



# ENTERPRISE PATIENT PORTAL V2.1 MANDATORY DISCLOSURES

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# 1. Mandatory Disclosures

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The following sections describe eClinicalWorks® Enterprise Patient Portal mandatory disclosures.

## 1.1. Add on Service: eClinicalWorks Enterprise Patient Portal

### **Description of Capability:**

The eClinicalWorks® Enterprise Patient Portal (hereinafter singularly referred to as “EPP”) is a tool that provides easy access to patient health information from eCW and non-eCW providers within a network/community, to deliver better healthcare. EPP is a secure, Web-based module designed to improve the quality of care by facilitating communication between hospital systems and eCW ambulatory and non-eCW ambulatory EMRs within a community and its patients, through the use of eClinicalWorks Electronic Health Exchange (eEHX®).

### **Costs and Fees:**

The use of EPP involves costs in addition to the standard eClinicalWorks V11 costs. The costs that will be incurred are outlined below:

**Implementation, Hosting and Maintenance Costs:** To implement the service, there is a one-time implementation cost applied to the entire organization, *i.e.*, a single, one-time implementation cost per organization.

There is a quarterly cost for support and maintenance of the platform as well as a quarterly cost for eClinicalWorks hosting the platform. This quarterly cost is determined by the number of patients that have an account related to the product.

In addition to the implementation, hosting and maintenance costs, there are other potential costs, depending on the customer's customization needs to support EPP:

1. Depending on the subscription package selected by the customer, an initial patient limit is set. If the number of patients goes beyond the set limit, a quarterly cost is incurred.
2. Customers have the availability to use eCW Project Managers to implement the product. This is an initial one-time cost, with additional time available for purchase at a daily rate. Travel and airfare costs are not incorporated into the daily rate.
3. Given a particular customer's needs, there may be additional interfaces needed for their organization (such as a demographics feed inbound, a Consolidated Clinical Document Architecture (CCDA) feed inbound, HL7 Lab Results from Hospital, HL7 Radiology Results from Hospital, *etc.*). There is a one-time cost per interface/integration to set-up and configure the interface. The customer may have to sign an interface end-user/contractual agreement.

If a customer is interested in having a test server hosted by EPP, a per month cost is incorporated. If the customer is hosting the server, a one-time setup fee is incurred.

**Additional Details:** The EP or Hospitalist must sign an EPP Software License & Support agreement. The agreement is typically a 3-year term which may vary depending on the customer's needs.

**Applicable Modalities:** None.

## §170.315(d)(1) - Authentication, Access Control, and Authorization

### **Description of Capability:**

Limits access to patient electronic health information to users who have valid credentials and only enables credentialed users to access the types of information permitted.

**Costs and Fees:** None.

**Additional Details:** None.

### **Applicable Modalities:**

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

## §170.315(d)(2) - Auditable Events and Tamper-Resistance

### **Description of Capability:**

This criterion requires that by default, actions related to health information are recorded, such as who has accessed a patient's information, and when, where, and how that access occurred. This capability (coupled with other Privacy and Security criteria such as *Audit Reports* and *Auditing Actions on Health Information*) enables a practice to review audit logs and thereby regularly monitor access to patient information and detect unauthorized access. This criterion also confirms that health IT can prevent such audit logs from being changed, overwritten or deleted.

**Costs and Fees:** None.

### **Additional Details:**

For tamper-resistance, eClinicalWorks disallows the deletion of records retained in the audit log at a minimum, and in some instances also disallows the updating of these logs.

For eClinicalTouch, logging is performed but not viewable on the iPad. Logs can be viewed from the desktop or browser modalities.

**Applicable Modalities:**

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

## §170.315(d)(3) - Audit Reports

**Description of Capability:**

Audit reports enable a user to create reports of events recorded in audit trails and audit logs (refer to [§170.315\(d\)\(2\) - Auditable Events and Tamper-Resistance](#)).

**Costs and Fees:** None.

**Additional Details:**

Some of the reports used to meet this requirement are created from logs that are parsed nightly but can be parsed on-demand if needed.

