Who should read this document?

This document is intended for system administrators and clinic managers. It summarizes new features and describes the latest technical requirements for installing / upgrading to Centricity Practice Solution 9.5.

If you are the clinic manager...

Changes in this release are summarized below. For detailed description of new features and enhancements in this release and previous 9x versions, review What’s New in Centricity Practice Solution in your Centricity Documentation Library.

Carefully review and consider how changes in this release affect your practice setup and workflows. If you have questions about how these changes affect your practice, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller.

If you are the system administrator...

Before installing or upgrading to this release, review the requirements documented in this release note and the system software/hardware requirements and installation/upgrade instructions in your Centricity Practice Solution documentation library:

- Configuring Environments for Centricity Practice Solution
- Installing Centricity Practice Solution
- Upgrading to Centricity Practice Solution

These documents contain important information you need to know prior to upgrading/installing this version of Centricity Practice Solution.

!!! Important. If you integrated a prior version of Centricity Practice Solution with any non-GE product, please contact your third-party application provider to make sure their integration is still supported and to confirm configuration requirements.
Important Product Notifications

The following issues have been identified as items requiring immediate fixes in our product. In this version of Centricity Practice Solution we have resolved these signification issues.

**Preventive Care Screening-CCC form creates text translation that does not match form display**

The earliest entry for an obs term is being added to the chart while the most recent value is displayed on the form.

**Resolution:** The most recent value is displayed in both places.

**Some procedures are not exported from the database by the DTS**

**Resolution:** All procedures are exported from the database by the DTS.

**Lab Document overlays when it should not**

For the same patient, importing a new lab report with OBR3, OBR4, and OBR7 containing the same data as a previous lab report, but OBX3 codes are different, the lab report is overlaying when it should not.

**Resolution:** Improved the application to prevent incorrect lab report overlays.

**Orders not being exported by the EMR**

Not all Orders are being exported to the in-house lab system. Problem only occurs when running exports from the DTS. Orders are listed in the EMR, but do not show up in the lab system's database.

**Resolution:** All orders are exported.

**Lab results imports do not automatically complete orders correctly**

The results status (OBX-11) value is ignored when a lab results import auto-completes orders.

**Resolution:** Examines each OBR-25 and related OBX-11s to correctly determine when to mark orders for completion.

**Permissions do not stop users from removing care alerts from within the patients chart**

A user who does not have permission to remove flags/alerts are able to remove care alerts from a patients chart but they are not able to remove them from their desktop.

**Resolution:** Users are now notified if they do not have permission to remove the care alerts.
**OBS interface does not always export all items**

The DTS occasionally skips exports of obs terms when the HL7 recurring task executes.

**Resolution:** All obs terms are exported.

**Orders are not getting signed when the document is signed**

This site has a number of orders that were not signed upon signing of the document. The chart updates are getting signed but the orders are not getting signed.

**Resolution:** Orders are signed when the document is signed.

**The tamper resistant Rx form should not print “No known drug allergies” if the patient has not been screened for medication/food allergies.**

**Resolution:** If the patient has not been screened for allergies, the statement “Not Screened” is printed.

**Chart Document Printout contains the wrong patient’s clinical data**

Two different patient documents were found which contained the correct patient banner (name, DOB, etc) but that the actual contents of the clinical data of the report belonged to another patient.

**Resolution:** The values of the selected and current patient are checked before printing. If they do not match an error is displayed and printing is canceled.

**Orders print with wrong letterhead information**

When printing orders from outside an update, the top level LOC letterhead is used.

**Resolution:** Letterhead drop down has the default value of Patient’s Home Location when printing from the Orders tab.

**Allergy warnings incorrect when prescribing Tigan to a patient with Tigan on their allergy list**

**Resolution:** A warning message is displayed stating that Tigan appears on the Allergy List for this patient.
'Parent pointer cannot be reset since it is not NULL' error received during PLink export

'Parent pointer cannot be reset since it is not NULL' errors (LinkLogic error 5175) are occasionally displayed when exporting Procedures (PLink) via LinkLogic.

Resolution: Clean up previous internal export warnings that can cause this error to occur on subsequent exports.

Unmatched right curly brace in field cuts off translation text

If a user types a right curly brace "}" in any text field, the translation for the form will be cut off at the unmatched brace.

Resolution: Curly braces are now removed after the expression is executed but before the text is placed in the RTF buffer.

Allergies interface does not always export all items

The DTS occasionally skips exports of allergies when the HL7 recurring task executes.

Resolution: All allergies are exported.
What's new in this release?

