



# Eligible Hospital and Critical Access Hospital Meaningful Use Menu Set Measures

## Measure 7

Stage 1

Date issued: November 7, 2010

| Transition of Care Summary |  |
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| <b>Objective</b>           | The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral. |
| <b>Measure</b>             | The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.                      |
| <b>Exclusion</b>           | No exclusion.  |

### Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information

### Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

### Attestation Requirements

#### NUMERATOR / DENOMINATOR

- DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the transferring or referring provider.
- NUMERATOR: Number of transitions of care and referrals in the denominator where a summary of care record was provided.

The resulting percentage (Numerator ÷ Denominator) must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.

### Additional Information

- Only patients whose records are maintained using certified EHR technology should be included in the denominator for transitions of care.
- The transferring party must provide the summary care record to the receiving party.

- The eligible hospital or CAH can send an electronic or paper copy of the summary care record directly to the next provider or can provide it to the patient to deliver to the next provider, if the patient can reasonably be expected to do so.
- If the provider to whom the referral is made or to whom the patient is transitioned to has access to the medical record maintained by the referring provider then the summary of care record would not need to be provided, and that patient should not be included in the denominator for transitions of care. For example, different settings within a hospital using the same certified EHR technology have access to the same information, so providing a clinical care summary under these circumstances would not be necessary.