GE Healthcare

# Centricity<sup>™</sup> Practice Solution v12.3

Release summary

January 2018



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# 1. Introduction

This document is intended for system administrators and clinic managers installing Centricity<sup>™</sup> Practice Solution version 12.3. The sections in this guide describe the changes made for this release, including new features, enhancements, product fixes, and known issues.

### In this release

A focus of this release is Meaningful Use 2015 Certification compliance; for certification feature highlights and quick links, see <u>MU 2015 Certification updates</u>.

Changes reported for this release are grouped by functional area:

- **Billing:** View fixes and known issues for bulk payment processing, payment entries, and billing transactions.
- **Chart:** Access updates to <u>Patient Education</u> and <u>Clinical Decision Support</u>; review the new <u>Implantable</u> <u>Device</u> feature to track patient devices within the system.
- **CCDA:** Access CCDA advancements with <u>CCDA version 2.1</u>; this feature has been upgraded to support HL7<sup>®</sup> FHIR<sup>®</sup> for secure data transactions.
- Medications, prescriptions, and EPCS: Provide cost savings to patients and receive government and manufacturer safety notifications with <u>Medication Discounts and Alerts</u>; review <u>Permissions-based</u> <u>signing</u> options and EPCS fixes. Use the <u>Bulk Update</u> option in Rx Refills to reassign multiple prescriptions to authorized providers at a time.
- Miscellaneous: View fixes for interactions with third-party systems and additional corrections.
- Orders: Access fixes related to orders workflows.
- **Registration:** Review updates to the patient registration workflow, including enhancements to capture patient sexual orientation/gender identity (SOGI), preferred languages, and patient race and <u>ethnicity</u> information.
- **Reports:** Review the newly available <u>Prescription Drug Monitoring Program</u> feature (installation assistance required); run a <u>Controlled Drug Report</u> from this feature to identify potential instances of prescription drug abuse.
- System: View system backup enhancements; access fixes specific to installation and performance.
- Install the release: Access links to install and upgrade documentation for this release.
- **Contact Centricity Services:** Access links and contact numbers for <u>additional support</u>.
- APPENDIX A: CCDA document structures: View supported <u>XML structures</u> for inbound CCDA files (applies to CCDA v1.1 and 2.1).

### MU 2015 Certification updates

The following enhancements in this release support Meaningful Use measures for ONC 2015 certification.

#### Chart

<u>Context-specific patient education</u>, measure 170.315 a13; *see page 18.* <u>Clinical decision support</u>, measure 170.315.a.9; *see page 25.* <u>Implantable device lookup</u>, measure 170.315 a14; *see page 28.* 

#### CCDA

CDA Generator, measure 170.315 b4, e1, g9; see page 41. CDA Generator and document maps, measure 170.315 b4, e1, g9; see page 43. CDA Validator, measure 170.315 b1; see page 47. TOC Viewer, measure 170.315 b1; see page 49. GE Healthcare API portal, measure 170.315 g7, g8, g9; see page 50. Reconcile, link, or request CCDAs, measure 170.315.g.2; see page 37. CCDA document structures, measure 170.315 b2

Medications, prescriptions, and EPCS <u>Prescription change, fill, and cancel</u>, measure 170315(b)(3); see page 83.

#### Registration

<u>Multiple race and ethnicity entries</u>, measure 170.315.a.5; *see page 101.* <u>Sexual orientation and gender identity</u>, measure 170.315.a.5; *see page 108.* <u>Preferred language options</u>, measure 170.315.a.5; *see page 109.* 

### Document conventions

The following conventions are used in this guide.

	Recommended audience
8	Helpful links to documents and external sites
-	Workflow path
	Technical note
MU	Supports ONC Certification Meaningful Use certification

## Requirements and recommendations

#### Azure Active Directory tenant required for CCDA 2.1

#### AUDIENCE: System administrators and clinic managers

A Microsoft Azure portal subscription and an Azure Active Directory tenant is required to access the CCDA version 2.1 functionality in this release; it is also required to support future Centricity system development to meet ONC certification standards. See the Centricity Azure AD Onboarding Guide for step-by-step installation instructions to enable system access. (see <a href="https://engage.gehealthcare.com/community/">https://engage.gehealthcare.com/community/</a> (en/cps/documentation to access this guide).

#### Single -factor authentication methods in e-prescribing

AUDIENCE: System administrators and clinic managers

Depending on your clinic location, the user authentication method required to prescribe medications may vary. If your organization has a need for installing single-factor e-prescribing for non-controlled substances, see <u>Single-factor authentication in e-prescribing</u>.

#### RxMedAdherence.ckt and IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt

#### AUDIENCE: System administrators

Two text files, RXMedAdherence.ckt and IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt are required to support Medication Discount and Implantable Device features. These files are automatically included with this software version but require installation. See <u>Medication Discounts and Alerts</u> and <u>Implantable Device</u> features for guidelines.

#### Installer version format

#### AUDIENCE: System administrators

The installer included with the software now has a version number format that differs from that of the release build. For the installer, the build number appears prior to the release number. This difference is intentional (binary or database versions are not affected by this change).

#### Example: Build format: 1.2.44.3333 / Installer format: 1.2.3333.44

#### .NET versioning for 12.3

When you install this release, the installer checks the version of .NET running on the target server or client machine. If the version installed is equal or greater than 4.5.2, then no update occurs. If the currently installed version is earlier than 4.5.2, the installer notifies you that an upgrade will occur and prompts you for permission to continue. If granted, then 4.5.2 is installed and full product installation resumes. IMPORTANT: .NET 4.5.2 installation requires a system restart. Ensure that 12.3 installation occurs during a maintenance window when the server or client machine may be restarted; if the need for .NET 4.5.2 is detected and you confirm the installation, the installer will automatically begin the installation and will restart the target machine. IMPORTANT: Carefully consider the implications of upgrading to .NET 4.5.2 on

a given server or client machine; if the machine is running other software with a dependency on a .NET version that is earlier than 4.5.2, consult that software vendor or vendor documentation for guidance.

#### Transparent Data Encryption (TDE) feature for SQL Server

Centricity Practice Solutions version 12.3 and above now can be used with Microsoft's Transparent Data Encryption (TDE) feature for SQL Server. This feature encrypts your data as it is stored in the database to provide enhanced 'data at rest' security. TDE is turned off by default in Centricity and must be activated by an experienced, professional database administrator at your site. During the activation process, certain keys and other encryption information may be generated which must be safely stored by your administrator to access the database for service, upgrades, troubleshooting or other maintenance work. GE does not recommend TDE be activated unless the organization has an experienced database administrator. If you request services from General Electric, assistance from your database administrator will be required for GE to provide these services. If database keys or other encryption codes are lost, it may be impossible to move, upgrade, troubleshoot or do other maintenance work on your database. <u>General Electric cannot recover lost keys or codes.</u>

In addition, database encryption will require modifications to your database backup methods to ensure that both data and required certificates, keys or other encryption information is properly backed up alongside core data. General Electric does not provide support services for TDE or encryption related functions. Please see detailed documentation provided by Microsoft on the TDE feature for more information or contact Microsoft for technical support.

#### Backing up customized CCDA docmap files

If you use the CDA Designer to customize CCDA documents, you must save customized CDA Generator files to a secure location to reinstall after upgrades or for disaster recovery. IMPORTANT: Now, if you customize CCDA docmaps or transformations and do not save customized versions to a secure location and an upgrade or disaster event occurs, file customizations will be lost.

#### CCDA 2.1 required for 2018 quality reporting

This release includes new CCDA 2.1 features that qualify as 2015 Certified EHR Technology. Existing CCDA 1.1 features remain available for 2017 quality reporting and may be used in 2018 but are not considered 2014 CEHRT for the purposes of quality reporting in 2018. Prior to your 2018 Advancing Care Information (ACI) performance period, plan to either migrate to CCDA 2.1 or upgrade to a subsequent 12.3 service pack that qualifies CCDA 1.1 as 2014 CEHRT.

#### CCC Basic 1.5 upgrade

IMPORTANT: The recommended CCC Basic version for use with CPS v12.3 is 1.5; while you can install this release without having upgraded from CCC Basic 1.4 to 1.5, ensure that you upgrade to version 1.5 shortly after installing.

### Resolving locked and corrupted patient documents

#### AUDIENCE: System administrators

Access the Document Admin Toolkit to unlock files or fix corrupted patient documents as needed. Use the following to unlock or fix corrupted files.

**IMPORTANT**: After using the Document Admin Toolkit to unlock or repair a patient document, a confirmation message displays. Open the document to ensure that the file is unlocked or repaired. If you are still unable to access the locked file after using the toolkit, contact Centricity Support at 888.436.8491 for assistance.

#### Before you begin

Toolkit prerequisites: Ensure that the .NET 4.5.2 framework is installed.

Gather document data: Gather the information required to unlock or repair a document.

- Gather database access information. When you access the Centricity Admin Toolbox, you are prompted to enter the Host IP for the database where the document resides, the database name, a system admin user name with access to the database, and the database admin password. Have these values ready prior to accessing the tool.
- Gather patient and document information. In a patient chart, select **Documents** (left menu); in the patient banner, confirm the patient's first and last name. In the document table, select the document to unlock or repair; in the viewing pane below, the Doc ID displays (upper left). Record the patient's first name, last name, and the document ID.

