



Continuity of Care Document Exchange

Interface Scoping Questionnaire

athenahealth, Inc.

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1. Table of Contents

[1 Table of Contents 2](#_Toc25322809)

[2 Completing This Document 4](#_Toc25322810)

[2.1 Icons Glossary 4](#_Toc25322811)

[2.1 Scoping Process 4](#_Toc25322812)

[2.2 Scope Approval 4](#_Toc25322813)

[3 Project Information 5](#_Toc25322814)

[4 Product Description 6](#_Toc25322815)

[4.1 Use Cases and Roles 6](#_Toc25322816)

[4.2 IHE Transactions 7](#_Toc25322817)

[4.2.1 Patient Identity Management 7](#_Toc25322818)

[4.2.2 Document Exchange 8](#_Toc25322819)

[4.3 Transfer Methods 8](#_Toc25322820)

[5 General Interface Configuration 9](#_Toc25322821)

[5.1 Integration Testing Environment 9](#_Toc25322822)

[5.1.1 Testing Phases and Resource Allocation 9](#_Toc25322823)

[5.2 Message Formats & Systems 9](#_Toc25322824)

[5.3 Interface Workflow 9](#_Toc25322825)

[5.3.1 Patient Identity Management Workflow 9](#_Toc25322826)

[5.3.2 Document Exchange Workflow 10](#_Toc25322827)

[5.3.3 Estimated Clinical Volume 10](#_Toc25322828)

[5.4 Object Identifier 11](#_Toc25322829)

[5.5 Backfills 11](#_Toc25322830)

[5.6 Additional Comments 11](#_Toc25322831)

[6 Document Source Configuration 12](#_Toc25322832)

[6.1 Message Filtering and Control 12](#_Toc25322833)

[6.1.1 Selective Filtering of Outbound Messages 12](#_Toc25322834)

[6.2 Document Type 12](#_Toc25322835)

[6.2.1 Document Type Comparison 12](#_Toc25322836)

[6.2.2 Document Type Selection 13](#_Toc25322837)

[6.3 Patient Consent 13](#_Toc25322838)

[7 Document Consumer Configuration 14](#_Toc25322839)

[7.1 athenaNet Configurations Required for Document Query and Retrieve 14](#_Toc25322840)

[7.1.1 Practice Setting 14](#_Toc25322841)

[7.2 Data Reconciliation 14](#_Toc25322842)

[8 Connectivity Method Overview 15](#_Toc25322843)

[9 Sample Project Plan 16](#_Toc25322844)

[9.1 Sample Interface Project Plan 16](#_Toc25322845)

[10 Appendices and Other References 17](#_Toc25322846)

[10.1 Interface Message Queue Manager 17](#_Toc25322847)

[10.2 Continuing Service and Support 17](#_Toc25322848)

1. Completing This Document

The integration process can be complicated at times and it’s important to recognize that a number of configuration options will be presented to you along the way. They are documented here in the Interface Scope Questionnaire (ISQ) as interface settings. To make the scoping process easier we also provide a recommendation for each of the available settings.

* 1. Icons Glossary

Throughout the ISQ you'll find various icons to highlight athenahealth recommended settings and best practices.

 The olive branch icon indicates athenahealth recommended settings.

 The money icon indicates options that may incur additional costs.

**BEST PRACTICES:** The horizontal bar is generally used to highlight additional tips, considerations, and advice.

* 1. Scoping Process

Your interface project manager is available to meet, assist with questions, and help determine the best-fit options for your project. Instructions for manual scoping are as follows:

1. **Review**:

Please read the entire Interface Scoping Questionnaire (ISQ) and complete all form fields and check-boxes to the best of your ability. Should you have questions about the configuration options presented in this document please do not hesitate to discuss with your interface project manager.

1. **Approve**:

When this document is completed to your satisfaction, please approve the scope of the interface by typing your name below.

* 1. Scope Approval

I,      , agree to the interface design as described here in this document.

