

HCHB Exchange Feature Overview

The integration between Homecare Homebase (HCHB) and the Record Locator & Exchange (RLE), provided by Surescripts, gives healthcare providers across the nation visibility into where patients have received care despite the care setting or EHR. Clinical documents are exchanged through the network for over 200 million patients, thus bridging interoperability gaps and assisting in improved coordination of care.

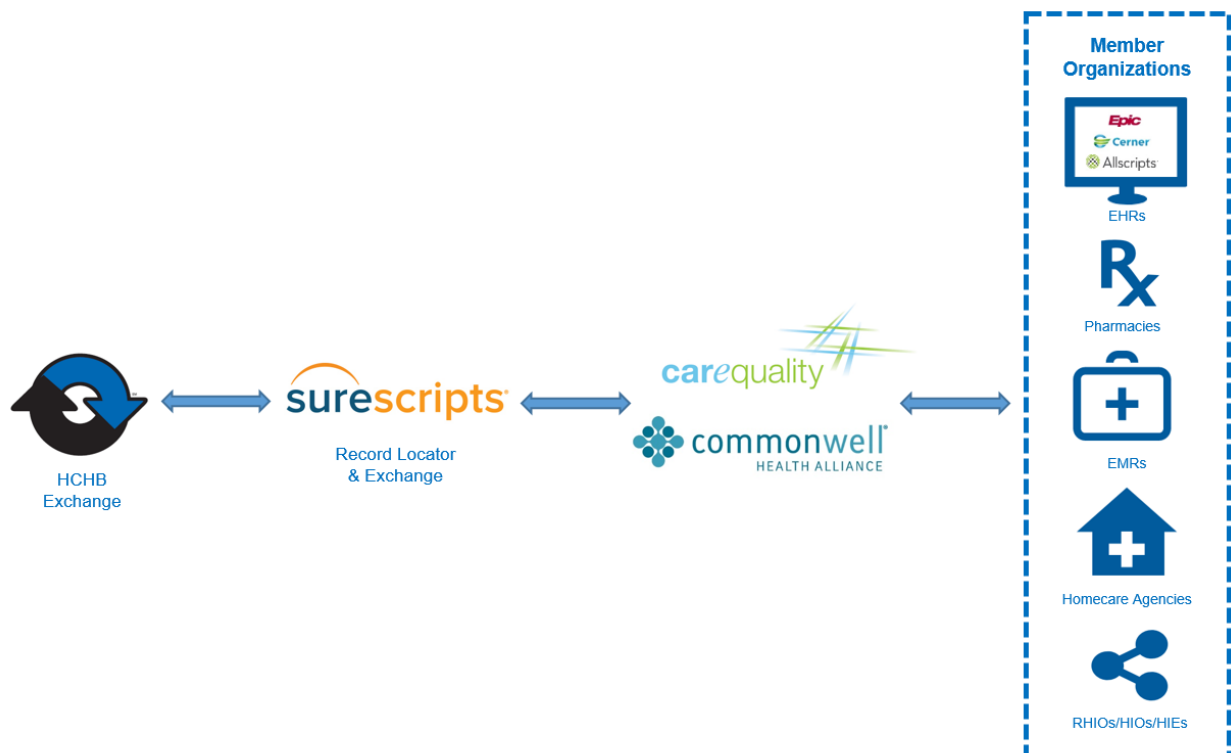
THE BASICS

As a member of Carequality, Surescripts plays the role of a Record Locator & Exchange. RLEs respond to network queries with lists of members who potentially have, likely have or are known to have clinical documents for a given patient.

When patient activity occurs, HCHB transmits demographic data to Surescripts for customers and patients that have agreed to share data through HCHB Exchange. Surescripts loads the data into their master patient index (MPI).

Carequality membership includes a consortium of organizations across the healthcare spectrum, including Epic, Cerner and CommonWell Health Alliance. Members can send queries across the network for a given patient and Surescripts will search the MPI and network data for patient matches. Surescripts will respond to requestors with patient demographics for the best match.

