

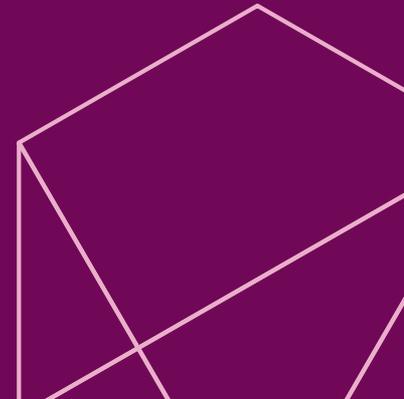


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practice partner

03/31/2021

# Practice Partner - Cures Act



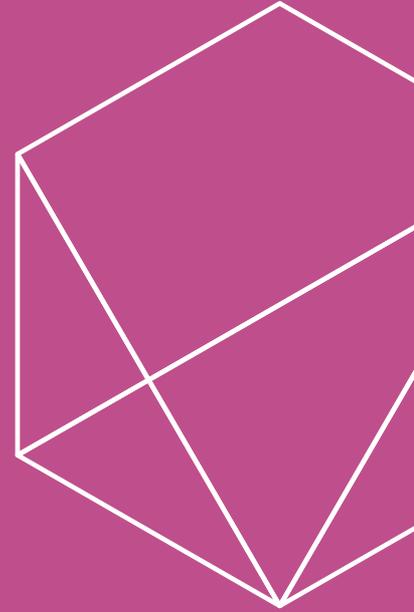


# Agenda

- What is the Cures Act
- What it Means to Patients and Physicians
- Overview of Information Blocking
- Compliance Timeline
- USCDI
- Practice Partner – and Compliance

# Cures Act Final Rule

Supports seamless and secure access, exchange, and use of electronic health information.



# What is the Cures Act?

The rule is designed to give patients and their healthcare providers secure access to health information. It also aims to increase innovation by fostering an ecosystem of new applications to provide patients with more choices in their healthcare.

The rule includes a provision requiring that patients can electronically access all of their electronic health information (EHI), structured and/or unstructured, at no cost.

# What this means for Patients

## **Ease of Access to their records**

Cures Act Final Rule supports a patient's control of their health care and their medical record through smartphones and modern software apps.

## **Protecting Patient Privacy and Security**

The rule supports secure patient access to their electronic medical record data. Patients will be able to use applications they authorize to receive data from their medical records.

## **Promoting the Ability to Shop for Care and Manage Costs**

Cures Act Final Rule looks to expand patient and payer choice in health care by increasing the availability of data that can support insights about care and quality and costs. Much in the way apps have helped transparency in many industries such as online shopping, travel, and banking, they will be used to deliver information to patients and payers to assist in making decisions.

# What this means for Clinicians and Hospitals

## **Making patient data requests easy and inexpensive**

Modern technology allows clinicians and hospitals to easily provide patients with access to their information in a fully automated, low-cost manner. Patients will be able to access their health information from an app of their choice. Secure, standardized application programming interfaces (APIs) allow for this access without special effort on the part of the clinician.

## **Allowing Choice of Apps**

Clinicians, hospitals, and health systems should be allowed to benefit from a competitive, vibrant app marketplace. The Cures Act Final Rule calls for open APIs, which encourage secure access to data for applications. The final rule helps to ensure these certified APIs are made available in a way that is safe, secure, and affordable. These APIs support innovation in the marketplace for health IT and app developers.

# What is information blocking?

- Physicians can experience info blocking when trying to access patient records from other providers, connecting their electronic health record (EHR) systems to local health information exchanges (HIEs), migrating from one EHR to another, and linking their EHRs with a clinical data registry.
- Patients can also experience info blocking when trying to access their medical records or when sending their records to another provider.

# What is information blocking?

These include:

- Restrictive and unfair contractual limitations on physicians' use and exchange of medical information;
- Excessive fees charged to create EHR interfaces or connections with other health Information technology (health IT); and
- Technical or non-standard methods of implementing EHRs and other health IT that block the access, exchange, or use of medical information.

# Practices that could constitute information blocking

- Implementing health IT in **nonstandard** ways that are likely to substantially increase the **complexity or burden of accessing**, exchanging or using EHI.
- Implementing health IT in ways that are likely to
  - restrict the access, exchange, or use of EHI with respect to exporting complete information sets or in transitioning between health IT systems.
  - Lead to fraud, waste, or abuse, or impede innovations and advancements in health information access, exchange, and use, including care delivery enabled by health IT
- Practices that restrict authorized access, exchange, or use under applicable state or federal law of such information for treatment and other permitted purposes under such applicable law.

*Note: many additional examples of practices that could constitute Information blocking in ONC's Cures Act Final Rule.*

# There are eight possible exceptions to Information Blocking

1. **Prevent Harm Exception** – It is not considered an information blocking violation if an actor does so in a situation where it is reasonable and necessary in order to prevent harm to a patient or another person.
2. **Privacy Exception** – It will not be considered a violation if an actor does not fulfill a request to access, exchange or use EHI in order to protect an individual's privacy.
3. **Security Exception** – It will not be considered a violation if an actor interferes with the access, exchange or use of EHI in order to protect the security of EHI.
4. **Infeasibility Exception** – It will not be information blocking if an actor does not fulfill a request to access, exchange or use EHI due to the infeasibility of the request (meaning it cannot be reasonably achieved under current conditions.).
5. **Health IT Performance Exception** – It will not be considered a violation if an actor takes reasonable and necessary measures to make health IT temporarily unavailable or to degrade the health IT's performance for the benefit of the overall performance of the health IT.
6. **Content & Manner Exception** – It is not information blocking for an actor to limit the content of its response to a request to access, exchange, or use EHI or the manner in which it fulfills a request to access, exchange or use EHI.
7. **Fees Exception** – It is not a violation for an actor to charge fees, including fees that result in a reasonable profit margin, for accessing, exchanging or using EHI. For example, if the standard and reasonable fee is not paid by the individual making the request.
8. **Licensing Exception** – It will not be information blocking for an actor to license interoperability elements for EHI to be accessed, exchanged or used.

