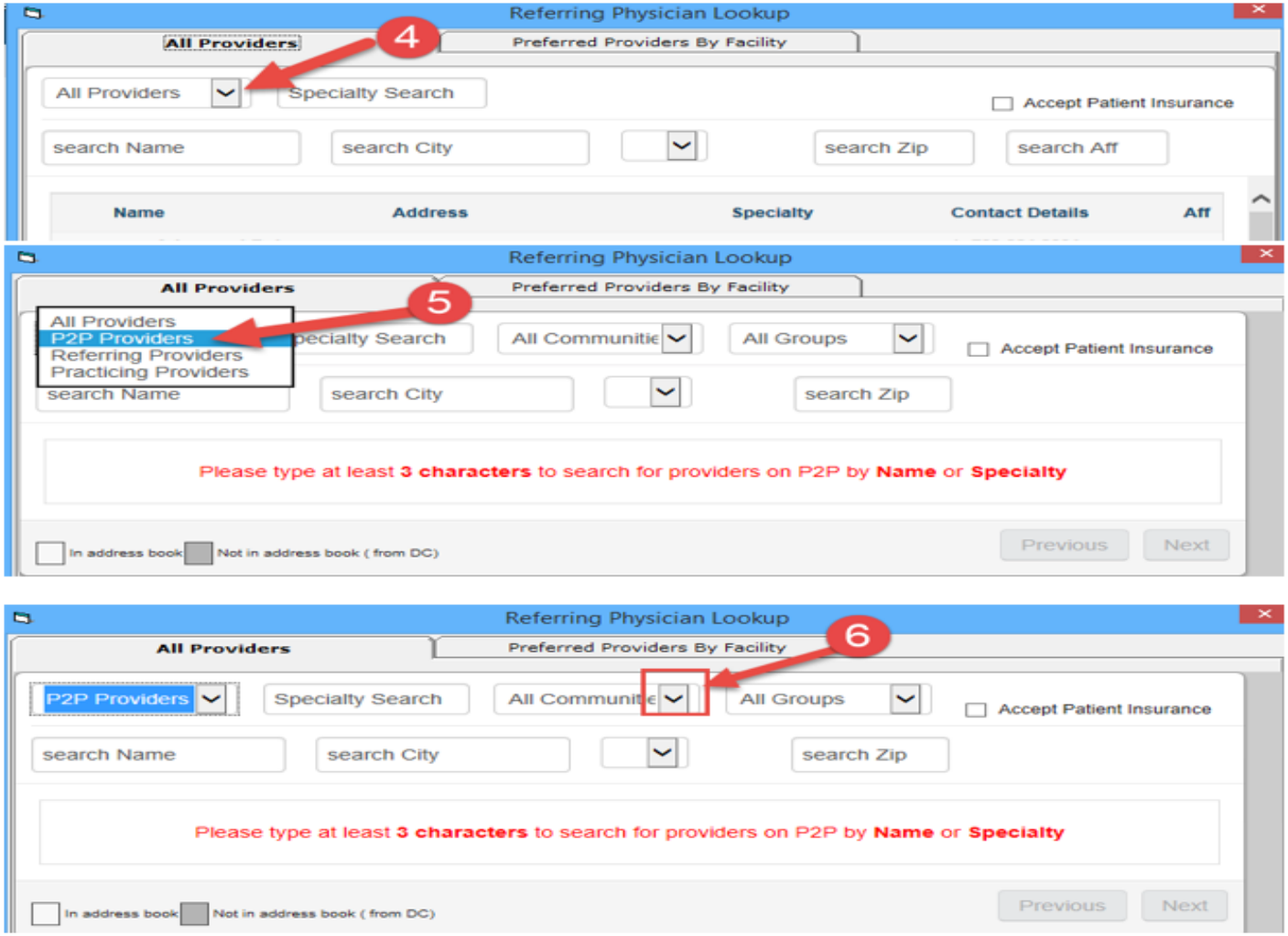
2. Click the Outgoing Referral button to start a referral.



3. Click the eclipse [...] next to the Provider field in the "Ref To" section



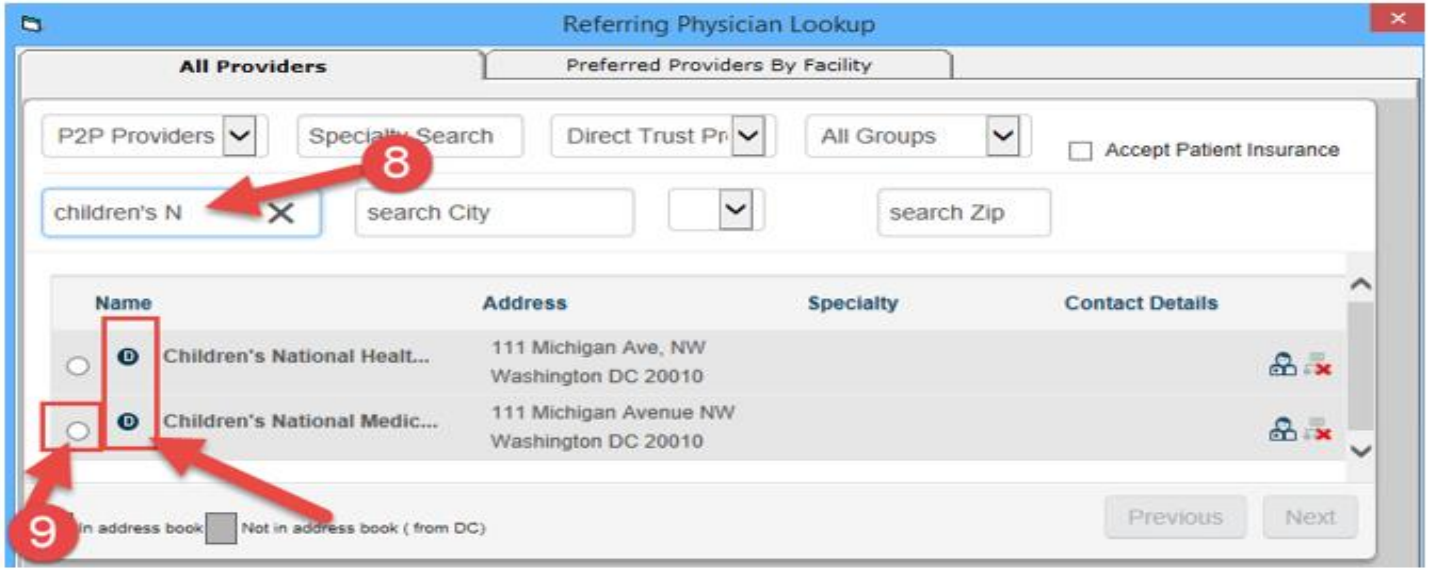
4. Click the down arrow in the All Providers field
5. Select the P2P Providers option. An All Communities field will display.
6. Select the down arrow in the All Communities field
7. Select the Direct Trust Providers



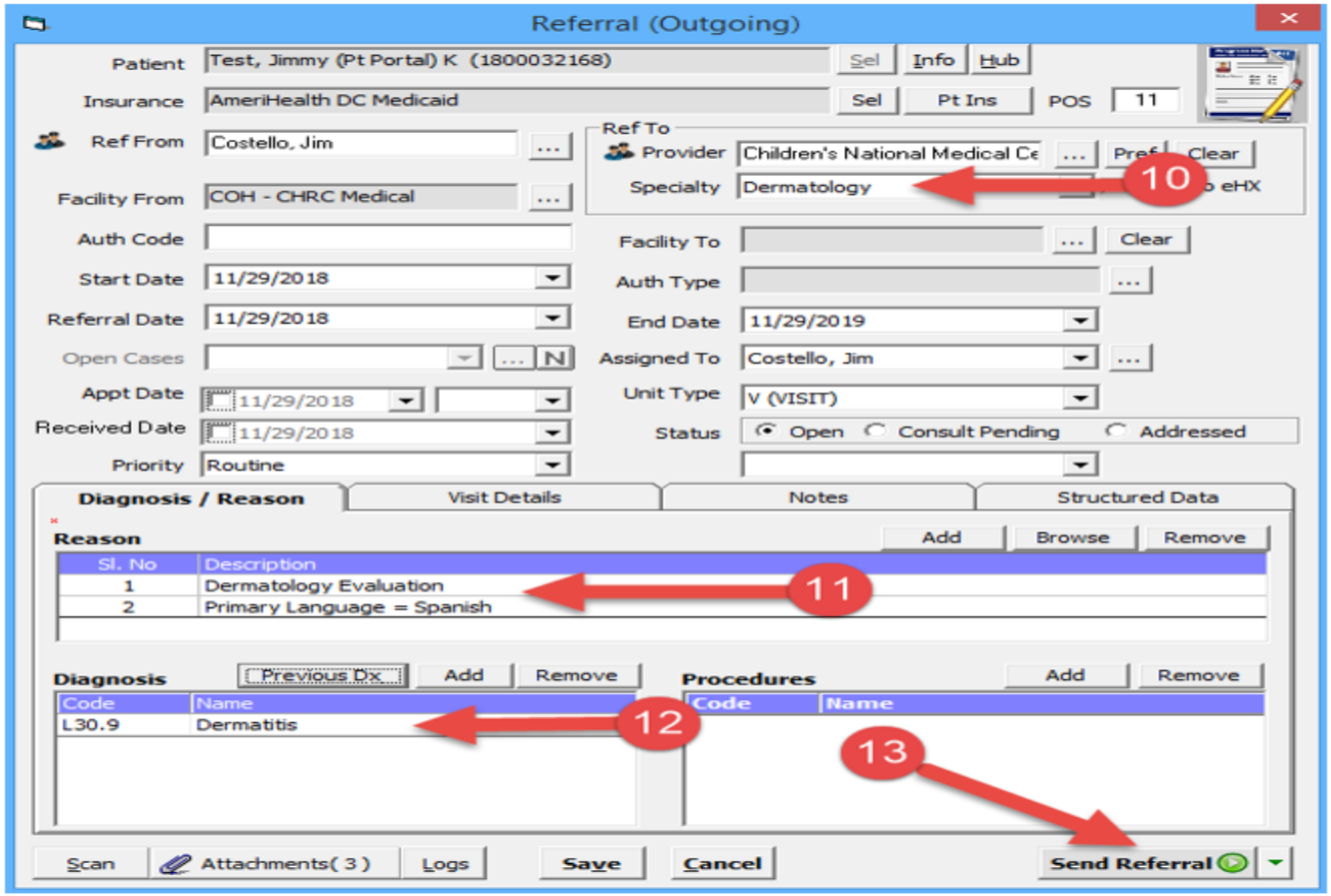
8. Enter organization name or individual's name to find their Direct address.

Providers with a Direct Address will have a "D" icon next to their name. If you hover over the "D" icon it will display the Direct address for the provider/organization. NOTE: the Direct address may be different than the provider or organization name. Some organizations have a single DIRECT address where all referrals are received in a centralized department and then distributed to the appropriate provider.

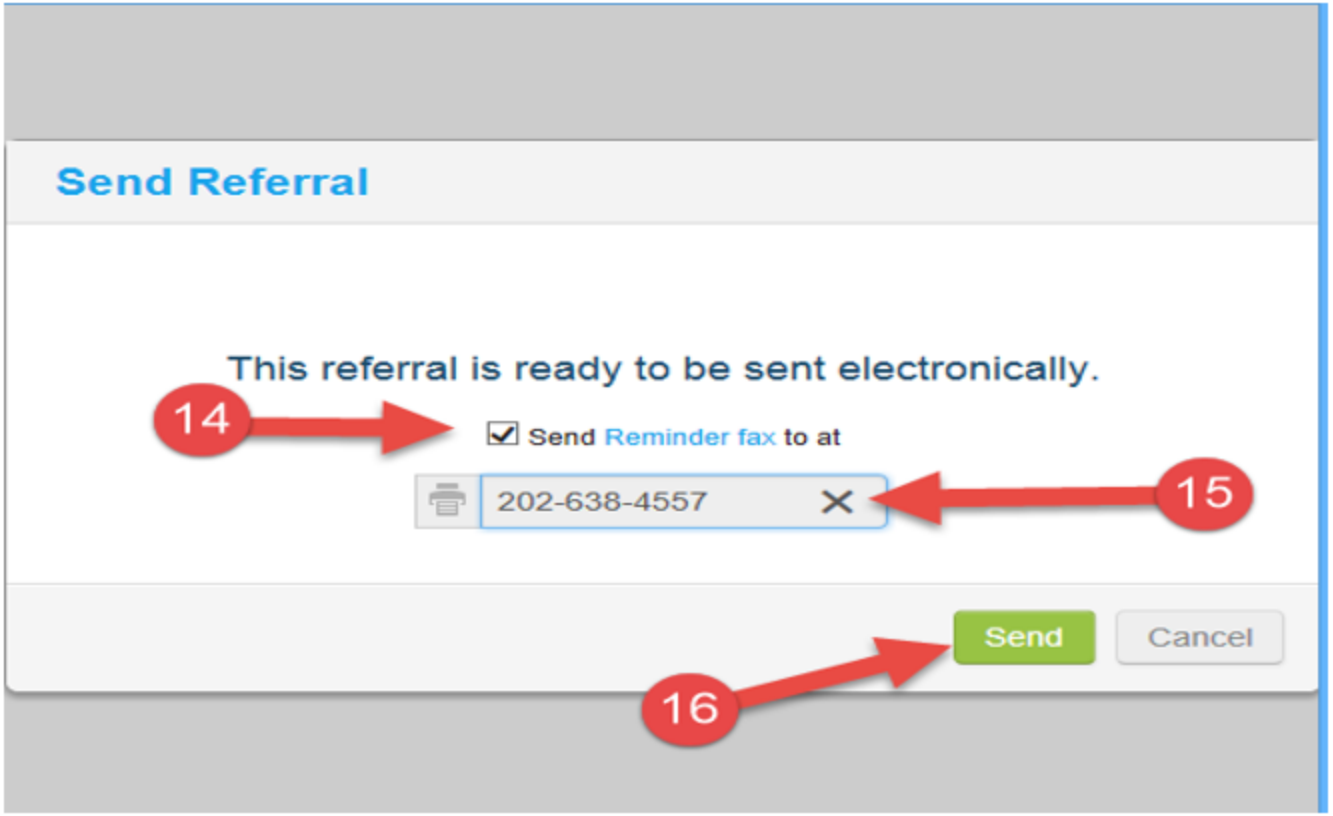
9. Click the radio button next to the organization/provider name. This will close the window and return to the outgoing referral window.