📋 Chart 🤍	Anna Bond 2 Resp. Provider: SiPing Li Patient 1
Documents for Edit (1)           *Ofc Visit: 7/27/2017	37 Years         -         Female         -         DOB;         01-May-1980         Insurance;           Home:         206-333-3333         Group;         Group;
New Document	Documents
4 Chart Summary	🖉 🖉 Edit 🚈 Sign 🍟 Append 🥰 Route 📔 Organize 🖉 Link
Problems	Document View: All
Medications 🕧	R-
Allergies	3 2 6 07/27/2017 11:20 AI Ofc Visit
Directives	07/27/2017 11:05 AI Ofc Visit
Alerts / Flags	05/15/2017 1:46 PM Rx Refil: FAMOTIDINE 40 MG C
	05/15/2017 11:56 Al Ofc Visit
Documents 🕧	
Flowsheet	
Orders	
Histories	
Protocols 🗔	Doc ID: 5 4 Properties: Office Visit at J.S.M.A on 07/27/2017 11:05 AM by SiPing Li
Graphs 🗔	

(1) Select Documents, (2) Confirm the patient's first and last name, (3) select the document, (4) record the Doc ID

#### Unlock or fix a corrupted document

- 1. In the main Centricity Practice Solution menu, select Support.
- 2. Select Document Admin Toolkit.



3. In Database Login; select **CPS** as the database type; enter Host IP, the database name, a system admin user name with access to the database, and the system admin password; click **Submit**.

0	Database Login	x
	Database Type: C C-EMR C CPS Database Host IP: 3.20.222.111 Database Name: centricityps Database Admin User: dbadmin Database Admin Password:	
	Submit	
	You must be a database administrator to use this tool. If you do not know the database admin user or password, STOP! If you have questions, call Centricity Support.	

4. In the Home View, select **Locked Documents** or **Corrupted Documents** to unlock a file or fix a corrupted document.

Ø		Centricity Admin Toolbox	
Locked Documents	Corrupted Documents	Log Files	
			<b>{</b> \circ}

• Locked Documents: Select Locked documents; Enter the patient's first and last name, and the locked document ID (required).

0	Locked Documents	_ 0 X
Patient Search:		
Patient First Name:	Anna	
Patient Last Name:	Bond *	
Patient Date of Birth:	01-May-1980	
Patient ID:		
Document Search:		
Doc ID:	5	
Doc Date:		
	Search	Ú

Click **Search**; a list of documents displays, which are selected by default for unlocking. Deselect documents you prefer not to unlock; ensure that the documents to unlock are selected. Click **Unlock Selected Documents**.

0			Locked Doc	uments	-		x
口口							
Patient Result	s:						
First Name	Last Name	Date of Birth	Patient ID	Database Patient ID (PID)			
Anna	Bond	5/1/1980	6037	1810459755165100			
Document Re	sults for BON	D, ANNA:					
Select Do	c ID Date		Summary				
• 5	7/27/20	17 11:05:36 AM					
Linlack Salacte	d Documente						
Unibek Selecti	ed Documents						
					-	-	
						_	

**IMPORTANT**: After unlocking a patient document, a confirmation message displays. Open the document to ensure that the file is unlocked. If you are still unable to access the locked file after using Toolbox 1.1, contact Centricity Support at 888.436.8491 for assistance.

Success	X
Document(s) successfully unlocked! The patient chart/document should now accessible from the client.	be
	ж

• Corrupted documents: From the main menu, select Corrupted Documents. Enter the patient's first and last name (required). Click Search.

0	Corrupted Documents
Patient Search:	
Patient First Name:	Anna
Patient Last Name:	Bond
Patient Date of Birth:	01-May-1980
Patient ID:	
Document Search:	
Doc ID:	4
Doc Date:	
	iearch

A list of documents displays, which are selected by default. Deselect documents you prefer not to repair; ensure that the documents to repair are selected. Click **View Corrupted Documents.** 

0			Corrupted Do	ocuments	_ 🗆 X
Patient Result	s:				
First Name	Last Name	Date of Birth	Patient ID	Database Patient ID (PID)	
Anna	Bond	5/1/1980	6037	1810459755165100	
Select Doc Select Doc 5 View Corrupte	ID Date 7/27/20	17 11:05:36 AM	Summary	<u>ן</u>	-

A listing of the text that must be overwritten to correct the file displays. Review carefully; click **Continue**. Click **Clean Document** to overwrite the text issues and repair the document

**IMPORTANT**: After repairing a patient document, a confirmation message displays. Open the document to ensure that the file is repaired. If the document is not repaired, Contact Centricity Support at 888.436.8491 for assistance.

# Supported software versions

#### Client platforms

#### Windows client

Client OS: Windows 10 Professional, 32-bit and 64-bit Windows 8.1/RT Professional, 32-bit and 64-bit Windows 7 Professional, 32-bit and 64-bit (SP1)

Embedded Browser: Internet Explorer 11, 32-bit

#### Web client

Desktop Browser/Embedded Browser:

Internet Explorer 9, 10 Internet Explorer 11, 32-bit Firefox 50.0 Safari 10.0 (Mac OS)

**Office applications:** Use of Microsoft Word or Excel with CPS Microsoft Office suite: Office 2016, Office 2013, and Office 2010

#### **Client virtualization**

Citrix client: Citrix Receiver 4.3.100 and 4.6 for Windows Desktop Citrix Receiver 1.4.5 for Windows 8/RT

Citrix server: XenApp 7.6 64-bit on Windows Server 2012 R2 Standard/Datacenter 64-bit

Windows Terminal Services client: RDP 6.1 at minimum

Windows Terminal Services server: Windows Server 2012 R2 Standard/Datacenter 64-bit

VMWare server: Not applicable

#### Server platforms

#### SQL Database Server

SQL versions: SQL Server 2016 SP1 at minimum

SQL Server 2014 SP1 at minimum

- SQL Server 2012 SP1 at minimum
- SQL Server 2008 R2 SP2 at minimum

Windows OS: Windows Server 2008 R2 Standard SP1 at minimum

Windows Server 2008 R2 Enterprise SP1 at minimum

Windows Server 2008 R2 Data Center SP1 at minimum

Windows Server 2012 Standard

Windows Server 2012 Datacenter

Windows Server 2012 R2 Standard

Windows Server 2012 R2 Datacenter

Unix OS: Not applicable

#### **Application Server**

Server software: Jboss 6.4 with 64-bit JVM

OS: Windows Server 2008 R2 Standard SP1 at minimum Windows Server 2008 R2 Enterprise SP1 at minimum Windows Server 2008 R2 Datacenter SP1 at minimum Windows Server 2012 Standard Windows Server 2012 Datacenter Windows Server 2012 R2 Standard Windows Server 2012 R2 Datacenter

#### Data Exchange Server

MIK, DTS, FTS, and CCG (used with CPS 9.0 at minimum)

OS: Windows 10 Professional, 32 or 64-bit Windows 8.1/RT Professional, 32 or 64-bit Windows 7 Professional, 32 or 64-bit (SP1) Windows Server 2008 R2 Windows Server 2012, 64-bit Windows Server 2012 R2, 64-bit

#### Server Virtualization

Hyper-V or Server: Not applicable

#### **Centricity Analytics**

Server software: SQL Server 2016 SP1 at minimum SQL Server 2014 SP1 at minimum SQL Server 2012 SP1 at minimum SQL Server 2008 R2 SP2 at minimum

#### Key technology platforms

#### .NET

.NET framework: .NET 4.5.2

#### Health Information Exchange

IHE Document Registry/Repository (DRR): Not applicable

#### ссс

CCC software: CCC Basic 1.5

#### Crystal Reporting

Crystal Reporting software: Not applicable

#### Centricity ePrescribing

Centricity Clinical Messenger (SM): 8.0.x: 7.0.9, CCDA 1.1 and 8.0.1, CCDA 2.1 Centricity ePrescribing: Centricity ePrescribing (eSM) 4.2.2 Centricity Bridge: Centricity Bridge 4.5.9 Electronic Medication Prior Authorization: Electronic Medication Prior Authorization (EMPA) 4.2.2 Surescripts Automated Clinical Messaging: Automated Clinical Messaging (ACM) 3.2.3 at minimum Patient portals Centricity Patient Portal (PP): 7.0.9, CCDA 1.1 and 8.0.1, CCDA 2.1 EZ Access: 4.0.291 MedFusion: 17.2.1 Firewall Imprivata: 2.1. SP1 Message broker

QIE: 2.0.43

# System administration notice

Review this document carefully prior to installing or upgrading to this release; select from the following links to review areas that may require an install or configuration at your supported sites.