For eClinicalTouch, logging is performed but not viewable on the iPad. Logs can be viewed from the desktop or browser modalities.

**Applicable Modalities:**

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

## §170.315(d)(5) - Automatic Access Time-Out

**Description of Capability:**

Enables an automatic stop for users to access health information after a predetermined amount of inactivity and requires authentication to resume or regain access.

**Costs and Fees:** None.

**Additional Details:**

Auto time-out settings must be configured by the practice. Enhancement of this feature is controlled by an item key and can be enabled on request.

**Applicable Modalities:**

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

## §170.315(d)(7) - End-User Device Encryption

**Description of Capability:**

Technology designed to prevent health information from being locally stored on end-user devices after use of the technology on the devices stops.

**Costs and Fees:** None.

**Additional Details:**

The programmed storage of information is ceased upon termination of sessions using the desktop, browser, and eClinicalTouch modalities of eClinicalWorks.

**Applicable Modalities:**

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

## §170.315(d)(9) - Trusted Connection

**Description of Capability:**

Enables the ability to create a trusted connection according the criterion specified standards.

**Costs and Fees:** None.

**Additional Details:**

SSL/HTTPS configuration for any services that are hosted by the customer directly, is the responsibility of that customer.

**Applicable Modalities:**

This functionality is available in the browser (Web), desktop (EXE), eClinicalTouch, and eClinicalMobile modalities of eClinicalWorks.

## §170.315(e)(1) - View, Download, and Transmit to Third-Party

**Description of Capability:**

Enables the ability for patients to use internet-based technology to view, download, and transmit their health information to a third-party in the criterion specified manner.

**Costs and Fees:**

Costs are outlined in the *Add on Service: Enterprise Patient Portal* section of this document.

**Additional Details:**

All sections of the certified capability Visit Summary are enabled by default in the EMR. Users have the ability to change, or *uncheck*, the default settings.

Problems, medications, allergies, immunizations, and implant list are patient centric and will always display regardless of date range filtering.

**Applicable Modalities:**

Patients can use the eClinicalWorks Patient Portal, healow iOS and Android applications, and healow.com to view, download, and transmit their health information to a third party.

## §170.315(e)(2) - Secure Messaging

**Description of Capability:**

Enables users to send messages to a patient and receive messages from a patient in a secure way.

**Costs and Fees:**

Costs are outlined in the *Add on Service: Enterprise Patient Portal* section of this document.

**Additional Details:**

This function is limited to eClinicalWorks users. Patient Portal Settings must be configured by the eClinicalWorks user.

healow<sup>®</sup> iOS application was demonstrated during certification and can be used for measure calculation from 07/01/2019 onwards.

**Applicable Modalities:**

Patients can use Patient Portal, healow<sup>®</sup> iOS and Android™ applications, and healow.com to send messages to their clinicians.

Clinicians can view and reply to messages in the browser (Web), desktop (EXE), eClinicalTouch, and the eClinicalMobile<sup>®</sup> application.

## §170.315(e)(3) - Patient Health Information Capture

**Description of Capability:**

Enables a user to identify, record, and access information directly and electronically shared by a patient (or authorized representative) and reference and link to patient health information documents.

**Costs and Fees:**

Costs are outlined in the *Add on Service: Enterprise Patient Portal* section of this document.

**Additional Details:**

Patient Portal Settings must be configured by the eClinicalWorks user.

Trackers must be activated and configured by the patient (or authorized representative).

Questionnaires must be configured by the eClinicalWorks user through the desktop modality.

This function is limited to eClinicalWorks users.

healow® iOS application was demonstrated during certification and can be used for measure calculation from 07/01/2019 onwards. To fill out a questionnaire on the healow® iOS application, the patient must have a scheduled Televisit.

**Applicable Modalities:**

Patients can use Patient Portal, healow iOS application, and healow.com to submit patient-generated health data to their clinicians.

Clinicians can view health data submitted by patients in the browser (Web) and desktop (EXE), modalities.