10. Enter/select Specialty for this referral
11. Enter reason for referral.
    It is recommended to include the Specialty in the reason since the Specialty entered in the "Ref To" field doesn't transmit if it is not included in the Direct Address for the provider/organization.
    It is also recommended to include the primary language of the patient, if not English, in the reason field since this may get overlooked in the demographics section. (Note: these can be created in the Browse window for easy selection.)
12. Enter patient diagnosis for this referral
13. Click the Send Referral button

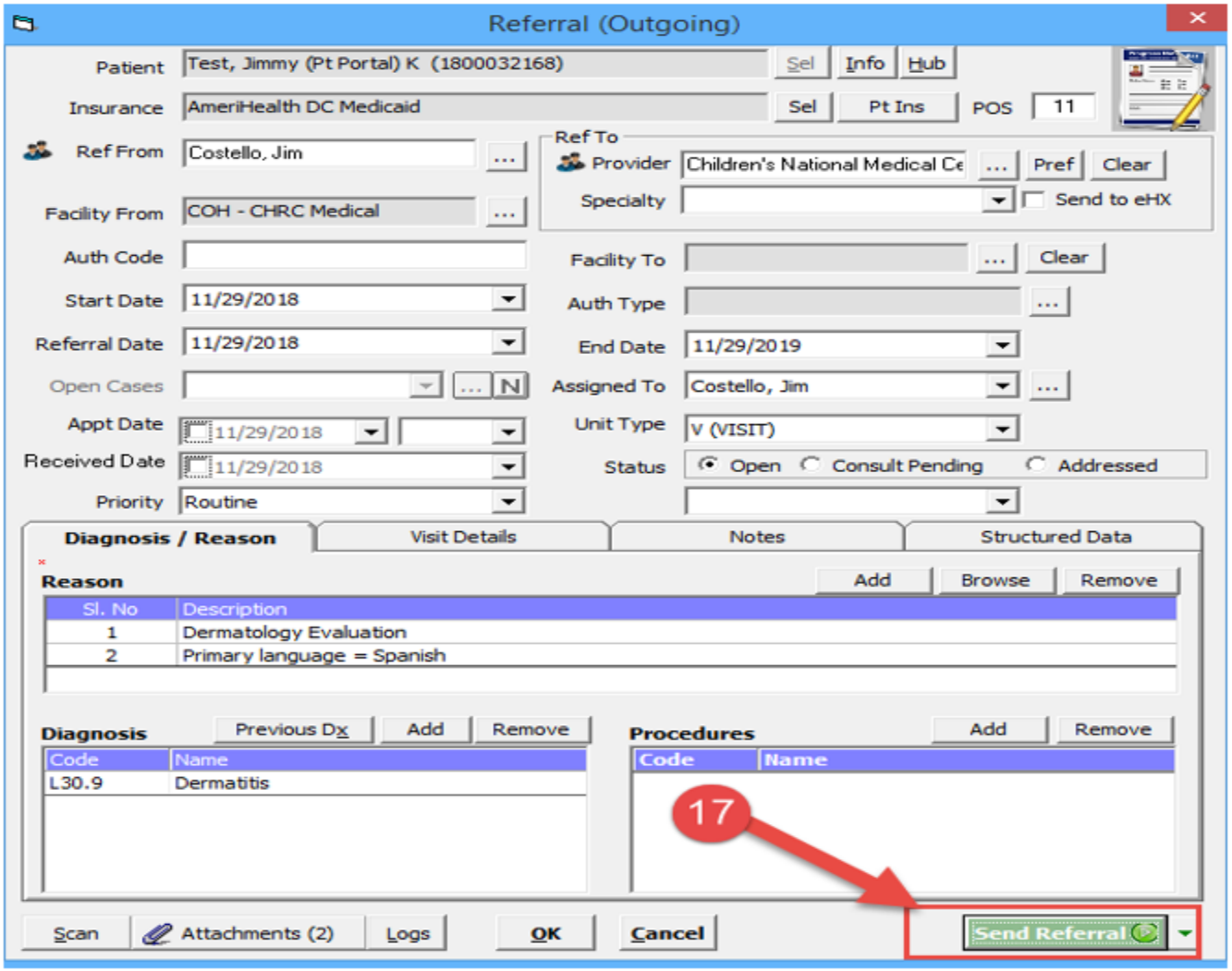


14. Check the box next to Send Reminder Fax to also fax the referral as well as send it electronically. If no reminder fax is needed just uncheck the box
15. When sending reminder fax, need to enter the fax number.
16. Click the Send button to send the referral electronically.



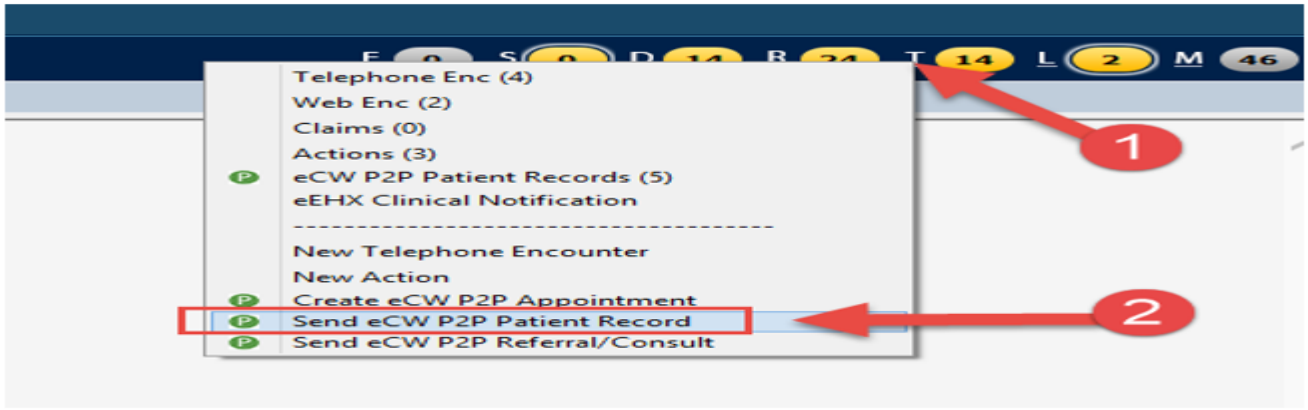
17. Once a referral is sent electronically the "Send Referral" button will turn Green.

This satisfies the Meaningful Use Objective 7 Health Information Exchange Measure 1.

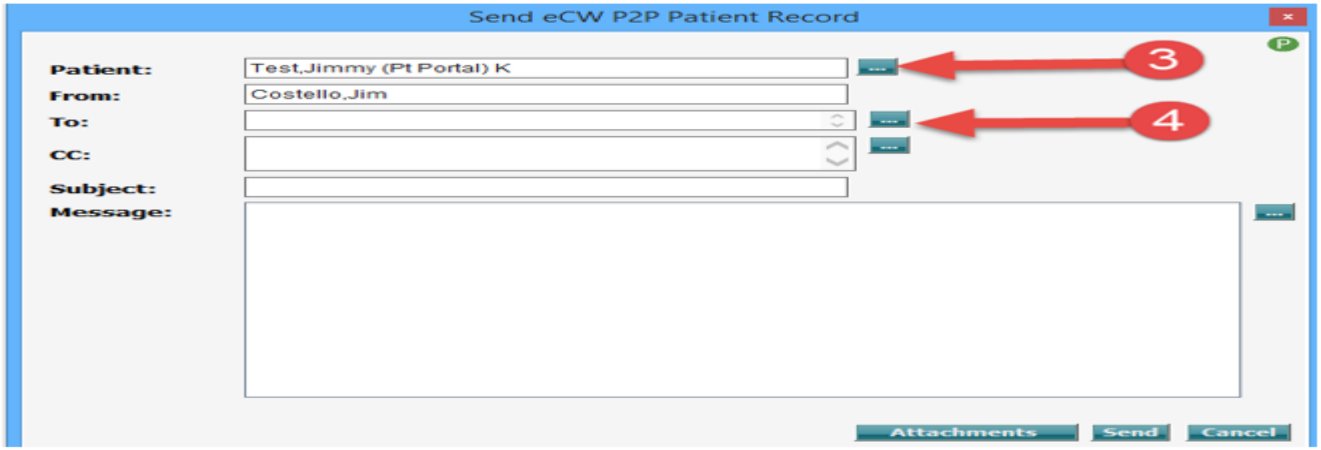


Sending Patient Records Electronically without a Referral

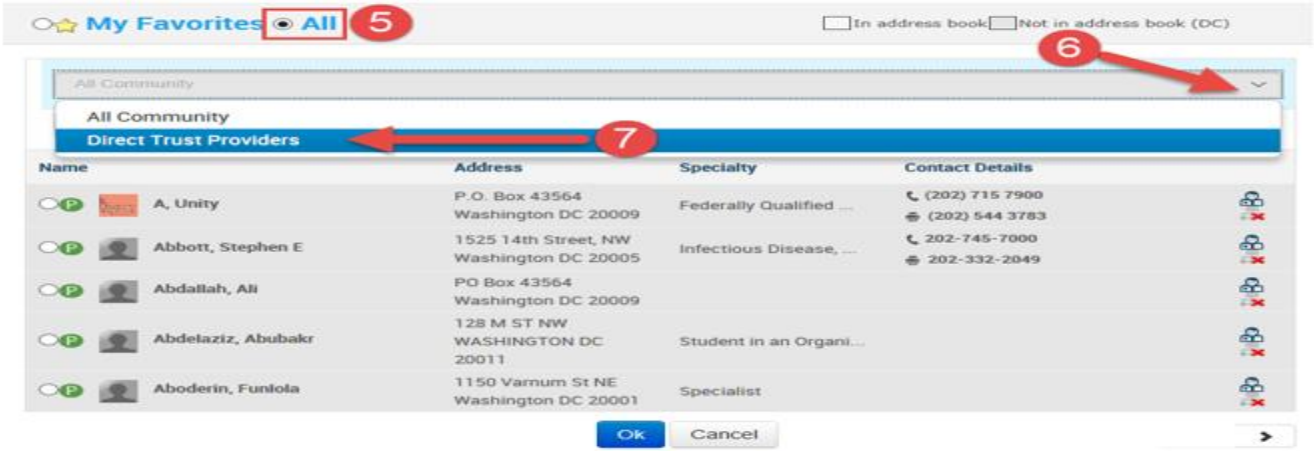
1. Select the "T" jellybean
2. Select the "Send eCW P2P Patient Record



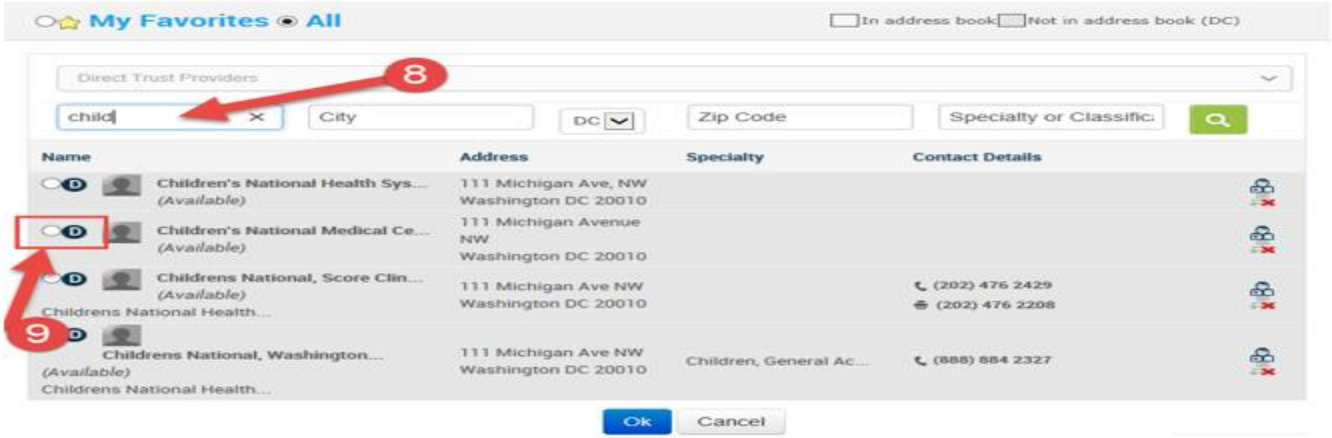
3. Select the patient whose record is to be sent electronically
4. Click the ellipse [...] next to the "To" field to select the provider/organization



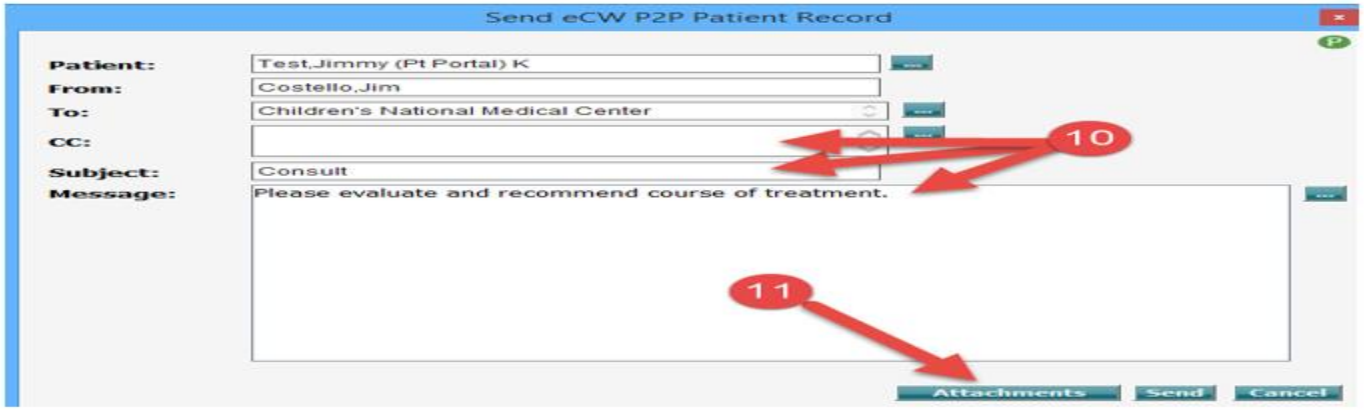
5. Select the radio button next to “All”
6. Click the down arrow on the Community line
7. Select “Direct Trust Providers” option