Date:

1. Project Information

Please fill the following to the best of your ability. While not all contacts are required, you should be able to submit at least two contacts at the onset of a new interface project.

|  |  |  |  |
| --- | --- | --- | --- |
| General Information | |  |  |
| Integration Project Name (if applicable) | | |  |
| Vendor  (If applicable, third party data exchange vendor) | Company Name:  (ex. athenahealth, Inc.) | |  |
| Software Product Name:  (ex. athenaNet) | |  |
| Version:  (ex. 14.9) | |  |
| Interface Engine:  (ex. athenaNet MX Engine) | |  |
| Trading Partner Name | | |  |
| Trading Partner Type (ex. Health Information System, EHR, etc.) | | |  |
| athenahealth Practice Context ID | | |  |
| athenahealth Interface Project Manager Name | | |  |
| athenahealth Interface Project Manager Contact Information | | |  |
| Event Number (provided by Interface Project Manager, for internal athenahealth tracking) | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact | Role | Details | |
| Project Business Contact | Responsible for overall success of the project | Name: |  |
| Phone: |  |
| Email: |  |
| Project Interface Contact | Interface expert, responsible for continuing interface support | Name: |  |
| Phone: |  |
| Email: |  |
| Project IT Contact | Networking and security expert, responsible for overall connectivity | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #1 | Role: | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #2 | Role: | Name: |  |
| Phone: |  |
| Email: |  |

1. Product Description

This interface supports the secure and automated transfer of information between athenaNet and an external third-party system. To ensure compatibility across a wide array of platforms and software vendors interface data is formatted according to IHE and CCDA standards and may include:

* Patient demographics (name, dob, address, etc.)
* External Patient Identifiers (MRN or CPI assigned by an outside system)
* Consolidated Clinical Document Architecture (CCDA) Exchange

**MEANINGFUL USE**: The integrations outlined in this scoping document are not necessary to meet the MU Stage 2 Transition of Care measure, which requires the use of the DIRECT protocol to secure send Summary of Care Records when a patient is referred (transitioned) to another care setting. DIRECT messaging is fully integrated into athenaNet and available to all athenaClinicals clients at no additional cost.

* 1. Use Cases and Roles

In the exchange of CCDA documents, athenahealth can act in the following roles:

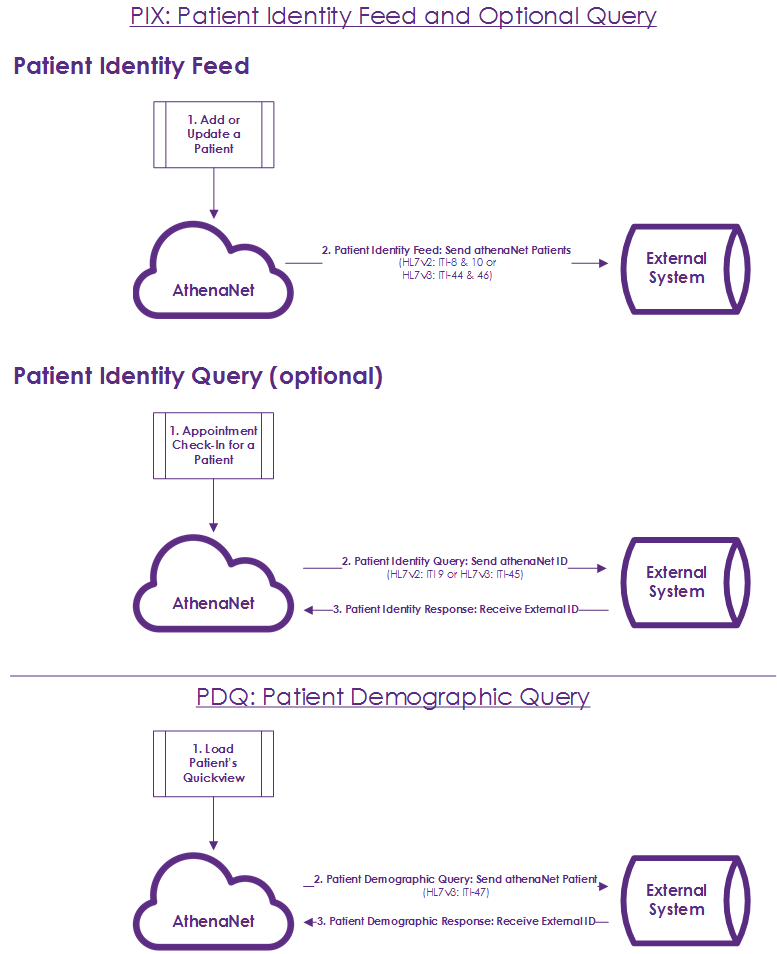
* Document Consumer – This actor receives, either via push or query, documents from the source system or Registry.
* Document Source – This actor generates the documents, sending them to the consumer or Registry.