Centricity Practice Solution is officially 2011/2012-compliant and certified as a Complete EHR on October 13, 2010, by the Certification Commission for Health Information Technology (CCHIT®) in its capacity as an Office of the National Coordinator Authorized Temporary Certification Body (ONC-ATCB).

2011/2012 criteria support Stage 1 Meaningful Use measures required to qualify eligible providers for funding under the 2009 American Recovery and Reinvestment Act (ARRA).

Additionally, Centricity Practice Solution v9.5 is CCHIT 2011-certified for ambulatory and specialty certification in Child Health and Cardiovascular Medicine with Advanced Reporting.

New features and enhancements in this release impact the clinical side of Centricity Practice Solution and fulfill CCHIT 2011 certified Ambulatory EHR requirements. Many new and existing features support Meaningful Use reporting.

Clinical workflow enhancements

Managing the problem list

- **Associate problems/diagnoses with a medication and view associated problems** when viewing or updating medications and optionally on the printed prescription form.

- **Set preference to print problems on prescription**. New Print Dx preference is enabled by default when problems and medications are associated. This preference can be changed on-the-fly or in user Preferences > Patient Charts > Prescriptions.

- **Related data symbols changes**: The following symbols were updated to specify/list problem descriptions when present:
  - MEL_ADD_MEDICATION, MEDS_AFTER, MEDS_NEW, MEDS_PRIOR, MEDS_REMOVED, MED_INDICATIONS, MED_LIST_CHANGES, NEW_MED, LISTRXNEWFULL, and LISTRXWITHOVERRIDES.

  Refer to Symbols help in application online help for detailed instructions on their use and interpretation.

Documenting/displaying allergies and drug interactions

Adding a new medication or problem to the patient's chart triggers interaction checking between the medications on the active medication list and the active problems list. In this release you can also

- **Enter a structured reason and comment if overriding a drug-drug, drug-disease, or drug-allergy / intolerance warning** when adding a prescription.
An interaction warning override is indicated by a green check icon on the New/Change Medication window. Click the icon to view the override reason and comments.

**Create custom override reasons in Administration > Charts > Chart > Med Interaction.**

Set a preference to always use the last-used override reason in Preferences > Patient Charts > Drug Interactions.

- View drug interactions based on MediSpan age / gender disease codes.
- Set preferences for minimum threshold for degree of contraindication and additional allergy criticality levels, and view on the Update Allergies or Adverse Reactions, Chart Alerts/Flags, And Chart Summary Allergies lists.

**New reaction criticality levels:** Critical, Severe, Moderate, and Mild. Reactions previous documented as Non-Critical display as Moderate after upgrade.

**Related data symbols changes:** The following symbols were modified to support display of new criticality levels:

- ALL_AFTER, ALL_LIST_CHANGES, ALL_NEW, ALL_PRIOR, ALL_REMOVED, ALL_ACTIVE

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.

**Prescribing medications using weight-based dosing**

- **Prescribe using weight-based dosing when doses based on weight (such as mg/kg) are available.**
- **Receive dosing suggestions and visual warnings** when weight-based or BSA-based dosing exceeds a maximum individual or if a daily dosage or cannot be determined. Override a High or Over Max high dose notice. Override information is displayed on the Medications tab.

**Related data symbol changes.** The following new symbols were added to support display of interaction/dosing warning override information.

- **MED_OVERRIDES** - Displays information related to overridden drug interactions and dosing warnings for specific medications in list and delimited formats.
- **LISTRXWITHOVERRIDES** - Like LISTRXNEWFULL with added lines to display interaction and dosing override information.

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.
Enhancing patient access to health information

Clinics can now exchange patient health information with external systems in CCD (Continuity of Care Document) or CCR (Continuity of Care Record) format. Application users can now generate export, import, and display CCD documents for their patients.

- **A new CCD clinical kit supports these features.** In Administration, see Chart > Flowsheet Views. The following CCD flowsheets are in the Interfaces/ CCD folder: Diagnostics Results, Immunizations, and Vital Signs Flowsheets. (DO NOT rename these flowsheets.)

- **Provide a Chart Summary for each office visit** that includes Problems, Procedures, Medications, Immunizations, Directives, Allergies and Adverse Reactions, and Services Due.

- **Export and import patient information in CCD (Continuity of Care Document) format from the Chart > Actions menu.** When generating a CCD, you can
  - Generate in password-protected zipped archive (.zip)
  - Include a **Reason** (referral request, referral response, transition of care, or give to the patient).
  - Specify time period for Vital Signs and Lab Results to include (one month to 10 years, Latest, or All).
  - Include observations that are unsigned or pending final signature.

