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Continuity of Care Record FAQs

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What is the CCR?

The CCR, or Continuity of Care Record, is a standard specification being developed jointly by ASTM International, the Massachusetts Medical Society (MMS), and the Health Information Management and Systems Society (HIMSS). It is intended to foster and improve continuity of patient care and to assure at least a minimum level of quality when a patient is referred, transferred, or otherwise goes to another provider setting. The origins of the CCR stem from a Massachusetts Department of Public Health, three-page, NCR paper-based Patient Care Referral Form that has been in widespread use over many years in Massachusetts.

The CCR is being developed and enhanced in response to the need to organize a set of basic patient information consisting of the most relevant and timely facts about a patient's condition. Briefly, these include diagnoses, recent procedures, allergies, medications, recent care provided, as well as recommendations for future care (care plan) and the reason for referral or transfer. The CCR will be created by a healthcare provider/clinician at the end of an encounter, or at the end of an episode of care, such as a hospital or rehabilitation stay. In case of a

Referral -- the referring provider/clinician should transmit the CCR information to the receiving provider in an electronic format, preferably in XML or HL7, and highlight the reason for referral along with the proposed minimum facts indicated above.

Transfer -- the discharging provider/clinician should transmit the CCR to the provider and new care setting where the patient is being transported (to arrive before or with the patient).

Discharge (without obligatory referral or transfer) -- the CCR should be provided to the patient in paper or digital format for future use (including visits to the Urgent Care or Emergency Department) and to whomever the patient designates as the primary care physician or clinician who will be responsible for follow up care, if needed.

The goal is to create a CCR that will enable the next provider to easily access the above-indicated information at the beginning of a first encounter and easily update the information when the patient goes on to another provider. The CCR may be used as a vehicle to exchange clinical information among providers, institutions, or other entities. It may also be used by the patient as a brief summary of recent care.

The CCR will be completed by physicians, nurses, and ancillary providers (e.g., social work, PT, OT) upon discharge or transfer or other transition of a patient from one caregiver to another, whether it is inpatient, outpatient, or community based, in order to support the safety, quality, and continuity of patient care. It is envisioned that in the future, the electronic medical record system will simply collect and download or upload all relevant data to and from the CCR document and enable automated transmission with minimal workflow disruption of individual caregivers.

What are the benefits of the CCR?

The CCR should have a great impact on the quality of care, on the reduction of medical errors, and on the containment of costs. The potential benefits are obvious:

- The next healthcare provider will not have to guess about a patient's allergies, medications, or current and recent past diagnoses and other pertinent information.
- The next healthcare provider will be informed about the patient's most recent healthcare assessment and services.
- The next healthcare provider will be informed about recommendations of the caregiver who last treated the patient.
- As patient demographics will be provided, time and effort will be saved by not having to repeatedly ask a patient for demographic information in detail. Rather, it can be verified, which takes less time.
- A patient's insurance status will more easily be established. Over time, this can be expanded within the system.
- Costs associated with the patient's care will be reduced, for example through avoiding repetitive tests and basic information gathering.
- The effort required to update the patient's most essential and relevant information, will be minimized

Does development of the CCR overlap with or compete with other EHR efforts such as HL7 and OpenEHR?

The EHR is a vision of consolidating all of a patient's data (from prenatal to current), utilizing open standards and making it available to caregivers across the wide spectrum of healthcare delivery sites. As such it requires full interoperability within and among healthcare enterprises, a goal that is not likely to be achieved within the near future (5 to 10 years).

The widespread use of the CCR will achieve many of the short term goals and benefits of the envisioned EHR by providing a basic set of the most current and pertinent information about the patient. Thus, it is a more practical, more immediately achievable, interim alternative to the EHR. Indeed, we anticipate the CCR will facilitate and stimulate more rapid EHR development, as an essential and simple building block.

The CCR, being both vendor neutral and technology neutral, will have widespread applicability, including potential adoption within HL7 and OpenEHR. Although it is being developed on an XML platform, its use will not be limited by that technology. Options include printing a hard copy and having a patient or other authorized person carry it, sending it as a standard HL7 message, or in a secure email, or faxing or sending it as an XML message to be integrated into the patient information system.

Do I have to be a member of ASTM, MMS, or HIMSS to participate in this activity?

You need not be a member of ASTM, MMS, or HIMSS in order to be informed, participate in meetings, and provide input about the CCR.

However, to participate formally in the development of the CCR, including its balloting as a standard, requires membership in ASTM E31 Committee on Health Informatics. Annual dues are \$75. To sign up as a member for ASTM Committee E 31, see www.astm.org or contact dsmith@astm.org.

What are next steps?

ASTM, MMS, and HIMSS will be hosting a series of consensus-building meetings regarding this standard, in order to involve government agencies, medical societies, other professional societies, state

departments of public health, and others who may be interested in contributing to its development and adoption.

The first open meeting will be held on August 5, 2003, at the Massachusetts Medical Society, in Waltham, MA. In addition to presentations regarding the CCR's development, there will be general discussion time and breakout sessions to work directly on the draft document. The meeting is open to both ASTM members and nonmembers, and the registration fee is \$25, including breakfast, lunch, and parking.

Additional meetings are planned in the fall, including the ASTM E31 meeting, November 17-18, in Tampa, FL.

For further information on these meetings and other activities related to development of the CCR, contact Dan Smith at ASTM as indicated below.

How can I get on the mailing list for this activity?

To participate in this activity and to stay informed regarding its meetings and progress, write Dan Smith, E31 Staff Manager, at dsmith@astm.org, using the subject line "CCR" and indicating whether you want to join ASTM in order to participate as a member or prefer to be placed on the nonmember distribution list for meeting notices and progress reports.

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