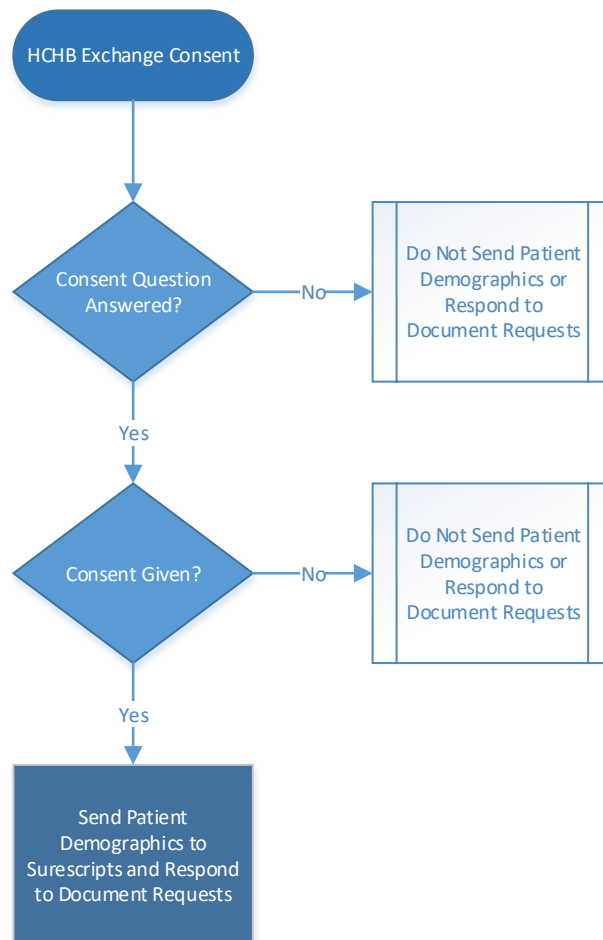
The demographic information can be used by Carequality and CommonWell members to make requests for clinical documents from other network members. Surescripts will route clinical documentation requests to HCHB based on patient matches in the MPI. HCHB will respond with a patient summary in the form of the Continuity of Care Document (CCD) for customers and patients that have consented to be part of the network. All transactions occur in real-time, thus delivering information essential to patient care in a matter of seconds.



BEYOND THE BASICS

Patient Consent

Agencies that do not have an existing process for documenting patient consent must implement an Electronic Signature Form to capture patients' consent to share data through HCHB Exchange. If a patient gives consent, their demographic data will be shared with Surescripts and HCHB may respond to requests for patient documentation from participating Carequality members. A patient may choose to revoke their consent during any visit. By Default, HCHB will not share patient demographic data with Surescripts or respond to documentation requests if a patient has not provided consent.



Question ID 50000 has been added to the Questions table to allow agencies to electronically obtain patient consent for sharing the patient's medical record through HCHB Exchange. The question reads, *“We may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment purposes. In all cases the requesting provider must have or have had a treating relationship with you. Participation in an electronic health information exchange also lets us see other provider’s information about you for our treatment purposes.”*

There are two answers associated to the Exchange consent question.

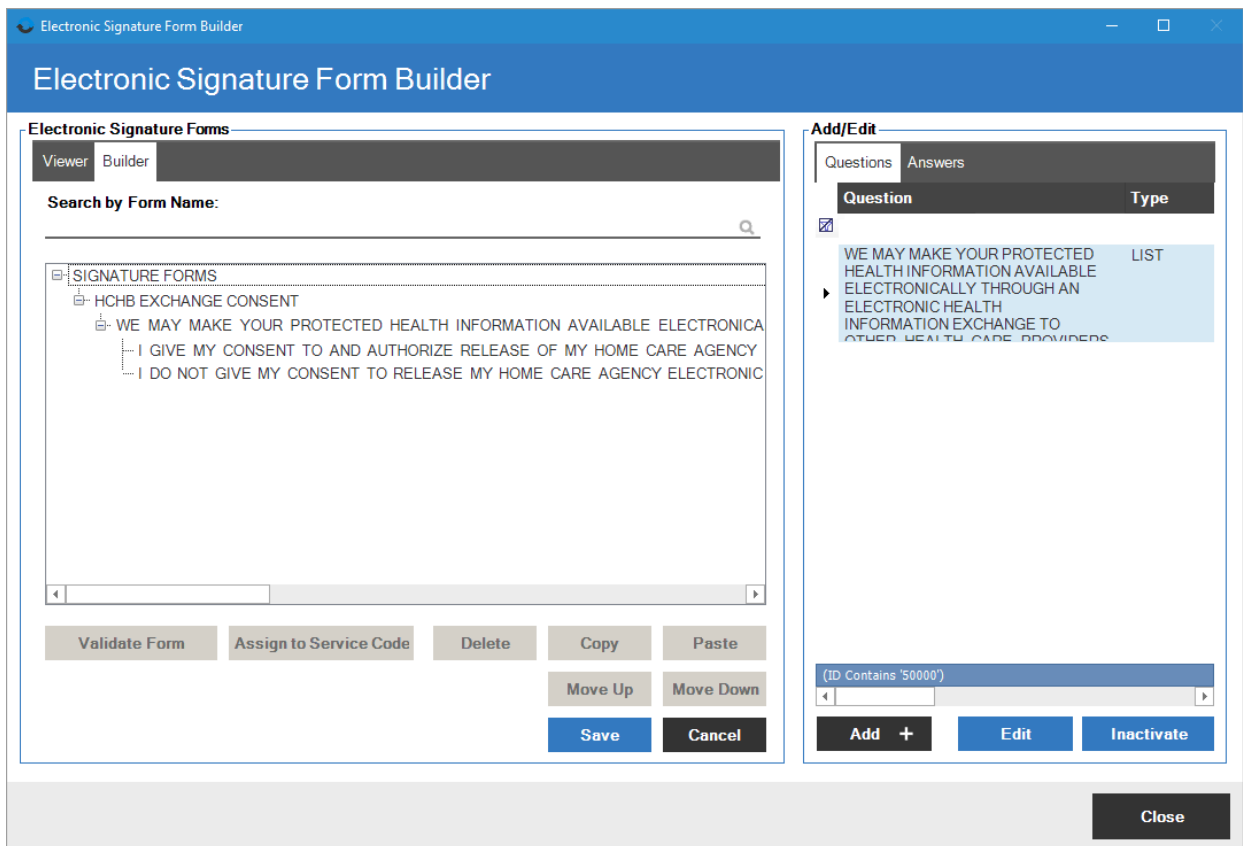
To give consent the patient should select answer, *“I give my consent to and authorize release of my home care agency electronic medical record to other health care providers for treatment purposes. I understand that I have the right to revoke this authorization at any time, however, if my consent is revoked, health care providers that have already received my patient information are not required to return or remove it from their medical records.”*