# Exceptions to the definition of information blocking

Physicians must satisfy ALL applicable conditions of an exception at all relevant times to meet the exception as it relates to the access, exchange, and use of EHI. Each exception is limited to certain practices that clearly advance the aims of ONC's Final Rule and are tailored to align with the following criteria:

- **Be reasonable and necessary:**

These reasonable and necessary practices include providing appropriate protections to prevent harm to patients and others; promoting the privacy and security of EHI; promoting competition and innovation in health IT and its use to provide health care services to consumers, and to develop an efficient means of health care delivery; and allowing system downtime to implement upgrades, repairs, and other changes to health IT.

- **Address significant risk:**

The exceptions are intended to address what ONC considers a "significant risk" and that Actors would otherwise avoid engaging in out of concern that such activities could be interpreted as info blocking.

- **Subject to strict conditions:**

Each exception is subject to strict conditions to ensure practices are limited to those that are reasonable and necessary.

## Four main areas of focus that clinicians should observe to maintain compliance with the Cure Act Final Rule:

1. Make patient data requests easy and inexpensive.
2. Allow choice of apps via open APIs.
3. Implementation of practices that are considered reasonable and necessary activities that do not constitute information blocking.
4. Improve patient safety by balancing transparency of patient data while protecting the security of health IT.

# What is electronic health information (EHI)?

EHI is defined as the electronic protected health information (ePHI) in a designated record set (as defined in the Health Insurance Portability and Accountability Act (HIPAA) regulations) regardless of whether the records are used or maintained by or for a covered entity.

The designated record set in a physician's practice typically includes:

- Medical records and billing records about individuals
- Other records used, in whole or in part, by physicians to make decisions about individuals.

The Cures Act specified four types of entities referred to as “**Actors**” who must comply with info blocking requirements:

- **Health care providers;**
- **Health IT developers of certified health IT; and**
- **Health Information Networks (HINs) or HIEs (HIN and HIE are combined into one defined type in the Final Rule). All Actors will be subject to ONC’s Information Blocking rules and regulations on **April 5, 2021.****

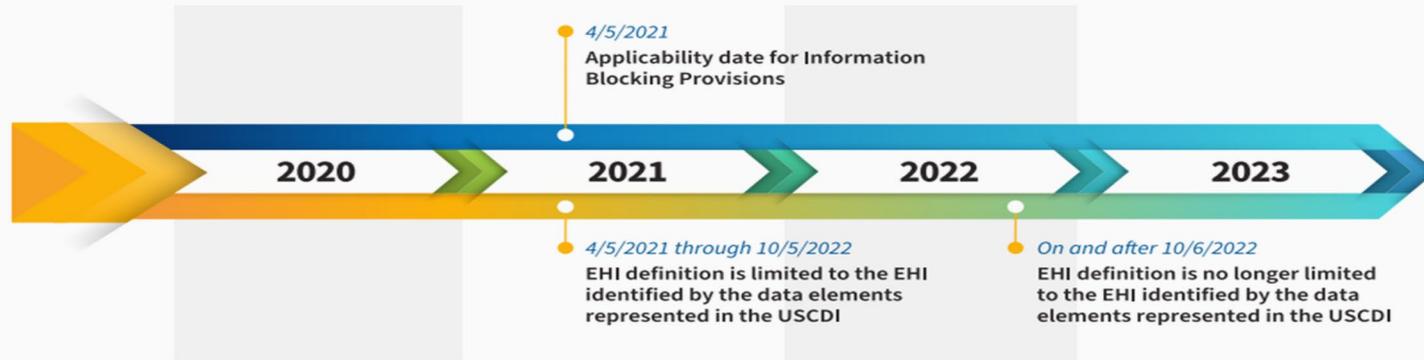
April 5, 2021 for the purposes of the information blocking definition, EHI is limited to the data elements represented in the US Core Data for Interoperability (USCDI).

The USCDI is not yet available, however the USCDI data elements currently exist in the CCDA (if up to date through March patches)

# Regulatory Dates

Information Blocking and the ONC Health IT Certification Program:  
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

### Information Blocking

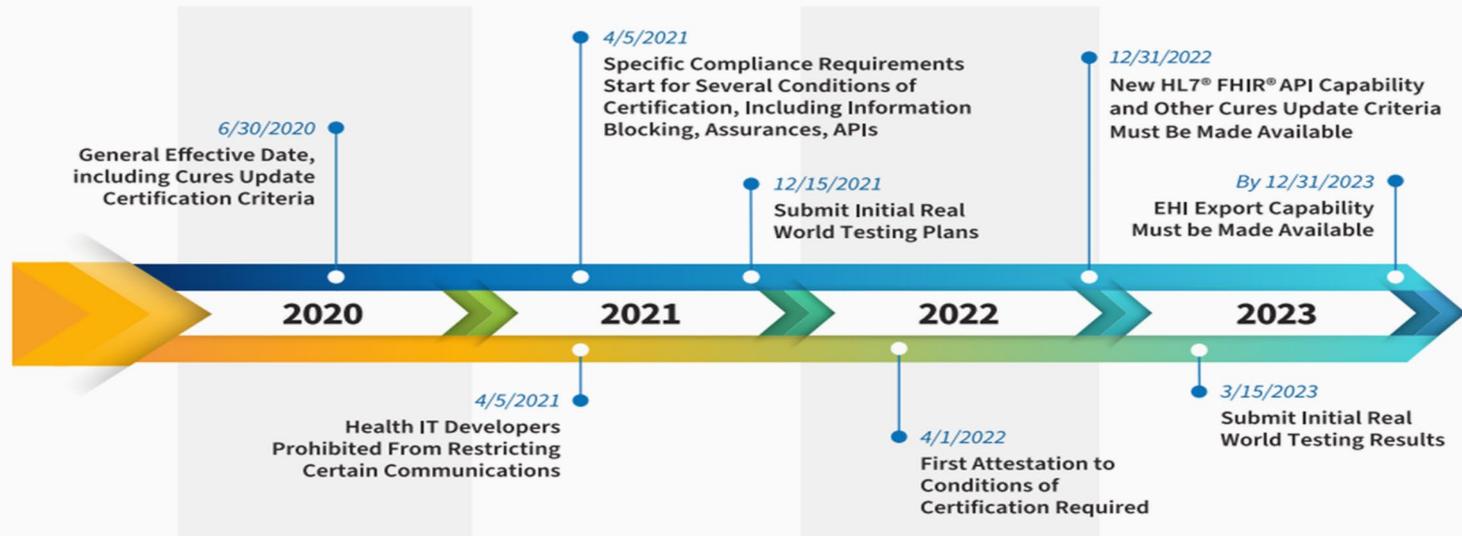


EHI = Electronic Health Information    USCDI = United States Core Data for Interoperability

