PRHIE HL7 CCDA IMPLEMENTATION GUIDE

(VERSION 1)

Document ID: OPS CCDA SP1

Contents

Introduction

This specification is designed to assist in the development of an interface between our partners and Health Gorilla for transmitting Consolidated Clinical Document Architecture (CCDA) documents.

This document explains the technical details of our HL7 standard support. Interface development between Health Gorilla and our vendors is approved by our business development team, then scheduled and managed by our engineering and development organization. We work in conjunction with our vendor partners to spend time analyzing and planning our interface to ensure that both parties are using the same optional features.

Scope

The scope of this document covers the connectivity options to send a CCDA to Health Gorilla using HL7 CCDA.R2 specifications.

Methods of Receiving a CCDA

The following methods are used by Health Gorilla to receive CCDA's. The preferred method is through the ITI-41 IHE XDS transaction.

METHOD
IHE XDS transaction ITI-41
IHE XCA transactions ITI-38, ITI-39
FHIR
SFTP

Sending a CCDA as an XML File

Health Gorilla can accept a CCDA as an XML file. Health Gorilla can accept CCDA's created to the specifications below. An example message can be found in the Sample CCDA Document section.

Related Specifications

Health Gorilla accepts CCDA's based on the HL7 CCDA.R2 specification. The specifications can be retrieved from the HL7 organization at:

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=7

Sample CCDA Document

```xml
<?xml version="1.0"?>
<!DOCTYPE levelone PUBLIC "-//HL7//DTD CDA Level One 1.0//EN" "levelone_1.0.dtd">
<levelone>
    <clinical_document_header>
        <id EX="a123" RT="2.16.840.1.113883.3.933"/>
        <document_type_cd V="11488-4" S="2.16.840.1.113883.6.1" DN="Consultation note"/>
        <origination_dttm V="2000-04-07"/>
        <patient_encounter>
            <id EX="KPENC1332" RT="2.16.840.1.113883.3.933"/>
            <practice_setting_cd V="GIM" S="2.16.840.1.113883.5.10588" DN="General internal medicine clinic"/>
            <encounter_tmr V="2000-04-07"/>
        </patient_encounter>
        <legal_authenticator>
            <legal_authenticator.type_cd V="SPV"/>
            <participation_tmr V="2000-04-08"/>
            <signature_cd V="S"/>
            <person>
                <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
                <person_name>
                    <nm>
                        <GIV V="Robert"/>
                        <FAM V="Dolin"/>
                        <SFX V="MD" QUAL="PT"/>
                    </nm>
                    <person_name.type_cd V="L" S="2.16.840.1.113883.5.200"/>
                </person_name>
            </person>
        </legal_authenticator>
        <originator>
            <originator.type_cd V="AUT"/>
            <participation_tmr V="2000-04-07"/>
            <person>
                <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
            </person>
        </originator>
        <originating_organization>
```

```
            <originating_organization.type_cd V="CST"/>
            <organization>
                <id EX="M345" RT="2.16.840.1.113883.3.933"/>
                <organization.nm V="Good Health Clinic"/>
            </organization>
        </originating_organization>
        <provider>
            <provider.type_cd V="CON"/>
            <participation_tmr V="2000-04-07"/>
            <person>
                <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
            </person>
        </provider>
        <patient>
            <patient.type_cd V="PATSBJ"/>
            <person>
                <id EX="12345" RT="2.16.840.1.113883.3.933"/>
                <person_name>
                    <nm>
                        <GIV V="Henry"/>
                        <FAM V="Levin"/>
                        <SFX V="the 7th"/>
                    </nm>
                    <person_name.type_cd V="L" S="2.16.840.1.113883.5.200"/>
                </person_name>
            </person>
            <birth_dttm V="1932-09-24"/>
            <administrative_gender_cd V="M" S="2.16.840.1.113883.5.1"/>
        </patient>
    </clinical_document_header>
    <body>
        <section>
            <caption>History of Present Illness</caption>
            <paragraph>
                <content>Henry Levin, the 7th is a 67 year old male referred for further asthma management. Onset of
asthma in his teens. He was hospitalized twice last year, and already twice this year. He has not been able to be
weaned off steroids for the past several months. </content>
            </paragraph>
        </section>
        <section>
            <caption>Past Medical History</caption>
            <list>
                <item>
                    <content>Asthma</content>
                </item>
                <item>
                    <content>Hypertension</content>
                </item>
                <item>
                    <content>Osteoarthritis, right knee</content>
                </item>
            </list>
        </section>
        <section>
            <caption>Medications</caption>
            <list>
                <item>
                    <content>Theodur 200mg BID</content>
                </item>
                <item>
                    <content>Proventil inhaler 2puffs QID PRN</content>
                </item>
                <item>
                    <content>Prednisone 20mg qd</content>
                </item>
                <item>
```