- <u>Technical requirements and recommendations</u>
- <u>Supported software versions</u>
- <u>CCDA 2.1 upgrade: CCDA Feature Switch; customize and back up document maps; view and back up validation</u> <u>files Enable firewall access and perform setup for Medications Discounts and Alerts</u>
- <u>Configure user rights for permissions-based prescription signing</u>
- Assign rights and roles for single-feature authentication (PDMP/OARRS)
- <u>Configure new system backup settings</u>

#### For installation and upgrade guides, see:

UINK: <u>https://engage.gehealthcare.com/community/en/cps/documentation</u>

## Clinical management notice

Carefully review how changes in this release might affect your practice setup and workflows. For questions about how these changes may affect your practice, contact Centricity Services at 888.436.8491 or your value added reseller (VAR). The following are features in this release that may impact current user workflows:

- <u>MU 2015 Certification updates</u>
- <u>Context-specific Patient Education materials</u>
- <u>Clinical decision support based on patient gender and age</u>
- <u>Streamlined workflow to view problem descriptions</u>
- <u>CCDA version 2.1</u>
- Workflow enhancement for Medications Discounts and Alerts
- Single-factor authentication for e-prescribing option
- <u>Permissions-based signing and prescribing workflows</u>
- PDMP reporting and your practice
- <u>Registration workflow updates</u>

Access clinical content requirements here:

LINK: <u>https://engage.gehealthcare.com/community/en/cps/documentation</u>

# 2. Billing

The Billing module in v12.3 includes fixes within a patient's visit status, ICD codes, batch processing, and search capabilities. See:

- <u>Billing fixes</u>
- Billing known issues

#### BILLING FIXES

#### Bad debt visit status incorrectly updating to PAID

#### PATH: Billing > Billing Criteria (search) > Billing (results)

Issue: In Transaction Distribution, reviewing any transaction for a bad debt visit and then closing by selecting OK caused the visit status to change from BAD DEBT to PAID. Resolution: The status for a bad debt visit no longer automatically updates to PAID when users select OK to exit the Transaction Distribution form. SPR 29810

Image: Image	Edit View	Optio	ns <u>H</u> e	elp	0. 50		<b>1</b>	-/								
Status         Description         Approval R           Davis Jr, Ree         No         000123         06/25/2016         02/13/2017         5000         Davis Jr, Ree         No         Company         Status         Description         Approval R           Davis Jr, Ree         No         000123         06/25/2016         Davis Jr, Ree         Status         GEHealthcare         Inprogress - Primary         Inprogress - Primary         Inprogress - Primary         Improved R           Davis Jr, Ree         No         000111         10/25/2016         Davis Jr, Ree         Davis MD, Ree         Hillsboro Office         GEHealthcare         Inprogress - Primary         Improved Charges from E Visit billing:           Davis Jr, Ree         No         000111         10/25/2016         Davis Jr, Ree         Signidal MD, Jarry Hillsboro Office         GEHealthcare         Inprogress - Primary         Retrieved Charges           Davis Jr, Ree         No         000121         12/02/2016         Davis Jr, Ree         Signidal MD, Jarry Hillsboro Office         GEHealthcare         Inprogress - Primary         Company         Approved R           Davis Jr, Ree         No         000121         12/02/2015         Davis Jr, Ree         Signidal MD, Jarry Hillsboro Office         GEHealthcare         In progress - Primary         Approved I<	3 🛤 🛱	\$	X	<b>-</b> 7 (	୍ଷ		છ⊶ મા ≘	<u>Y</u>								
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A Bad Debt transaction status for a visit

#### 837p files and ticket duplication

Issue: When a 837p file was generated, tickets were being duplicated in the file. When these duplications occurred within the billing grid, tickets were also created twice within the EDI batch. Resolution: Now when 837p files are generated, tickets are no longer duplicated. SPR 63746

#### **Entering inactive ICD-10 codes**

🔁 PATH: Billing > Billing Criteria (search) > Billing (results) > Visit > Charges tab > Diagnosis View List > New

Issue: When Advanced Specificity Search options in Specify Problem were used to locate ICD-10 codes, users were unable to enter codes that became inactive as of October 1, 2016. Resolution: Turn off Advanced Specificity Search (Administration > System > Advanced Features); deselect the Advanced Specificity Search option and use a full reference search to locate a code. SPR 68587



An Advanced Specify Search error in Billing

#### User batches returned when batch name is entered

PATH: Administration > Batches or Transaction Management

Issue: When users copied a batch name and then pasted it in the Default Batch field to perform searches in Administration or Transaction Management, the system would retrieve all batch files for the user instead of batch files matching the search criteria entered. Resolution: Now searches using copied batch names in Administration (Administration > Batches) or Transaction Management only retrieve batches that match the name entered. SPR 69414

#### Payer field disabled in Payment Entry

PATH: Payment Entry > Payer field/Payer column

Issue: When posting a bulk payment from a collection agency for multiple patients, the Payer field in Payment Entry became disabled (grayed out) after the first entry was added and could not be changed for subsequent entries. Resolution: The Payer field no longer becomes disabled after an initial entry is made. SPR 69553

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The Payer field remains enabled for multiple entries; the Payer column reflects the payer entered above

#### SQL service issue and payment postings

Issue: The FixAggPrep task within the SQL service used for payment postings was failing and causing the service not to index posting data properly. This is a part of FixAggregates SQL Server Agent job and the job name = [FixAggregates - <DB Name>]. Resolution: This issue has been resolved as follows:

The [FixAggregates - <DB Name>} job is now configured in the system to run on Saturdays @ 5:00 AM and is enabled by default.

This job creates a Staging table to hold the data from the Fact tractional tables. It then merges the data with the main line schema. This fix does not require any Indexes, Constraints, or Triggers to be disabled. The tables affected are:

- ARAggregates
- PatientProfileAgg
- PatientVisitAgg
- PatientVisitProcsAgg
- PatientVisitAggClosing

The Fix Aggregate job takes 24 minutes when run on a 500 GB database. For a 1 terabyte database, it takes approximately 45 minutes. If the job fails, a desktop notification is sent to the CPS Admin user group. SPR 69679

#### **Additional Billing fixes**

The following issues have been corrected.

- Hosted Claims Manager (CPSHCM) plug-in: Transactions with filing methods other than HCFA were incorrectly being sent to HCM and were run through the Centricity Practice Solution approval process; only transactions with a filing method of HCFA should be processed. This is now corrected. SPR 69045
- Error message when adding ICD codes: When ICD codes were added for Billing (Administration> Charge Maintenance > Diagnosis), an error message unexpectedly displayed: "SQL Error (102): Incorrect syntax near '.' " This message no longer displays when ICD codes are added. SPR 69563
- Search dialogs were not listing Other Providers: Provider search results in Billing were not retrieving 'Other' providers; now all providers matching search criteria are retrieved. SPR 70292
- Other payer name for posted refunds: When users posted a refund in Payment Entry and then selected the down arrow to enter another payer, the ticket number that followed was not associated with the new payer entered. Now the ticket entries that follow include the payer defined unless otherwise updated. SPR 69216
- **Bulk payment posting issue:** When a bulk payment was posted either manually or electronically and the patient had a deposit, the corresponding posting had the wrong patient name associated with the posting. This issue has been corrected. SPR 70019

#### BILLING KNOWN ISSSUES

#### Error occurs when setting a default batch with an apostrophe (Billing Administration)

PATH: Administration > Batches > Default Batches

Issue: In Default Batches, when a user selects a batch that includes an apostrophe and then selects Find (the binoculars icon), the following system error displays:

Error occurred in class CConnection::ExecuteReadOnlyWithCursorCacheSize, method CDlgSelectEx::GetList - class CDlgBatchSelectEx

SQL Query=Microsoft SQL Server Native Client 10.0 (CConnection::Open) in file C:\P\CPS123\IP-CPS\main\cpo\CPO\Etc\DBAccess\MBCADOConnection.cpp on line 1572 with connection CConnection::OpenFile=C:\P\CPS123\IP-CPS\main\cpo\CPO\Etc\DBAccess\Connect.cpp Line=1015Number=102 State=42000 Source=Microsoft SQL Server Native Client 10.0 Description=Incorrect syntax near 's'. Number=105 State=42000 Source=Microsoft SQL Server Native Client 10.0Description=Unclosed quotation mark after the character string ' END FROM Batch AS B WHERE Name LIKE @vcBatchName AND Status IN (@nStatusOpened) ORDER BY b.Name OPTION (MAXDOP 1)'." Workaround: Avoid using apostrophes in batch names; remove existing apostrophes until this issue is resolved. SPR 69835

# 3. Chart

The Chart module includes new features for MU 2015 Certification. In the Chart module, retrieve patient education based on a patient's problems, medications, gender, and age. Access enhanced clinical decision support within chart workflows. Use the new implantable device form to retrieve device information from the Global UDI database and track devices within patient charts. Review chart fixes for this release.

Areas:

- Chart features: <u>Context-specific patient education</u>, <u>clinical decision support</u>, <u>reduced clicks to</u> <u>view problem information</u>, and <u>implantable device</u>
- <u>Chart fixes</u>

#### CHART FEATURES

## Context-specific patient education

AUDIENCE: Clinic managers and providers

#### MU: 170.315 a13

**Summary:** Patient education content now includes content based on a patient's problems, medications, gender, and age; providers can give patients more targeted information and attach patient-specific education resources as PDFs to the patient's chart for distribution.

IMPORTANT: Truven<sup>®</sup> Patient Education is an add-on feature that requires activation by GE Inside Sales or a value added reseller (VAR) representative. Contact your sales or VAR representative for assistance.

IMPORTANT: Contact your portal vender to determine how patient education and other patient documents are posted to patient portals.