To not give consent or revoke consent the patient should select answer, *“I do not give my consent to release my home care agency electronic medical record to other health care providers.”*

Path to locate the Electronic Signature Form Question:

Orb → Table Admin → Branches Table → Signature Forms tab → Questions tab

Due to its intended use, the question and assigned answers cannot be edited. Without the interface enabled, this question involves no functionality and should not be added to signature forms otherwise.



Edit Assessment Question

Category: SIGNATURE FORMS Active

Question:
 WE MAY MAKE YOUR PROTECTED HEALTH INFORMATION AVAILABLE ELECTRONICALLY THROUGH AN ELECTRONIC HEALTH INFORMATION EXCHANGE TO OTHER HEALTH CARE PROVIDERS THAT REQUEST YOUR INFORMATION FOR THEIR TREATMENT PURPOSES. IN ALL CASES THE REQUESTING PROVIDER MUST HAVE OR HAVE HAD A TREATING RELATIONSHIP WITH YOU. PARTICIPATION IN AN ELECTRONIC HEALTH INFORMATION EXCHANGE ALSO LETS US SEE

Answer Type: LIST **Upper Limit:** **Lower Limit:** Multi-Select?

Disciplines:

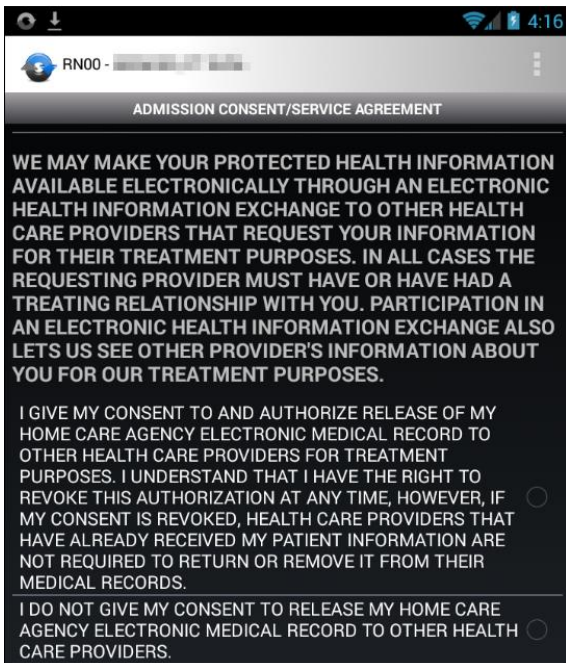
List

Possible Answers

Sequence	Answer	ID
1	I GIVE MY CONSENT TO AND AUTHORIZE RELEASE OF MY HOME CARE AGENCY ELECTRONIC MEDICAL RECORD TO OTHER HEALTH CARE PROVIDERS FOR TREATMENT PURPOSES. I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME, HOWEVER, IF MY CONSENT IS REVOKED, HEALTH CARE PROVIDERS THAT HAVE ALREADY RECEIVED MY PATIENT INFORMATION ARE NOT REQUIRED TO RETURN OR REMOVE IT FROM THEIR MEDICAL RECORDS.	50001
2	I DO NOT GIVE MY CONSENT TO RELEASE MY HOME CARE AGENCY ELECTRONIC MEDICAL RECORD TO OTHER HEALTH CARE PROVIDERS.	50002

Add Possible Answer

Reference Material



Patient Demographics

Patient demographic data will be transmitted to and stored in Surescripts' MPI in order to identify and match patient requests across the network. Patient demographics include:

- Patient ID/Medical Record Number
- Patient Name: First, Middle, Last, Prefix Suffix
- Patient Address
- Patient City, State, Zip
- Patient Date of Birth
- Patient Gender

Demographic information will only be shared for patient's that have agreed to share their data through the exchange.