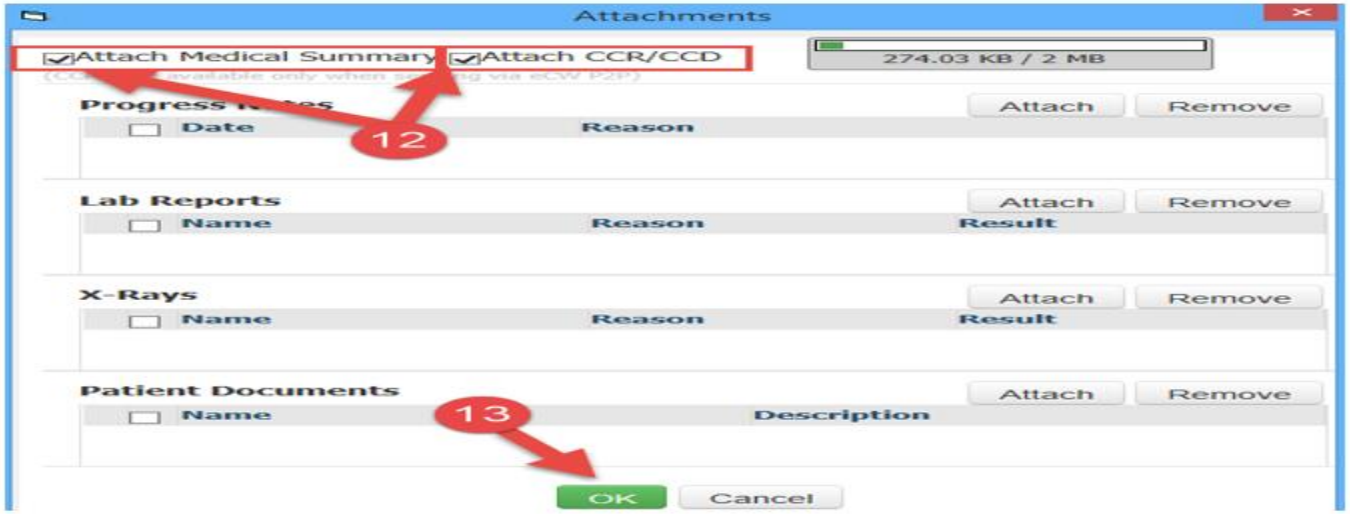


8. Search for provider or organization
9. Click radio button to select provider/organization



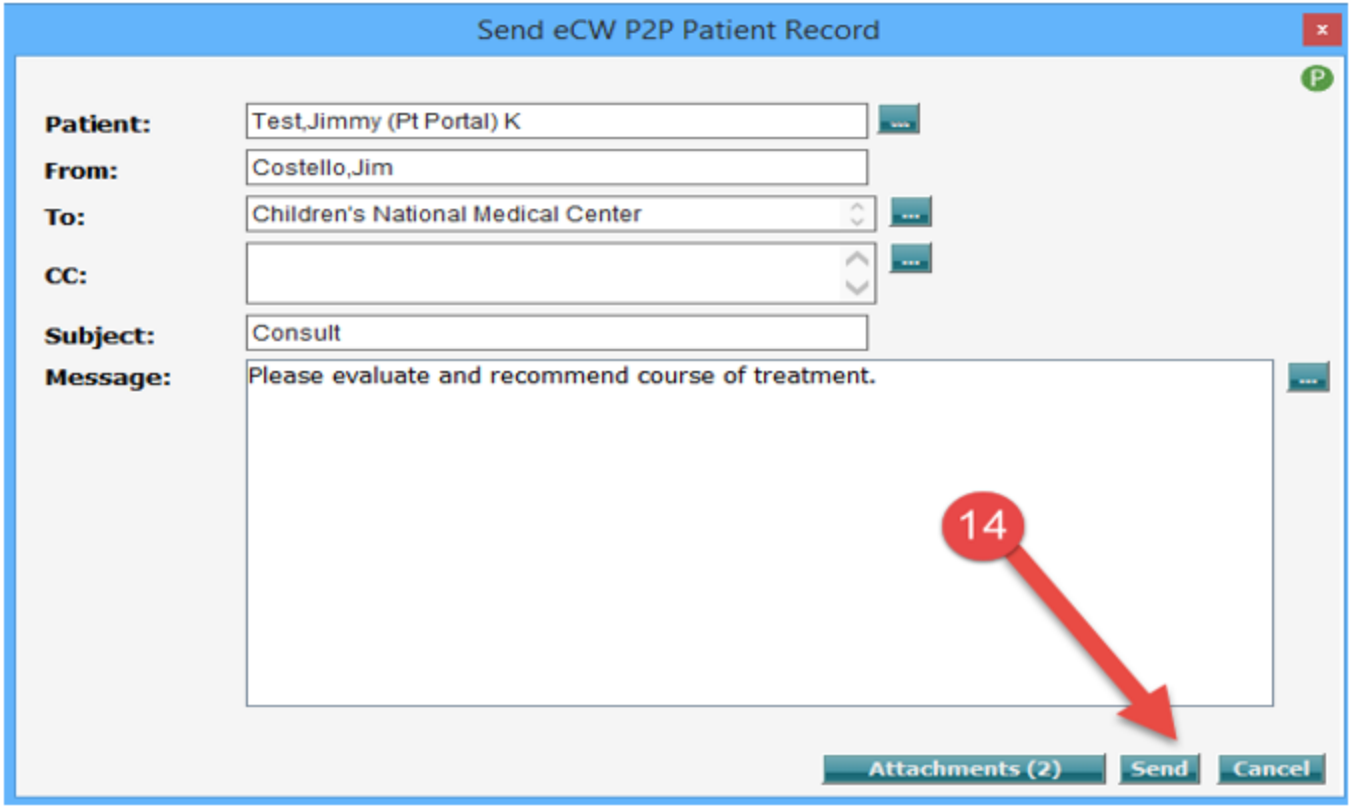
10. Complete remaining fields as necessary
11. Click “Attachments” button
12. Check the box next to both “Attach Medical Summary” AND “Attach CCR/CCD”. Attach other documents as necessary.
13. Click OK





14. Click “Send” button to send the patient records electronically. This satisfies the Meaningful Use Electronic Transition of Care measure.

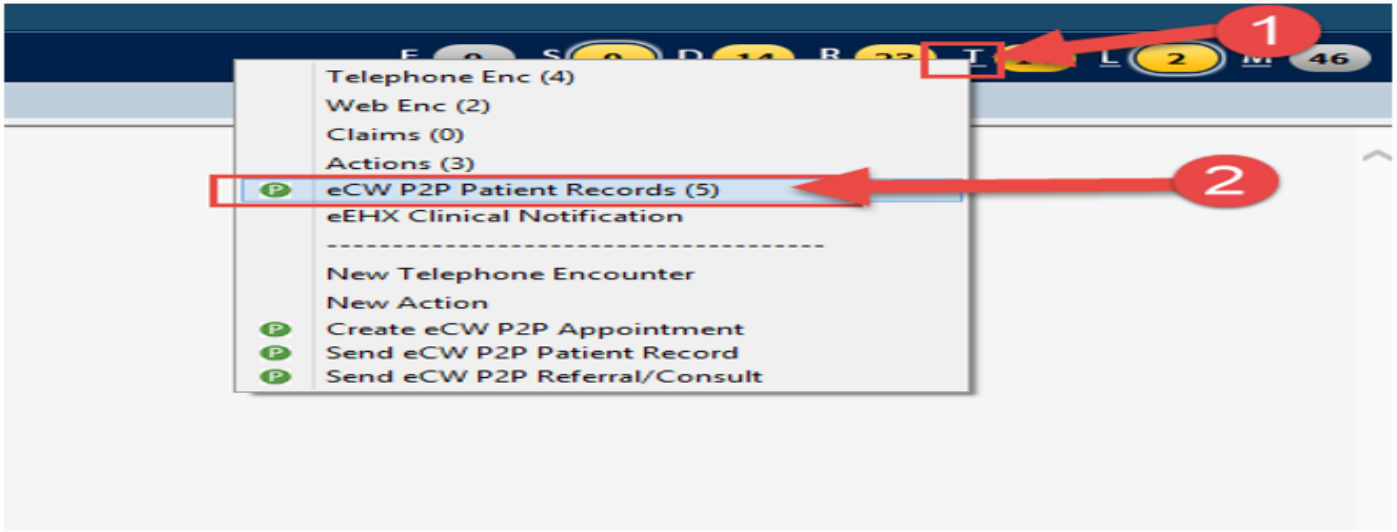
This satisfies the Meaningful Use Objective 7 Health Information Exchange Measure 1.



eCW e-Referral Workflows
Objective 7 – Measure 2
(40% of Transitions of Care incorporate CCD into EHR)

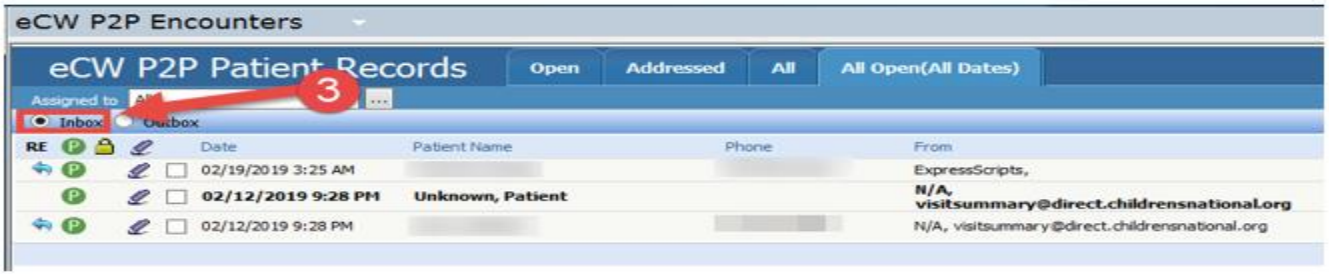
Receiving the Consult Note Electronically.

1. Select the "T" jellybean to access electronic consult notes coming back to the practice/provider.
2. Select the eCW P2P Patient Records option to view the consult notes for your patients.



3. Click the "Inbox" radio button to view electronic consult notes coming to you. Select the "Outbox" radio button to view patient records that were sent out electronically.

   (Note: All patient records received at the practice will need to be manually verified and matched with the patient in your eCW. eCW will make an initial attempt to match the patient based on Last Name, First Name and DOB. When it does find a possible match, it will display the patient name in the record. When eCW is unable to make the initial match to a patient in your eCW, it will populate the Patient Name field with "Unknown Patient". The most common reason for no match is difference in the spelling or fomat of the patient name in both systems. In both cases, a manual match of the patient needs to be completed.

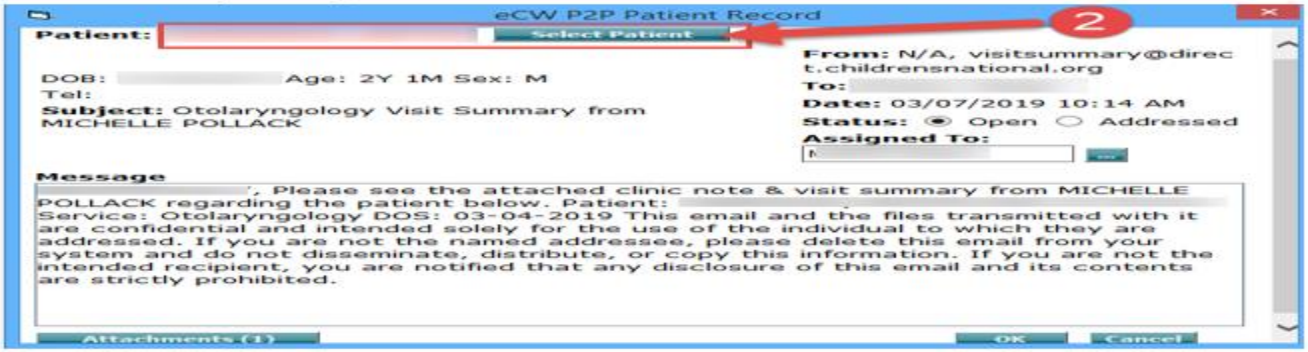


MATCHING eCW P2P PATIENT RECORDS (SCENARIO 1)

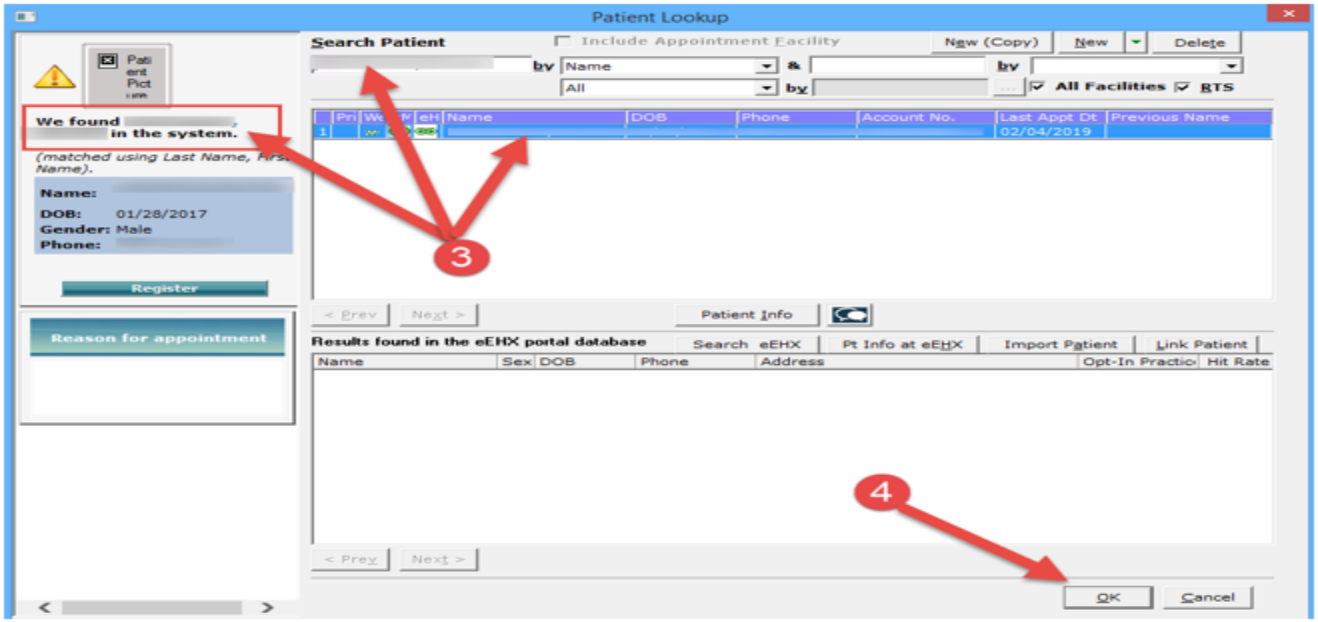
In this scenario there will be an exact match with the patient demographics coming in on the P2P Record and the patient demographics in eCW.