Areas include:

- <u>Centricity patient education and Truven educational resources</u>
- <u>Setup: Site access</u>
- <u>Setup: Context-specific patient education prerequisites</u>
- <u>Setup: Establish a shared folder location for patient education PDFs</u>
- <u>Setup: Enable user permissions to save patient education as a PDF</u>
- Workflow update: Access patient education based on medications, problems, gender, and age
- Patient education and gender
- Patient education and age
- Workflow update: Save patient education as a PDF
- Workflow update: Email or print a patient handout

### Centricity Patient Education and Truven educational resources

With the Truven Health Analytics<sup>®</sup> ad-on is enabled, the Centricity system now retrieves patient-specific education from a library of Truven Health Analytics resources. When a patient problem, medication, or prescription is added, system parameters retrieve information for the problem or medication that include age and gender specific data.



Patient Education accessed from the prescriptions workflow with gender and age-specific warnings

Enriched educational materials can also include interaction information if applicable.

### Setup: Site access

AUDIENCE: System administrators

To retrieve educational resources from the Truven library, the system must be able to access and receive information from it. Prior to use, make sure that your organization's firewall is configured to allow HTTP traffic to the domain **micromedexsolutions.com**.

### Setup: Context-specific patient education prerequisites

AUDIENCE: Clinic managers and system administrators

The following is required to enable Centricity patient education with Truven educational resources.

- Identify a storage share. Use the Hardware Calculator available with Centricity products to
  estimate storage needs. For Hardware Calculator information, see
  https://engage.gehealthcare.com/community/en/cps/documentation
- Activation assistance required. Truven Patient Education is an add-on feature that requires
  activation by GE Inside Sales or a value added reseller (VAR) representative. Contact your sales
  or VAR representative for assistance. The GE representative contacted will coordinate with
  Truven representatives to ensure that your organization's installation needs are met, including
  a review of required storage space, any URLs that require whitelisting, and system or storage
  configurations.

### Setup: Establish a shared folder location for patient education PDFs

AUDIENCE: System administrators

The Centricity application uses a shared folder to store generated PDF copies of patient education files for patient distribution. If a shared folder is not established, users receive the following error message when attempting to generate PDF files and the file will not generate.



An error message displays when generating a patient education .PDF without a shared folder

#### Establish a shared folder location for patient education PDFs

- 1. In Centricity CPS, select Administration > Charts > Chart > Patient Education Settings.
- 2. In Patient Education Settings, enter the shared path location to use for generated .PDF files.

Administration			
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Drug Interaction Overrides			
Drug Interaction Exclusions			
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- Elowsheet Views			
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History Views			
Inimunization Custom Lists			
- R Medication Custom Lists			
- D Patient Banner			
Patient Education Settings			
- Prescription Requirement			
Problem Custom Lists			
Problem List Views			
Chart Desktop			

### Setup: Enable user permissions to save patient education as a PDF

**IMPORTANT**: User permissions to generate patient education PDFs are not automatically enabled upon installing this Centricity version. After receiving assistance to activate the Truven Patient Education addon from a GE Inside Sales or VAR representative, update user permissions to allow providers to generate patient education PDF files.

#### Enable user privileges to save patient education as a .PDF

- In Centricity CPS, select Administration > System > User and Resource Management > Users > User Management.
- 2. In User Management, select the user account to update; click Edit.
- In Edit User, select the Security tab; expand Document Signature. Ensure that Patient Education Correspondence - Sign is enabled.



4. Click **OK.** Repeat steps 2 through 4 for each provider requiring the ability to generate patient education .PDF files.

### Workflow update: Access patient education

Providers select Patient Education<sup>3</sup> buttons available from the following workflows:

- New/Edit Medication or New/Edit Problem
- Update Medication or Update Problem
- Prescriptions form
- Flowsheet view



Patient Education option in New Medication

### Patient education based on gender

Education information is now based on Male or Female designations; if the gender identified is other than these, the system retrieves information for all genders. Gender-specific content is only included if relevant.

Example: A 22-year-old female patient is prescribed a medication that may result in birth defects in pregnant patients. Patient Education includes warnings for patients who are pregnant or who may become pregnant.

### Patient education based on age

Educational content displayed by age is derived from the following designations:

- Infant, newborn; birth to 1 month
- Infant; 1 to 23 months
- Child, preschool; 2 to 5 years
- Child; 6 to 12 years
- Adolescent; 13-18 years
- Young adult; 19-24 years
- Adult; 19-44 years

- Middle aged; 45-64 years
- Aged; 56-79 years
- Aged, 80 and older

Example: An 18-year-old male patient is diagnosed with acne and is prescribed a medication; problem and drug information relevant to the patient's age range (Adolescent: 13-18) may be included in educational materials if relevant.

### Workflow update: Save patient education as a PDF

When providers select the Patient Education<sup>1</sup> button, this information now opens with the patient's email address added from registration (upper toolbar). Select the envelope button 🖾 to generate a PDF of this content and append it to the patient's chart as a document.

Record handout printing in Chart  Select the envelope button to generate a PDF and save it to the patient's chart  Metolazone (Oral) (Tablet) - DrugNote  Metolazone (Oral) (Tablet) - DrugNote  Metolazone (ime-TOL-a-zone)  Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").  Frants Mame(s): There may be other brand names for this medicine.  When This Medicine Should Not Be Used: You should not use this medicine if you have had an altergic reaction to metolazone, suffa drugs (such as suffamethovazole, suffastateze suffascazole, Azufidne®, Eactrin®, Gantrian®, or Septra®), or other diuretics ("water pill").  Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").  Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").	- 0 ×
Select the envelope button to generate a PDF and save it to the patient's chart Metolazone (Oral) (Tablet) - DrugNote Metolazone (Oral) (Tablet) - DrugNote Metolazone (me-TOL-a-zone) Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill"). Brand Name(s): There may be other brand names for this medicine. When This Medicine Should Not Be Used: You should not use this medicine if you have had an altergic reaction to metolazone, sulfa drugs (such as sufamethovazole, sulfastateze sulfascazole, Azulfidne®, Eactrum®, Gantrain®, or Septra®), or other diuretics ("water pill"). Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").	
button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     and save it to the     patient's chart      button to generate a PDF     button to generate a fluid retention (edema). This medicine is a diuretic ("water pill").      button to generate and fluid retention (edema). This medicine is a diuretic ("water pill").      button to generate a PDF     button to generate and fluid retention (edema). This medicine is a diuretic ("water pill").	
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Metolazone (By mouth) Metolazone (me-TOL-a-zone) Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill"). Brand Name(s): There may be other brand names for this medicine. When This Medicine Should Not Be Used: You should not use this medicine if you have had an alterpic reacton to metolazone, sufa drugs (such as suftamethoxazole, suffastatzri suffisicazole, Azuffidne®, Bachim®, Gantrisin®, or Septra®), or other diuretics ("water pills"). You should not use this medicine if you a Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").	
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Treats high blood pressure and fluid retention (edema). This medicine is a diuretic ("water pill").	ine, are not able to

Saving Patient Education as a PDF and appending it to the patient's chart

**IMPORTANT**: If your system is not configured to use a shared location to save the PDF, an error message displays when you attempt to generate the PDF and the file is not saved to the patient chart.

## Workflow update: Email or print a patient education handout

When provider select the Patient Education *icon* and then selects Print *in* the opened handout, the Print Patient Education Handout form opens with the patient's email address displayed in the lower right.

Custom List CCC-Cournadin	Summary
CQE-Cournadin Instructions	Allergy R× Dilutions-C
CQE-Cournadin Instructions	
	-Language
	🕼 English 🧔 Spanish
	Record handout printing in Chart
	User Topper, Henry
	Print associated illustration
	Include in quality reporting
	hetty@amail.com

Print Patient Education Handout with email and print options

#### Email a patient education handout

To email the handout, select **Include in quality reporting** and then click **Email**. The document is saved to a shared location as an .RTF document and the MU Activity Log is updated to reflect that the patient education has been sent electronically.

**IMPORTANT**: If you do not select the **Include in quality reporting** option and then click **Email**, the MU Activity Log will not be updated with this event.

#### Print a patient education handout

From the Print Patient Education Handout, select **Include in quality reporting** and then click **Print** to send the file to a handout printer. The MU Activity Log is updated to reflect that the patient education has been printed and distributed to the patient.

**IMPORTANT**: If you do not select the **Include in quality reporting** option and then click **Print**, the MU Activity Log will not be updated with this event.

# Clinical decision support

AUDIENCE: Clinic managers and providers

#### MU: 170.315.a.9

**Summary:** Clinical decision support (CDS) information is now enhanced to include content based on a patient's gender or age. When updating problems, prescriptions, and medications for a patient, select the reference buttons *(COR)* within your workflows to view supplemented clinical decision support data.

Areas include:

- <u>CDS content and Truven educational resources</u>
- Workflow update: Access enhanced CDS content

### CDS and Truven educational resources

The Centricity system is enhanced to retrieve age and gender-specific CDS information from a library of Truven Health Analytics<sup>®</sup> data.



CDS for a pediatric patient

In this example, a provider selects a reference button *(e)* within a prescription renewal. The notification content includes pediatric dosing to accommodate the patient's age range.

### Workflow update: Access enhanced CDS content

View CDS content from the following workflows:

- New/Edit Medication or New/Edit Problem
- Update Medication or Update Problem
- Prescriptions form
- Flowsheet view

Reference buttons m in the workflow provide access to enhanced CDS information.