Patient Documentation

As the EMR, Homecare Homebase will respond to clinical document requests from healthcare providers that are actively treating or managing ongoing care for a patient. The Continuity of Care Document (CCD) is a healthcare standard that provides a snapshot of the patient's most recent episode in HCHB.

Contents of the CCD include:

CCD Field	HCHB Field
Demographics	
Patient Name (First, Middle, Last)	Referral/Patient Name
Date of Birth	Referral/Demographics/Date of Birth
Gender	Referral/Demographics/Gender
Race	Referral/Demographics/Race
Language	Referral/Demographics/Primary Spoken Language
Address	Referral/Demographics/Service Location
Medical Record Number	Clinical Input/MR No
Contact Info – Next of Kin	
Contact Name (First, Last)	Referral/Demographics/Emergency Contact Info
Address	Referral/Demographics/Emergency Contact Info
Phone Numbers	Referral/Demographics/Emergency Contact Info
Email Address	Referral/Demographics/Emergency Contact Info
Physician	
Primary Care Physician Name (First, Last)	Referral/Physicians
Primary Care Physician NPI	Referral/Physicians
Primary Care Physician Address	Referral/Physicians
Attending Clinician/Nurse Name (First, Last)	Referral/Case Manager & Team Members
Payors	
Payor Name	Referral/Payor Sources/Payor Source
Address	Referral/Payor Sources
Phone Number	Referral/Payor Sources
Group Name	Referral/Payor Sources/Group/Plan Name
Group Number	Referral/Payor Sources/Group/Plan No
Member ID	Referral/Payor Sources/Policy (Subscriber ID)

Problems	
Diagnosis Code	Referral/Diagnoses/ICD Code
Description	Referral/Diagnoses/Description
ICD Type	Referral/Diagnoses/Type
Onset Date	Referral/Diagnoses/Onset/Exacerbation Date
Encounters	
Episode ID	Clinical Input/Episode ID
Admit Type	
Start Date	Clinical Input/Start of Episode Date
End of Episode Date	Clinical Input/End of Episode Date
Death Indicator	Discharge Condition = Patient Expired
Allergies	
Allergy Code	Referral/Clinical/Allergies
Description	Referral/Clinical/Allergies/Allergy
Date Entered	Referral/Clinical/Allergies/Date Entered
Date Voided	Referral/Clinical/Allergies/Date Voided
Entered By	Referral/Clinical/Allergies/Entered By
Vital Signs	
Description	Vital Signs/Vital Signs Report/Vital Sign
Date/Time	Vital Signs/Vital Signs Report/Time Recorded
Reading	Vital Signs/Vital Signs Report/Reading
Immunizations	
Vaccine Name	Referral/Clinical/Vaccination History/Vaccine
Vaccine Type	Referral/Clinical/Vaccination History/Vaccine Type
Vaccination Date	Referral/Clinical/Vaccination History/Date Given
Medications	
Code	
Description	Patient Meds/Medication
Dose	Patient Meds/Dose
Reason	Patient Meds/Reason
Instructions	Patient Meds/Instructions
Amount	Patient Meds/Amount
Start Date	Patient Meds/Start Date
End Date	Patient Meds/End Date
Entered By	Patient Meds/Entered By
Plan of Care	
Goal Text from 485 Order	Orders/485 Orders/Goal Text
Goal Text from Hospice Plan of Care	Orders/Hospice POC Order/Goal Text
Instructions	
Order Text from 485 Order	Orders/485 Orders/Order Text
Advance Directives from Hospice Plan of Care	Orders/Hospice POC Order/Advance Directives
Results	
Discharge Status	Patient Actions/Discharge Patient/Discharge Code
Discharge Reason	Patient Actions/Discharge Patient/Discharge Reason
Discharge Condition	Patient Actions/Discharge Patient/Discharge Condition
Discharge Date	Patient Actions/Discharge Patient/Discharge Date
% of Goals Met	% of distinct goals met

SUMMARY

Steps to Implement:

1. HCHB enables Exchange system setting.
2. Customer setup of Electronic Signature Form to capture patient consent (if needed).
3. HCHB configures patient demographic feed to Surescripts and responds to documentation requests.
4. HCHB sends a backfill of patients to Surescripts.