1. Click on the patient's name that is displayed in the P2P record to select it.

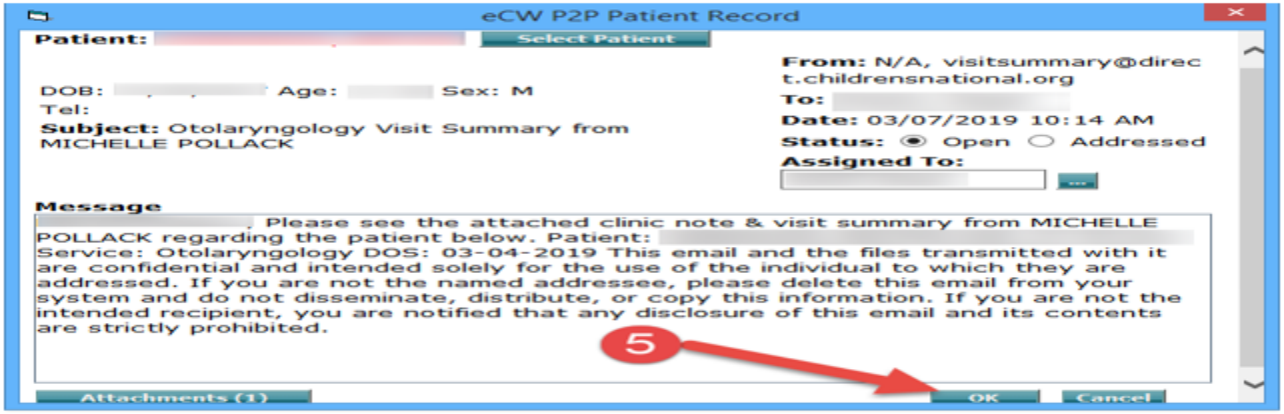
2. The eCW Patient Record will open. Click the "Select Patient" button to open up the patient lookup window to match this patient in your eCW database.



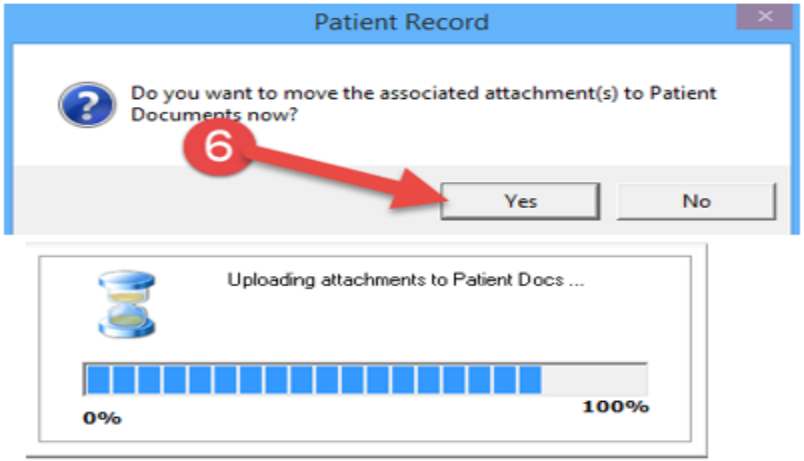
3. A message will display indicating this patient was found in your eCW database. The patient's name will also display in the patient lookup window.
4. Click the "OK" button to match this patient.



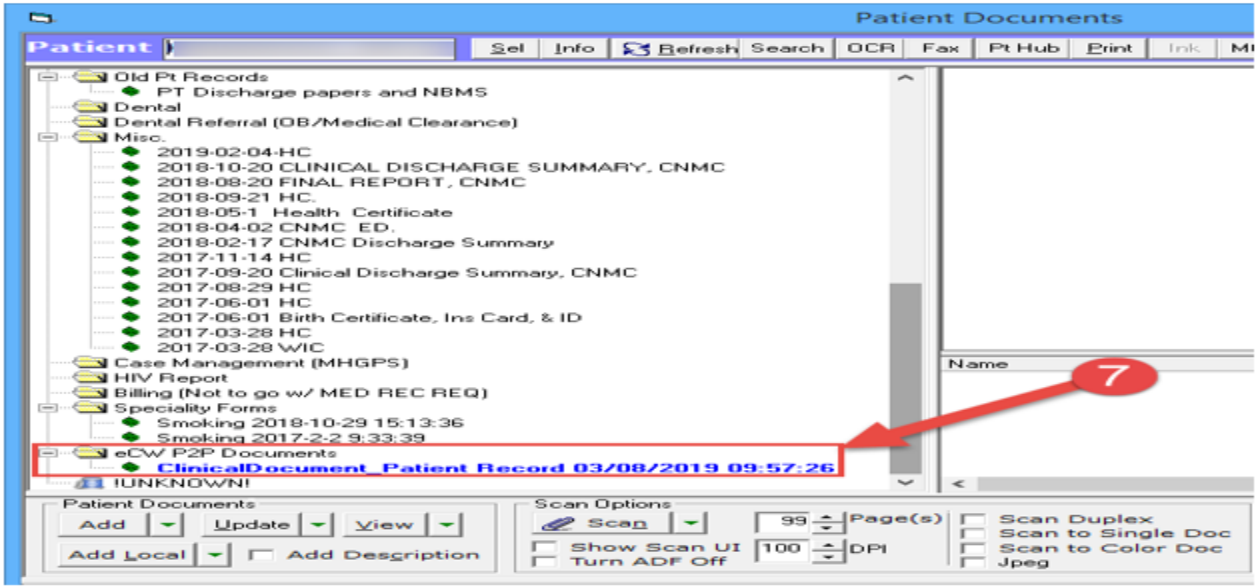
5. The eCW P2P Patient Record window display again. Click the "OK" button to close this window.



6. The system will prompt you to attach the incoming P2P record to the patient in your eCW and file the P2P record into the Patient Documents "eCW P2P Documents" folder



7. To view the P2P Record, go to the Patient Documents "eCW P2P Documents" folder. Documents in this folder can be renamed and moved to another folder as necessary.

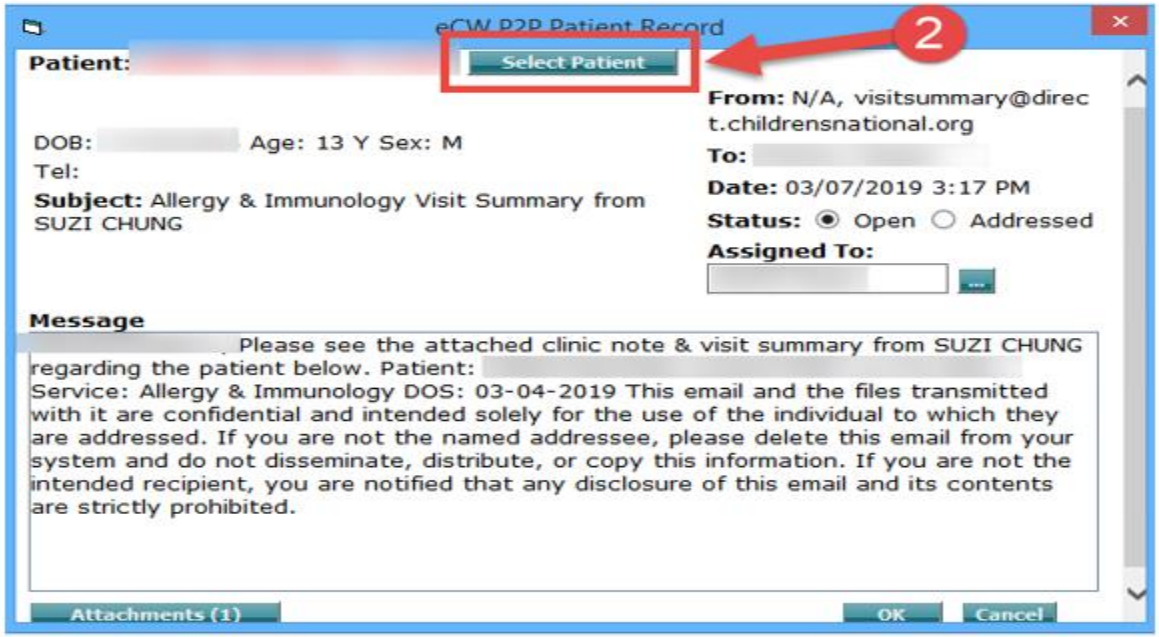


MATCHING eCW P2P PATIENT RECORDS (Scenario 2)

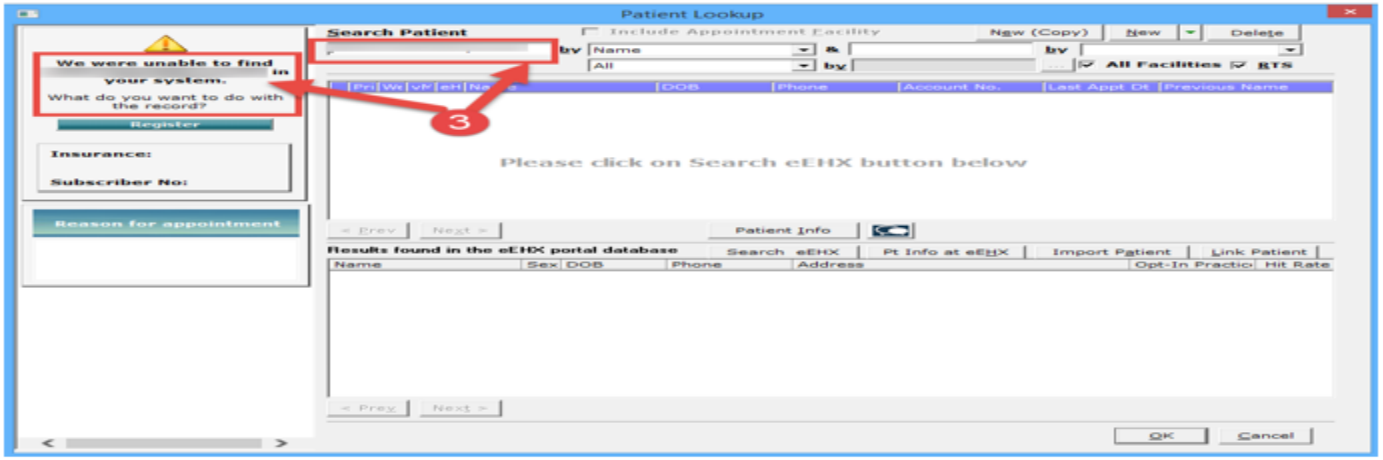
In this scenario there is a difference in the demographics coming on the P2P Record and the patient demographics in eCW. (e.g., missing hyphen or space in last name)

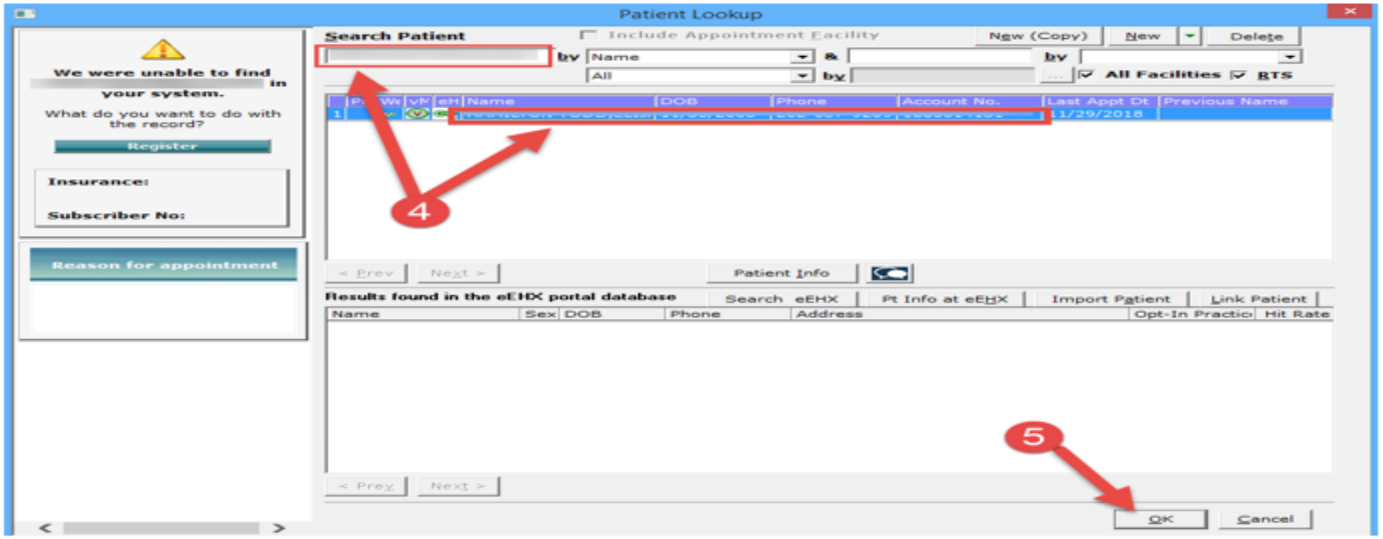
1. Click on the patient's name that is displayed in the P2P record to select it.

2. The eCW Patient Record will open. Click the "Select Patient" button to open up the patient lookup window to match this patient in your eCW database.

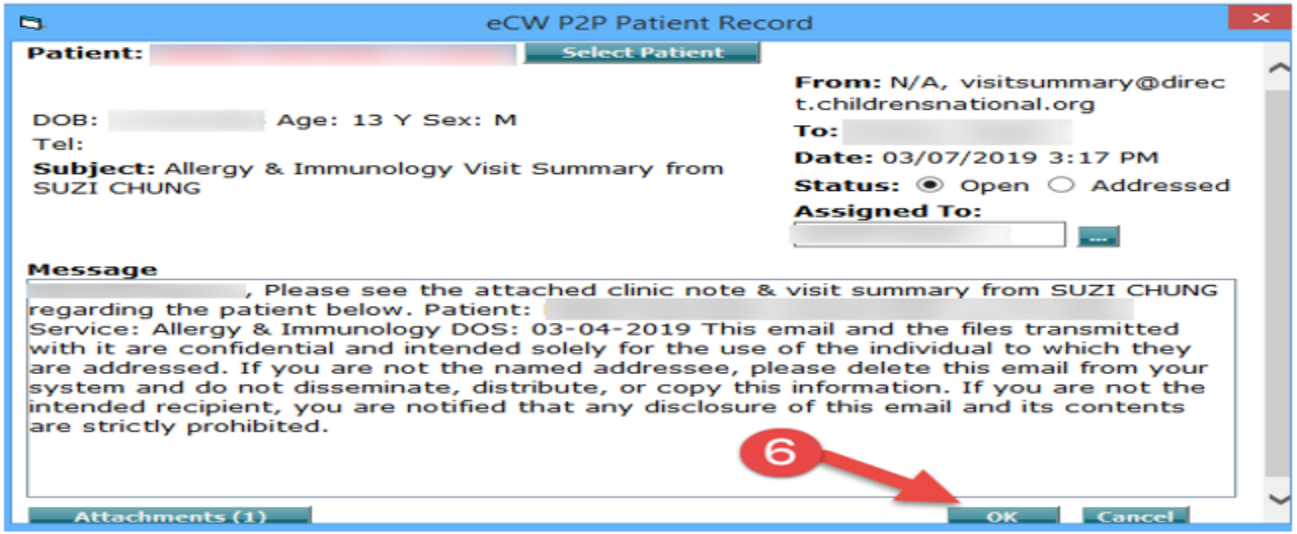


3. A message will display indicating this patient was **NOT** found in your eCW database using the first name, last name, DOB, and gender. The P2P Patient record name will display in the patient lookup window with no patients found in eCW.
4. In the Search Patient field, modify the patient's name to find them in eCW.
5. Once the correct patient is found, Click the "OK" button to match this patient to the P2P record.