- **Give generated CCD content to patients on a jump drive or other external storage device.**

  To secure patient privacy and security when transferring patient information, GE recommends you always encrypt and password protect patient information stored to external devices.

- **Send CCD content to other systems via secure Web applications.** You can send a CCD to external providers and health systems using secure messaging such as Centricity Secure Messaging or publish it to a secure patient health Web site such as Centricity Patient Portal.

  Contact your GE Sales representative or Value-Added Reseller for information about these Centricity products.

- **Generate CCD documents with structured allergy information based on federally required terminology and value sets**, including UNII (Unique Ingredient Identifier) for food and substance allergies or RxNorm for
medications. The system can export CCD documents with structured medication allergies with RxNorm codes.

RxNorm and UNII are standard vocabularies recommended by the Healthcare Information Technology Standards Panel (HITSP) for sharing health information among organizations and systems.

Support for Meaningful Use reporting requirements

With this release your healthcare organization can use

- **Web-based reporting services** - enter data and generate Meaningful Use reports and—when required by CMS—submit performance data electronically.

- **Quality Reporting Services** provides reports and services you can use to evaluate your organization’s ability to meet quality measurements, including all required and optional Meaningful Use measures.

  For more information about available reports and the observation terms that support them, go to the Quality Reporting Services Web site at [URL].

- **Performance Reporting** is a submission service to third parties such as CMS that automatically generates the required format for clinical functional and quality measures. Although CMS will not be able to accept this format until the 2012 reporting period, you are required to have a solution that generates this format. You pay for this service only when you electronically submit data.

Quality Reporting Services and Performance Reporting are hosted by the Medical Quality Improvement Consortium (MQIC).

Membership in MQIC is not required to use these services, however as an MQIC member you receive Quality Reporting Services at no extra charge and your data is prepopulated in the reporting templates.

Contact Centricity Services or your Value-Added Reseller for help accessing this reporting service.

- **Optionally use Meaningful Use and Quality Crystal Report templates with Crystal Parameters** to calculate and report meaningful use measures by provider in the Chart Reports module.

  These report templates are based on basic observation terms, (documented in detail in the user guide *Using Centricity Practice Solution Meaningful Use and Quality Reports*).

  Report templates are packaged as a zipped file and imported to the application as a clinical kit. To download the zip file and user guide on the

!!! Due to significant changes in the database to support reporting ease of use and performance, these reports cannot be used in earlier versions of the application.

- **Document and report No Known Problems for patient.** Check boxes on Update Problems window use new observation terms to
  - Track whether the patient has no known problems (NKPROB)
  - Track whether a clinician has reviewed the problem list for accuracy (PROBLEM REV).
- **Track Formulary Alternative Use.** The system now flags a prescription when a clinician selects a medication from the formulary alternatives list.
- **Document and report separate values for patient Race and Ethnicity** when recording patient demographics in Registration.
- **Document and report patient time of birth in hours/minutes.** In Registration and Scheduling (new patient registration), you can record a patient’s date and time of birth in hours and minutes when this is known. The data symbol PATIENT.FORMATTEDAGE is also modified to display birth time when available.
- **Record and track number of drug-related alerts responded to by users** (for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and formulary and dosing alerts).
- **Document patient’s preferred contact method in Registration/Scheduling.** Associating a preferred contact method with a patient helps track reminders for preventive and followup care sent to patients per their preference.
- **Reconcile medication history from a prescribing network with the patient’s current medication list with Centricity Advanced ePrescribing.** Supports the ability to track encounters with Medication Reconciliation. See also “Centricity Advanced ePrescribing” on page 13.
- **Implement clinical decision support rules using MEL decision support.** Use existing MEL functions *UserYesNo* and *UserOK* in encounter forms, document templates, and the patient banner to display custom alerts and care suggestions and prompt user responses. System auditing logs user responses to prompt text invoked by these MEL functions. This lets you track, record, and generate reports on the number of alerts responded to by a user.
New / enhanced clinical content

New and enhanced encounter forms fulfill Certification Commission for Healthcare Information Technology's (CCHIT) 2008-2011 certified Ambulatory EHR requirements. Centricity Practice Solution clinical content decision support enhancements also support your organization's ability to fulfill Meaningful Use reporting requirements. See also "Installing clinical content" on page 15.

For detailed descriptions of clinical content changes, What's New in Centricity Practice Solution in your Centricity Documentation Library.

Cardiac Procedures, Immunization Management, and Vital Signs forms updated in this release can be used outside of CCC but require the CCC structure to be in place for them to work.

