

Using C-CDA CCD to streamline the intake process



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Using C-CDA CCD to streamline the intake process

The demand for interoperability is no longer just the concern of hospitals, primary care practices and specialists – it is now a priority for post-acute care. Evolving meaningful use standards, a growing number of Accountable Care Organizations (ACOs) and advancing EMR technology are requiring home health and hospice agencies as well to embrace interoperability.

However, many agencies remain in the dark about how they can efficiently share patient information collected by their EMR. Instead of devoting their time and energy to patient care, they waste countless hours generating and sending custom reports or entering patient data manually into other providers' portals. They are unaware that an innovative, simple solution exists to ease these complications: C-CDA CCD. By being able to automatically gather, package and send patient data using contemporary standards for data exchange, home health and hospice agencies save time and resources – and put the focus back on providing high quality care.

A mechanism for interoperability

Consolidated clinical document architecture (C-CDA) and the Continuity of Care Document (CCD) are standards for documentation that enable the seamless exchange of patient data. The C-CDA provides a template that collates the essential information for a patient, potentially eliminating the need for manual data entry into provider EMRs and creating a health summary that can be easily shared with other agencies across the care continuum. Incorporating the basic elements of the C-CDA, the CCD provides templates that allow for additional pertinent patient information to be included to create a more robust portrait of patient health that can inform decision support, no matter which health professional the patient is seeing. When matched with EMR software designed to instantly read and analyze the content contained in the documents, C-CDA CCD saves providers – e.g. home health and hospice agencies – even more time.



C-CDA CCD has the power to transform your home health or hospice agency and enable smoother transitions of care, however, it has yet to be widely adopted. Health Level Seven International, the non-profit organization that spearheads the development of C-CDA CCD and other healthcare standards, reports that the mechanism is well-established overseas, and now stands for widespread implementation in the U.S.

A profile of patient health

Effective data exchange between healthcare providers requires that the data be readable by the agency's EMR system, regardless of which software vendor they use. However, C-CDA CCD is also required to be "human-readable." C-CDA CCD documentation is based in the Extensible Markup Language, a type of code which enables any physician, home health or hospice agency staff or even the patient himself to clearly read and understand the information it contains - even outside the confines of an EMR in a webpage. The standard is also approved and regulated by the U.S. Department of Health and Human Services.

C-CDA documentation templates contain a list of fields including:

- Patient name, date of birth, physician.
- History of present illness and physical.
- Past medical history.
- Consultation notes.
- Medications.
- Operative note.
- Progress note.
- Procedure note.
- Diagnostic imaging reports.
- Discharge summary.
- Transfer note.





Designed to give a more comprehensive view of patient health, CCD documentation templates contain fields including:

- Social history.
- Advance directives.
- Immunizations.
- Vital signs.
- Allergies.
- Payers.
- Alerts.
- Medical equipment.
- Plan of care.

The benefits of C-CDA CCD and the NDoc solution

The value of the C-CDA CCD mechanism is that it makes interoperability a tangible reality for post-acute care, and when paired with NDoc, streamlines the intake process for receiving and referring patients during care transitions. Traditionally, when a hospital discharges a patient to a home health or hospice agency, staff fax over that patient's information to the agency, which then must manually enter the data into their EMR. C-CDA CCD eliminates the need to spend hours typing in data by "grabbing" all of that information instantly and electronically in a standard digital language encoded for interoperability.

However, instantly inputting patient data is only half the battle: It still needs to be processed. NDoc EMR software is programmed to automatically read and process the information contained in C-CDA documents, taking this time-consuming burden off of staff and further streamlining workflows.

Case study: Health Calls Home Health

Health Calls Home Health in Pennsylvania has seen success using the C-CDA CCD mechanism and NDoc. The agency began leveraging the standard in May, and has already seen significant results.

Before taking advantage of NDoc's processing power, it took staff an average of 45 minutes to type in all the patient information sent from the hospital. Now, they simply push a button in the NDoc EMR and the information appears in the new patient's intake record. In addition, the standard automatically populates the NDoc Medications module, saving another 30 minutes. Every time a new patient is sent to the agency or is referred, C-CDA CCD saves staff more than an hour of time, enabling efficient care transitions and helping them put their focus back on the patient.

"Demographic and clinical information carrying over along the Continuum of Care saves everyone time and money," said Aaron Rimby, Client Services Coordinator for Health Calls. "CCD imports reduce the intake process by 20 minutes and SOC visit by another 20-30 minutes. They also reduce human error of mistyping medications and allergies to keep our patients safe."

The final component: Direct messaging

C-CDA CCD collects and encodes patient information, prepping it to be shared. However, due to federal regulations, this documentation can not be legally attached to an email. So, how can it be sent?

The answer is Direct messaging. Direct enables home health and hospice agencies to legally move C-CDA CCD data from provider to provider. Not only can the C-CDA CCD intake information be sent securely via Direct, but it can also be instantly processed by the receiver, if the receiver has an EMR that has been designed and programmed to do this, like NDoc. Direct messaging is fully useable outside the confines of federal regulations and EMR software standards, which are constantly changing and can pose an obstacle to efficient data exchange.





Direct messaging allows agencies and patients to fully benefit from the C-CDA CCD mechanism – and finally enables data to be truly interoperable.

Tying it all together

With healthcare networks constantly expanding – and home health and hospice agencies dealing with a growing number of patients across a widening care continuum – interoperability of patient data is essential. Pairing the C-CDA CCD standard with NDoc software uniquely programmed to process CCD content improves the quality of care transitions, reduces time spent on cumbersome data entry and helps a homecare agency focus on its true bottom line: providing high quality patient care.



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