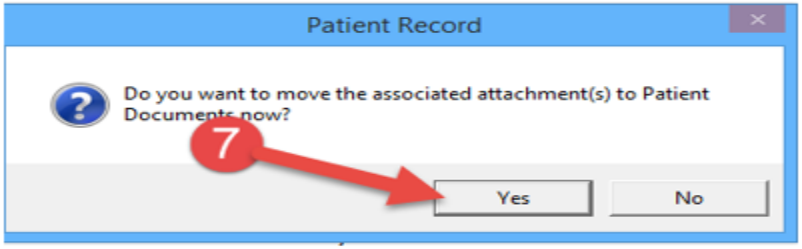




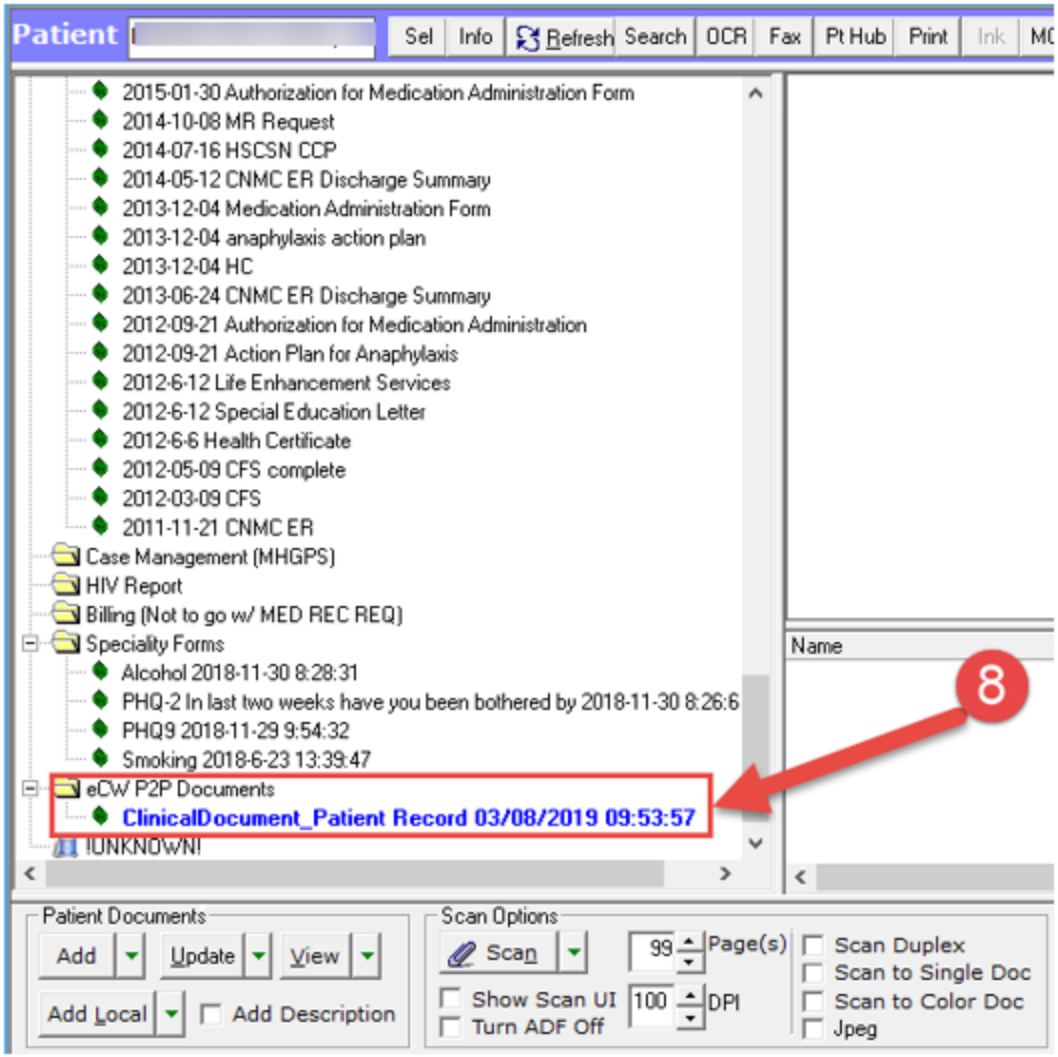
6. The eCW P2P Record will display again. Click the "OK" button to close this window. (Note: the patient's name will still display the incoming P2P Patient Record name even though we already matched this patient in the previous window in our eCW.)



7. The system will prompt you to attach the incoming P2P record to the patient in your eCW and file the P2P record into the Patient Documents "eCW P2P Documents" folder



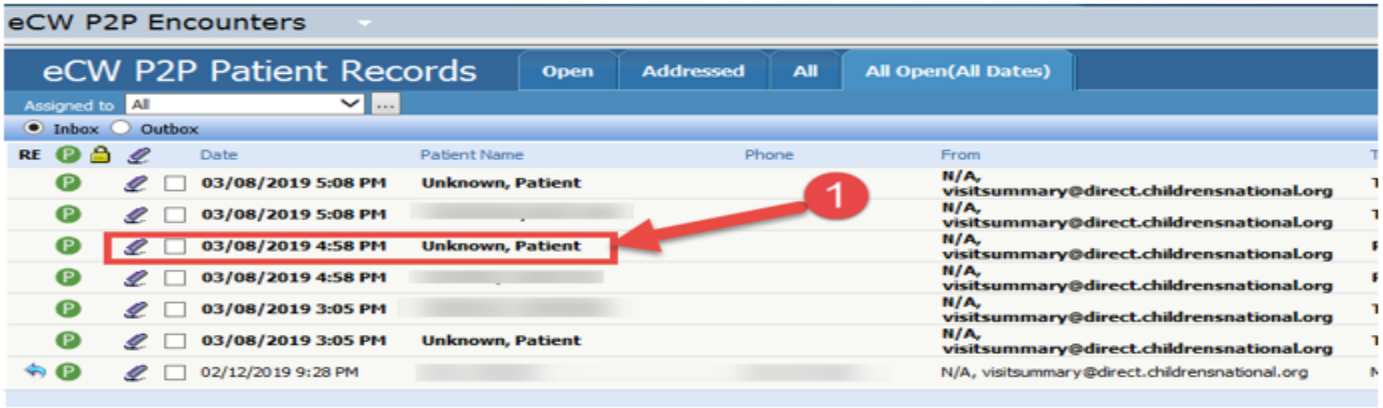
8. To view the P2P Record, go to the Patient Documents “eCW P2P Documents” folder. Documents in this folder can be renamed and moved to another folder as necessary.



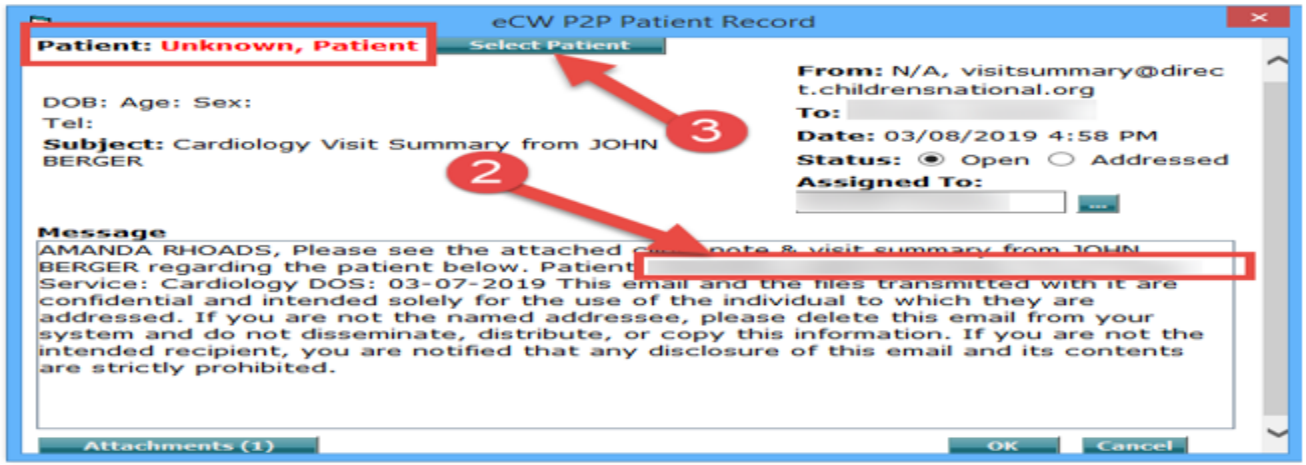
MATCHING eCW P2P "UNKNOWN PATIENT" RECORD (Scenario 3)

In this scenario there is a significant difference in the demographics coming in on the P2P Record and the patient demographics in eCW that there is no potential match to display. (e.g., last name and first names are reversed, or this is a new pateint being referred to the practice, etc.,)

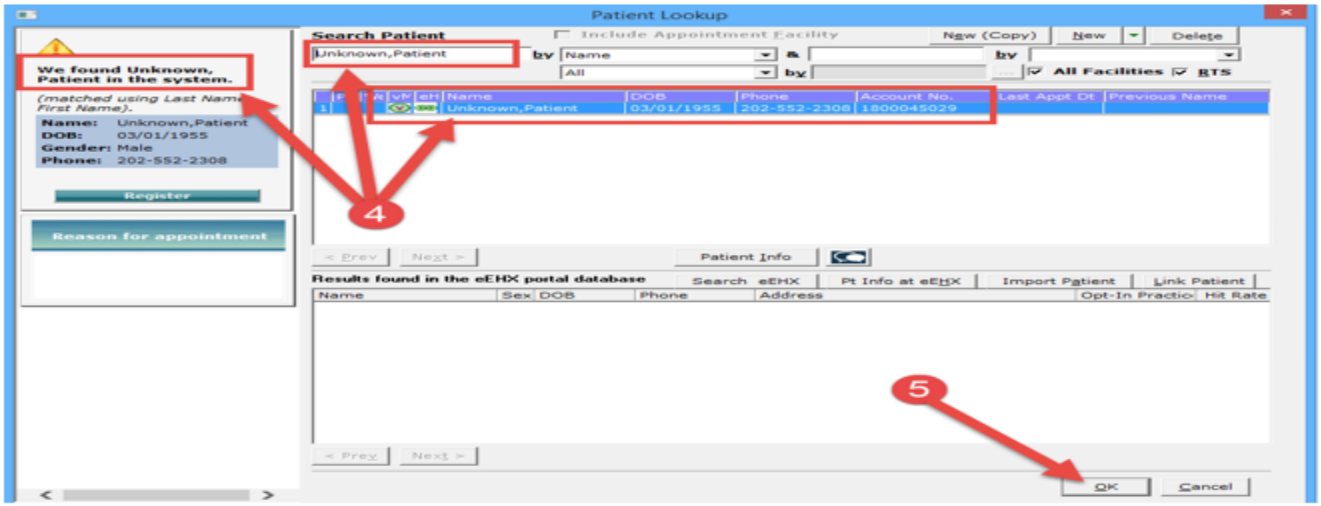
1. Select the "Unknown Patient" record that you want to process.



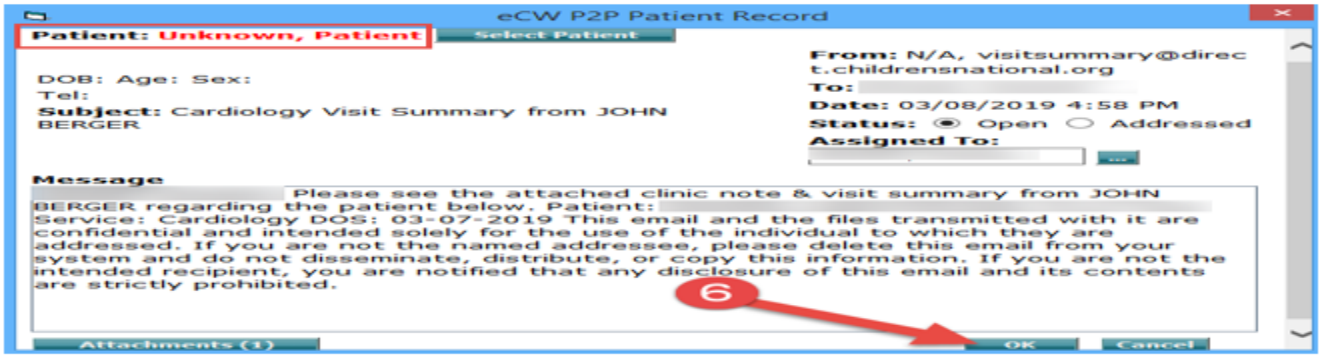
2. After the eCW P2P Patient Record window displays, search the message section for a patient name regarding this P2P record. Use variations of this name to search in eCW for this patient.
3. Click the "Select Patient" button to begin searching eCW.



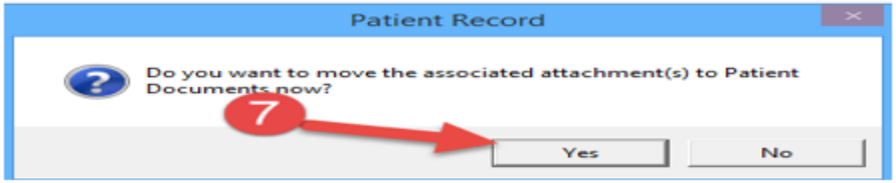
4. The Patient Lookup window displays with “Unknown Patient” found in eCW. Using the name found in the Message section of the P2P Record, search for multiple variations of this name until the correct patient is found.
5. Once the correct patient is found, click the patient row to select the patient and then click “OK” button. If multiple patients are found, highlight the row of the correct patient.