Help with CCC forms

For general help setting up CCC forms, see the CCC user documentation and click the ? button on form tabs. Newer encounter forms and TFE (Text File Editor) forms have associated help files with detailed instructions.

Medication administration and immunizations

- **Capture date and time when an injection, infusion, or other medication is administered in the office.** Previously date/time defaulted to the date/time of the chart update. Other discrete information captured includes medication name and dose, route and site, lot number and expiration date, manufacturer, and (administering) user ID.
  
  **Updated/new forms:** Medication Administration-CCC form, Medication Administration TFE form.

- **Capture date and time for patient immunization done in the office.** (Impacts.)
  
  **Updated/new forms:** Immunization Management-CCC form, Immunization Management TFE form.

- **Capture a discrete allergy/adverse reaction to a specific immunization.** Associate the reaction with the Allergy list and also display the details of historic reactions for the patient and siblings.
  
  **Updated forms:** Immunization Management-CCC form, Immunization Adverse Reactions form (New)

  Recording date and time clarifies the relationship between vaccine administration and reaction or allergic occurrence times so a clinician can decide whether to administer the same vaccine again.

Immunizations management

- **Create and display a report that lists patients who are due or overdue for childhood immunizations and automatically generate a letter to all patients who are due.**
- **Immunization history handout and letter** updated to current CDC protocols.
- **Immunization vaccine information sheets** updated to current CDC protocols.
- **Well Child-Immunizations Due (letter).** Based on standard CDC childhood immunization schedule, the letter template includes the same CCC function used in the Immunization Management form to display immunizations due. Rules to determine when an immunization is due can be edited in the CCC text files.
- **MEL symbol GET_FLOWSHEET_VALUE.** Retrieves and displays immunization information from the flowsheet and displays the immunization name, description and date in list or delimited format.

**Cardiovascular procedures**

- **Cardiology-CCC Flow Sheet** - New observation terms permit the graphical display of ejection fraction (EF) results from multiple studies/procedures/modalities in a single view.
- **Cardiac Procedures Encounter form** - Capture detailed information related to cardiac procedures, including stress test, catheterization, implant/device, and electrocardiogram (EKG).

 Also includes, new Cardiology History View (orders and/or observations) and new Orders custom list (EKG).

**Cardiovascular specific risk factor history panel**

You can create a cardiovascular specific risk factor panel/display for a patient. This includes diabetes, hyperlipidemia, hypertension, history of cardiovascular disease, family history, and tobacco use.

The new Cardiovascular History View displays sections filtered to show elements relevant to a patient’s cardiovascular history or risk without going to the flowsheet, including problems, medications, allergies, tests and procedures, and lab results.

**Lab results**

- **Document structured values for a target range, a target maximum, or a target minimum for lab results** customized to the patient for lab values for HbA1c, and be able to indicate when the patient is outside their custom target.

**Updated forms:** Diabetes Q&E - CCC form, Diabetes TFE form, Diabetes - CCC flowsheet
**Vital Signs-2-CCC encounter form**

Modified to check whether BP, heart rate, respiration rate fall in normal ranges for the age of the patient. Form alerts user if the value is above the upper limit or below the lower limit. Includes a normal temperature range (default range 96-101 degrees F).

**Enhanced security / confidentiality of patient health records**

**Enforcing patient privacy**

- Exclude selected users from access to a patient's chart and registration information regardless of users' other chart permissions. When the Sensitive Patient (previously Sensitive Chart) option is checked on the Registration Patient tab, you can search for and select users to exclude from access to the chart. Excluded users can be granted on-demand access optionally.

- Document a patient's preferred Contact method in Registration/Scheduling. Associating a preferred contact method with a patient helps you track percentage of reminders for preventive and followup care sent to patients per their preference.

- Configure and view warnings to secure patient privacy at application login and on the main menu. The default message is “The system should only be accessed by authorized users.”

**Securing user passwords**

- Use passwords encrypted with Advanced Encryption Standard (AES) encryption with a SHA2/SHA-256 hash algorithm. Passwords that do not require decryption are now hashed via the SHA2, SHA-256 algorithm before transport or storage. Passwords requiring both encryption and decryption are encrypted using the AES, AES-256 algorithm before transport or storage.

**Upgrading customers:** Existing passwords stored with previous MD5 encryption will be verified and updated when users login for the first time after upgrade.

**Enhanced clinical auditing**

- Configure individual audit events to be logged, ignored, or sent to an external repository in ATNA compliant format. This release implements the IHE Audit Trail and Node Authentication (ATNA) Profile to support logging to a location outside the Centricity Practice Solution database. The ATNA repository is accessed through a network-accessible HTTP URI configured in Administration. These new features may be useful to organizations wishing to monitor and manage audited events from multiple locations and application databases at a centralized location.
Capture type of action taken and event outcome (success or failure) when auditing events.

