

## **Domain 1 Patient Engagement Data Request**

### **Suffolk Care Collaborative 2biv Transitions of Care (TOC) Project**

*Request: Please return the attached SCC excel template via BOX by January 11, 2019*  
*For BOX questions or access related inquiries, please contact Janine Muccio, Janine.Muccio@stonybrookmedicine.edu*

**Patient Group: Medicaid Patient Data (Medicaid may be Primary, Secondary or Tertiary Insurance)**  
**Time Period: April 1, 2018 – December 31, 2018**

#### **Project 2biv: Transitions of Care Program**

**Patient Engagement Definition:** As per the definition of actively engaged, patient engagement refers to the number of participating **patients with a written care transition plan developed prior to discharge that includes patient self-education, medication reconciliation, and follow-up appointments.** Duplicate counts of patients are allowed within 1 DSRIP measurement year, if the patient has multiple encounters, each encounter is counted. For example, if a patient receives TOC care plans on 5 discharges in a year, we count it 5 times in that DSRIP year.

**Please see excel template for formatting specifications.**

Requested Data Elements:

1. CIN #
2. Patient Last Name
3. Patient First Name
4. DOB
5. Patient Resident Zip Code
6. Location/Site Name
7. Service Site Zip Code
8. Arrival date
9. Discharge date
10. Primary Payor Name
11. Primary Payor Patient ID Number
12. Secondary Payor Name
13. Secondary Payor Patient ID Number
14. Tertiary Payor Name
15. Tertiary Payor Patient ID Number
16. Encounter Type (***inpatient***)
17. Completed CCDA or discharge instructions or discharge summary that includes ***patient self-education, follow-up appointments, and medication reconciliation given prior to discharge.***

***Please note the patient engagement metrics and definitions are subject to change.***

