Continuity of Care Record (CCR)

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CCR Sponsors

• ASTM International
  – Voluntary consensus standards (10,000 published)
  – 200 Staff, 34,000 Members, 100 Countries, 132 main technical committees
  – ASTM E31 Committee on Health Informatics, E31.28 CCR Task Group

• Massachusetts Medical Society
  – 1st draft based on Massachusetts State Department of Public Health’s patient care referral form (PCRF).
  – Current president (Tom Sullivan, MD) co-chairs CCR Work Group

• HIMSS
  – 14,000 members
  – Part of its EHR initiative

• American Academy of Family Physicians
  – 95,000 members
  – Center for Health Information Technology established 2003

• American Academy of Pediatrics
  – 59,000 members
What Is the CCR?

• Organized and transportable core data set of most relevant and timely facts about a patient’s health information and healthcare
• Prepared by a provider/clinician
• At the conclusion of an encounter
• To enable the next provider to easily access such information.
More About the CCR

• Designed for all clinical care referrals/transfers
• Technology neutral and vendor neutral
• Offered on XML platform to allow variety of presentations
  – Electronic
    • Browser version
    • HL7 message
    • Secure email
    • PDF
  – Any design format
  – Paper also an option
• EHR systems, both outpatient and inpatient
  – May import/export all relevant data to/from CCR document
  – Automated transmission with minimal workflow disruption
What Does the CCR Do?

- Exchanges most relevant and timely clinical information about a patient among providers, institutions, or others.
  - Completed upon referral or transfer or other transition of a patient from one caregiver to another. Completed by
    - Physicians
    - Nurses
    - Ancillary providers (e.g., social work, physical therapy, occupational therapy)

- Serves as necessary bridge to a different environment, often with new clinicians who know nothing about the patient, enabling next provider to easily
  - Access core data set of patient information at the beginning of an encounter
  - Update information when the patient goes to another provider, to support safety, quality, and continuity of patient care.

- Provides the patient a brief summary of recent care.
Why the CCR?

• To foster and improve continuity of patient care,
• To enhance patient safety
• To reduce medical errors
• To reduce costs
• To enhance efficiency of health information communication and exchange
• To standardize patient care information across institutional and regional boundaries, thereby greatly benefiting the healthcare process.
• To assure at least a minimum standard of health information transportability when a patient is referred or transferred to, or is otherwise seen by, another provider.
What’s in the Core Data Set?

• Document identifying information
• Patient identifying information
• Patient insurance/financial information
• Advance Directives
• Patient’s health status
• Care documentation
• Care plan recommendations
• List of health care practitioners
Extensions for Additional Content

- Enterprise and institution specific information
- Clinical specialties, e.g., pediatrics, surgery
- Disease management
- Payer-specific information
- Personal health record
- Other potential extensions, e.g., clinical trials
How Is CCR Being Developed?

- Series of meetings involving variety of stakeholders
  - Federal government agencies
  - Clinical specialty societies
  - States’ departments of public health
  - Community health programs, e.g. home health, LTC
  - Professional organizations
  - Other organizations and individuals, e.g. payers and clinicians

- Circulation and website postings of evolving
  - Concept paper
  - Spreadsheet of core data elements
  - Standard specification
How to Participate

• Attend meetings
• Respond to materials circulated and posted
• Inform your agency, society, etc.
• Contact sponsoring agencies
• Become an ASTM E31 member ($75)
  • Voting privileges re CCR draft standard
  • Authorized access to final CCR standard
  • Access to other E31 committee activities and standards
Timetable: 2003-2004

- Create a consensus on the minimum dataset with a focus on ambulatory use.
  - Series of consensus building meetings
  - ASTM E31 Meeting, November 17, Tampa, FL
    - Reviewed draft standard specification, including spreadsheet of core data elements
    - Consensus on changes to be made in draft
  - ASTM E31 Ballot following Nov 17 meeting
    - Target date February 2004
    - Must be ASTM E31 member at time ballot is opened
Timetable: 2004 -

- Demonstration projects
  - HIMSS/HL7 – CCR in HL7 messages using CDA
  - TEPR in May
  - Others

- Implementation of standard specification for CCR core elements by vendors for:
  - Providers
  - Vendors
  - Patients
  - Communities
Timetable: 2004 -

- Hold meetings to develop data sets for extensions, e.g.
  - Clinical specialties
  - Institution- and enterprise-specific
  - Long-term care
  - Home health
  - Financial applications, including attachments
  - Disease management
  - Clinical trials
  - Personal health record
- Ballot ASTM standards addressing extensions
- Promote implementation of standards
- Promote harmonization with HL7 CDA
Thank You!!

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