Countdown to Promoting Interoperability Week 4
2019 PI: Support Electronic Referral Loops by Receiving & Incorporating Health Information
Virtual Office Hours GTM Chat Q&A

Question: Our local clinic is insisting that the exchange is only for referrals. They are not reading it as all new patients. Any advice? Unfortunately, they read QPP and forwarded it on to me as "evidence" for their argument.
Answer: You're in a tough spot, having to educate others about the MIPS-PI requirements after they've already decided it's not a requirement. This link provides the official fact sheet specifying that new patients (those where "the MIPS eligible clinician has never before encountered the patient") are included: https://goo.gl/UfNfQC. Perhaps when they receive transition of care information from you, they'll understand the benefit and will return the favor.

Question: Can you only do this if they send you the file within Revolution?
Answer: You may receive the XML file outside of RevolutionEHR via an external secure portal, and you can upload it to the appropriate patient's chart and work through the incorporation process.

Question: If you know your concierge docs don't do electronic can you still mark that without the "attempted" portion, because they laugh when we ask.
Answer: that's a perfect example of when to note requested but unavailable.

Question: Do you have to un-sign the encounter to go back and indicate they "requested but unavailable"
Answer: you do not! Just head back to the RFV screen and select the e-TOC dropdown option and click Next

Question: What happens in the long run to your score if most of your NPs you aren't able to get the info and you're always marking that unable to get box? What stops someone from just doing that all the time....
Answer: We don't doubt that some may default to not even trying (no one on this call!) But there's no threshold for the measure, so even if it's hard to get many to exchange with you and you exclude those patients from the denominator, the success you do have will still count in terms of performance points.

Question: Will there be a report we can run to identify pts we still need this info for?
Answer: You can use the Audit file for the measure on the MIPS-PI Scorecard to find patients in the denominator who aren't in the numerator. It does require a manual review and comparison of the two lists (numerator and denominator)

Question: This action has to be done for every single new patient, correct? How do we determine what establish patient we need to do it for? Is it when the patient mentions that their PCP suggested they come in or only when the appointment was made by the PCP office?
Answer: Any new patient will become part of the denominator, and any established patient for whom you check "Transition of Care" box on the RFV screen.