2015 S&CC Test Data for 170.315 (b) (1)- Transitions of Care

Ambulatory Setting

1. **Introduction**

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(1). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create, send and receive a summary care record formatted according to the Consolidated CDA (C-CDA) Release 1.1 and C-CDA Release 2.1

1. Test of 45 CFR 170.315 (b) (1)

<Include text of 45 CFR 170.315 (b) (1) here for reference>

1. Summary of test data presented herein

To exemplify 170.315 (b) (1), the following clinical scenario will be employed.

**Document Narrative:**

Ms. Jeremy Bates is a 35 year old male who is healthy and visits Neighborhood Physicians Practice on 7/22/2015 for a routine physical. The doctor conducts the physical and concludes that Jeremy is healthy and there are no current health concerns.

1. **Header Data**

The following data is part of the medical record header identifying the contextual information necessary when exchanging data.

1. Patient Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| **CCDS Data Elements** | **Contextual Data Elements required for the Medical Record encoding to C-CDA IG** | **Details** | **Additional Information** |
| Patient Name |  | First Name: Jeremy  Last Name: Bates  Middle Name:  Previous Name:  Suffix: |  |
| Sex |  | Male (M) |  |
| Date of Birth |  | 8/1/1980 |  |
| Race |  | Unknown |  |
| More Granular Race Code |  | Unknown |  |
| Ethnicity |  | Unknown |  |
| Preferred Language |  | English (eng) |  |
|  | Home Address | 1357, Amber Dr, Beaverton, OR-97006 |  |
|  | Telephone Number | Mobile: 555-777-1234  Home: 555-723-1544 |  |

1. Relevant Information regarding the Visit

|  |  |  |  |
| --- | --- | --- | --- |
| **CCDS Data Elements** | **Contextual Data Elements required for medical record encoding to C-CDA** | **Details** | **Additional Information** |
| Referring or Transitioning Providers Name |  | Full Name: Dr Albert Davis  First Name: Albert  Last Name: Davis |  |
| Office Contact Information |  | Full Name: Tracy Davis  First Name: Tracy  Last Name: Davis  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |  |
|  | Author/Legal Authenticator/Authenticator of Electronic Medical Record | Dr Albert Davis  Time: 7/22/2015 |  |
|  | Data Enterer during visit | Tracy Davis |  |
|  | Informants | Kathy Bates (Spouse)  First Name: Kathy  Last Name: Bates |  |
|  | Electronic Medical Record Custodian | Neighborhood Physicians Practice |  |
|  | Information Recipient | Dr Albert Davis |  |
|  | Visit Date | 7/22/2015 |  |
|  | Care Team Members | Dr Albert Davis  Tracy Davis |  |
|  | Other Participants in event | Mr Mathew Bates (Grand Parent)  First Name: Mathew  Last Name: Bates  Ms Kathy Bates (Spouse)  First Name: Kathy  Last Name: Bates |  |
|  | Event Documentation Details or Documentation of Event | Dr Albert Davis  30 minute encounter  Event Code = Annual Health Maintenance, History and Physical | Code for Annual Health Maintenance, History and Physical: 78318003, Code System: SNOMED-CT |

1. **Body Data**

The following data is part of the medical record details identifying the relevant clinical data captured as part of the visit.

1. Medication Allergies:
   1. No known Food Allergy (SNOMED-CT code =429625007)
   2. No known environmental allergy (SNOMED-CT code = 428607008)
   3. No known history of drug allergy (SNOMED-CT code = 409137002)

|  |
| --- |
|  |

1. Medications: No known Medications.
2. Problems: No known Problems
3. Immunizations: No known immunization history
4. Vital Signs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Code System | Vitals | Date | Value |
| 8302-2 | LOINC | Height | 7/22/2015 | 177 cm |
| 3141-9 | LOINC | Weight | 7/22/2015 | 88 kg |
| 8462-4 (Diastolic)  8480-6 (Systolic) | LOINC | Blood Pressure | 7/22/2015 | 145/88 mmHg |

1. Smoking Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element Description** | **Description** | **Start Date** | **End Date** | **Code** | **Code System** |
| Current Smoking Status | Current every day | 7/22/2015 11:30am | - | 449868002 | SNOMED-CT |

1. Procedures : No Procedure information
2. Laboratory Tests: No Lab Test required
3. Laboratory Values/Results: No Lab results
4. UDI: No implanted devices
5. Assessment and Plan of Treatment:
   1. **Assessment (Visual Inspection)**
      1. The patient was found to be healthy and advised to follow his current routine of exercise, work, sleep and quality of life.
   2. **Plan of Treatment** 
      1. Plan for a visit next year (Date: 6/24/2016)
6. Goals: No information
7. HealthConcerns: No health concerns
8. CEHRT’s are expected to represent data elements which are part of the CCDS with no information in this document using HL7 best practices for no information.