Update - Ian L. Brown Rx Refill at MHS on 8/12/2017 3.03:50 PM by Henry P. Topper [Doc ID: 4]							
Summary: «	🛱 Orders 🗟 Medications 📻 Problems 🕇 Medication 🕇 Problem	End					
Interactions:	Ian L. Brown M 42 Years 14 Jan 1975 Sex Age DOB	v123.014					
Forms	Patient's Current Pharmacy     Serverson (1)     Serverson (2)	Vere New Apportments Ne Stardow Store					
Attachments Add	SULTARALASIN TAB SOME BULTARALASIN BULTARALASIN SOME SOM	of Drap, 2					

Clinical decision support buttons in Rx Refill

		New M	Medication	
	Name: Ian L. Brown Birth: 01/14/1975	Find Medication Custom List: Internal Medicine	-1 20. 62.15	Reference List
	Sex: Male Height: Weight:	Formulary: < None > This patient has no formular	ry.	Search Formulary
<ul> <li>Clinical Decision Support [Coded la</li></ul>	ookup for PAROXETINE HCL using	g 52959 🗕 🗖 🗙	^	Status
	TIONS	MICROMEDEX GATEWAY	(PAROXETINE HCL)	
Clinical Information - Dr Paroxetine Hydrochloride	ugs		Comments:	~
Clinical Information - Di Clinical Checklist™ AUTISTIC DISORDER - CHROI DEPRESSION - CHRONIC	sease NIC		2017 B Stop Date: B Days Weeks Months	Dosing Calculator
			Refils: Brand medically necessary	Print Pt. Handout
	< >>	Pharmacy: Family Pharmacy ( 15985 Spencer R Beaverton, OR 97 Ph: (503) 645-956 Fax: (503) 555-10	(retail) Authorized By: Starr MD, d. 7005 USA B3 003 V Prescribing Method: Telephone State: Oregon	Kelly G. V
	Add to custom list: Medication  * indicates the calculated values of weig	Instructions/Duration Q	riote to Pharmacy: Route: OF	AL; inical Patient erence Education
			Save & Continue	OK Cancel

Select the reference button in a workflow to access this content.

A Clinical Reference option selected in New Medication

# Reduced clicks to view problem information

AUDIENCE: Clinic managers and IT administrators

**Summary:** Previously, when updating an existing problem, the Edit Problem dialog box opened with no data displayed. This caused the user to search for the problem again to retrieve and subsequently update this information. Now current problem information displays in the Description field without your having to perform a search to retrieve it; this has reduced the number of clicks required to view and update problem information.

### Workflow update: View problem information

PATH: Chart > Chart Summary > Problems > Edit Problem

In a patient chart, Chart Summary, select **Problems**; select a problem and then click **Edit**  $\mathscr{P}$ .



The **Edit Problem** form opens with the problem and the previously entered problem description displayed; you are no longer required to perform a search for this information.

&	Edit Problem X	
Search		
Search for:	Diabetes mellitus type II	
Using:	*Smart List	
Problem D	Details	View the problem
Description:	Diabetes mellitus type II	description without
		searching
Comments:		
Code:	ICD-9: 250.00 ICD-10: E11.9 Interactions: 🌓	
Onset Date:	2/13/2017 15 Approximate	
End Date:	Select a date 15 Approximate	
Duration:	Days      Weeks      Months	
	(i) Clinical Reference Patient Education	
Add to Cu	stom List Save and Continue OK Cancel	

# Implantable device lookup

#### AUDIENCE: Clinic managers, providers, and system administrators

#### MU: 170.315 a14

**Summary:** The Implantable Device feature allows providers who are performing an implant to enter a unique identifier (UDI) for a device, retrieve part and manufacture information from the Global UDI database, add clinic-side implant information, and save the device data as a record within a patient chart. If a patient has an existing implant and has an implanted device ID card, providers may also use the following to record the device in a chart.

Areas include:

- Prerequisites
- <u>Setup: Firewall configuration</u>
- <u>Setup: Import IMPLANTABLEDEVICE\_HTML\_FORM.ckt</u>
- Workflow update: Add an implantable device
- Workflow update: Quick access to implantable device information

### Prerequisites

AUDIENCE: System administrators

- Client installation: Centricity Practice Solution v12.3 is installed on the workstation.
- Firewall configuration: Configure your firewall to accept information from the Global Unique Device ID database. See <u>Setup: Firewall configuration</u>.
- IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt: Import the Implantable Device clinical kit that supports this feature; see IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt.

### Setup: Firewall configuration

AUDIENCE: System administrators

The Implantable Device form retrieves device information from the Global Unique Device ID database (GUDID). Prior to use, make sure that your organization's firewall is configured to allow HTTPS traffic to the domain **accessgudid.nlm.nih.gov**.

# Setup: IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt

AUDIENCE: System administrators

Prior to using, you must first import the Implantable Device clinical kit (CKT file); this file contains an HTML form that supports this feature.

#### Install IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt

- 1. In the main menu, select Administration; expand System and then select Import Clinical Kits.
- 2. In Import Clinical Kits, select Import Clinical Kit.

Administration			
File Home Options			
Application Users Security by Permission Main	Activity Log     Appointment Types     Appointment Types     Companies     Companies     Application Functions	Batches Charge EDI • Maintenance • Financial Functions	ntory + saction Co
🔑 Administration 🛛 «	-System > Import Clinical Kits Results		
Set Up Links  Itoms Itom Itoms Itom Itom Itom Itom Itom Itom Itom Itom			
esmConsole	< <u> </u>		
Chart	Pre	view Clinical Kit	

 In Import Clinical Kit, browse to the Centricity staging folder (typically C:/CentricityStaging/Clinkits). Double-click the ImplantableDevice folder to open it. In the folder, select IMPORT\_IMPLANTABLEDEVICE\_HTML\_FORM.ckt; click Open to import the file. When you import the file, the import includes the following:

- Implantable Device (form)
- Implantable Device (document template)
- Implantable Device Update (encounter type)

TmplantableDevice	1512VT254 + Local Disk (C:) + CentricityStaging + Clink	its + ImplantableDevice	•	+ (
Organize • Include in la	arary 👻 Share with 👻 New folder			
😒 Favorites	Name -	Date modified	Туре	Size
📃 Desktop	J Document Templates	9/22/2017 10:44 AM	File folder	
Downloads	📕 Encounter Types	9/22/2017 10:44 AM	File folder	
Sal Recent Places	🍌 Implantable Device Form	9/22/2017 10:44 AM	File folder	
词 Libraries	IMPORT_IMPLANTABLEDEVICE_HTML_FORM	9/27/2017 11:59 AM	O(T File	1 KB

Chart

### Workflow update: Add an implantable device

### AUDIENCE: Clinic managers and providers

The following is for providers who will be performing a device implant in future and require a record of the device to be added to the patient's chart. The form can also be used by providers to record a previously implanted device if the patient presents a medical device ID card with a UDI and barcode that the provider can enter. Supported methods include importing a barcode image (.JPG or .PNG) or manual entry of UDI values.

#### Add an implantable device for a patient

- 1. In a patient chart, click **New Document**.
- 2. In Update Chart, select update options; click **OK**.
- In the text view, select Insert Form > Component or press Shift +Ctrl + F1. In Components select the Search tab. In Component Name Contains, enter Implantable Device; click Search.

1	Upd	late - Sally Seattle Ofc Vi	sit at Clinic1 on 8/16/2017 3:19:4	1 PM by Henry Topper [Doc ID: 4
Summary: «	Drders	Medications 🚍 Problems 🛛	Medication Problem	x
Forms Add		Browse         Search           Component name contains:         Implantable Device         S           Search in: Enterprise         S	Search Tip: Use a "spac bearch words.	e" to separate multiple search
Attachments Add			Name A T Implantable Device 2. Perform a search Implantable Device and then click OK	Type Text
Favorites         Add           □         Blank image           □         R:MedAdherence           □         R:Refill           □         Vital Signs	1. In the te	More >> ext field, Press SHIFT	+CTRL + F1	OK Cancel

- 4. In Components select the **Search** tab. In Component Name Contains, enter **Implantable Device**; click **Search**.
- 5. In the search results, select Implantable Device; click Add Implantable Device.
- 6. In Implantable Device (left menu), select Add Implantable Device.

Select Add Implantable Device					Implanta
	Implantable Device List Add Implantable Device	Maxin No Photo available F Sex	e CPSTWELVE 59 Years 26 Aug 1 Age DOB	957	
		Implantable Device List			
		GMDN PT Name / × SNOMED CT Description	Anatomical ~ Location	Device ~ Status	Company
- 7. In Unique Device Identifier, perform one of the following:
  - Manually enter the unique device ID.
     -OR -
  - Import a barcode image (.JPG or .PNG). Select the **Browse** button in the Unique Device Identifier field and navigate to the barcode image. Select and open the file to enter the barcode value.
- 8. With the UID entered, click **Retrieve Information from GUDID Site**. Once the information displays, verify that the information is correct; scroll to enter additional data.