# Regulatory Dates

Information Blocking and the ONC Health IT Certification Program:  
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

### Certification



EHI = Electronic Health Information    USCDI = United States Core Data for Interoperability

- USCDI – Stands for **United States Core Data for Interoperability**
- The USCDI ONC New Data Element and Class (ONDEC) submission System supports a predictable, transparent, and collaborative process, allowing health IT stakeholders to submit new data elements and classes for future versions of the USCDI.
- The USCDI is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange.
- The US Core Data for Interoperability (USCDI) framework will greatly expand the amount of data that is available for both personal use and professional care coordination by allowing for the exchange of an expanded set of data classes. Information that was unavailable for exchange under the Common Clinical Data Set will now be transferrable and consumable electronically. Chart elements such as **care plans, goals, as well as provider notes**, will become available for transmittal.

# USCDI elements

### USCDI v1 Summary of Data Classes and Data Elements

<b>Allergies and Intolerances</b> <ul style="list-style-type: none"><li>• Substance (Medication)</li><li>• Substance (Drug Class)</li><li>• Reaction</li></ul>	<b>Laboratory</b> <ul style="list-style-type: none"><li>• Tests</li><li>• Values/Results</li></ul>	<b>Smoking Status</b> <ul style="list-style-type: none"><li>• Smoking Status</li></ul>
<b>Assessment and Plan of Treatment</b> <ul style="list-style-type: none"><li>• Assessment and Plan of Treatment</li></ul>	<b>Medications</b> <ul style="list-style-type: none"><li>• Medications</li></ul>	<b>Unique Device Identifier(s) for a Patient's Implantable Device(s)</b> <ul style="list-style-type: none"><li>• Unique Device Identifier(s) for a Patient's Implantable Device(s)</li></ul>
<b>Care Team Members</b> <ul style="list-style-type: none"><li>• Care Team Members</li></ul>	<b>Patient Demographics</b> <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Previous Name</li><li>• Middle Name (including Middle Initial)</li><li>• Suffix</li><li>• Birth Sex</li><li>• Date of Birth</li><li>• Race</li><li>• Ethnicity</li><li>• Preferred Language</li><li>• Current Address</li><li>• Previous Address</li><li>• Phone Number</li><li>• Phone Number Type</li><li>• Email Address</li></ul>	<b>Vital Signs</b> <ul style="list-style-type: none"><li>• Diastolic Blood Pressure</li><li>• Systolic Blood Pressure</li><li>• Body Height</li><li>• Body Weight</li><li>• Heart Rate</li><li>• Respiratory Rate</li><li>• Body Temperature</li><li>• Pulse Oximetry</li><li>• Inhaled Oxygen Concentration</li><li>• BMI Percentile (2 - 20 Years)</li><li>• Weight-for-length Percentile (Birth - 36 Months)</li><li>• Head Occipital-frontal Circumference Percentile (Birth - 36 Months)</li></ul>
<b>Clinical Notes</b> <ul style="list-style-type: none"><li>• Consultation Note</li><li>• Discharge Summary Note</li><li>• History &amp; Physical</li><li>• Imaging Narrative</li><li>• Laboratory Report Narrative</li><li>• Pathology Report Narrative</li><li>• Procedure Note</li><li>• Progress Note</li></ul>	<b>Problems</b> <ul style="list-style-type: none"><li>• Problems</li></ul>	
<b>Goals</b> <ul style="list-style-type: none"><li>• Patient Goals</li></ul>	<b>Procedures</b> <ul style="list-style-type: none"><li>• Procedures</li></ul>	
<b>Health Concerns</b> <ul style="list-style-type: none"><li>• Health Concerns</li></ul>	<b>Provenance</b> <ul style="list-style-type: none"><li>• Author Time Stamp</li><li>• Author Organization</li></ul>	
<b>Immunizations</b> <ul style="list-style-type: none"><li>• Immunizations</li></ul>		

# USCDI Data Elements

- **Allergies and Intolerances :** Represents harmful or undesirable physiological response associated to exposure to a substance
- **Health Concerns:** Health related matter that is of interest, importance or worry to someone who may be the patient, patient's family or patients Health care provider.
- **Assessment and Plan of Treatment:** Represents a health professional's conclusion and working assumptions that will guide treatment of the patient.
- **Immunizations:** Record of an administration of the vaccination or a record of a vaccination as reported by a patient, a clinician or another part.
- **Procedures:** An activity that is performed with or on a patient as part of the provision of care.
- **Care Team Member(s):** The specific person(s) who participate or are expected to participate in the care team.

- **Laboratory:** Tests Values/Results
- **Smoking Status:** Classification of a patient's smoking behavior.
- **Medications:** Medications
- **Unique Device Identifiers:** for patient's implantable devices – A unique numeric or alphanumeric code that consists of a device identifier (DI) and a production identifier (PI)
- **Patient Demographics:** to include previous address
- **Vital Signs:** Physiologic measurements of a patient that indicate the status of the body's life sustaining functions
- **Problems:** information about condition, diagnosis or other event, situation issue, or clinical concept that is documented .
- **Goals:** An expressed desired health state to be achieved by a subject of care or family group of time or at a specific point of time.