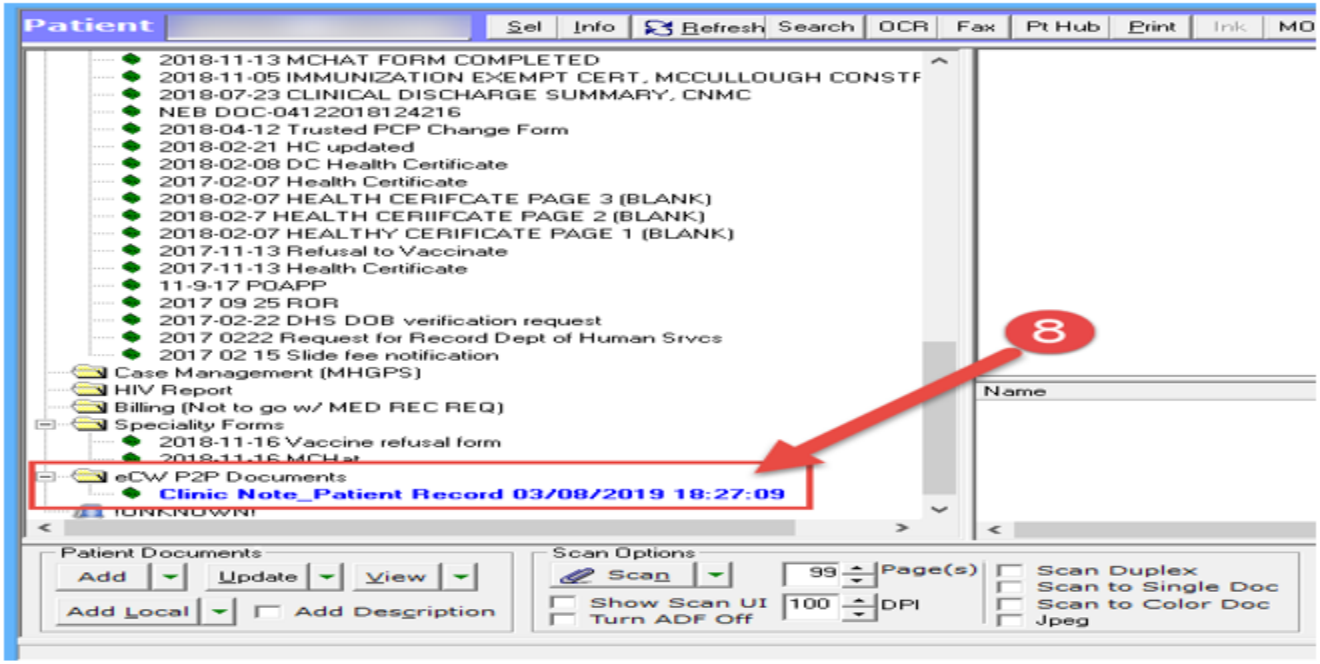
6. The eCW P2P Record window will display again. Click the “OK” button to close this window. (Note: the Unknown patient’s name will still display the incoming P2P Patient Record name even though we already found and matched this patient in the previous window in our eCW.)



7. The system will prompt you to attach the incoming P2P record to the patient in your eCW and file the P2P record into the Patient Documents “eCW P2P Documents” folder

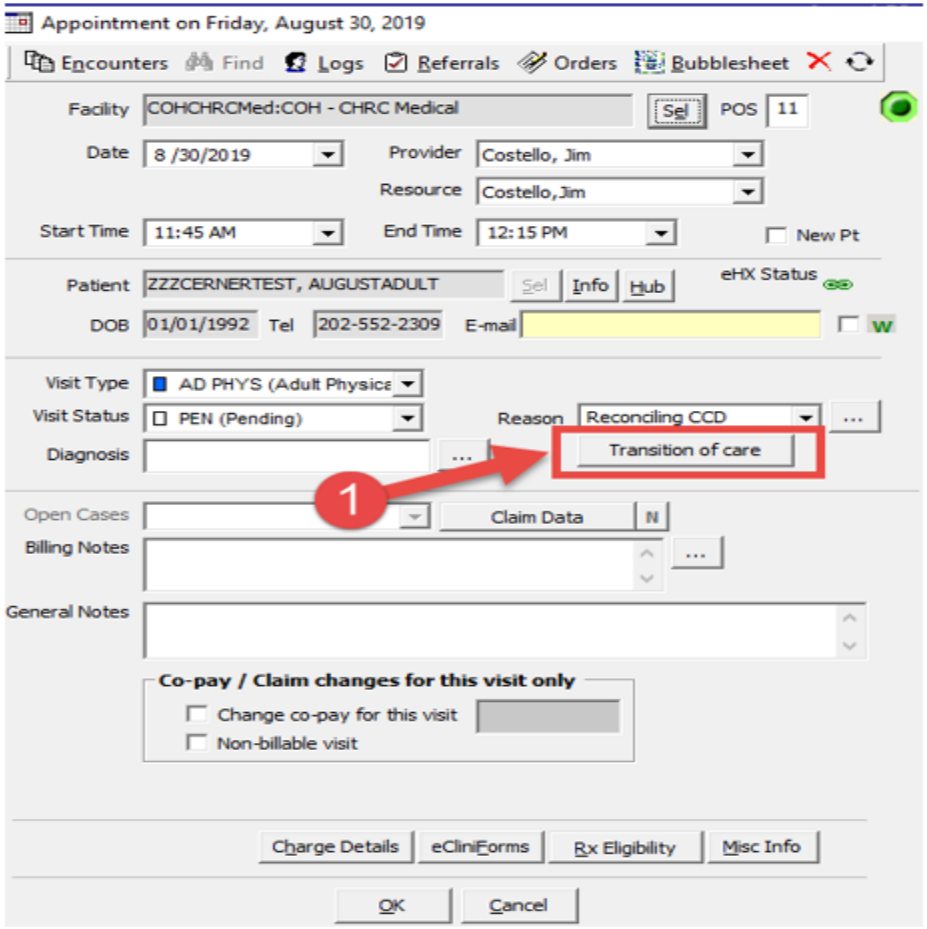


8. To view the P2P Record, go to the Patient Documents “eCW P2P Documents” folder. Documents in this folder can be renamed and moved to another folder as necessary.



Identifying Transition of Care Appointments

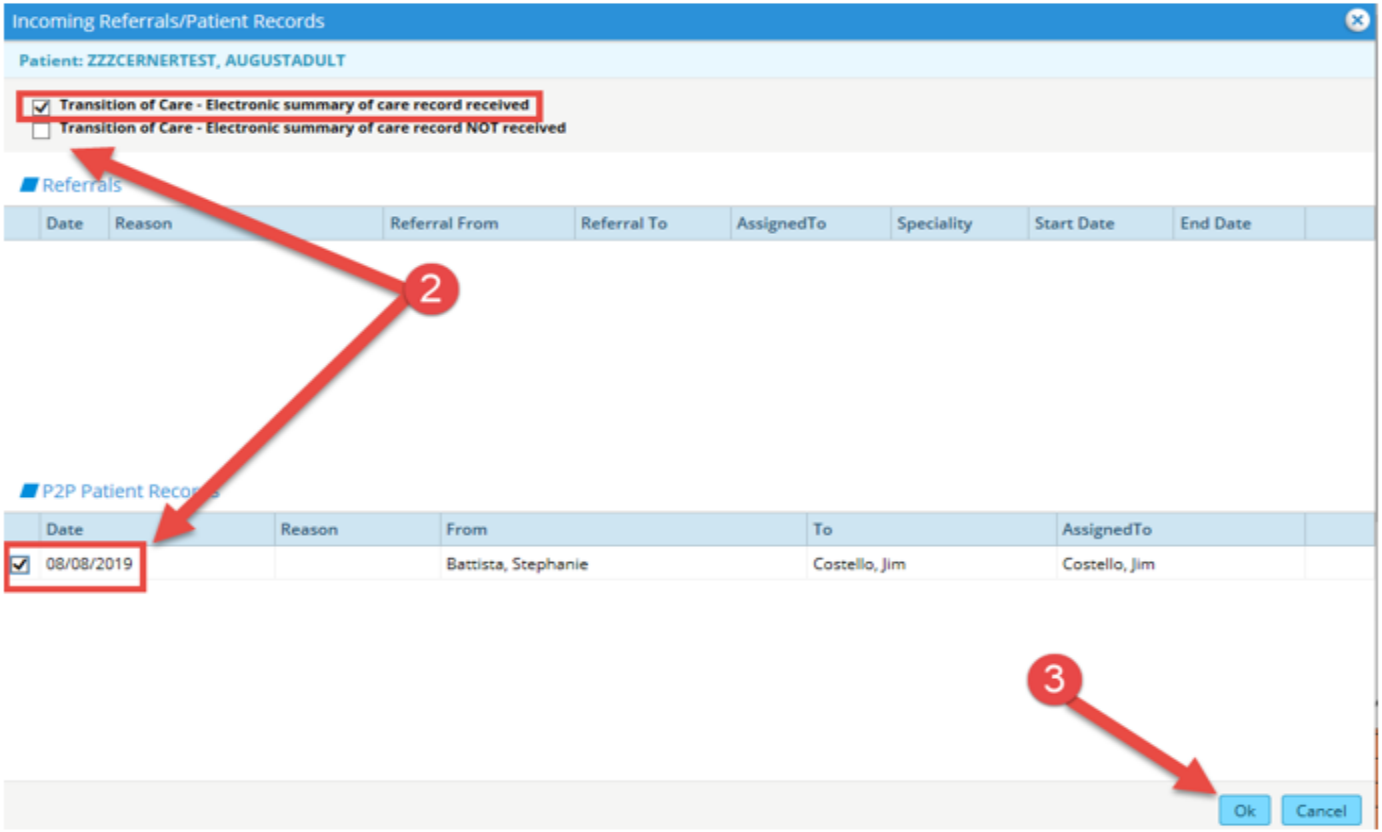
1. For a Transition of Care visit, click the "Transition of Care" box on the appointment scheduling window. The Incoming Referral/Patient Record window will display.



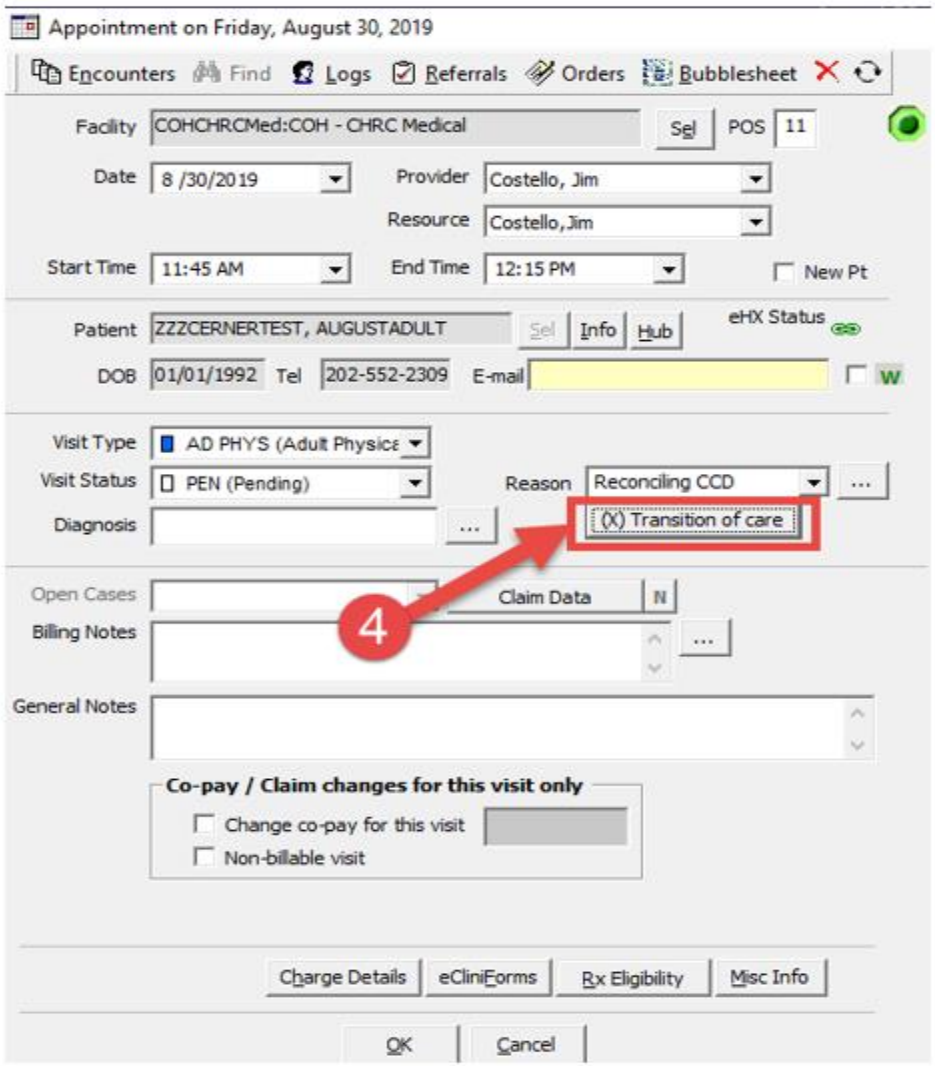
2. For those Transition of Care visits where a Patient Record was received by the practice, check the box next to Transition of Care – Electronic Summary of care record received. Also, check the box of the P2P record associated with this Transition of Care.

   If no P2P records was received by the practice for this Transition of Care visit, check the box next to Transition of Care – Electronic summary of care record NOT received.