In practice management modules, log audit events whenever a user verifies insurance eligibility, files an electronic claim, exports a claim, or prints a claim.

**Centricity Advanced ePrescribing**

Centricity Advanced ePrescribing seamlessly integrates the capabilities of Kryptiq eScript Messenger (eSM) with Centricity Practice Solution to manage all aspects of writing and electronically transferring new and renewal prescriptions from within the Centricity application. Centricity Advanced ePrescribing electronically transmits prescriptions to pharmacies, electronically transmits renewal information, receives eligibility and formulary information electronically, and displays medication fill history information.

For a detailed feature and workflow overview, see *What's New in Centricity Practice Solution*.

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**Upgrade considerations**

**Supported upgrade paths**

You can upgrade to this version from the following versions:

- Centricity Practice Management 7.1.2
- Centricity Practice Solution versions 8.0.4 or later and 8.1
- Centricity Practice Solution versions 9.0.1 and 9.0.3

To upgrade from an earlier version, you must first upgrade to one of these supported versions.

**Compatible client versions**

**Terminal services/Citrix server**: Centricity Practice Solution 9.5 and Centricity EMR 9.2x client applications can be installed on the same server running Windows Server 2008 R2 64-bit.

**Standalone client workstation**: Centricity Practice Solution 9.5 (PM-only) and Centricity EMR 9.2x clients can be installed on the same workstation.

Microsoft Vista is the only supported workstation operating system for this integration.
**Upgrade instructions**

Detailed instructions for upgrading to Centricity Practice Solution 9.5 from supported earlier versions are provided in *Upgrading to Centricity Practice Solution* in your documentation library.

- Download your documentation library from http://www.centricitypractice.gehealthcare.com/centricity_library/. Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a PDF to a location outside the library folder.

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**Centricity Practice Solution v8.0.4 ONLY: DO NOT launch the 8.0.4 client after upgrading database**

This issue does not apply to v8.0.5 or later or v8.1 or later.

If you are running Centricity Practice Solution v8.0.4, after upgrading the database to this release and installing a new Web server, DO NOT launch the 8.0.4 client to connect to the database.

To install the new client first uninstall the 8.0.4 client and then either use your media or the URL method to install. Refer to your upgrade manual for details.

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**DO NOT use the “From an existing client” method to upgrade the 8.0.4 client to this version.**

**To uninstall the 8.0.4 client application**

1. Go to Start > All Programs > Centricity Practice Solution 2006 > CPS 2006 Setup.
2. After the installer initializes, click Next to continue and then click OK to confirm removal.
   
   The uninstall process begins. This make take a few minutes.
3. When the uninstall process is complete, click Finish.
Installing clinical content

A new version of Centricity Clinical Content (CCC) is available with this release. CCC v8.3.7.3 and detailed release notes and installation instructions are available on the Centricity Practice Web site at http://centricitypractice.gehealthcare.com/ccc/index.htm.

New features

- **Comprehensive CCC install package** - Previously customers had to install 8.3.7, then 8.3.7.1, and then new 9.5 CCC content, in that order. Now, the install 8.3.7.3 package includes prior versions of CCC.

- **Single import ALL clinical kit available** - select IMPORT All CONTENT.ckt

- **Simplified jobs.txt CCC installation process**. Previously users had to create many lines to copy all files. Now only approximately 5 lines are required.

- **Client CCC directory created automatically**. No longer necessary to create/modify a separate .bat file.

Changes to clinical content

Go to http://centricitypractice.gehealthcare.com and navigate to the Clinical Content page to download new and updated clinical content packages and new CCC installer.

For detailed instructions for installing/upgrading your clinical content, see the installation/upgrade instructions for this release:

- **Installing Centricity Practice Solution**. This guide contains instructions to install and set up Centricity Practice Solution for the first time.

- **Upgrading to Centricity Practice Solution**. This guide contains instructions for upgrading an existing installation to Centricity Practice Solution 9.5.

**IMPORTANT -Back up customized clinical content before upgrading**

During upgrade all factory forms, reports, and other clinical content are overwritten.

Before upgrading to Centricity Practice Solution 9.5, verify that any clinical content you have customized (note templates, reports, encounter forms) has been exported and backed up. You can redeploy custom content to workstations after the upgrade.

Consult your Centricity Services consultant or Value-Added Reseller if you have questions about upgrading your clinical content.