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```xml
                <content>HCTZ 25mg qd</content>
            </item>
        </list>
    </section>
    <section>
        <caption>Allergies</caption>
        <list>
            <item>
                <content>Penicillin - Hives</content>
            </item>
            <item>
                <content>Aspirin - Wheezing</content>
            </item>
        </list>
    </section>
    <section>
        <caption>Social History</caption>
        <list>
            <item>
                <content>
Smoking :: 1 PPD between the ages of 20 and 55, and then he quit.
                </content>
            </item>
            <item>
                <content>Alcohol :: rare</content>
            </item>
        </list>
    </section>
    <section>
        <caption>Physical Examination</caption>
        <section>
            <caption>Vital Signs</caption>
            <list>
                <item>
                    <content>BP 118/78</content>
                </item>
                <item>
                    <content>Resp 16 and unlabored</content>
                </item>
                <item>
                    <content>T 98.6F</content>
                </item>
                <item>
                    <content>HR 86 and regular</content>
                </item>
            </list>
        </section>
        <section>
            <caption>Skin</caption>
            <paragraph>
                <content>Erythematous rash, palmar surface, left index finger.<observation_media>
                    <observation_media.value MT="image/jpeg">
                        <REF V="rash.jpeg"/>
                    </observation_media.value>
                </observation_media>
                </content>
            </paragraph>
        </section>
        <section>
            <caption>Lungs</caption>
            <paragraph>
                <content>Clear with no wheeze. Good air flow.</content>
            </paragraph>
        </section>
        <section>
            <caption>Cardiac</caption>
```

```
        <paragraph>
            <content>RRR with no murmur, no S3, no S4.</content>
        </paragraph>
    </section>
</section>
<section>
    <caption>Labs</caption>
    <list>
        <item>
            <content>CXR 02/03/1999: Hyperinflated. Normal cardiac silhouette, clear lungs.</content>
        </item>
        <item>
            <content>Peak Flow today: 260 l/m</content>
        </item>
    </list>
</section>
<section>
    <caption>Assessment</caption>
    <list>
        <item>
            <content>Asthma, with prior smoking history. Difficulty weaning off steroids. Will try gradual taper.
                <coded_entry>
                    <coded_entry.value V="D2-51000" S="2.16.840.1.113883.6.5"/>
                </coded_entry>
            </content>
        </item>
        <item>
            <content>Hypertension, well-controlled.</content>
        </item>
        <item>
            <content>Contact dermatitis on finger.</content>
        </item>
    </list>
</section>
<section>
    <caption>Plan</caption>
    <list>
        <item>
            <content>Complete PFTs with lung volumes.</content>
        </item>
        <item>
            <content>Chem-7</content>
        </item>
        <item>
            <content>Provide educational material on inhaler usage and peak flow self-monitoring.</content>
        </item>
        <item>
            <content>Decrease prednisone to 20qOD alternating with 18qOD.</content>
        </item>
        <item>
            <content>Hydrocortisone cream to finger BID.</content>
        </item>
        <item>
            <content>RTC 1 week.</content>
        </item>
    </list>
</section>
</body>
</levelone>
```