#### 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.

**Note**: The test data provided in the document was captured during this encounter including historical data. The contextual data provided is to help the vendors create their C-CDA documents using appropriate data. Vendors can ignore the contextual data if it is not required for C-CDA generation; however the generated C-CDA is expected to contain the data relevant to the criteria as specified in the regulation.

### 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	Contextual Data	Details	Additional
Elements	Elements required		Information
	for the Medical		
	Record encoding to		
	C-CDA IG		

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	
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		Full Name: Dr Albert Davis	
Transitioning		First Name: Albert	
Providers Name		Last Name: Davis	
Office Contact		Full Name: Tracy Davis	
Information		First Name: Tracy	
		Last Name: Davis	
		Telephone: 555-555-1002	
		Address: 2472, Rocky	
		place, Beaverton, OR-	
		97006	

CCDS Data Elements	Contextual Data Elements required for medical record encoding to C-CDA	Details	Additional Information
	Author/Legal Authenticator/Authe nticator 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	
	Electronic Medical Record Custodian Information Recipient	Neighborhood Physicians Practice Dr Albert Davis	
	Visit Date	7/22/2015	
Care Team Members  Other Participants in event  Event  Documentation Details or Documentation of Event		Dr Albert Davis Tracy Davis	
		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)	
		Dr Albert Davis 30 minute encounter Event Code = Caregiver Annual Health Check	Caregiver Annual Health Check: 699134002, 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
699134002	SNOMED-CT	Caregiver Annual Health Check	7/22/2015	Neighborh ood 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

**Note**: The C-CDA IG specifies how Smoking Status has to be represented using a combination of Tobacco Use and Smoking Status templates. Vendors are expected to follow the C-CDA IG to encode these data elements appropriately.

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

H) Procedures: No Procedure information

I) Laboratory Tests: No Lab Tests

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