

Content Testing Survey/Application

Introduction

This submission form/survey is intended for System Under Test (SUT) interested in submitting Content for testing/evaluation by the Sequoia testing staff. Answering the questions will provide a better basis of your system capabilities to ensure the proper testing tooling version is used.

Instructions

Please answer the questions in the survey to the best of your ability. Most questions in this survey are simple yes/no, but some of them require one or more sentences to answer. Please provide as much detail as necessary to fully answer each question.

NOTE: All questions refer to health data exchanged for the purpose of treatment unless otherwise stated.

Please contact testing@sequoiaproject.org with any questions.

Name of Organization: _____

Physical Address of Organization: _____

Content Testing Point of Contact (POC): _____

Telephone: _____ **Email:** _____

The content testing tooling will require a user login(s) to conduct testing. The Primary Point of Contact will have a user account created. If you will require more than one user account to perform content testing, **please provide the following for EACH user to be added:**

- **User Name**
- **User Primary Email**
- **User Phone**

Scope of Organization/System Under Test (SUT)

#	Readiness Survey Question	Answer
1.	<p>It is required that at least one (1) Clinical Document Sample be provided for every document source. A document source is defined as a system that creates clinical content documents for exchange.</p> <ul style="list-style-type: none"> • A document source may aggregate clinical content and create on-demand documents. • A document source may also package specific document types for encounter level documents that may be exchanged. <p>Please provide the name and HL7 version information for each vendor that will act as a document source. Also, please indicate if this source creates on-demand documents from aggregate data feeds.</p> <p>Please list all that are connected and add additional vendors as required.</p> <p><i>As new document sources are connected to your organization, it is required that continuous/ongoing testing be completed.</i></p>	<p>HL7 Version(s) can include:</p> <ol style="list-style-type: none"> 1. HL7 CCD/HITSP C-32 (Based upon the standards required for Stage 1 Meaningful Use (2011 Edition) = HITSP C-32 2. HL7 R1.1 Consolidated CDA (C-CDA) – Based upon the standards required for Stage 2 Meaningful Use (2014 Edition) 3. HL7 R2.1 Consolidated CDA (C-CDA) – Based upon the standards required for Stage 3 Meaningful Use (2015 Edition) 4. Other: Please specify below: <p>Vendor 1:</p> <p>Product Name: <input type="checkbox"/> Create <input type="checkbox"/> Receive</p> <p>HL7 Version: <input type="checkbox"/> Creates On Demand</p> <p>Vendor 2:</p> <p>Product Name: <input type="checkbox"/> Create <input type="checkbox"/> Receive</p> <p>HL7 Version: <input type="checkbox"/> Creates On Demand</p> <p>Vendor 3:</p> <p>Product Name: <input type="checkbox"/> Create <input type="checkbox"/> Receive</p> <p>HL7 Version: <input type="checkbox"/> Creates On Demand</p> <p>Vendor 4:</p> <p>Product Name: <input type="checkbox"/> Create <input type="checkbox"/> Receive</p> <p>HL7 Version: <input type="checkbox"/> Creates On Demand</p>

<p>2.</p>	<p>Please indicate the various document types of HL7 C-CDA documents that your various sources support in production. These should be a full listing of document types you can SEND and/or RECEIVE. Check all that apply.</p>	<p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Care Plan</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Consultation Note</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Continuity of Care Document (CCD)</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Diagnostic Imaging Reports (DIR)</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Discharge Summary</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: History and Physical (H&P)</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Operative Note</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Procedure Note</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Progress Note</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Referral Note</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Transfer Summary</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Unstructured Document</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Patient Generated Document</p> <p><input type="checkbox"/> Create <input type="checkbox"/> Receive: Other (Please describe)</p> <hr/> <hr/>
<p>3.</p>	<p>If the answer to #2 includes the Continuity of Care Document (CCD): Is a summary of care or continuity of care document based on a single encounter, multiple encounters, episode of care?</p> <p>Please indicate if a date range is applied to these source summary documents if multiple encounters are aggregated into a snapshot in time. Also, please indicate what span of time is used for the date range?</p>	<p><input type="checkbox"/> Single Encounter/Episode of Care</p> <p><input type="checkbox"/> Multiple Encounters</p> <p><input type="checkbox"/> Other (please describe: _____)</p> <p>Is a date range used for creating aggregate documents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If Yes, please describe date range applied: (e.g. 90 days, 6 months, 1 year, all dates, etc.)</p> <hr/>

<p>4.</p>	<p>Please indicate whether your organization is capable of sending or receiving C62s or Unstructured Documents? If Yes, respond to this question and please submit a document sample to test all versions as indicated:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please check all that apply below:</p> <p>HITSPC62 <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>PDF of HITSP C62 <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>C-CDA Unstructured Document <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>PDF of C-CDA Unstructured Document <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>Text (.txt) <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>Document (.doc or .docx) <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>TIF <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <p>Other, if other, please describe <input type="checkbox"/> Send <input type="checkbox"/> Receive</p> <hr/>
<p>5.</p>	<p>If your organization is newly onboarding, who are you planning to interoperate on the eHealth Exchange with?</p>	<p>Please list existing and all planned partners</p>
<p>6.</p>	<p>If your organization is in production today, who are you interoperating with on the Exchange?</p> <p>Please list all organizations you are in production exchanging with on the eHealth Exchange</p>	<p>Organization 1: <input type="checkbox"/> Send <input type="checkbox"/> Receive <input type="checkbox"/> Both</p> <p>Organization 2: <input type="checkbox"/> Send <input type="checkbox"/> Receive <input type="checkbox"/> Both</p> <p>Organization 3: <input type="checkbox"/> Send <input type="checkbox"/> Receive <input type="checkbox"/> Both</p> <p>Organization 4: <input type="checkbox"/> Send <input type="checkbox"/> Receive <input type="checkbox"/> Both</p> <p>Organization 5: <input type="checkbox"/> Send <input type="checkbox"/> Receive <input type="checkbox"/> Both</p> <p>Please add others as required:</p>

7.	Can you load test patients in your production environment to support validation activities and on-going system validation activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No On-going system validation activities: <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does your organization code entries and use any of the standardized terminologies, e.g., Systemized Nomenclature for Medicine-Clinical Terms (SNOMED-CT), Logical Observation Identifier Name Code (LOINC)?	SNOMED-CT <input type="checkbox"/> Yes (all sources) <input type="checkbox"/> Yes (not all sources) <input type="checkbox"/> No LOINC <input type="checkbox"/> Yes (all sources) <input type="checkbox"/> Yes (not all sources) <input type="checkbox"/> No
9.	<p><i>Not applicable for Product Vendors:</i></p> <p>Does your health exchange organization include information from a State Prescription Drug Monitoring Program (PDMP)?</p> <ul style="list-style-type: none"> • If yes, will controlled substance prescription dispensing activity be included in any section of the C-CDA CCD document provided when queries request patient documents? • If yes, please identify the relevant module of the C32 or C-CDA CCD document 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate which section template is used for document below: CCD/C32 Section: _____ C-CDA Section: _____

Survey Complete – Thank You

Thank you for taking the time to complete this survey and submission form. The Sequoia Project Testing Team looks forward to your content testing submission(s).