There are the following recommended use cases and triggers for these roles:

|  |  |  |  |
| --- | --- | --- | --- |
| Scenario | Event | Functionality | Transfer Method |
| CCDA Document Source Only | Patient added/updated in athenaNet | Patient record in external system is created/updated | ITI-8 or ITI-44 |
| Patient encounter closed in athenaNet | CCDA linked to patient in external system | ITI-41 |
| CCDA Document Source and Consumer | Patient added/updated in athenaNet | Patient record in external system is created/updated | ITI-8 or ITI-44 |
| Patient checks in for encounter in athenaNet | athenaNet queries external system for foreign patient ID | ITI-9 or ITI-45 |
| “Retrieve Document List” link is clicked in patient’s chart | External system returns patient’s documents available for download | ITI-18 |
| Specific document is selected for download in patients chart | External system returns the patient’s document | ITI-43 |
| Patient encounter is closed in athenaNet | CCDA linked to patient in external system for future use | ITI-41 |
| CCDA Document Consumer Only - Pull | “Retrieve Document List” link is clicked in patient’s chart | External system returns patient’s documents available for download | ITI-18 |
| Specific document is selected for download in patients chart | External system returns the patient’s document | ITI-43 |

**WORKFLOW SCENARIOS**: Be sure to discuss workflow and interface use-cases with your interface project manager until you’re absolutely comfortable with the intended functionality. Often times the introduction of an interface will alter your end user workflow, in a good way, and it’s important to understand which elements are automated versus requiring manual input so that information can be conveyed to practice staff.

* 1. IHE Transactions
     1. Patient Identity Management



* + 1. Document Exchange



* 1. Transfer Methods

There are multiple transfer methods supported for exchanging CCDA documents. These methods can be categorized as either “Push” or “Pull”. “Push” refers to the document source sending to the consumer unsolicited. “Pull” refers to the document consumer querying the source to request specific documents.

|  |  |  |  |
| --- | --- | --- | --- |
| Transfer Method | athenahealth’s Role | Transfer Type | Patient Identity Syncing Recommended |
| Web services – XDS.b | Source | Push | Patient ID Feed (ITI-8 or ITI-44) |
| Web services – XDS.b | Consumer | Pull | Patient ID Feed (ITI-8 or ITI-44) and  Patient ID Query (ITI-9 or ITI-45) |
| SFTP | Source | Push | Patient ID Feed (ITI-8 or ITI-44) |

1. General Interface Configuration
   1. Integration Testing Environment

A non-live, athena-hosted preview environment is provided to facilitate integration testing prior to moving the interface to production. It is expected that the other vendor system provides a similar non-live environment for testing on their side as well.

Will a vendor test environment be made available for this project?  Yes is recommended

If no, please tell us what will be done for testing:

* + 1. Testing Phases and Resource Allocation

Interface testing is generally broken up into two phases, unit testing and end-user testing.

In the unit testing phase, athenahealth works directly with the other vendor to ensure outbound messages are generated and delivered successfully to the receiver. For inbound message testing, athenahealth will confirm messages are received and processed.

Upon completion of unit testing, end-user testing phase begins. athenahealth may provide guidance when appropriate, but ultimately it is client responsibility to plan, organize, and carry out testing of their interface in relation to practice workflows.

**TEST PLANS**: Plans should be aligned with the supported use cases. In addition to test plans offered by the Interface Project Manager we encourage you to come up with your own test scenarios as appropriate.

* 1. Message Formats & Systems

The other system must adhere to IHE standard transactions. There are no custom document specifications supported.

Is the purpose of this interface to replace an existing interface?

If yes, please describe existing interface:

Additional Comments:

* 1. Interface Workflow

Consider your work flows and use cases for this interface and outline them below.

**INTERFACE PRICING**: There are two components of this complete interface: Patient Identity Management and Document Exchange. Each of these will be billed as separate line items and the total cost of this interface will vary depending on which methods and workflows are selected below.

* + 1. Patient Identity Management Workflow

Patient identifiers must be exchanged and synchronized between systems prior to the exchange of CCDAs. This interface can be configured to use a patient’s XDS ID provided by the registry, athenaNet Enterprise ID, or an external MRN for the document exchange.