For more information about changes to forms, see “New / enhanced clinical content” on page 10, and What's New in Centricity Practice Solution in your documentation library.
**Visit Manager encounter forms are discontinued**

GE discontinued support for Visit Manager encounter forms with the release of Centricity Practice Solution 9.0. GE provides enhanced functionality for customizations of basic and specialty office visits in Centricity Clinical Content (CCC) suite. Visit Manager is included “as is” and is an optional supplement to the Centricity Practice Solution product.

**Crystal Reports**

In this release, all factory reports are converted to Crystal Reports®, Professional XI R2.

If you are upgrading from a pre-9x version, and plan to use only the factory reports without modifying them, you do not need to convert anything. The application includes all the Crystal Reports files you need to run the factory reports. If you plan to modify the factory reports, you must use Crystal Reports Professional XI R2.

If you created custom Chart (clinical) reports with custom SQL, they may not work until you convert them to Crystal Reports Professional XI R2. While this version has backward compatibility for reports created with v10, older reports may not actually work without conversion. GE strongly encourages you to convert your custom Chart reports to Crystal Reports Professional XI R2.

To convert a Chart custom report from v10.0 to vXI R2:

1. Open your custom report in Crystal Reports Professional XI R2.
2. From the Database menu, select the option to verify database.
3. Enter the database connectivity information.
4. Refresh the report.

!!! Reports created with a version newer than Crystal Reports Professional XI R2 may not work.

**Jobs.txt enhancements**

Jobs.txt is a utility you can use to copy updated files such as custom clinical content or reports from the application Web site to multiple workstations. Now that the application Web site is under JBoss, the default location for the jobs.txt source folder is

C:\Program Files\Centricity Practice Solution 95\JBoss Application Server\jboss\server\default\deploy\<website_name>.war\source

Updated files placed in the source folder are copied to workstations using jobs.txt.

Jobs.txt copy operations have been enhanced to permit recursive copy of multiple folders and files from the source folder to the same folder hierarchy.
Jobs.txt enhancements

This extends a previous more limited ability to copy multiple files using the wild card character (*).

For detailed instructions for using and configuring jobs.txt, see “Using jobs.txt” in System Planning and Requirements for Centricity Practice Solution, in your documentation library.

Enhancements added in version 9x service packs

This release includes the enhancements summarized below that were added in services packs to Centricity Practice Solution 9.0.

- **New behavior on user logout and idle user timeout.** The application hides all open practice management windows on idle timeout or user log out. Users can return to their work within the application after they log back on. Previously, windows with unsaved changes would not close until the user saved the changes.

  If a user logs out or times out of the application before saving his or her changes and another user logs in, all changes from the previous user are lost.

- **Modify In Progress visits from within Accounts Receivable.** In previous versions, users may be unable to modify a visit from within Accounts Receivable.

- **Default error reporting changed to “Always submit errors to GE.”** To change this setting, in Administration go to System > User /Location Setup > User Preferences > System > Application.

- **On Add/Change Medications window, the Note to Pharmacy field is now available for all prescription types.** Up to 210 characters are allowed for the Quantity and Note to Pharmacy fields combined for prescriptions and electronic prescriptions. When too many characters are entered, the system asks you to reduce the text by the number of excess characters you have entered.

- **All required updates to state prescription report formats.** For details, see “Prescription report changes” below.

- **Enhanced integration with Dragon® Medical 10.1.** Dragon now detects protected text in an encounter document and works with the application’s built-in RTF editor. Dragon build 10.10.300.x or higher is required along with a separate Dragon patch. This change resolves conflicts between earlier Dragon and Centricity Practice Solution versions when Dragon and application ran together on the same local machine.

- **When organizing columns in Registration, the ALT + R keyboard shortcut hides a selected column from the list of displayed columns. Permanent columns cannot be removed. Alt+A, Alt+S, and all accelerators keys also work as expected.
**Prescription report changes**

The following changes have been made to state prescription reports.

**All states**

- Added ‘Note to Pharmacy’ information.
- Added ‘Indications’.

- **NY, NJ, ME, CA, KY, IN** use ¼ sheet security paper, so indications are limited to two lines. Further text is truncated indicated by (...).

- All other states using letter-size paper can print more than two lines if more indications are selected.

- Weight is not displayed for patients older than 12 years.
- Removed version numbers previously printed in the upper right corner.

**Ohio**

Added ‘This prescription was generated on a Centricity system which has obtained ‘approved status’ with the Ohio State Board of Pharmacy.’

**Indiana**

The prescribing provider’s name is now aligned with the signature line below the *Dispense as Written or May Substitute* line.