Implantable Device List Add Implantable Device	Ma No Photo available F Sex	laxine C 59 x Ag	<b>PSTWI</b> 9 Years 2 ge D	ELVE 26 Aug 1957 DOB				
A	dd Implantable D	Device						
-	Unique Device Id	dentifier	UBX19472	21415123441234K1234143	3187098732		Retrieve inform GUDID s	ation from ite
-	Lot / Batch	h Number	UBX		Device Description	KNEE REPLACEMENT		
	Serial	al Number	19422					
	Expirat	ation Date	03-Jan-2	2020	Brand Name	CERTALIFE		
	Manufactu	ured Date	03-Jan-1	1982	Version / Model	UBX_KN7		
	Distinct Identificat	tion Code (HCT/P)	UBX35		Company Name	CERTALIFE		
	GMDN PT Name / S CT De	SNOMED	SNO-CT	609588000 KNEE	MRI Safety Information			
					Device required to be labeled as dr	ontaining natural rubber y natural rubber(21 CFR	latex or 801.437)	
	Note: Above information d For Definition of elements	displayed as pr s click <u>http://w</u>	provided by GU	JDID website <u>https://accessgudi</u> lownloads/MedicalDevices/UCM	d.nim.nih.gov/ 396592.xts			

NOTE: At times, the GUDID website may be down for maintenance; if this occurs, an error message displays indicating that you should try again later.

- 9. Specify whether the device status is **Active** or **Inactive**.
- 10. Enter the **Device Implanted Date** in *dd-MM-yyyy* format (03-FEB-2018) or by selecting it from the calendar wizard. If you are unsure of the date, select the **Approx** box.
- 11. Enter the location of the implant with as much detail as possible.
- 12. Enter the name of the surgeon or institute that will implant the device.
- 13. Enter any notes about the device or the patient as necessary.

### 15. Click Save; the device is added to the Implantable Device list.

Noto: Abous information displayed as	presided by GUDD website https://processe	Devi	ice required to be labeled as con dry n	taining natural rubber latex or atural rubber(21 CFR 801.437)		
For Definition of elements click <u>http://</u>	www.fda.gov/downloads/MedicalDevices/UC	M396592.xls				
Device Status	Active		Notes			
Device Implanted Date	16-Aug-2017	approx				
Device Removed Date		approx				
Location of Implant	Left knee					
Implanted by Surgeon / Institute	Dr. Smith					Enter clinic specific
				Save Cancel	I 🧲 i	information for the
						device; click Save

# Workflow update: Quick access to implantable device information

AUDIENCE: Clinic managers and providers

After adding an implantable device, an implantable device icon displays in the patient banner; select this icon to quickly access implantable device records for the patient.

Ele Vere Celiere				Find Option	
Find Patient - Search	View • Update • New View Alert/Flag Alert/Flag Alerts / Flags	Print Chart More Summary • Chart	K     Sign Append Route Viewer     Comple     Document	ties Contributors * List Changes More * te Orders	
Chart « Cocuments for Edit (0) New Document	Tony Stark 17 Years, 0 Months - Unknow	wn - <i>DOB:</i> 11-Oct-2000	Resp. Provider: Patient ID: 19 Insurance: Group:	1253	늏
Documents A Flowsheet	Documents	🚰 Route 🛛 🛗 Organize 🔗	Link		
Orders Histories	Document View: All	0 Date V	Summary	Alerts(0)/Flags(0) Provider	Group By Date
Protocols 🖾 Graphs 💭 Handouts 🗔		10/11/2017 8:30 PM	M OFC Visit M Ofc Visit M Ofc Visit M Ofc Visit link doc	Henry Topper Henry Topper Henry Topper Henry Topper	CTMC Signed CTMC Signed CTMC Signed CTMC Signed CTMC Signed
Registration 🗇		10/11/2017 & 10 PP     10/11/2017 & 10 PP     08/06/2012 12:00 /     08/06/2012 12:00 /     08/06/2012 12:00 /	W Ofc Visit A Ext Off: Recommend Admission to Community Hea A Ext Off: Recommend Admission to Community Hea	th and Hospitals for Pi Henry Topper th and Hospitals for Pi Henry Topper	CTMC Signed CTMC Unsigned CTMC Unsigned
Chart Desktop	Doc ID: 10 Properties: Office Implantable Device: GMDN PT Name/SNOMED CT	Visit at CTMC on 10/11/2017 8:50 P	M by Henry Topper		🚾 🖻 🥪 0 Attach 🗸
Chart Reports	Device Description: Coated Bra Device Status: Active Entered by: Henry Topper	ided Polyester			
					-

The Implantable Device icon in a patient chart

### CHART FIXES

#### Document signing security nodes

PATH: Chart > Find Patient (Search/select result/OK) > Documents

Issue: The security nodes that support document signing were not being added to imported documents or to documents with updated document types; this prevented users from signing imported documents or from signing a document that was changed from one document type to another. This included Clinical Visit Summary documents, History and Physical notes, and Progress notes. Resolution: Restrict the user from selecting any of the below mentioned system internal doc types while performing Chart update workflows. Also, if these system internal doc types are used to import HL7 MDM messages in the TXA - 2 segment, then it will throw an error, restrict the import of the HL7 message, and create an exception file upon stating the error.

DocTypeId = DTID = 35 Clinical Visit Summary (CVS) DocTypeId = DTID = 36 History and Physical Note - Imp (HnP Imp) DocTypeId = DTID = 37 Progress Note - Exp (Prog Exp) DocTypeId = DTID = 38 Progress Note - Imp (Prog Imp) DocTypeId = DTID = 41 Patient Education Correspondence

SPR 58049

### Selecting an alert/flag in Desktop Summary failed to open the patient chart

PATH: Chart > Find Patient (Search/select result/OK) > Chart Desktop > Alerts/Flags

Issue: Users were unable to launch a patient chart from an alert or flag in the Desktop Summary. Resolution: Selecting an alert or flag in the Desktop Summary launches the patient chart as intended. SPR 58153 / 61347

Alerts/ Henry	Flag Toj	is to: oper					Open Reply	orward Convert	🕉 🕌 Remove Hide
	1	From	То	Location	Start Date ≜	Expire	Subject	Mes	sage
	8	System Mainter	Henry Topper	J.S.M.A	08/31/2017		DEA number expiration warn	Your DEA# DE00712	34-005 expires on 2
		Henry Topper	Henry Topper		08/21/2017		Transmission Sent: Succe	Successful Trans	mission: ePrescr#
		Henry Topper	Henry Topper					Successful Transmi	ssion: ePrescribing <del>&amp;</del>
		Henry Topper	Henry Topper		09/13/2017		Transmission Sent: Succe	Successful Trans	mission: ePrescr#

Selecting an Alert or Flag in Chart Desktop now opens the associated patient chart as expected

Issue: In the Chart Desktop, the Messages column under Alerts and Flags was too narrow to effectively view message text. Previously, users were manually expanding the column width to view messages. Resolution: The Messages column width has been increased so that message text is easily viewed. SPR 68547

Alerts/I Henry	Flag Top	is to: oper					Open Reply	🍼 🚵 💥 🗮 Forward Convert Remove Hide
	1	From	То	Location	Start Date ≜	Expire	Subject	Message
	8	System Mainter	Henry Topper	J.S.M.A	08/31/2017		DEA number expiration warn	Your DEA# DE0071234-005 expires on 2
		Henry Topper	Henry Topper		08/21/2017		Transmission Sent: Succe	Successful Transmission: ePrescrit
		Henry Topper	Henry Topper		08/24/2017		Transmission Sent: Succe	Successful Transmission: ePrescrit
		Henry Topper	Henry Topper		09/13/2017		Transmission Sent: Succe	Successful Transmission: ePrescrit

The Message column in Alerts/Flags (Chart Summary)

Messages column in chart desktop

### Multiple Set Up Commands cause chart to crash

PATH: Chart > Find Patient (Search/select result/OK) > Chart (module ribbon) > Set Up Commands

Issue: When users added more than 20 setup commands to the Setup Command ribbons within Chart Desktop, Chart, or Chart Reports, the chart would crash when users navigated between modules. Resolution: Crashing issues no longer occur when more than 20 Setup Commands are added and users navigate between modules. SPR 68905

ption 1 • 5 •	New Alert/Fla	Vie g Alerts/ Alerts / F	w Ref Flags	C	Open Chart	Import Ch Summar	art ( y	Complete Orders Desktop	Print	Refresh EP Failures	PCS 5	Set Up Commands	s mmands			
15 -	Open C	hart Al	erts/Flags t ∉nry Topp	to: er		Se	t Up (	Custom Co	ommano	ds				Q Open	Neply I	F
13, 1		Custon + Add License DEA UPIN User ID [NewCo	Delet Delet Number I	ands e Entry				Details Descriptic Ribbon Command {USR.Lo	on: Lo Button Sma Line: ginNam	gin Size III		🔿 Large		;ert >	on warn ht: Succes Success ht: Succe Den Us A	
he sele	cted		<b>-</b>	02/25/	2015 7.1 2015 10:	History, Co	m A	11	Chrt	maint		OK	Can	cel In Proj	gress A d A	1 1 1 1 1

Multiple setup commands added to a chart

### Copy queue functionality in Task Management

PATH: Chart > Chart Desktop > Task Management > Queue Administration > (select queue) Copy Queue Issue: When using the Copy Queue feature in Task Management to assign tasks to another user, the copied tasks were not appearing in the assigned user's Queue List. Resolution: Tasks assigned using Copy Queue now display in the assigned users Queue List. SPR 69303

≝⁄ Task Management «	Queues	Queue Name
My Tasks (3 tasks) 4 Queues dfdsfsdf (628 tasks)	+ 🖉 🕜 🗙	another user Automatically exit tasks when they no los
erics queue (1144 tasks) Completed Tasks	auto test dfdsfsdf	Queue Users
Queue Administration     Build Queues	erics queue Medicare Large Balance Over 60 Queue-Test Rhaa Teet	+ ×
Set Up Links Ѻ		Auto-assign tasks to user: <a>No Users&gt;</a>

The Copy Queue feature in Task Management (Queue Administration)

### Unable to access earlier growth charts for patients

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Graphs > Growth Chart

Issue: Selecting the down arrow in the Growth Chart no longer displayed previous growth for a patient aged 24 months or older; only the 2-20 years growth chart displayed. Resolution: Now pressing the down arrow in the growth chart displays the 24 month or younger chart for the patient. SPR 69354



The down arrow in Growth Chart that accesses additional charts

### **Patient Handout Posting**

Issue: Patient Education materials posted only to patient portals when users expected these to be sent to personal email accounts. Resolution: This solution performs as designed; Patient Education materials are only emailed to patient portal sites as personal email accounts are not secure enough to receive sensitive patient information (or the security level is unknown). SPR 69919

### Additional Chart fixes

The following issues have been corrected.