Patient ID options for the sourcePatientId and sourcePatientInfo included with the document:

|  |  |  |  |
| --- | --- | --- | --- |
|  | ID to be included | Other information Required | Recommended Patient Identity Options |
|  | athenaNet Provider Group Patient ID |  | Patient ID Feed (ITI-8 or ITI-44) |
|  | athenaNet Enterprise ID |  | Patient ID Feed (ITI-8 or ITI-44) |
|  | XDS ID from Registry | athenaNet Custom Field Name: XDS ID  athenaNet Custom Field ID: | Patient ID Feed (ITI-8 or ITI-44) and Patient ID Query (ITI-9 or ITI-45)  OR  Patient Demographic Query (ITI-47) |
|  | Other external patient ID | athenaNet Custom Field Name:  athenaNet Custom Field ID: | No identity management is required for this integration. External ID is synced with athenaNet and Registry via a separate integration.  OR  Patient Demographic Query (ITI-47)  OR  Patient ID Feed (ITI-8 or ITI-44) and Patient ID Query (ITI-9 or ITI-45) |

With your workflows and Patient ID selection above in mind, please complete the interface message types and triggers table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Identity Syncing Method | Enable? | Action | Direction | Default Message | Custom Message |
|  | Patient Identity Feed - HL7v2  (ITI-8 and ITI-10) |  | Add Patient | Outbound | A28 |  |
|  | Update Patient | Outbound | A31 |  |
|  | Patient Identity Feed - HL7v3  (ITI-44 and ITI-46) |  | Add Patient | Outbound | PRPA\_IN201301UV02 |  |
|  | Update Patient | Outbound | PRPA\_IN201302UV02 |  |
|  | Patient ID Query - HL7v2  (ITI-9) |  | Check-In | Outbound/ Inbound | Q23/K23 |  |
|  | Patient ID Query - HL7v3  (ITI-45) |  | Check-In | Outbound | PRPA\_IN201309UV02 |  |
|  | Patient Demographic Query  (ITI-47) |  | Load Patient Quickview | Outbound | PRPA\_IN201305UV02 |  |
|  | No identity management required for this integration | | | | | |

* + 1. Document Exchange Workflow

With your workflow in mind, please complete the table below with the transfer methods and interface message types and triggers. For more information on transfer methods, see section 4.3 Transfer Methods.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Transfer Method | Enable? | Action | athenahealth’s Role |
|  | XDS.b via Web Services |  | Encounter Close | Document Source |
|  | Query for External Documents on Patient’s Chart | Document Consumer |
| Retrieve External Document on Patients Chart | Document Consumer |
|  | SFTP |  | Encounter Close | Document Source |
|  | FTP via VPN |  | Encounter Close | Document Source |

* + 1. Estimated Clinical Volume

What is the average daily volume of clinical encounters?

Are there any anticipated future changes to this volume?

* 1. Object Identifier

OID is used to determine the source of a document. athenahealth’s OID (Object Identifier) is 2.16.840.1.113883.3.564. The client’s OID from athenaNet is 2.16.840.1.113883.3.564.ContextID (Provided by athena PM). The athenaNet OID will not specify a department or facility within an athenahealth.

If athenahealth will be a document consumer, please provide the repository OID of the document source:

* 1. Backfills

An additional offering is for athenaNet to send a full load of all patients and/or documents to the other system just as the interface is first enabled. This type of data load may require a separate project with additional costs, managed outside of the Interface Project for ‘load management planning’ as well as General Council review, for appropriateness of PHI sharing.

Does this project require a **Patient Backfill**?

Does this project require a **C-CDA Document Backfill**?

Other special backfill considerations:        Complicated backfills may incur additional cost

**BACKFILL CONSIDERATIONS**: Depending on the average amount of encounters closed per week, and how long the athenaNet tablespace has been live, the total volume for the entire backfill can become substantial. Please consider carefully the processing limitations on the receiving system, as this may impact performance and the total runtime of the backfill.

* 1. Additional Comments

Through completion of this document, if there are general interface comments, not already covered by the questions and sections below, please enter them here:

1. Document Source Configuration
   1. Message Filtering and Control
      1. Selective Filtering of Outbound Messages

Select yes if you wish to apply any type of filtering to the outbound messages.