# USCDI Data Elements

- **Clinical Notes:** Composed of both structured (i.e., obtained via pick-list and/or check the box) and unstructured (free text) data. A clinical note may include the history, Review of System (ROS), physical data, assessment, diagnosis, plan of care and evaluation of plan, patient teaching and other relevant data points.
  - Consultant Note
  - Discharge Summary Note
  - History & Physical
  - Imaging Narrative
  - Laboratory Report Narrative
  - Pathology Report Narrative
  - Procedure Note
  - Progress Note

# Note Based Results

**Clinical Summaries to Updox**

Description: These settings will determine the timing and content of Clinical Summaries and when they are transmitted to Updox.

Schedule Active      Maximum Date Range: 0 Days (0 = No Maximum)

**Schedule**

Beginning: 11/ 4/2020 2:13:00 PM      Last Successful Run - 2/9/2021 5:13:00 PM

Run Every: 1 Hours      Next Run - 2/9/2021 6:13:00 PM

Day of Week:      Reset Last Run

Day of Month:      Run

**Content**

<input checked="" type="checkbox"/> Provider Contact Info	<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> Chief Complaint
<input checked="" type="checkbox"/> Current Medications	<input checked="" type="checkbox"/> Lab Table	<input checked="" type="checkbox"/> Pending Tests
<input checked="" type="checkbox"/> Historical Medications	<input checked="" type="checkbox"/> Note-Based Results	<input checked="" type="checkbox"/> Patient Instructions
<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> Smoking Status	<input checked="" type="checkbox"/> Future Appointments
<input checked="" type="checkbox"/> Major Problem List	<input checked="" type="checkbox"/> Care Plan	<input checked="" type="checkbox"/> Future Tests
<input checked="" type="checkbox"/> Procedures	<input checked="" type="checkbox"/> Care Team	<input checked="" type="checkbox"/> Referrals to Other Providers
<input type="checkbox"/> Problems Addressed	<input checked="" type="checkbox"/> Patient Education Materials	<input type="checkbox"/> Functional Status
<input checked="" type="checkbox"/> Vital Signs	<input checked="" type="checkbox"/> Visit Date and Location	

Logging Detail: Detail

OK      Cancel      Help

Clinical Summaries to Updox Sections selected in the Content field will be sent to the Updox Portal in the summaries.

To send Note Based Results in the “Results” section of the CCDA select “Note-Based Results”.

Lab Misc., Microbiology, Radiology, Pathology

# CCDA Result Types

Map Chart Category To Note Type

Category	Clinical Note Type	Include as Result in CCDA?	Category	Clinical Note Type
Lab Miscellaneous	Laboratory Report Narrative	<input checked="" type="checkbox"/>	Special Studies	
Lab Microbiology	Laboratory Report Narrative	<input checked="" type="checkbox"/>	HIPAA Documents	
Progress Notes		<input type="checkbox"/>	Confidential A	
Past Medical History		<input type="checkbox"/>	Confidential b	
Social History		<input type="checkbox"/>	Old Chart	
Family History		<input type="checkbox"/>	Assessment	
Consults		<input type="checkbox"/>	Patient Instructions	
Discharge Summary		<input type="checkbox"/>	Undefined #D	
Letters		<input type="checkbox"/>	Undefined #F	
Messages		<input type="checkbox"/>	Patient Messages	
Confidential C		<input type="checkbox"/>	Therapy	
Radiology	Imaging Narrative	<input checked="" type="checkbox"/>		
EKG		<input type="checkbox"/>		
Pathology	Pathology Report Narrative	<input checked="" type="checkbox"/>		

OK Cancel

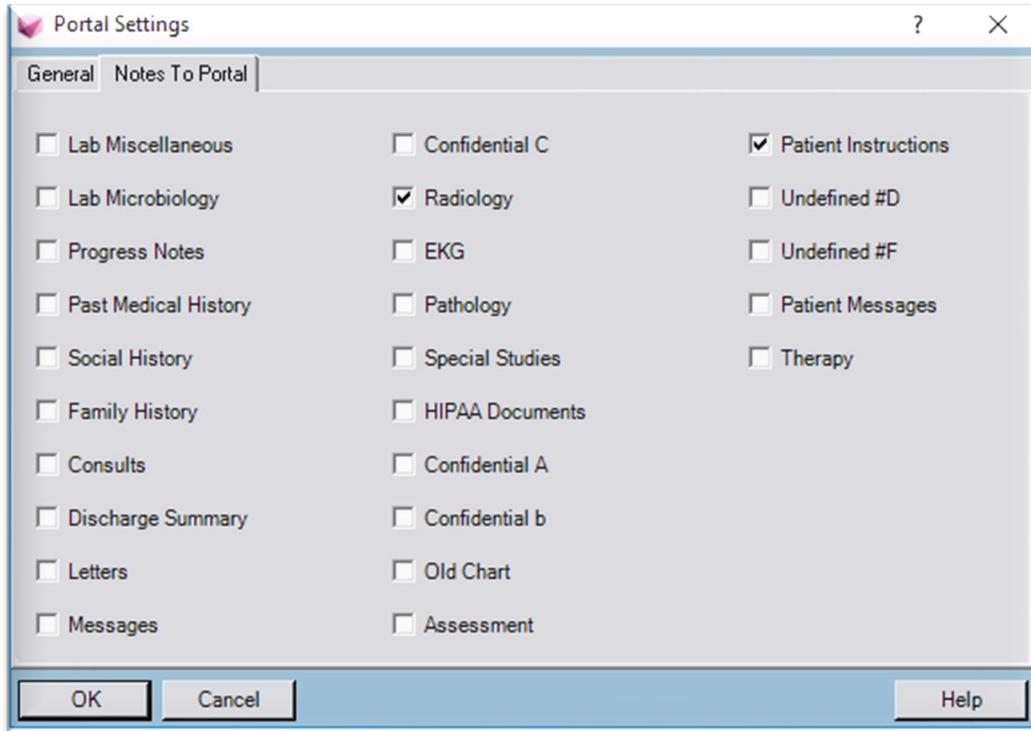
Map Chart Category to Note Type  
Maintenance>Configuration>Record  
Types.

