

UC4: Care Coordination



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Version 1.1

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Revision History

Version Number	Description of Change	Name of Author	Date Published
V1.0	Initial Text	Charles Parisot	9/16/2005
V1.1	Graphic added, template adjustments made	Julie Holtzople	9/19/2005

Overview of the Use Case

Description:

Clinicians in different care settings use EHR systems to share health information to improve care coordination. This use case covers, in particular, the sharing of health summary information for referral and consultation of specialists, discharge from acute and rehabilitation care, information for emergency treatment. Relevant elements of summary documents are structured (e.g. list of allergies, medications, problems, immunizations). The goal is to improve the transparency of care and patient safety by ensuring timely access to health information while providing adequate patient privacy.

Use Case Scope:

Information shared will be focused on the most relevant elements of summary documents (e.g. list of allergies, medications, problems, immunizations). These will be structured in a manner that allows a range of uses from the simplest display to the more sophisticated exchange of coded information.

Strategic Healthcare Improvement Goals:

Interchange of such relevant health information summaries contributes to both transparency of care and patient safety.

Expected Outcomes:

Transparency of care is improved for the patient by simplifying the collection and tracking of patient health information, for clinicians by a reliable and comprehensive access to patient information from other care settings, for public health by providing the ability to extract from records critical information (e.g. immunizations).

Patient safety is improved by avoiding data re-entry errors and access to reliable data for better-informed medical decisions, for example in emergency care.

Stakeholders:

The following is a list of the stakeholders for this use case:

1. Primary Care Physician
2. Nurses
3. Most Physician Specialties
4. Patient
5. Ambulatory Clinics
6. Acute Care Facilities
7. Rehabilitation
8. Public Health
9. Payers

Interoperability Scenarios include in Care Coordination:

The following scenarios will be part of this use case:

	ID Number	Name
Scenario I	UC4S1	Referral by a primary care physician of a specialist
Scenario II	UC4S2	Consultation by a physician of a specialist
Scenario III	UC4S3	Access to prior summaries by an emergency physician
Scenario IV	UC4S4	Collection for public health of immunizations information
Scenario V	UC4S5	Referral by a primary care physician to a rehabilitation center
Scenario VI	UC4S6	Long-term care coordination.
Scenario VII	UC4S7	Audit Trail, Node Authentication, Transport Privacy
Scenario VIII	UC4S8	Patient identification cross-referencing and demographics query
Scenario IX	UC4S9	Cross-enterprise user authentication

Year 1 Scope:

The following scenarios will be supported with completed implementation guidelines published during Year 1. The subset of the scenarios addressed will focus in Year 1 on the sharing of information among the care providers rather than on workflow automation which should be the focus of year 2 and 3.

UC4S1	Referral by a primary care physician of a specialist
UC4S2	Consultation by a physician of a specialist
UC4S3	Access to prior summaries by an emergency physician
UC4S4	Collection for public health of immunizations information
UC4S6	Long-term care coordination.
UC4S7	Audit Trail, Node Authentication, Transport Privacy
UC4S8	Patient identification cross-referencing and demographics query
UC4S9	Cross-enterprise user authentication

The focus in term of clinical information content included in the summary documents shared for year 1 delivery will be:

1. Summary document organized in sections
2. Medications, Problems, Allergies and Immunizations in a structured form
3. Content to be structured in a manner that allows a range of uses from the simplest display to the more sophisticated exchange of coded information, allowing support of simple source systems.