Should messages be filtered outbound (Y/N)?  No is recommended, where the interface will send all configured messages

 Selective filtering of outbound messages may incur additional cost

If yes, please describe:

* 1. Document Type
     1. Document Type Comparison

|  |  |  |
| --- | --- | --- |
| Content Type | Encounter Summary (Episodic) | Ambulatory Summary (Longitudinal) |
| Header | Document, Patient, and Provider Information | Document, Patient, and Provider Information |
| Allergies | List of active and deactivated allergies | List of active and deactivated allergies |
| Medications | List of active and completed medications | List of active and completed medications |
| Problems | List of active and unknown problems | List of active and unknown problems |
| Immunizations | List of vaccines and immunizations | List of vaccines and immunizations |
| Procedures | List of historical procedures | List of historical procedures |
| Results | List of historical lab results | List of historical lab results |
| Social History | Current smoking status | Current smoking status |
| Vitals | List of historical vital signs: height, weight, blood pressure, BMI | List of historical vital signs: height, weight, blood pressure, BMI |
| Plan of Care | Goals and instructions for the patient | Goals and instructions for the patient |
| Past Encounters | List of encounter dates, encounter providers, and encounter diagnoses | List of encounter dates, encounter providers, and encounter diagnoses |
| Reason for Visit | Symptoms as reported by the patient |  |
| Instructions | Instructions for the patient: clinical instructions, patient decision aids |  |
| Meds Administered | Medications given to the patient during the office visit |  |
| History of Present Illness | Description of current illness |  |
| Review of Systems | Description of the physician’s review of the patient’s systems |  |
| Physical Exam | Description of the physician’s physical exam of the patient |  |

* + 1. Document Type Selection

athenaNet can send either longitudinal or episodic CCDA documents. The longitudinal document is called “Ambulatory Summary” and the episodic document is called “Encounter Summary.”

|  |  |
| --- | --- |
| Document Type Options | |
|  | Encounter Summary (Episodic CCDA) |
|  | Ambulatory Summary (Longitudinal CCDA) |

* 1. Patient Consent

athenaNet supports capturing consent and providing it to the external system. Alternatively, consent can be captured directly in the external system. Please choose the applicable consent options below:

|  |  |  |
| --- | --- | --- |
| Consent Options | | |
|  | athenaNet captures consent | |
|  | OPT-IN (Consent is ‘No’ by Default): Triggered when Consent is changed to ‘Yes’ | |  |
|  | OPT-OUT (Consent is ‘Yes’ by Default) Triggered when Consent is changed to ‘No’ | |  |
|  | Capturing Consent in athenaNet Not Applicable | |
|  | Consent is not required by the Private HIE | |
|  |  | Consent is managed by an External System |

|  |  |
| --- | --- |
| athenaNet Captures Consent | |
|  | Send/Suppression Mechanism (Only Affects Provide & Register): CCD sent when ‘Yes’ is selected, CCD not sent when ‘No’ is selected |
|  | athenaNet Sends Consent Value: Models |

|  |  |  |  |
| --- | --- | --- | --- |
| Consent Message Format | | | |
|  | ITI-8 Patient Identity Feed Messages. Please specify message location: | | |
|  | XACML Message | |  | |
|  | BPPC Message |  | |

Do you require a radio button field to be customized (Y/N)?  No is recommended, as the radio button will be labeled in the following format: ‘Trading Partner – Consent’. Trading Partner name will be taken from Section 3 - Trading Partner Name.

If yes, please describe:

1. Document Consumer Configuration
   1. athenaNet Configurations Required for Document Query and Retrieve
      1. Practice Setting

To enable the query functionality in the Clinical Documents section of the Facesheet, the practice setting “XDS Data Exchange Workflows” is required. Please contact the CSC or your account manager for assistance in enabling this setting.

* 1. Data Reconciliation

When athenaNet is the consumer of documents, a task will be created for data reconciliation. This process allows data from the document to be reconciled into the patient’s chart. Each item to be reconciled requires a specific code set to be included in the guided reconciliation flow. If the data cannot be parsed for the guided reconciliation, it can still be added to the patients chart manually. The following types of data and code sets are supported:

* **Allergies**: athenaNet allergy ID, then RxNorm.
  + Note: We do not support UNII codes. Allergy reactions and severities are coded in SNOMED.
* **Meds**: FDB MedID, NDC, then RxNorm
* **Problems**: SNOMED
* **Immunizations**: CVX

Please refer to the Data Reconciliation page in O-Help for more information on this process.