**Kentucky**

Added checkboxes for quantity and the following options for BMN requirements:

- Substitution permitted - Formulary compliance approval
- No Substitution - Prescriber must hand write ‘Brand Necessary’ Medicaid coverage

**Connecticut, Colorado, Delaware, Florida, Georgia, Hawaii, Massachusetts, Minnesota, Nevada, New Hampshire, New Mexico, Ohio, Oregon, Rhode Island, South Dakota, Texas, Vermont, Washington DC, Wisconsin, West Virginia, and Wisconsin**

The fax format now uses ‘indicates’ in place of ‘handwritten’ for Dispense as written instructions; e.g., A generically equivalent product may be dispensed unless the practitioner indicates ‘Dispense as written’ on the prescription.

**New York**

Customers using single prescription-per-page formatted paper, may use the 1-up formatted prescription. Use jobs.txt to install the appropriate format on all workstations.

1. Copy `prescny1up.rpt` to the `C:\Program Files\Centricity Practice Solution 95\JBoss Application Server\jboss\server\default\deploy\<DB name>\war\source` directory.
2. Rename the new file `prescny.rpt`
3 Add the following line to `C:\Program Files\Centricity Practice Solution 95\JBoss Application Server\jboss\server\default\deploy\<DB name>\war\jobs.txt`:
```
 n,emr,crwrpts,copy,prescny.rpt,ALL
```
where `n` is the next job number.

### Known issues and troubleshooting

This section contains known issues for this release and application changes related to troubleshooting.

### Known issues in Centricity Practice Solution v9.5

#### Internet Explorer blocks installation of application client

Internet Explorer (v6-7-8) may block the installation of the client when any version of Windows Live is installed to the machine or laptop.

**Workaround:** Confirm the following settings in Internet Explorer before installing the client:

1. In Internet Explorer, go to **Tools > Manage Add-Ons**.
2. Find and disable all **Windows Live** add-ons.
3. Confirm the following add-ons are enabled:
   - GEMSInstaller 9.0 object
   - Microsoft Windows Installer
   - XML DOM Document (IE7 and IE8 only)

2. Close Internet Explorer.

3. Launch Internet Explorer and type `http://[your server name]:9080/database name/cps/update.jsp` to install the client.

#### Some unsupported CCC encounter forms do not warn user

Most obsolete and unsupported forms display the warning “Unauthorized Use of this Form” on each tab if multiple tabs are present. Fields are also suppressed so that nothing can be selected/keyed to enforce that the forms are no longer supported. However, the following three forms in clinical kit OB-Beta-V8.3.7\1-OB-Beta-V8.3.7.ckt do not display this warning:

- OB-Gyn-Breast-US-CCC-Beta
- OB-Gyn-Counseling Ed-CCC-Beta
- OB-Gyn-Leep-CCC-Beta
- OB-Gyn-Post-Op Visit-CCC-Beta

**Workaround:** Manually remove these and other obsolete, unsupported forms from your system and user workstations.

#### Display preferences may be lost on upgrade
Due to security changes in newer operating systems. Centricity Practice Solution now stores display settings in a different area in the system registry. This may cause the following display preferences to revert to default system settings:

- Chart Desktop Summary panel widths
- Toolbar button options (text or icons only)

**Workaround:** After upgrade you may need to adjust display settings on each workstation where you use the application.

**Print Preview window launched from Visit window is not hidden on idle user timeout**

After launching a print preview of HCFA form from the Visit window, if user experiences idle user timeout before printing, the print preview screen is not hidden but displays behind the user login screen.

**Workaround:** Log in again and complete the print process or close the print preview screen.

**Internet Explorer 7.0 replaces application icon on Windows desktop**

If Internet Explorer 7.0 is installed on the system, it changes the Windows desktop icon for the client to a generic icon for another application. The icon change occurs when the application is first launched.

**Workaround:** Before launching the application, perform the following steps to prevent the icon from changing.

1. Right-click on the client application Desktop icon and select **Properties**.
2. On the Properties window, go to the **General** tab.
3. Select **Read-only**, click **Apply**, and then click **OK**.

If the icon is already changed, follow the steps below to change it back.

1. Right-click on the client application Desktop icon and select **Properties**.
2. On the Properties window, go to the **Web Document** tab.
3. Click **Change Icon**.
4. On the Change Icon window, navigate to the **CPS_95_Staging** directory (for example, C:\CPS_95_Staging).
5. Select the **Trinity.ico** file and click **Open**.
6. In the Change Icon window, click **OK**.
7. In the client application Properties window, click **Apply** then **OK**.