3. Click the OK button.



4. An "X" will display in the appointment window Transition of Care box indicating that this process has been completed.

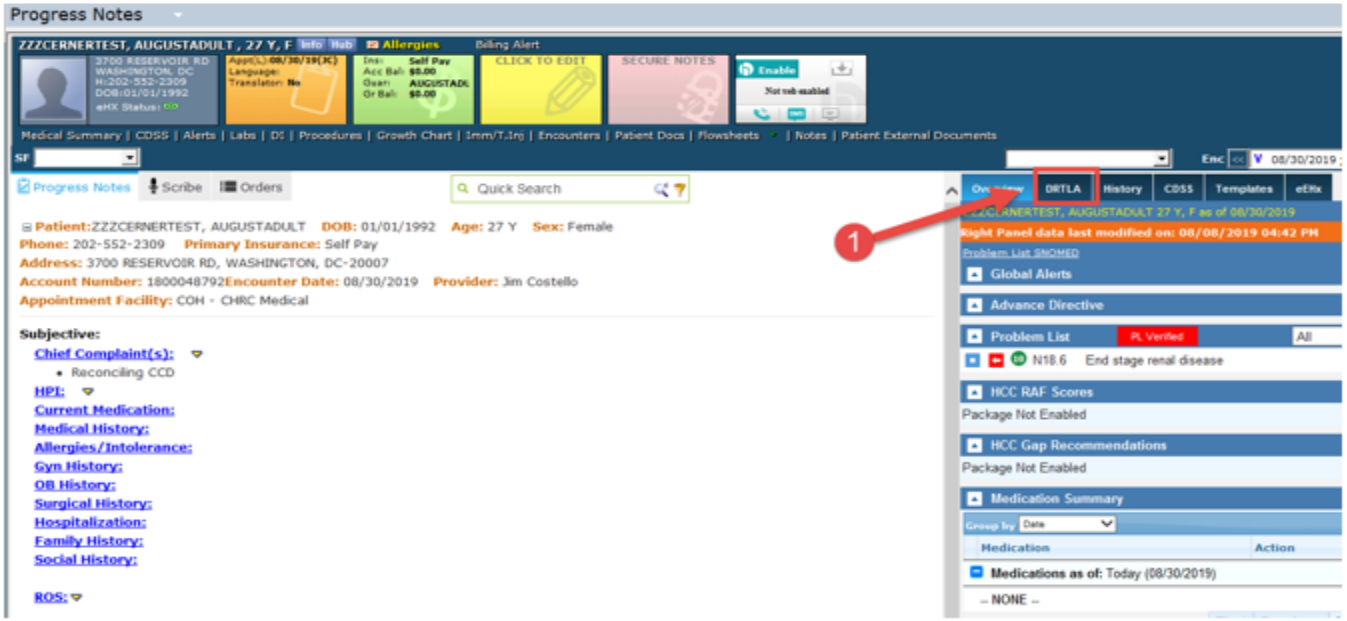


eCW e-Referral Workflows
Objective 7 – Measure 3

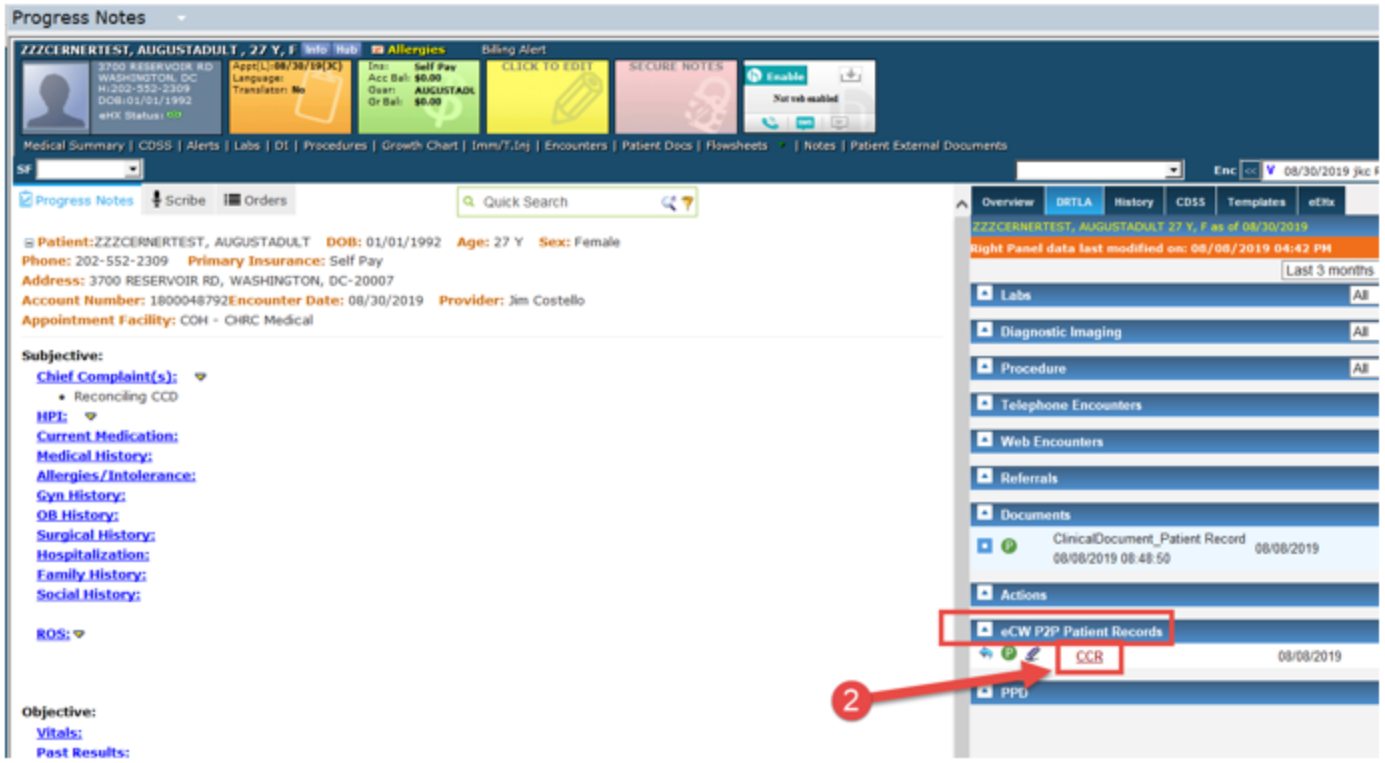
Reconciling Problem List, Allergies and Medications in Electronic Summary of Care (CCD)

For those transition of care visits where an electronic summary of care document was received by the practice, the Problem list, Allergies and Medications need to be reconcilited for that patient in their progress note.

1. In the progress note, click the DRTLA tab.

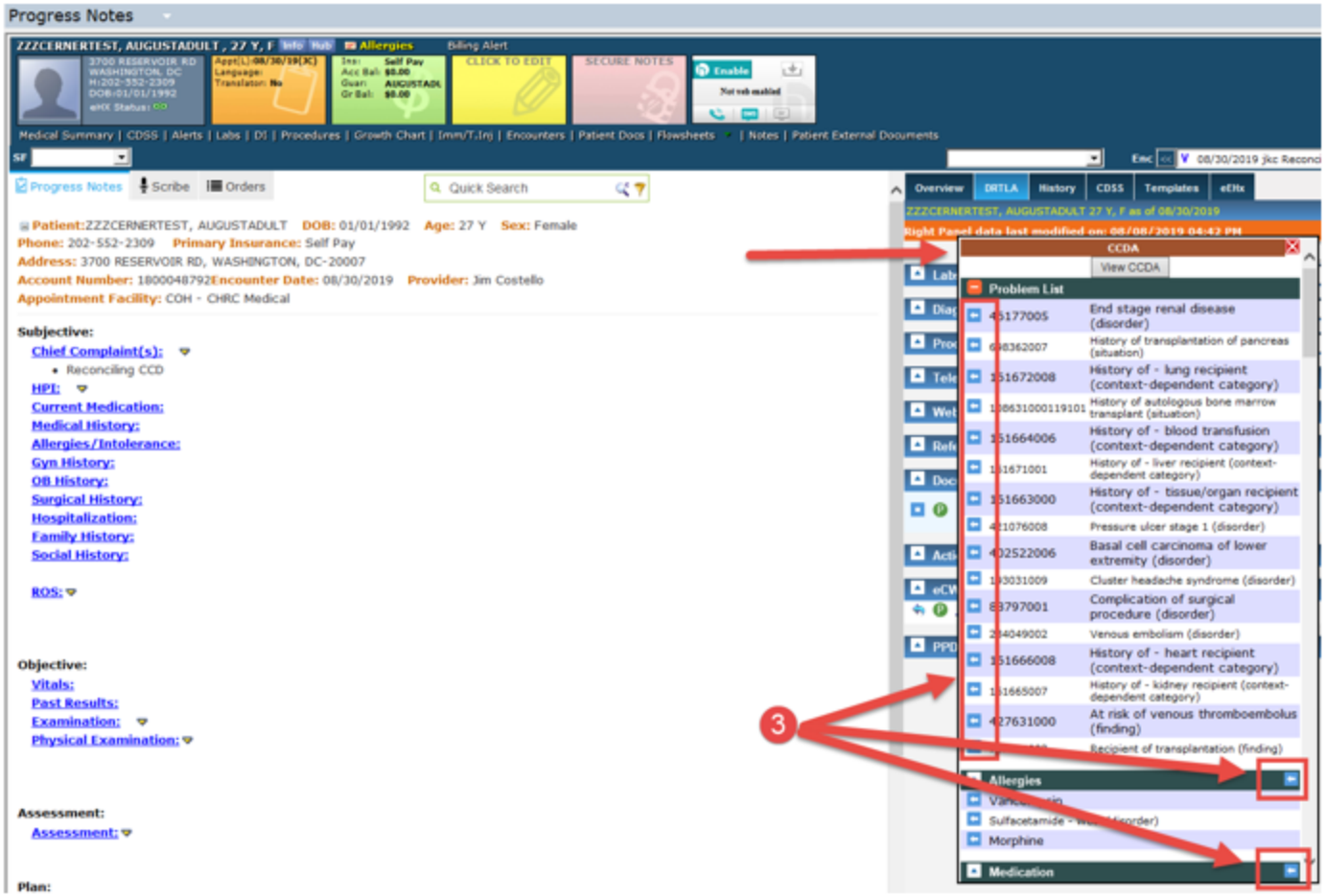


2. Go to the eCW P2P Patient Records section and click the “CCR” icon.



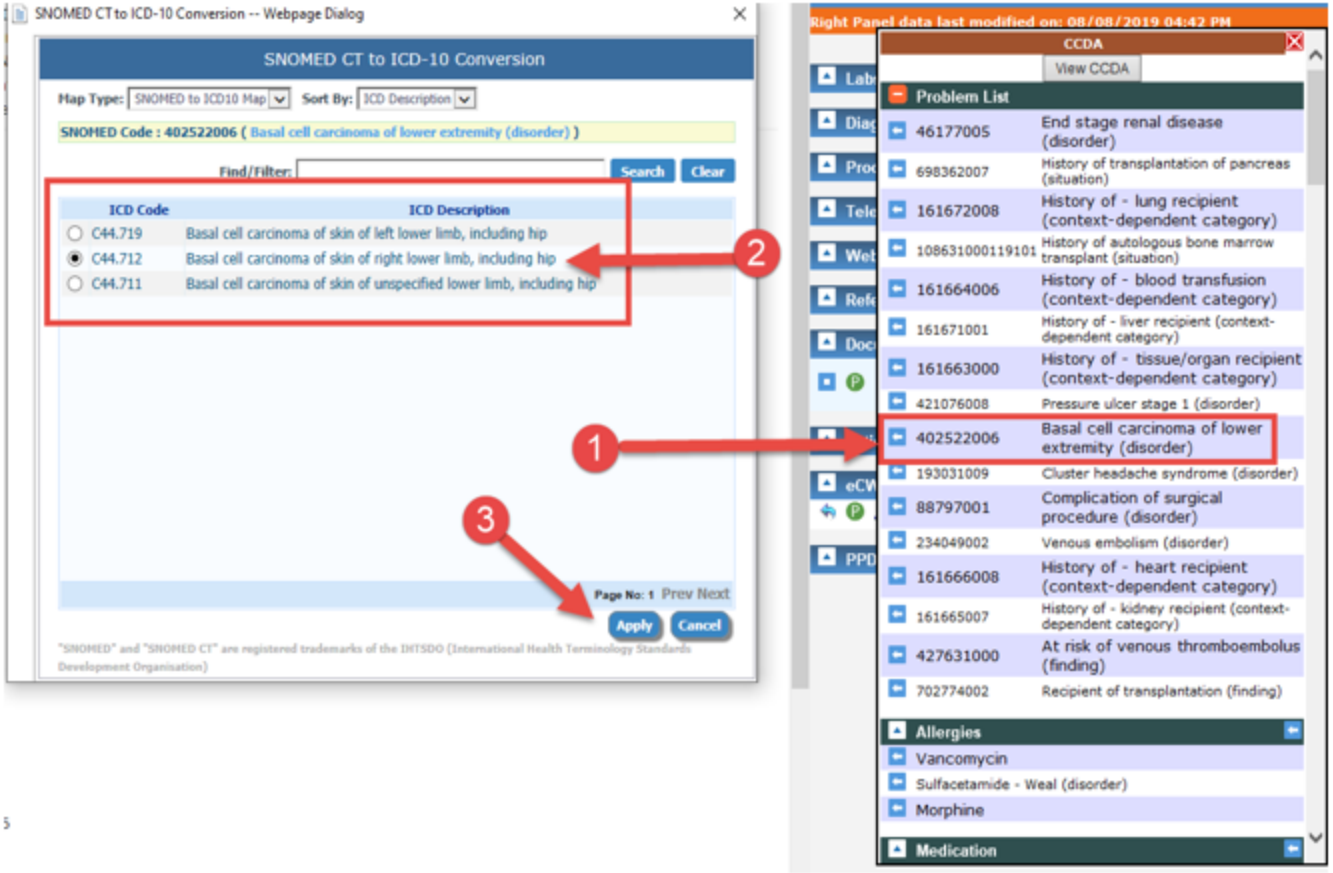
The CCDA document will display so the Problem List, Allergies and Medications can be reconciled with this visit.

3. For each section, there is an arrow that allows the user to import all the items in that section into the progress note. There is also an arrow next to each item to import a specific item into this progress note.



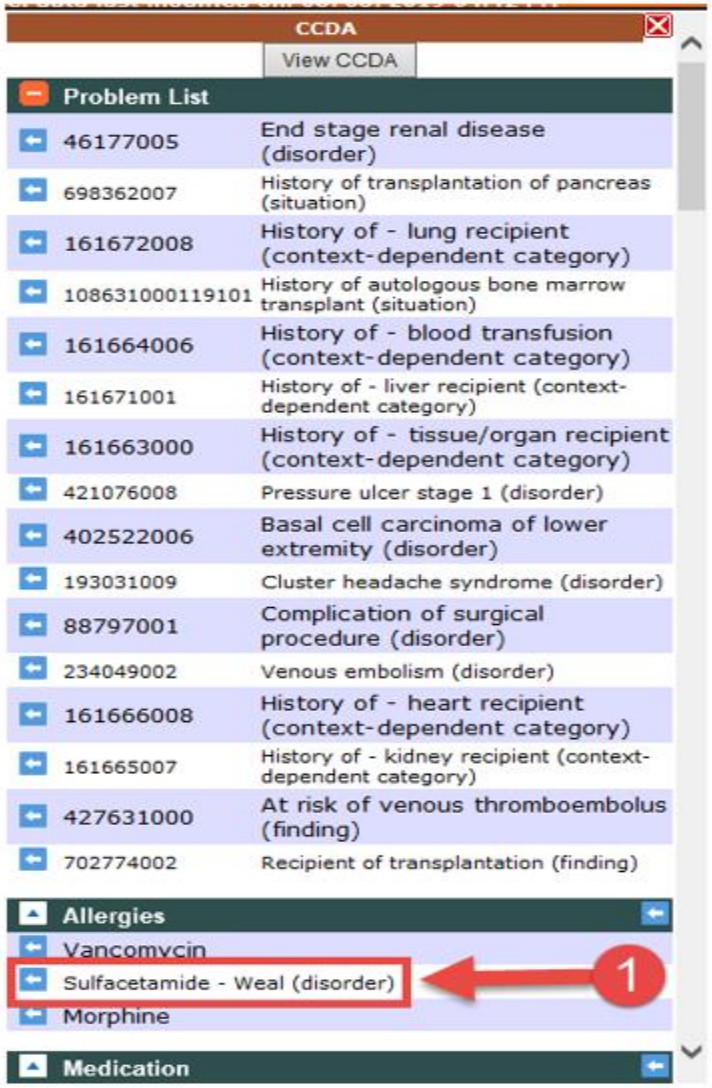
Reconciling Problem List:

1. Click the arrow to select the problem list from the CCDA to be reconciled/imported into the progress note.
2. The SNOMED to ICD-10 Conversion window will display the available options to select. Click the Radio buttom next to the appropriate item to select it.
3. Click the Apply button to bring that item into the progress note.