1. Connectivity Method Overview

As part of interface implementation, athenahealth will need to establish a secure method of transfer for electronic data to and from a third-party system. The Connectivity Method Overview contains our current connectivity offering as well as information regarding functionality and project steps.

<http://www.athenahealth.com/~/media/athenaweb/files/developer-portal/Connectivity_Methods_Overview.docx>

For questions, please contact your Interface Project Engineer.

1. Sample Project Plan

New athenaNet interfaces are worked as separate projects alongside the athenaNet implementation. These projects are designed and adapted to fit within the same timeline as the primary implementation window.

* 1. Sample Interface Project Plan

|  |  |  |
| --- | --- | --- |
| Phase | Duration | Description |
| SCOPE | 4 weeks | Client and athena review and scope project. Interface Scoping Questionnaire (ISQ), detailing the options and extras required for the interface, and the Interface Proposal (IP), detailing the cost of the interface, are completed and signed in this stage. Client completes a connectivity worksheet. |
| BUILD | 4 weeks | Client and athena work together to establish a secure communications connection between athena and the practice. Athena creates necessary code for the interface, and tests it internally given whatever samples the client has supplied. At the end of this period, interface is released on PREVIEW test server. |
| TEST | 4 weeks | Client tests interface for correctness and workflow impact. Any interface modifications are done in this stage. At the end of this period, when satisfied, client signs the Go Live Agreement (GLA). athena will participate in unit testing to verify functionality from a technical perspective. Full end-user acceptance testing is the client’s responsibility to plan, organize, and support. |
| GO LIVE | 2 weeks | Athena brings the interface live on the agreed date. Athena must have at least 2 days advanced notice on the go-live date. Post Go-Live, the interface maintenance is transitioned to a dedicated team |

 Shortening project duration may incur additional cost



1. Appendices and Other References
   1. Interface Message Queue Manager

The athenaNet Interface Message Queue Manager (IMQM) is an interactive repository for all interface messages that pass through athenaNet. Messages can be categorized into several processing states. Please note that messages in a final state (processed or deleted) will only remain in the queue for 90 days.

|  |  |
| --- | --- |
| Message State | Explanation |
| SCHEDULED | Scheduled to be sent at a later time |
| NEW | Placeholder for a new message and ready to be sent or received |
| DISTRIBUTED | Delivery or acknowledgement is pending for Global interfaces |
| PENDING | Delivery or acknowledgement is pending |
| PROCESSED | Processed normally; remains in queue for only 90 days |
| ERROR | Generic error encountered; routed to client |
| CBOERROR | Billing related error encountered; routed to client |
| ATHENAERROR | Internal error encountered; routed to athenahealth Client Support Center |
| DELETED | Messages that have been deleted; remains in queue for only 90 days |

In order to access the IMQM in athenaNet to manually resolve common errors, such as missing providers, invalid procedure codes, or unknown departments, the following user permissions must be granted by the local system administrator:

|  |  |
| --- | --- |
| Permission | Use Case |
| Interface Admin: View Message Queue | You want to be able to view the IMQM. |
| Interface Admin: Map Insurance Messages | You need to map insurance messages. |
| Interface Admin: Map Messages (except Insurances) | You need to map all messages excluding insurance messages (e.g. provider and department mappings). |
| Interface Admin: File Upload Interface | You want to be able to upload files via the interface. |

See [athenaNet Interface Queue Management Guide](http://www.athenahealth.com/developer-portal/developer-toolkit/support) for more information on the functionality of the IMQM and on client-side cleanup for ERRORs and CBOERRORs.

* 1. Continuing Service and Support

Within two weeks after go-live your interface will be transitioned into our daily service and support structure.

As a standard practice, athenahealth continuously monitors all client connections and will notify the contacts specified if an error occurs. All jobs are monitored and automatically restarted if idle. For more details please refer to the [Interface Down Support Document](http://www.athenahealth.com/developer-portal/developer-toolkit/support).

To contact athenahealth for questions or modifications to the interface, support can be accessed directly in athenaNet:

