GOAL
To improve care coordination, achieve the Meaningful Use 2 Transition of Care and Medication Reconciliation objectives and support Patient Centered Medical Home standards
**Organization**

Ambulatory Practice and Behavioral Health Organization

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To improve care coordination, achieve the Meaningful Use 2 Transition of Care objective and support Patient Centered Medical Home standards

**Trading Partners and Systems**

**Organization A** - ambulatory practice; primary care physician (PCP), using a practiced based EHR with a Direct gateway to the Mass HIway

**Organization B** – behavioral health organization, using Mass HIway webmail

**Data to Exchange**

CCD – Summary of Care document

**Story**

The PCP provides care to a patient with a mental health diagnosis and determines a new medication needs to be prescribed to them for a physical symptom. The PCP explains to the patient that this information should be shared with their behavioral health provider and obtains the patient’s consent to share their summary of care document with the psychiatrist. The PCP sends this document via the Mass HIway by searching for the psychiatrist in the Mass HIway Directory, which is accessible via the practice’s EHR, then sends the summary of care document to the psychiatrist’s Mass HIway Direct address.

The psychiatrist receives the summary of care record from the PCP. At the patient’s next appointment, the psychiatrist obtains the patient’s consent to share health information (including mental health information) with other healthcare providers, so that she can send a behavioral health summary of care document back to the patient’s PCP, which includes a full list of medications prescribed by the psychiatrist. The psychiatrist will do this by logging into her Mass HIway webmail account, searching for the PCP in the Mass HIway Directory and sending the summary of care document to the PCP’s HIway Direct address.