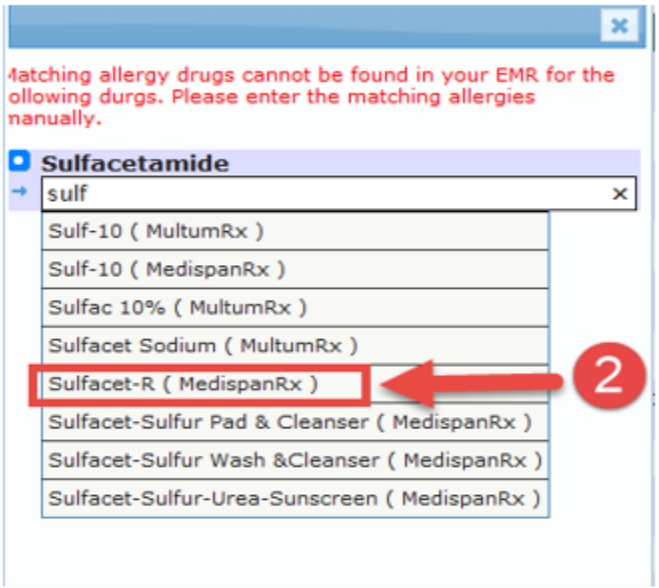


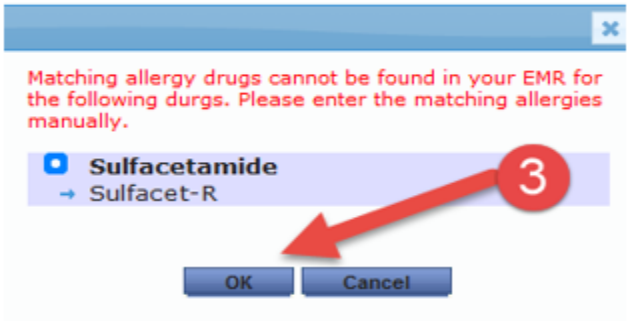
Reconciling Allergies:

1. Click the arrow to select the allergy from the CCDA to be reconciled/imported into the progress note.



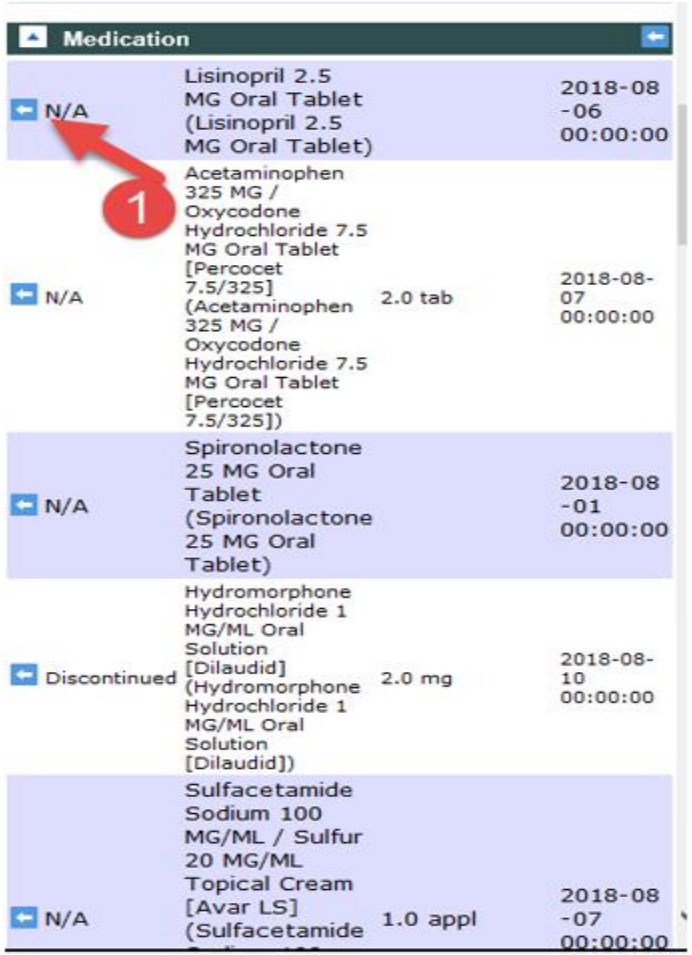
2. If an equivalent Allergy is not found in the database, a window opens to begin searching for the appropriate allergy. Enter the criteria to search for the allergy.
3. Once the allergy is found, click OK to bring that allergy into the progress note.



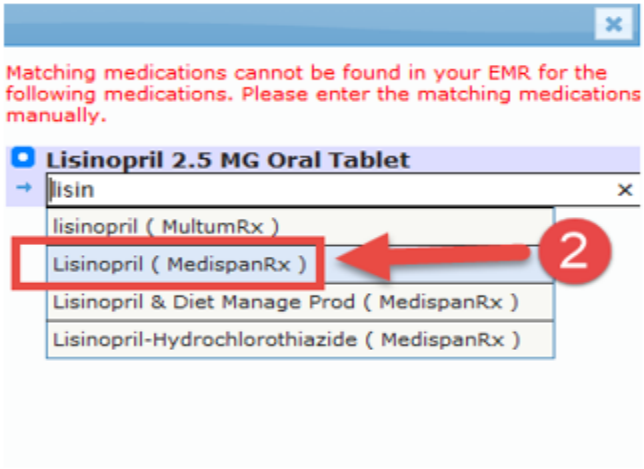


Reconciling Medications:

1. Click the arrow to select the medication from the CCDA to be reconciled/imported into the progress note.



2. If an equivalent medication is not found in the database, a window opens to begin searching for the appropriate medication. Enter the criteria to search for the medication.



3. Click the appropriate medication to select it.

Once the Problem list, Allergies, and Medications have been reconciled they are displayed in the progress note as usual.

Patient: ZZZCERNERTEST, AUGUSTADULT **DOB:** 01/01/1992 **Age:** 27 Y **Sex:** Female
Phone: 202-552-2309 **Primary Insurance:** Self Pay
Address: 3700 RESERVOIR RD, WASHINGTON, DC-20007
Account Number: 1800048792 **Encounter Date:** 08/30/2019 **Provider:** Jim Costello
Appointment Facility: COH - CHRC Medical

Subjective:

Chief Complaint(s):
- Reconciling CCD

HPI:

Current Medication:
Taking
- Lisinopril 2.5 MG Tablet 1 tablet Orally , stop date 08/06/2018
- Acetaminophen 325 MG Tablet 1 tablet as needed Orally , stop date 08/07/2018

Medical History:

Allergies/Intolerance:
- Vanacof
- Sulfacet-R - Weal (disorder)

Gyn History:
OB History:
Surgical History:
Hospitalization:
Family History:
Social History:

ROS:

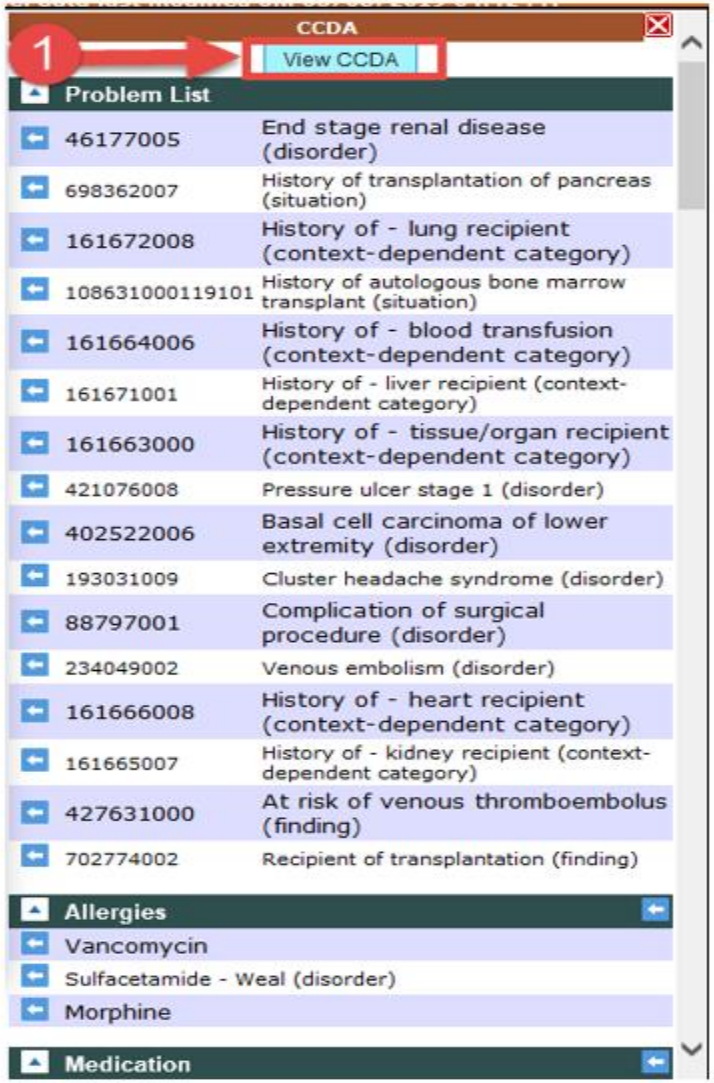
Objective:

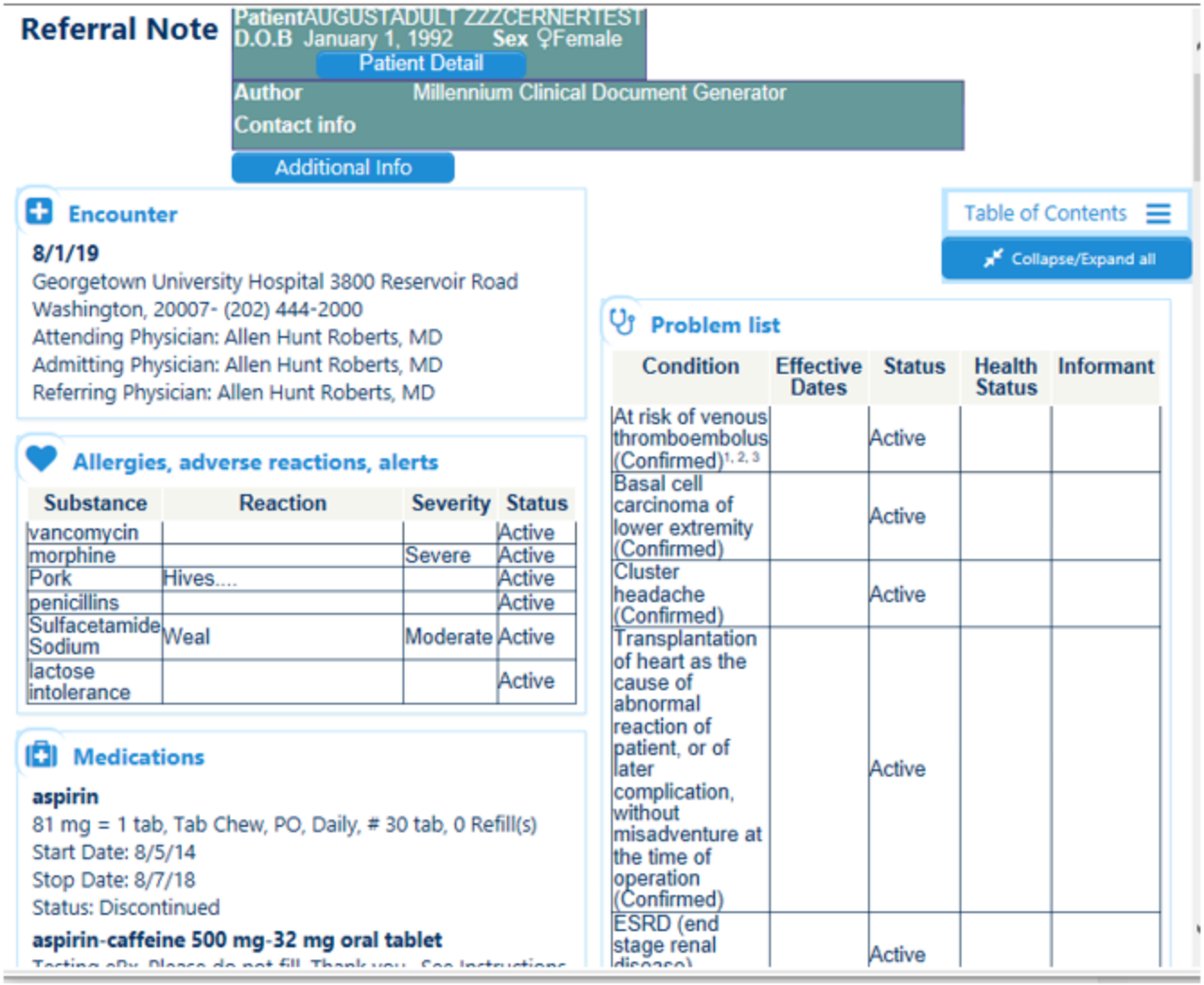
Vitals:
Past Results:
Examination:
Physical Examination:

Assessment:

Assessment:
- Basal cell carcinoma of skin of right lower limb, including hip - C44.712
- End stage renal disease - N18.6

1. Click the "View CCDA" button to display a printable version of the CCDA.





Referral Note

PatientAUGUSTADULT ZZZCERNERTEST
D.O.B January 1, 1992 Sex ♀Female
Patient Detail
Author Millennium Clinical Document Generator
Contact info
Additional Info

Table of Contents
Collapse/Expand all

Encounter

8/1/19
Georgetown University Hospital 3800 Reservoir Road
Washington, 20007- (202) 444-2000
Attending Physician: Allen Hunt Roberts, MD
Admitting Physician: Allen Hunt Roberts, MD
Referring Physician: Allen Hunt Roberts, MD

Allergies, adverse reactions, alerts

Substance	Reaction	Severity	Status
vancomycin			Active
morphine		Severe	Active
Pork	Hives....		Active
penicillins			Active
Sulfacetamide Sodium	Weal	Moderate	Active
lactose intolerance			Active

Medications

aspirin
81 mg = 1 tab, Tab Chew, PO, Daily, # 30 tab, 0 Refill(s)
Start Date: 8/5/14
Stop Date: 8/7/18
Status: Discontinued

aspirin-caffeine 500 mg-32 mg oral tablet

Problem list

Condition	Effective Dates	Status	Health Status	Informant
At risk of venous thromboembolus (Confirmed)[1, 2, 3]		Active		
Basal cell carcinoma of lower extremity (Confirmed)		Active		
Cluster headache (Confirmed)		Active		
Transplantation of heart as the cause of abnormal reaction of patient, or of later complication, without misadventure at the time of operation (Confirmed)		Active		
ESRD (end stage renal		Active		

Questions and Comments?