Use Case Implementation Guide

Interface Specifications

Purpose

This *Use Case Implementation Guide* document guides participants throughout the development of new/existing inbound interfaces to the Connie and provides an overview of the interface specifications. In addition to integrations and access by Connie participating organizations, Connie is also integrated with the following designated qualified nodes: CTHealthLink, eHealth Exchange, and CareQuality. For more information regarding statutory mandates and participation requirements, visit the Connecticut Office of Health Strategy website to learn more about Connie.

The required fields referenced below are what Connie expects to receive to support statutory, technical, and use case requirements. Deviation from the required fields in both availability and location of the field can be supported with advance notice on a case-by-case basis. Modifications to the spec should be identified and defined at the start of the integration project. The organization is welcome to send additional data types outside of what is listed below. All necessary mapping can be completed on the Connie end with the assistance of the participant.

Field optionality will be specified as[1]:

- **R** = Required
- **RA** = Required if available
- **P** = Preferred
- **O** = Optional
- **C** = Conditional

[1] Consistent with HL7 Optionality and Conformance Usage: https://wiki.hl7.org/Conformance_Implementation_Manual#v2.x:_Optionality.2C_Usage_and_Interversion_compatiblity

Message Types

CONNIE supports HL7 version 2.x messages and version 3.x documents. In order to complete its mission for meaningful health information exchange, CONNIE requires the following HL7v2 message types from participating organizations as applicable for the associated use case(s).

#	Use Case	Message Types Required/Supported
1	Empanelment	ADT or SIU or Panels
2	Clinical Data	ORU, MDM, C-CDA
3	Notification	ADT or SIU
4	Prescribed Medications	ASAP 4.2a and greater
5	Payers	ORU or Panels

In addition to the above, CONNIE requires *episodic* C-CDAs, as available and applicable.

CONNIE requires HL7 standard MSH and PID segments across ADT, ORU, SIU, and MDM messages. Please refer to appropriate tabs in the specifications workbook for detailed specifications on each of these segments.

Translation Tables

CONNIE requests participating organizations to provide all applicable translation tables for the required fields identified in the specifications workbook. Translation tables requested include, but are not limited to, Discharge Disposition, Patient Class. Race, Ethnicity, and Location Codes. In addition, Connie requests assistance with mapping local codes to industry standard code sets as applicable.

PANELS

Connie can receive patient panels via a .CSV comma delimited file via a Connie hosted Secure File Transfer Protocol (SFTP).

Participating organizations can share patient panels for their current encounter activity as well as for their historical encounter activity. The benefit of sharing and loading historical information (or all active patients) is that when providers query for patient records, we'll know they have that HIPAA relationship with the patient, and we can share more clinical information at point of care rather than slowly building the data over time with current patient encounters.

You can reference the Patient Panel Implementation Guide files for additional information.

ADT/SIU

Connie requests ADT/SIU messages with the following event types.

Code	Display Name
A01	Admit
A02	Transfer
A03	Discharge
A04	Registration
A05	Pre-Admit
A06	Change from Outpatient to Inpatient
A07	Change from Inpatient to Outpatient
A08	Update Patient Information
A11	Admit Cancellation
A12	Transfer Cancellation
A13	Discharge Cancellation
A18	Merge Patient Information
A28	Add Person or Patient Information
A29	Delete Person Information
A31	Update Person Information
A34	Merge Patient Information
A36	Merge Patient Information
A38	Cancel Pre-Admin
A39	Merge Person
A40	Merge Patient

CONNIE will also accept all other segments. It is important that CONNIE and the Participant have a shared understanding of the unique patient identifiers that come across on the ADT and SIU feeds. As an example, please communicate if CONNIE will be receiving local MRNs, enterprise MRNs, or both.

See ADT Implementation Guide for additional information.

Merge Messages

The following ADT event types are treated as merges. Merge messages must contain 1 PID and 1 MRG segments. The surviving MRN should be in PID-3.1 and the obsolete MRN should be in MRG-1.1 or MRG-4.1. If multiple repetitions are sent in either PID-3 or MRG-1/ MRG-4, the assigning authority must be included in the 4th component of both PID-3 and MRG-1/MRG-4.

Code	Display Name
A18	Merge Patient Information
A34	Merge Patient Information
A36	Merge Patient Information
A39	Merge Person
A40	Merge Patient

Lab Results

CONNIE processes laboratory results data based on the same hierarchy as ADT and transcription messages. CONNIE acknowledges ORU-R01 messages used to transmit result data, register clinical trials, and for other medical reporting purposes.

Observations reported can include clinical lab results, EKG pulmonary study results, patient condition, and other health data.

See Lab Implementation Guide for additional information.

Radiology

Radiology reports can be sent as ORU-R01 or MDM messages. ORU-R01 is preferred. Alternatively, the result report can be contained in either OBX and/or NTE segments. All radiology and results will be treated as free text. Please send finals only.

Radiology messages may include radiology procedure results.

See Radiology Implementation Guide for additional information.

Transcription

Transcriptions can be sent as ORU-R01 or MDM messages. All transcription results will be treated as free text. Please send finals only.

Transcription messages may include care notes, care alerts, discharge summaries, or lab, radiology or procedure results.

See Transcription Implementation Guide for additional information.

CCDA

Episodic CCDA documents sent to the CONNIE require a previous ADT or patient registration. CONNIE can receive CCD documents via HTTP request, web service request, TCP, Direct email, FTP, SFTP, SMB, or WebDAV. OIDS should be properly matched throughout the document. During implementation, it is required that CONNIE know if there is more than one organization or OID.

CONNIE currently supports MU3 and previous versions of Meaningful Use.

Please refer to the CCDA Implementation Guide for more detailed information.

Encounter Notification Service

Description

Connie, as part of its role to be a health data utility for the state of Connecticut now manages the ADT notification services program known as Project Notify that was previously managed directly via DSS. Project Notify is currently only routing admissions and discharges that are associated with Medicaid patients, and that have a Medicaid identifier in their ADT message. Through the Project Notify program, Connie supports the delivery of real-time admission, discharge, and transfer (ADT) alerts to treating providers and care coordinators whenever a Medicaid beneficiary has a hospital encounter. Currently, this service sends secure alerts based on a panel of patients with whom the provider/care coordinator has an active treatment relationship. This enables the provider/care coordinator to know when a hospital related event occurs and whether further care coordination or follow-up is necessary to provide the best care to the patient and keep healthcare costs down. The two functions of creating panels of patients to provider/care coordinators and routing hospital encounter alerts based on this information constitute the Connie Empanelment and Encounter Alert Service.

Connectivity

CONNIE currently supports multiple methods to connect and share messages.

Please refer to the Connectivity Implementation Guide for more detailed information regarding the options available.