## §170.315(g) (4-5) - Quality Management System (QMS) and Accessibility-Centered Design (ACD)

**Description of Capability:**

**QMS:** The use of a Quality Management System in the development, testing, implementation, and maintenance.

**ACD:** For each capability that a Health IT Module includes, and for which that capability's certification is sought, the use of a health IT accessibility-centered design standard or law in the development, testing, implementation and maintenance of that capability must be identified.

**Costs and Fees:**

QMS, and ACD: No costs or fees.

**Additional Details:**

QMS: No additional details.

ACD: No accessibility-centered design standard or law has been identified for all applicable capabilities.

**Applicable Modalities:** None.



## §170.315(g)(6) - Consolidated CDA Creation Performance

**Description of Capability:**

Enables the ability to create Consolidated CDA based on criterion standards.

**Costs and Fees:** None.

**Additional Details:**

Some fields in the certification test cases are designated as optional. At eClinicalWorks discretion, optional items were not populated in the test cases for certification:

4. Patient Demographics:

- a. Full middle name not transmitted, only first initial.
- b. Previous name not transmitted,

5. Medical Allergies:

eClinicalWorks uses NDC codes in order to receive RxNorm. If there is no match for an NDC code which may be discontinued, an RxNorm code will not be associated. If a Medication Allergy has multiple ingredients, all ingredient level RxCUIs will be sent.

6. Medications:

The eCW drug database uses NDC codes. During certification, eClinicalWorks was given the option to choose different medications than those listed in the supplied test cases. This decision was made because the medications supplied in the test case have discontinued NDC codes which could not return an RxNorm code in the NLM database.

7. Problems:

Documented in the Problem List; user is asked to verify and save the mapped SNOMED code when using the classic search feature. The code is assigned automatically but is not considered *saved* until the user verifies it. Regardless of whether the user verifies the code, it will be present in the Problem List section in the C-CDA document via the ICD to SNOMED Cloud Mapping API.

8. Vitals units of measure:

- a. Height: Inches [in\_i]
- b. Weight: Pounds [lb\_av]
- c. Blood pressure diastolic [Hg]
- d. Blood pressure systolic [Hg]
- e. Heart: Rate /min
- f. O2% BldC Oximetry %

g. Inhaled Oxygen Concentration (FIO2) %

- h. Body Temperature: Fahrenheit [degF]
- i. Respiratory: Rate /min
- 9. Smoking Status: Sent as a SNOMED code.
- 10. Encounter Diagnosis: Sent as ICD10.
- 11. Immunizations: Sent as CVX.
- 12. Procedures: Sent as Current Procedural Terminology (CPT®)\*. Completed orders must be marked as received and reviewed.
- 13. Laboratory Test: Sent as LOINC® codes – completed orders must be marked as received and reviewed.
- 14. Laboratory Results: Sent as LOINC codes – completed orders must be marked as received and reviewed.
- 15. UDI: Device code is sent.
- 16. Care Team: Includes all appointment provider data.
- 17. Assessment and Plan of Treatment: Assessment notes - the notes section of an ICD in the Assessment section.
- 18. Plan of Treatment – Future/pending orders (Lab/DI/Procedures), Medications prescribed, follow up visit scheduled, Treatment notes.
- 19. Goals: Structured data set up and mapped by user.
- 20. Health Concerns: Structured data setup and mapped by user.
- 21. Reason for referral: Entered in the reason section of a referral.
- 22. Functional Status: Structured data setup and mapped by user.
- 23. Cognitive Status: Structured data setup and mapped by user.

**Applicable Modalities:**

The functionality of data capture for the listed elements is available in the browser (Web), desktop (EXE), and the eClinicalTouch modalities of eClinicalWorks.

The functionality of electronic transmission and reception via C-CDA documents is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

Patients can view, download, and transmit the C-CDA document from the eClinicalWorks Patient Portal, healow iOS and Android applications, healow.com, and approved third-party applications *via* FHIR API.