- Removed clinical items included in Meaningful Use functional measure calculations: Information entered in error within a patient chart was still being included in the patient information sent to CQR; this resulted in inflated Meaningful Use compliance counts. SPR 64230
- **DLL errors in chart:** After upgrading, some users were encountering multiple DLL error messages a day when navigating between Chart Desktop and a patient's chart. SPR 70055
- **Problem assessments:** Assessments added to a Problem and then filed in error still displayed as associated with the Problem in Problem view. Now when users file an error document for an assessment, the assessment is no longer associated with the problem. SPR 70291
- Implantable Device Clinkits folder contains additional unexpected files: Unexpected files were reported within the Implantable device Clinkits folder. Unlike previously released clinical kits, the Implantable Device Clinkits folder contains the form, text files, and components necessary to support the Implantable Device feature. These files are intentionally included. SPR 70737

# 4. CCDA

Functionality to generate, send, or receive continuity of care documents (CCDA) is now enhanced; CCDA version 2.1 includes interfaces that support the HL7<sup>®</sup> FHIR<sup>®</sup> standard to safely exchange patient data. This section provides an overview of this enhancement followed by CCDA fixes and known issues in this release.

**IMPORTANT:** This change impacts document generation as well as interfaces, which includes CCDAs exported from the interface, Clinical Visit Summary documents handed to patients, CCDAs generated during a visit and transmitted via clinical messaging, and CCDAs imported from other care providers.

**IMPORTANT**: See the Centricity Azure AD Onboarding Guide bundled with this release for the setup required to support this updated feature.

Areas include:

- CCDA features: <u>CCDA version 2.1</u>
- <u>CCDA fixes</u>
- <u>CCDA known issues</u>

### CCDA FEATURES

# CCDA version 2.1

AUDIENCE: System administrators and clinic managers

MU: CDA GENERATOR: 170.315 B4, E1, G9; CDA VALIDATOR: 170.315 B1; TOC VIEWER: 170.315 B1; GE HEALTHCARE API PORTAL: 170.315 G7, G8, G9

**Summary:** Continuity of care documents (CCDA) provide a portable snapshot of the most current relevant administrative, demographic, and clinical information for a patient. These documents are easily exchanged between providers and facilities using different EMR systems. Included in this release are new interfaces that support the generation, transmission, receipt, and reconciliation of patient data using the HL7<sup>®</sup> FHIR<sup>®</sup> standard for health information exchange.

### Solutions within this feature are divided into outbound and inbound document enhancements.

### OUTBOUND

#### CDA Generator

Generates outbound CCDA files COA Designer Console List View Tree View Desch Dockep. @ C TOCConsolidate/Func... TOCConsolidate/Socia.

CDA Designer

View and customize generated CCDA content



INBOUND

CDA Validator

Validates inbound CCDA files



**TOC Viewer** 

View inbound documents in a patient chart

### Areas include:

- <u>Setup: CCDA 2.1 installation</u>
- Workflow update: CDA Generator
- Workflow update: CDA Designer
- <u>Workflow update: CDA Validator</u>
- <u>Workflow update: TOC Viewer</u>
- Additional resources

# Setup: CCDA 2.1 installation

### AUDIENCE: System administrators

A Microsoft Azure Portal subscription with an Azure Active Directory tenant is required to support the generation of CCDAs in 2.1 format. Once your subscription is established, a link to an install script is provided to automatically configure your system to access GE APIs. This release also includes a CCDA Feature Switch that enables user control of CCDA formats; by default, this switch is set to version 1.1 to enable user control in implementing CCDA 2.1.

Setup areas:

- Azure portal subscription and AAD configuration
- The CCDA Feature Switch

### Azure portal subscription and AAD configuration

CCDA version 2.1 operation is dependent upon GE APIs accessed from a Centricity server; requests to access APIs from this server are authenticated by Microsoft Azure AD. See the Centricity Azure AD Onboarding guide for step-by-step instructions to enable access. Go to <a href="https://engage.gehealthcare.com/community/en/cps/documentation">https://engage.gehealthcare.com/community/en/cps/documentation</a> to view this copy.

### The CCDA Feature Switch

The CCDA Feature Switch included in this release enables the API access required to support CCDA 2.1 generation as well as subsequent product enhancements. Upon software version installation or upgrade, this switch is set to 1.1 by default to enable user control in implementing CCDA 2.1. Areas of note:

- **Disabled by default:** The CCDA Feature Switch is automatically included with this software version and is disabled upon installation; see <u>Enable privileges to modify API settings</u> when your organization is ready to transition from 1.1 to 1.2.
- **CQR transition:** The CQR reporting tool will not change in function from prior releases.
- Azure AD required for 2.1: Microsoft Azure Active Directory (Azure AD) is only required for use with CCDA 2.1; for CCDA 1.1, Azure AD is not required.
- **Configure CCDA to use a specific version:** In system settings, select options to enable CCDA version 1.1 or CCDA version 2.1. By default, the system is set to use CCDA 1.1 to avoid impacting existing integrations or interfaces until your organization is ready to switch.
- **CCDA file exports:** When the system is set to use CCDA 1.1 (default) and users generate and send outbound CCDA files, the system uses the CDA Builder from previous releases. When configured for 2.1, the system uses the new CDA Generator to generate outbound CCDA files, which supports the following output types: Ambulatory Summary (VDT), Clinical Visit Summary (CVS), Transition of Care, and chart exports. The provider's workflow to generate files for export remains the same regardless of whether 1.1 or 2.1 is used.

• Inbound CCDA validation: When the CCDA feature switch is enabled for 1.1 (default), the system uses 1.1 validation. When configured for CCDA 2.1, the new CCDA Validator verifies inbound CCDA files for system acceptance.

### Enable privileges to modify CCDA and API settings

Before modifying API settings, ensure that the CHANGE list editor settings privilege is enabled for you or other users configuring this option. In Centricity CPS, select **Administration > System > User and Resource Management > Users > Security > Security by User.** 

In Security by User, perform a search for the user account to configure; select the user and then click **OK.** In the Permissions List, select **Change system settings** to enable this privilege.

### Configure the CCDA version

- 1. In Centricity CPS, select Administration > System > Interoperability > CCDA Version.
- 2. In CCDA Version, select a CCDA action (description). In CCDA Version, select 2.1 or 1.1.



3. Click **Save.** Repeat step 2 for each CCDA action to modify the CCDA version used; the default CCDA version is 1.1.

# Workflow update: CDA Generator

AUDIENCE: System administrators and clinic managers

### MU: 170.315 b4, e1, g9

The CDA Generator is an internal tool that generates CCDA document files for export. The tool uses document maps and XSLT transformations to define the data to include; it calls GE APIs to retrieve information using the HL7 FHIR format and applies XSLT stylesheets to generate standard CDA documents.

CDA Generator areas include:

- Workflow update: Generating CCDA document files with version 2.1
- Workflows supported by CDA Generator 2.1
- <u>The CDA Generator and document maps</u>
- Basic map structure
- <u>Redaction and customization</u>

### Generating CCDA document files with version 2.1

To use CCDA Generator version 2.1, ensure that you have Centricity Practice Solution 12.3 installed and have completed <u>CDA 2.1 installation steps</u>. Once these steps are completed, the workflow required to generate CCDA document files is the same as in version 1.1; no additional steps are required.

**Generate a CCDA:** The workflow to generate a CCDA from supported areas in the application remains the same. For example, to generate a CCDA from the **Documents** table within a patient chart; right-click a document with a document type of 'Office Visit' and then select the CCDA option required (such as 'Create Clinical Visit Summary').



A provider selecting a CCDA option from the right-click menu in chart documents

Once generated, the document opens in the workspace.

Clinical Visit Summary			
	CONTINUITY OF CARE	DOCUMENT	<u> </u>
Patient evelia kozi Date of birth 02/28/1935 Sex Male Race Other White	I V	sit Date 04/28/2017 are Provider ontact Information	
Preferred Language English			
Current Problems List: Automatic Data War comp type Wans not stated uncentri Diato War comp type Wans not stated uncentri Diato War comp type Wans not stated uncentri Diato War comp type Wans not stated State Stat	E&M - blood pressure, diast Mintime & 462.4 ; 78mm[Hg] Weight E&M - 3141-9 (b_av)	olic - blood pressure, systolic - 6480-6: 1180mm[Hg] 302.25 weight in klograms E&R: 137.39kg	temperature E&M: 97.6 [degF]
Seafood Iodine Penicillin			
Patient Email: Not available	Printers Save To	Chart & Close Save To File Print	Customize Send To Recipient Cancel

A generated CCDA document

In the generated document, select from the following options:

- Save to Chart & Close: Appends the document to the patient's chart (Documents table) and closes the document view.
- Save to File: Launches a Save As window to save the document locally.
- Print: Prints the document to the printer specified.
- Send to Recipient: Posts the document to a patient or clinic portal page; check with your portal provider for best practices to post files to portal locations.