Map these note types and select the  
“Include as Result in CCDA?” this will  
then push the data in those tabs to  
the CCDA.

**NOTE: this should only be used if**  
the data pushed to the tabs from an  
interface and text data- scanned  
documents will send a hard link.

# Documents to Portal

## Set up>Portal Settings



The screenshot shows a dialog box titled "Portal Settings" with a "Notes To Portal" tab selected. The dialog contains a list of document types with checkboxes. The "Patient Instructions" checkbox is checked, while all other checkboxes are unchecked. The dialog has "OK", "Cancel", and "Help" buttons at the bottom.

Document Type	Checked
Lab Miscellaneous	<input type="checkbox"/>
Lab Microbiology	<input type="checkbox"/>
Progress Notes	<input type="checkbox"/>
Past Medical History	<input type="checkbox"/>
Social History	<input type="checkbox"/>
Family History	<input type="checkbox"/>
Consults	<input type="checkbox"/>
Discharge Summary	<input type="checkbox"/>
Letters	<input type="checkbox"/>
Messages	<input type="checkbox"/>
Confidential C	<input type="checkbox"/>
Radiology	<input checked="" type="checkbox"/>
EKG	<input type="checkbox"/>
Pathology	<input type="checkbox"/>
Special Studies	<input type="checkbox"/>
HIPAA Documents	<input type="checkbox"/>
Confidential A	<input type="checkbox"/>
Confidential b	<input type="checkbox"/>
Old Chart	<input type="checkbox"/>
Assessment	<input type="checkbox"/>
Patient Instructions	<input checked="" type="checkbox"/>
Undefined #D	<input type="checkbox"/>
Undefined #F	<input type="checkbox"/>
Patient Messages	<input type="checkbox"/>
Therapy	<input type="checkbox"/>

Documents to Portal settings are used to Default Note Based Tabs sections to send the document to the Portal when a note is saved.

This option will send a secure email to the patient, the data is found in the Messages section of the portal.

# Documents to Portal

## Set up>External Systems

Documents To Portal

Description: These settings will determine how often we attempt to upload queued documents to the specified portal.

Schedule Active

Schedule

Beginning 3/17/2020 2:00:00 AM Last Successful Run - 2/9/2021 5:54:00 PM

Run Every: 3 Minutes Next Run - 2/9/2021 5:57:00 PM

Reset Last Run

OK Cancel Help

Documents to Portal Task can be set up to send the Documents as a task and at what increment they will be sent out.

# Documents to Portal

## Reports>Portal Documents

Send To Portal Log

Search Criteria

Patient External ID:   Status:

Document Type:  Date Sent From:

Document Subtype:  To:

Patient Name	Provider	Document Type	Document	Sent By	Date Sent	Status
Johnson, Carole	JWC	Note - Radiology	TEST TWO - 01/18/2021	ADMIN	1/18/2021	
Johnson, Carole	JWC	Note - Radiology	TEST DOCUMENT - 01/18/2021	ADMIN	1/18/2021	
Johnson, Carole	WSG	Note - Progress Notes	MEASURE 19 - 01/14/2021	MA	1/18/2021 12:21 PM	Verified
Johnson, Carole	WSG	Note - Progress Notes	TELEHEALTH VISIT - 10/12/2020	ADMIN	10/26/2020 3:42 PM	Verified
Johnson, Carole	JWC	Note - Lab Microbiology	LAB - 05/01/2006	ADMIN	10/20/2020 6:57 PM	Verified
Johnson, Carole	JWC	Note - Social History	SOCIAL HISTORY - 10/08/2020	ADMIN	10/8/2020 1:27 PM	Verified
Johnson, Carole	JWC	Note - Lab Microbiology	CT LATERAL - 10/08/2020	ADMIN	10/8/2020 1:21 PM	Verified
Cobb, Abby	NP	Note - Letters	NO SHOW - 09/18/2020	PMSI	9/18/2020 5:24 PM	Verified
Cobb, Abby	NP	Note - Letters	APPOINTMENT REMINDER - 09/18/...	PMSI	9/18/2020 5:12 PM	Verified
Johnson, Carole	JWC	Note - Radiology	COLONOSCOPY - 06/28/2019	PMSI	7/15/2020 11:36 AM	Verified
Johnson, Carole	WSG	Note - Radiology	CT CHEST - 05/11/2020	ADMIN	6/15/2020 8:27 AM	Verified
Johnson, Carole	WSG	Note - Progress Notes	OFFICE VISIT - 05/26/2020	ADMIN	5/26/2020 12:30 PM	Verified
Johnson, Carole		Note - Lab Miscellaneous	LAB - 05/01/2006	ADMIN	5/13/2020 11:06 AM	Verified
Johnson, Carole	WSG	Note - Lab Microbiology	URINE CULTURE - 12/01/2017	ADMIN	5/13/2020 10:39 AM	Verified
Johnson, Carole	WSG	Note - Past Medical History	PAST MEDICAL HISTORY - 05/12/2020	ADMIN	5/13/2020 10:24 AM	Verified

Send To Portal Log returns documents sent to the Portal, or Queued, Error and Pending.

- As part of the 21st Century Cures Act, the United States Core Data for Interoperability (USCDI) is being adopted to define the types of data that need to be transmitted via CCDA.
- As a result, the following updates have been made to Practice Partner. CCDAs now include any previous name(s) and previous address(es) for the patient.
- The patient's previous names are documented as Contacts with Type = Previous Name in the MRAA database table.
- The patient's previous addresses are documented as Contacts with Type = Previous Address in the MRAA database table.

Special Features <Records>:

General	Records 1	Records 2	Records 3	Records 4
Order Entry 1	Scheduler 1	Scheduler 2	Scheduler 3	Scheduler 4
Records 5	Records 6	Records 7	Records 8	<b>Records 9</b>

Patient Clinical Summary Report (Printed) Defaults

- Provider
- Provider Contact Info
- Patient Demographics
- Visit Date
- Visit Location
- Problems Addressed
- Chief Complaint
- Future Appointments
- Orders
  - Pending Tests
  - Future Tests
  - Referrals to Other Providers
  - Completed Orders
  - Order Instructions
  - Progress Notes
- Patient Education Materials
- Care Plan
- Care Team

- Procedures
- Vital Signs
- Clinical Elements
- Major Problem List
- Immunizations
- Current Medications and Allergies
- Lab Data      Go Back  days
- Lab-Microbiology      Go Back  days
- Lab-Miscellaneous      Go Back  days
- Patient Instructions      Patient Instructions
- Text Results Chart Sections: ...

