

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

Ambulatory Setting

I. 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 2.1 and be able to receive a summary care record formatted according to the C-CDA Release 1.1.

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

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

B) Summary of test data presented herein

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

Document Narrative:

Mr. Jeremy Bates is a 35 year old male who is healthy and visits Neighborhood Physicians Practice on 7/22/2015 2pm EST for a routine physical. The doctor conducts the physical and concludes that Jeremy is healthy and there are no current health concerns.

II. HEADER DATA

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

A) 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 Initial: V Previous Name: Suffix: Jr | |
| Sex | | Male (M) | |
| Date of Birth | | 8/1/1980 | |
| Race | | Unknown | |

| CCDS Data Elements | Contextual Data Elements required for the Medical Record encoding to C-CDA IG | Details | Additional Information |
|-------------------------|---|--|------------------------|
| More Granular Race Code | | Unknown | |
| Ethnicity | | Unknown | |
| Preferred Language | | English (en) | |
| | Home Address | 1357, Amber Dr, Beaverton, OR-97006 | |
| | Telephone Number | Mobile: 555-777-1234 Home: 555-723-1544 | |

B) Relevant Information regarding the Visit

The information in this table is provided for context and to help populate the required elements in the C-CDA Header along with any 2015 S&CC data elements.

| 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 | |
| | System that generated the document | Neighborhood Physicians Practice EMR | |
| | Informants | Kathy Bates (Spouse) First Name: Kathy Last Name: Bates | |

| CCDS Data Elements | Contextual Data Elements required for medical record encoding to C-CDA | Details | Additional Information |
|--------------------|--|---|--|
| | 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 (Mr Mathew and Ms Kathy have the same address Information as Mr Jeremy 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 |

III. BODY DATA

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

- A) Medication Allergies:
 - a. No known Allergies.
- B) Medications: No known Medications.
- C) Problems: No known Problems
- D) Encounter Diagnoses

| Code | CodeSystem | Description | Start Date | Service Delivery Location |
|----------|------------|---|------------|---|
| 78318003 | SNOMED-CT | Annual Health Maintenance, History and Physical | 7/22/2015 | Neighborhood Physicians Practice Address: 2472, Rocky place, Beaverton, OR-97006 |

E) Immunizations: No known immunization history

F) Vital Signs

| Code | Code System | Vitals | Date | Value |
|--|-------------|----------------|--------------------------|-------------|
| 8302-2 | LOINC | Height | 7/22/2015 2:05 pm EST | 177 cm |
| 3141-9 | LOINC | Weight | 7/22/2015 2:05 pm EST | 88 kg |
| 8462-4 (Diastolic) 8480-6 (Systolic) | LOINC | Blood Pressure | 7/22/2015 2:10 pm EST | 145/88 mmHg |

G) Smoking Status and Tobacco Use

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

H) Procedures : No Procedure information

I) Laboratory Tests: No Lab Test required

J) Laboratory Values/Results: No Lab results

K) UDI: No implanted devices

L) Assessment and Plan of Treatment:

- a. **Assessment and Plan of Treatment (Visual Inspection** – ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- i. The patient was found to be healthy and advised to follow his current routine of exercise, work, sleep and quality of life.
 - ii. Schedule a visit for next year.

M) Goals: No information

N) HealthConcerns: No information.

O) Functional Status: No information

P) Cognitive Status: No information