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## 2. APPENDIX A: ABBREVIATIONS

The following table lists the abbreviations in this document:

Abbreviation	Definition
ACB	Authorized Certification Body
ACD	Accessibility-Centered Design
ACI	Advancing Care Information
API	Application Programming Interface
APU	Auto-Practice Upgrade
BMI	Body Mass Index
CAD	Coronary Artery Disease
CCDA	Consolidated Clinical Document Architecture
CDS	Clinical Decision Support
CHADIS	Child Health and Development Interactive System
CHGRES	Change Prescriptions
CMS	Center for Medicare and Medicaid Services
CPC	Comprehensive Primary Care
CPOE	Computerized Provider Order Entry
CPT	Current Procedural Terminology
CQM	Clinical Quality Measure
CUI	Concept Unique Identifier
CVX	Vaccine Administered
DI	Diagnostic Imaging
EHNAC	Electronic Healthcare Network Accreditation Commission
EHR	Electronic Health Record
EMR	Electronic Medical Record
EHX	Electronic Health eXchange
EP	Eligible Provider
EPP	Enterprise Patient Portal

Abbreviation	Definition
EXE	Executable
FHIR	Fast Healthcare Interoperability Resources
FTE	Full-Time Equivalent
HISP	Health Information Service Provider
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven
ICD	International Classification of Diseases
IP	Internet Protocol
IT	Information Technology
LOINC	Logical Observation Identifiers Names and Codes
LVEF	Left Ventricular Ejection Fraction
MAQ	Meaningful Use, Adoption, Quality
MDD	Major Depressive Disorder
MI	Myocardial Infarction
MIPS	Merit-based Incentive Payment System
NDC	National Drug Code
NEWRX	New Prescription Request
NLM	National Library of Medicine
ONC	Office of the National Coordinator for Health Information Technology
OS	Operating System
P2P	Provider to Provider
PBM	Pharmacy Benefit Managers
PCP	Primary Care Physician
PHQ	Patient Health Questionnaire
PM	Practice Management
POAG	Primary Open-Angle Glaucoma
QMS	Quality Management System
QRDA	Quality Reporting Document Architecture
RCM	Revenue Cycle Management

Abbreviation	Definition
REFREQ	Refill Prescription
REFRES	Refill Prescription
RXCHG	Change Prescriptions
RXFILL	Receive Fill Status Notification
RXHREQ	Request Medication History Information
RXHRES	Receive Medication History Information
SED	Safety-Enhanced Design
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms
SPI	Surescripts Provider Identifier
SSL	Secure Socket Layer
TIN	Tax Identification Number
UDI	Unique Device Identifier
UMLS	Unified Medical Language System
URI	Upper Respiratory Infection

### 3. APPENDIX B: ONC-ACB VERIFICATION

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**Developer:** eClinicalWorks

**Version:** Enterprise Patient Portal V2.01

**Date Certified:** December 28, 2017

**ONC-ACB Certification IDs:** 15.04.04.2883.Ente.AM.00.1.190123,  
15.04.04.2883.Ente.IN.00.1.190123

**Certification Criteria:**

- 170.315(d)(1) AUTHENTICATION, ACCESS CONTROL, AUTHORIZATION
- 170.315(d)(2) AUDITABLE EVENTS AND TAMPER-RESISTANCE
- 170.315(d)(3) AUDIT REPORT(S)
- 170.315(d)(5) AUTOMATIC ACCESS TIME-OUT
- 170.315(d)(7) END-USER DEVICE ENCRYPTION
- 170.315(d)(9) TRUSTED CONNECTION
- 170.315(e)(1) VIEW, DOWNLOAD, AND TRANSMIT TO 3RD PARTY
- 170.315(e)(2) SECURE MESSAGING
- 170.315(e)(3) PATIENT HEALTH INFORMATION CAPTURE
- 170.315(g)(4) QUALITY MANAGEMENT SYSTEM
- 170.315(g)(5) ACCESSIBILITY-CENTERED DESIGN
- 170.315(g)(6) CONSOLIDATED CDA CREATION

## 4. APPENDIX C: DOCUMENTATION TERMS AND CONDITIONS

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## 5. APPENDIX D: NOTICES

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The following appendix lists the trademark and copyright information for this document.

### 5.1. Trademarks

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