CCDA Output Options

- Output CCDA version 1.1
- Output CCDA version 2.1

Problem Types for "Problems Addressed"

- Major Problems
- Other Problems
- Diagnosis
- Risks

OK      Cancel      Help

Set you CCDA Output Options to Output CCDA version 2.1

# Patient demographics > Contacts – updates the CCDA

Patient <Edit>: BABYBOY - Witeside, Kara

General | Billing | Other Data | Providers | Dates | Notes | Cases | Configuration | Chart Access | Consent

Patient ID: WITKA0002 Status: Active OK to Mail:

Last Name: Witeside Suffix:

First Name / MI: Kara Greeting:

SSN: - - Head of H.: Witeside, Kara

Date of Birth: 10/11/1952 68y Occupation:

Time of Birth: Sex: F Employer:

Marital: School:

Ethnicity: Communication Preference:

Race: Preferred Language:

Address: 1414 South Evans Ave Home: (330) 554-7754

#1094 Work: ( ) -

City: Akron Cell: (303) 912-0357

State: OH Zip Code: 44306 USA Pager: ( ) -

Fax: ( ) -

Email: jchierchie@emds.com

Email Preference: Direct Email:

Alt IDs

**Contacts**

Head of H

History

Attach

Photo

Misc

OK Cancel Apply New Delete Rmv from Acct Help

Updating a previous name and Address is done in the Contacts window in the Patient Demographics.

# Patient demographics > Contact's button > Previous Name

Patient <Edit>: BABYBOY - Little, Brady

General | Billing | Other Data | Providers | Dates | Notes | Cases | Configuration | Chart Access | Consent

Patient ID: BABYBOY2    Status: Active    OK to Mail:     Photo

Last Name: Little    First Name / MI: Brady

SSN:    Date of Birth: 10/30/2019    Time of Birth:    Ethnicity:    Race:    Address: 115 Logan Street    City: Denver    State: CO    Zip Code: 80207    USA    Fax:    Email:    Attach    Photo

**Contact Information for Patient-Summary**

Type	Description	Name/Entity
Previous Name	Previous Name	Buckley, Brady

Close    New    Edit    Delete

Contact Information for Patient <New>: Brown, Boy

Type:    Description: Guardian, Mother's Maiden, Next of Kin, Other

Last Name:    First Name:    Previous Address:    Previous Name:    Address:    City:    State:    Zip Code:    USA    Home:    Work:    Cell:    Pager:    Fax:

**Patient Information**

**Patient Detail**

<b>Name:</b>	Brady Little	<b>Date of Birth:</b>	Wednesday, October 30, 2019
<b>Name:</b>	Brady Buckley (formerly)	<b>Gender:</b>	Male
<b>Address:</b>	115 Logan Street Denver, CO 80207 US	<b>Race:</b>	Unknown
		<b>Ethnicity:</b>	Unknown

# Patient demographics > Contact button>Previous Address

Contact Information for Patient <New>: Witeside, Kara

Type: Previous Address

Description: Guardian, Mother's Maiden, Next of Kin, Other, Place Worship, School

Last Name: Previous Address

First Name: Previous Name

Address: [Text Field]

City: [Text Field]

State: [Dropdown] Zip Code: [Text Field] USA [Dropdown]

Home: ( ) - [Text Field]

Work: ( ) - [Text Field]

Cell: ( ) - [Text Field]

Pager: ( ) - [Text Field]

Fax: ( ) - [Text Field]

Email: [Text Field]

Notes: [Text Area]

OK Cancel Help

Contact Information for Patient-Summary

Type	Description	Name/Entity	Home Phone	Work Phone
Previous Address	new address	Little, Brady	( ) - [Text Field]	( ) - [Text Field]
Previous Name	Previous Name	Buckley, Brady	( ) - [Text Field]	( ) - [Text Field]

Close New Edit Delete Help

## Patient Information

### Patient Detail

**Name:** Brady Little

**Date of Birth:** Wednesday, October 30, 2019

**Name:** Brady Buckley (formerly)

**Gender:** Male

**Address:** 2538 S Oak Street  
Denver, CO 80207  
US

**Race:** Unknown

**Previous Address:** 2538 S Oak Street  
Denver, CO 80207  
US

**Ethnicity:** Unknown

**Telephone :** Unknown

Vital Signs: Little, Brady ID: E

Template: **Vitals** [Navigation Buttons]

	03/30/21	02/12/20
Height	3'9"	20"
Weight	22 lbs 10 oz	13 lbs 4 oz
BMI	7.86 kg/m2	23.29 kg/m2
OFC	106.68 cm	
Temperature		
Pulse		

**Vital Signs** [Back to Top](#)

Date	Description	Result	Flag	Ref Range
Tuesday, March 30, 2021 at 9:41:00 am	Weight Measured	10.26 kg	-	-
Tuesday, March 30, 2021 at 9:41:00 am	Head Circumference	106.68 cm	-	-
Tuesday, March 30, 2021 at 9:41:00 am	Head Circumference Percentile	99.90%	-	WHO Males, 0-2 year
Tuesday, March 30, 2021 at 9:41:00 am	BMI (Body Mass Index)	7.86 kg/m2	-	-
Tuesday, March 30, 2021 at 9:41:00 am	Height	114.30 cm	-	-
Wednesday, February 12, 2020 at 2:40:00 pm	Weight Measured	6.01 kg	-	-
Wednesday, February 12, 2020 at 2:40:00 pm	BMI (Body Mass Index)	23.29 kg/m2	-	-
Wednesday, February 12, 2020 at 2:40:00 pm	Weight-for-length Percentile	99.80%	-	WHO Males, 0-2 year
Wednesday, February 12, 2020 at 2:40:00 pm	Height	50.80 cm	-	-

# Care Plan and Assessment

The screenshot shows a software interface with a menu on the left. The menu items are: Patient Info, Chart Summary, Care Team, Plan of Treatment and Assessment, Progress Notes, History, and Data Reconciliation. The 'Plan of Treatment and Assessment' item is expanded, showing a sub-menu with: Care Plan, Goals, Health Concerns, and Assessment. The 'Assessment' option is highlighted with a red arrow. The patient name 'Brady' is visible in the top left of the menu area.