**Cannot change the order in which patient contacts are listed**
Changes to the order in which contacts are listed on the Registration component Contacts tab cannot be saved. After clicking Save, the contacts list reverts to the original order.

**Workaround**: Delete the contacts from the list and re-add them in the order in which you want them to appear.

**Patients set to inactive appear in the active patients search results**

When patients are flagged as inactive from Reports > Active > Inactivate old patients, they still appear in the search result on the Chart Find patient window, even when **Search active patients only** is selected.

**Workaround**: Print the Inactive patients report and change the status of each patient to Inactive from the Registration component Patient tab.

**Troubleshooting**

**Application logout process changes**

Modifications to the application architecture changed logout behavior so that an application logout (gold key) does not change the session state and will not clear an exception error.

**If you encounter an exception error during your workflow:**

1. Click X in the upper right corner of the window to close down the application.
2. Wait at least 3 seconds, and then log back into the application.

**If you continue to experience exception errors:**

1. Click X in the upper right corner of the window to close down the application.
2. Reboot your workstation.
3. Log back into the application.

**Support for single CPU configuration**

To assist in debugging the application, you can configure the client application to use a single CPU on hyper-threaded and multi-core workstations.

**Configure the application for a single CPU**

1. Go to the application client folder (default location is C:\Program Files\Centricity Practice Solution 95\Client).
2. Open the emr.ini file in a text editor.
3. In the [Logician Private] section, set **UseMultipleCPU=0**.
4. Save the file.
5. Start the client application and log in.
6. Open the *Windows Task Manager*. 
7 From the **Processes** tab, search for and right-click the **CPOPM06.exe** process.
8 Select **Set Affinity**.
9 In the Processor Affinity window, verify that one CPU is checked.

**Use Reset CPS Process after a system crash**

If the application experiences a system crash or exception, GE recommends restarting the application at least once.

If the issue persists, use **Reset CPS Process** available from the Start menu to completely shut down the application and all associated processes. This feature offers a fast, easy way to end application processes without opening the Windows Task Manager.

**Use Reset CPS Process tool**

1. From the Start Menu, go to **Programs > Centricity Practice Solution 95 > Reset CPS Process**.
   - The utility window lists all processes to be shut down by Reset CPS Process.
2. Click any key to complete the shut down process.

**Remove discontinued server-side plug-ins before upgrading**

Server-side plug-ins are discontinued in Centricity Practice Solution v9x.

**Before upgrading, use Add/Remove Programs to remove server-side plug-ins and CPS_2006_Components.**

If you do not remove server-side plug-ins before upgrading, you must manually change your plug-in’s Location option from Server to Local for each workstation.

**Change plug-in location to Local**

1. From **Administration**, select **Edit > Plug-ins**.
2. Select the **Claim File Creators** or **Eligibility File Creators** tab.
3. Select the plug-in in the list and in Location, select **Local**.
4. Click **OK**.

**Scripts to check and rebuild aggregate tables**

Centricity Practice Solution stores financial information in both dynamic (live) tables and aggregate (pre-calculated) tables. Aggregate tables in certain areas of the product help provide financial information faster. If you encounter a problem in which aggregate financial values do not match live values in your
system, you can rebuild the aggregate tables using the SQL script `FixAggregates.inf` from Server Setup to rebuild the aggregate tables.

To run scripts, in Server Setup go to Advanced Server Setup Options > Utilities > Run Script File. Click F1 for detailed instructions in online help.

Only a qualified database administrator or GE Support Engineer should run scripts against the database.

Confirm out-of-balance rows first

Since script run time varies considerably, first confirm the presence of out-of-balance rows in the aggregate tables by running stored procedure `tsValidateAggregates`. If none are found, do not run the FixAggregates.inf script.

Even when aggregate tables are out of balance with live values, the financial integrity of your system is not in question.

Access product updates and services

To download service packs, KnowledgeBase updates, or factory observation terms, go to the Centricity Practice Solution Web site at http://centricitypractice.gehealthcare.com. On the Web site, you'll also find release publications, Support contact information, and links to EDI plug-ins and training. To contact Support by phone, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller. Send email to centricitypmservices@ge.com.

Sign up for email announcements

To receive email announcements of new service packs, product alerts, maintenance reminders, tips and tricks, subscribe to the Centricity Practice Services mailing list. All GE customers can receive this free Listserve.

To sign up, send email to centricitypmservices@ge.com. Include your name, your company name, address, and phone number in the body of the message.

Documentation survey

Help us improve our customer documentation. All responses are confidential. A brief documentation survey is available at:

## Revision history

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