The screenshot shows a window titled 'Care Plan <Edit>: Little, Brady'. It contains a table with the following data:

Date	Care Plan Element	Template	Operator
03/30/2021	Referral to neurology	Individual	ADMIN

The screenshot shows a window titled 'Assessment: Witeside, Kara'. It displays patient information: ID: WITKA0002, Age: 68 years, DOB: 10/11/1952. The assessment text is as follows:

.D: 03/30/21 : 05:31pm  
.T: Assessment:  
Check labs.  
Urged that patient be realistic in terms of weight reduction and stressed that modest degrees of weight loss can have important health benefits.  
Counseled against weight loss program unless patient is willing to make it a long-term effort, since weight loss and regain could be more deleterious than maintaining body weight and avoiding weight gain.  
Stressed the importance that dietary intervention and exercise are both essential in the treatment of obesity.  
Diet Counseling  
Encouraged fruits, vegetables, whole grains, and low-fat foods.  
Also discouraged soda, fruit juice and energy drinks.  
Encouraged EatRight.org  
Exercise Counsel  
Stressed the importance of regular exercise

On the right side of the window, there are buttons for Close, Newer, Older, New, Edit, Print, Fax, and Image. At the bottom right, there is a 'Pt Comment' button.

Data can be pushed to these field using DOT codes and Insert Codes.

# Care Plan and Assessment

Treatment Plan		<a href="#">Back to Top</a>		
Date	Activity		Provider	
Tuesday, March 30, 2021	Referred to Nutritionist			
Procedures		<a href="#">Back to Top</a>		
Description	Procedure	Provider	Service Date	Note
MC TM OUTPT EST15 MIN	99213 (CPT-4)	Gazoo, William S, MD	Monday, March 30, 2020 at 6:34:00 pm	
CLIN DEPRESSION SCREEN DOC	G8431 (CPT-4)	Gazoo, William S, MD	Friday, May 22, 2020 at 12:55:00 pm	
PT INELIG NEG SCR N DEPRES	G8510 (CPT-4)	Gazoo, William S, MD	Friday, May 22, 2020 at 11:32:00 am	
Lab Tests and Results		<a href="#">Back to Top</a>		
No results included in this record.				
Reason for Referral		<a href="#">Back to Top</a>		
No reason for referral included in this record.				
Assessment		<a href="#">Back to Top</a>		
<ul style="list-style-type: none"><li>ASSESSMENT (Tuesday, March 30, 2021): : Check labs. Urged that patient be realistic in terms of weight reduction and stressed that modest degrees of weight loss can have important health benefits. Counseled against weight loss program unless patient is willing to make it a long-term effort, since weight loss and regain could be more deleterious than maintaining body weight and avoiding weight gain. Stressed the importance that dietary intervention and exercise are both essential in the treatment of obesity. Diet Counseling Encouraged fruits, vegetables, whole grains, and low-fat foods. Also discouraged soda, fruit juice and energy drinks. Encouraged EatRight.org Exercise Counsel Stressed the importance of regular exercise</li></ul>				

# Updated in March Patch – LOINC code Look up

The screenshot displays the 'Practice Partner' software interface. The 'Maintenance' menu is open, showing options like Providers, Practices, Rooms, Resources, Referring Sources, Other Care Team, Calendars, Schedule Templates, On Call Scheduling, Appointment Groups, Tables, Configuration, Templates, Set Up, and Utilities. The 'Lab Data Test Names' option is highlighted in pink. In the foreground, the 'Code Management <SODIUM>' dialog box is open, showing a table with columns for Code, Coding System, and Coding Version. Below the table, the 'Lab Name Code Lookup' button is highlighted with a red rectangle. The dialog also includes fields for Lab Name (SODIUM), System (LOINC), Code, and Version, along with OK and Cancel buttons.

Code	Coding System	Coding Version

Code <New>

Lab Name: SODIUM

System: LOINC

Code:

Version:

Lab Name Code Lookup

OK Cancel

When you select LOINC in the System field, the Lab Name Code Lookup button now will be available. When you click the Lab Name Code Lookup button, the Code Lookup screen will launch and automatically search using the Lab Test Name. The Code Lookup screen will search only for codes in the system selected on the Code New or Edit screen.

Laboratory Test :<Edit>

Test Name: **SODIUM** XRef

Test Description: Sodium, Serum

Units: mmol/L

Formulas: [ ]

Lab Default Template: [ ]

Access Level: N

Cross Reference: SODIUM [ ]

Exclude from Review Bin  Exclude from Most Recent

OK Cancel Apply Ranges Codes Help

Code Lookup - Web Results

SODIUM Search

116 results found

#	Description	LOINC
1	Sodium/Creatinine [Molar ratio] in Urine	33951-5
2	Sodium/Creatinine [Mass Ratio] in Urine	11149-2
3	Sodium/Creatinine [Ratio] in Urine	43223-7
4	Sodium/Potassium [Molar ratio] in Sweat	2959-7
5	Sodium/Potassium [Molar ratio] in Urine	2959-5
6	Sodium [Mass/mass] in Specimen	87452-9
7	Sodium [Mass/volume] in Specimen	87451-1
8	Sodium [Moles/volume] in Blood	2947-0
9	Sodium [Moles/volume] in Serum or Plasma	2951-2
10	Sodium [Moles/volume] in Urine	2955-3
11	Sodium [Moles/volume] in Specimen	32340-2
12	Sodium [Mass/mass] in Hair	51205-3
13	Sodium Intake Measured	9087-8
14	Calcium/Sodium [Mass Ratio] in Serum or Plasma	16527-4
15	Sodium [Mass/volume] in Water	9485-4
16	Sodium Intake 1 hour	9088-6
17	Sodium [Moles/volume] in Urine from Fetus	94842-2
18	Sodium [Moles/volume] in Cerebral spinal fluid	2948-8
19	Sodium [Mass/volume] in Red Blood Cells	82812-9
20	Sodium [Mass/volume] in 24 hour Urine	21526-9
21	Sodium [Moles/volume] in Body fluid	2950-4
22	Sodium Intake 24 hour	9092-8

Selected LOINC Codes

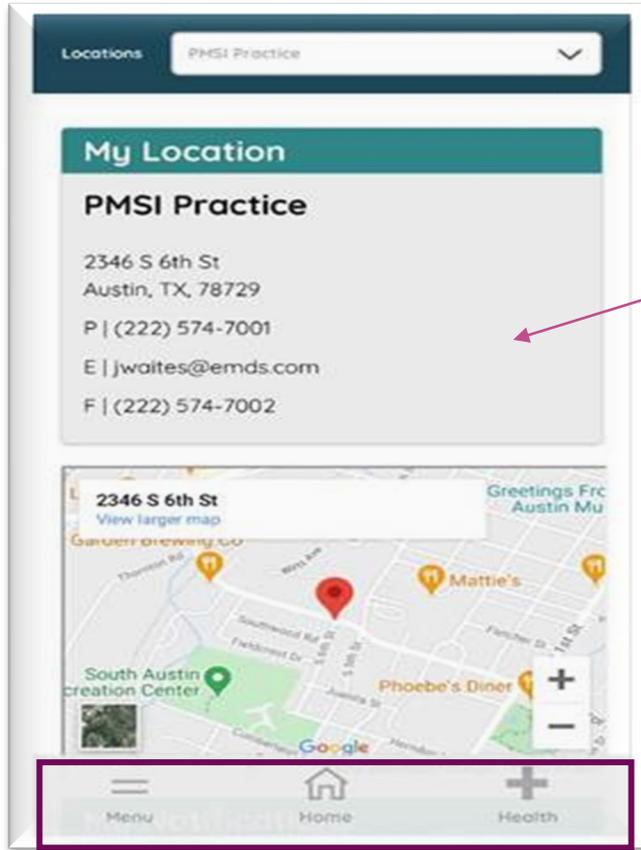
#	Code	Description
1	33951-5	Sodium/Creatinine [Molar ratio] in Urine

OK Cancel Help

If your lab interface sends a LONIC code with results and you don't have an assigned LONIC code associated to the Lab name, the associated LONIC code will populate to the lab name in the data base. Either way it is entered will then populate back out on the CCDA file.

PTID	Lab_Type	Lab_Name	D_Lab_Draw	T_Lab_Draw	Lab_Change	MRRV_UID	D_Lab_Recv	T_Lab_Recvd	D_Prog_Note	D_Lab_Repot	T_Lab_Repot	Lab_Source	Order_Seq	Seq_Entry	Lab_HLNA	Pat_Ex
37	1	ABO	62497	55320	0	11	0	0	0	0	0	0	0	1		1
37	1	ABO	62504	31980	0	13	0	0	0	0	0	0	0	1		1
37	1	ALBUMIN	62377	64440	0	8	0	0	0	0	0	0	0	1	n	1
37	1	ALK PHDS	62377	64440	0	9	0	0	0	0	0	0	0	2	l	1
37	1	ANA	62518	54720	0	14	0	0	0	0	0	0	0	15	h	1
37	1	BILIRUBIN T	62377	64440	0	10	0	0	0	0	0	0	0	5	h	1
37	1	CHLORIDE	62377	64440	0	6	0	0	0	0	0	0	0	3	n	1
37	1	CO2	62377	64440	0	7	0	0	0	0	0	0	0	4	n	1
37	1	HAFTOGLO	62377	64380	0	2	0	0	0	0	0	0	0	4	n	1
37	1	IRON	58666	43740	0	12	62499	37560	36525	47748	43200	0	0	1	h	12345
37	1	IRON	62377	64380	0	3	0	0	0	0	0	0	0	7	n	1
37	1	POTASSIUM	62377	64440	0	5	0	0	0	0	0	0	0	2	n	1
37	1	SODIUM	62377	64440	0	4	0	0	0	0	0	0	0	1	n	1
63	1	POTASSIUM	62546	27480	0	16	0	0	0	0	0	0	0	2	n	212
63	1	SODIUM	62546	27480	0	15	0	0	0	0	0	0	0	1	n	212

# Updox on a phone



Patient's can access Updox portal on their smart phones.

Home page allows for seeing all the information in the portal from the phone as they do on a computer.

# What does this mean for Healthcare Providers

Information and HIPAA violations should always be top of mind for providers and staff, a little knowledge and training goes far. Take the time to understand what compliance means!

Be sure all members of your staff know what information blocking is as well as how to avoid it, this may require changes in some policies and some workflow changes.

# References

<https://www.cms.gov/covidvax>

[COVID -19 Vaccine Policies & Guidance](#)

<https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>

[Information Blocking](#)

[Cures Act Final Rule: Information Blocking Actors \(healthit.gov\)](#)

ONC's Cures Act Final Rule

[ONC's Cures Act Final Rule \(healthit.gov\)](#)

[Information Blocking \(healthit.gov\)](#)

<https://www.icanotes.com/2018/06/08/the-differences-between-psychotherapy-notes-and-progress-notes/>

## Did you know?

- Online Engage videos are available for What's new in Practice Partner!
- CMS – extended the MIPS exclusion until TODAY! You have through Today to exclude from 2020 reporting.
- Upcoming Lunch & Learn sessions
  - Wednesday April 14, 2021 – What is new in recent Patches – with some Tips & Tricks.
  - Wednesday May 5, 2021 TBD

Questions?  
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THANK YOU!

**Expert Solutions.  
Stronger Partners.  
Healthier Patients.**