The CDA Builder from version 1.1 and the new CDA Generator both support the same four workflows: Ambulatory Summary (VDT), Export Charts, Clinical Visit Summary (CVS), Transition of Care (TOC). When a workflow is configured for 2.1, requests previously sent to the CDA Builder (1.1) are redirected to the new 2.1 Generator. This means that the same actions used to generate or receive a CCDA document file in version 1.1 are also supported in version 2.1.

In this example, a user generates and exports a set of transfer of care documents from the Inquiries tab in reports.

Go Actions Options Help	nkLogic 🖏 New 📣 View 🖨 Print 👎 Help 📅
Inquiries Reports Cloud Reports	
Find Patients	Count Result:
Where Barry G and	Search Result: Patients found: 5
viere (casi)	Aardvark, Adam J
is 💌	Aardvark, Alonzo
Aardvark	Aardvark, Apple
Add Delete Replace	
Combine With C AND @ OR Active Patients Only If Active	
Find Patients where:	
Name (Last) is 'Aardvark'	
< >	
Select Save Clear Count Search	View Item Export charts •
ar Help, press F1	LinkLogic: Jobs = 0; Errors = 7 🔛 🕥 🕅

A user performs a search in Reports (Inquiries tab) and exports charts as transfer of care documents (versions 1.1 and 2.1)

Exporting charts as CDAs from Reports

CCDA

# Workflows supported by CDA Generator 2.1

On upgrade, CCDA workflows will be set to 1.1 by default to avoid impacts to existing interfaces or integration components. This will provide more time to make necessary adjustments to new CCDA content and allow control over when the switch is made to the new version. For new installs, CCDA workflows will be set to 2.1. At that time, the CDA Generator will support the following workflows previously supported in 1.1:

- Transition of care
- Clinical visit summaries •
- Chart exports (also known as data portability)
- Ambulatory summaries (VDT) •
- Redirects from the previous CCDA solution (SOAP web services) to the new generator •

### The CDA Generator and document maps

Document maps are central to the CDA Generator solution as they define the data that will be compiled within the generated document. CCDA file content is divided into header and body sections. In this example, a document map determines the API calls required to extract data for the header and footer elements defined.

IMPORTANT: The following illustrates a typical CCDA map structure; a new form, the CDA Designer is included in version 2.1 to easily configure sections within a document map. For more information, see CDA Designer.

A. The header retrieves basic information, such as the patient ID and file date; headers can be reused across all CDAs	Section Level Rule (Body) e.g. VDTBody.docmap           y Summany",         {             "map": [             {	ttd&code:in=ValueSet", nttd&", C. Defines XSL transforms to convert from FH CCDA format	B. This CCD body includes patient problems, vitals, and immunization records
--	--	--	--

A document map in the CDA Generator

The document header is populated with basic patient data, such as the patient name and record date, to send with the file. Body sections include data specific to the document or report. For this document, the patient's problems, vital signs, and immunizations are extracted.

### Basic map structure

CCDA version 2.1 includes a library of document maps and data elements required by most clinics to support CCDA document file transmissions. The basic structure for each map is a header, a body, and the stylesheet to apply (CCDADocument.xslt). The core map structure is as follows:

```
{
   "map": {
    "header": {
        "xformURL": "$BASE/xlate/docmap",
        "configURL": "$STORAGE/CCDAHeader.docmap"
    },
    "body": {
        "xformURL": "$BASE/xlate/docmap",
        "configURL": "$STORAGE/CCDABody.docmap"
    }
    },
    "reduce": {
        "xformURL": "$BASE/xlate/xslt",
        "configURL": "$STORAGE/CCDADocument.xslt"
    }
}
```

### Specifications

- Header parameters: At generation, \$BASE and \$STORAGE parameters in the header are replaced by configured values that correspond to data required for the header, such as the patient's ID (patientid) and last updated date (fromDate),
- Authorization: Bearer token. Calls an instance of the document mapper service using the configuration identified by URL, with a bearer token of token in the authorization header, and named parameters param1 and param2 with values value1 and value2 respectively.
- Returns:

201: Successful generation with the header set to the generated file location.

400: Indicates a bad request if the input parameters are not valid.

403: Forbidden if one of the called transformations responds with an access control error.

408: Times out if one of the called transformations does not complete within a reasonable timeframe.

Note: Other errors may also be returned; all errors related to CDA generation are logged in CDA.log, CentricityFHIR.log, and server.log in the JBoss server log folder ...\jboss\standalone\log. If errors occur, check all three log files to view error information.

### Redaction and customization

Redaction (data compilation) and other customizations are still supported. For more information about viewing and customizing maps, see <u>CDA Designer</u>.

# Workflow update: CDA Designer

AUDIENCE: System administrators and clinic managers

The CDA Designer provides a user-friendly interface to view and modify document maps and XSLT transformations for continuation of care documents.

CDA Designer areas include:

- Workflow update: View and customize document maps
- <u>Workflow update: Back up customized document maps</u>
- Workflow update: Access CDA Designer Help

### View and customize document maps

### Access the CDA Designer to view the factory set of CCDA document maps bundled with this release.

PATH: https://server:9443/DBNAMEdocmap (The server location depends on your deployment; use hostname or IP address of either the Single Server application server or the hostname or IP Address of the Interoperability server)

In the CDA Designer, select from List View or Tree View options to view available maps.

	_	CDA Designer Console Document Ma	ap Transformation		Help ?
A. Select from		List View Tree View			
List View or		Search DocMap	T / T		T Y
Thee view		TOCConsolidateFunc	Document Map Name	TODReferral docman	
		TOCConsolidateSocia		r o a reier a	Requestable
	_	TOCFunctionalStatus	Human Readable Name	Ambulatory Summary	
B. Select a map		TOCReferral.docmap	Туре	34133-9	
		TOCReferralBody.doc	Class	34133-9	
		TOCReferralHeader.d	Sections		
		TOCSocialHistory.doc	Name	header	
		VDT.docmap	Transform Type	DOCMAP	¥
			Transform Rule	CCDHeader (S):map	Y
		C View sections —	Name	body	
		within the selected	Transform Type	DOCMAP	*
		document	Transform Rule	CCDBody.docmap	*

With a map selected, use dropdown options to modify the map.

Name	History of Present Illness Section	<transform th="" used<=""></transform>
Transform Type	FHIR	< Section name
Query String	Observation?patient=\$patientid&category=1351&encounter=\$encounterId&_	< FHIR query
Transform Rule	HistoryOfPresentiliness.xsl •	< Transform rule set applied

Note: The tool pulls map information from the install or upgrade files Typically, this is C://Program Files/Centricity Practice Solution/jboss/standalone/deployments/cda-generator-master.war/WEB INF/docmap, which may vary depending on whether this is a Single Server or interop server environment. For Single Application server deployments, this is the single JBoss server machine. For multiple application server deployments, use the Interop server machine.

Note: If JBoss is restarted, you may be required to restart the application.

Sections within the map include the name of the section within the map, the transform type, the FHIR query (or queries) used to retrieve specific clinical data, and the rule set used to transform the data.

# Back up custom document map files

When you redeploy JBoss or upgrade the system, you will lose any customized CCDA document maps; only factory maps are restored. Ensure that you back up customized maps before upgrading or redeploying JBoss. To back up files, navigate to the JBoss server instance; access the drive designated for CDA Generator and Designer storage. In the drive, access the C:/Program Files/Centricity Practice Solution/jboss/standalone/data/cda-generator-master folder.

Note: The folder location may vary depending on your deployment setup; for Single Application server deployments, this is the single JBoss server machine; for multiple application server deployments, use the Interop server machine.

Back up the cda-generator-master folder and its subfolders to reinstall custom files after the upgrade or JBoss redeployment.

# CDA Designer Help

Select the Help option in the CDA Designer menu for map configuration details. For information on individual GE API resources and extensions (the information building blocks within a map), see Additional resources: Access the GE Healthcare API Developer Portal.

CCDA

# Workflow update: CDA Validator

AUDIENCE: System administrators and clinic managers

### MU: 170.315 b1

The CDA Validator ensures that only valid inbound CCDA files are added to the system; all inbound CCDAs pass through the CDA Validator. Inbound files are determined to be reconcilable, viewable but not reconcilable, or neither (not imported).

- Reconcilable: inbound files that have enough validity to be added to the system.
- Viewable: inbound files that can be viewed but not reconciled.
- Neither: invalid inbound files.

### Supported workflows

Supported workflows include importing a Chart Summary; the CDA Validator also validates external documents added by message brokers, such as Secure Messaging or QIE. The CDA Validator automatically validates inbound CCDA files, user action is required.

IMPORTANT: Medication reconciliation can be completed only for imported CCDA documents.

### View validation results

Access a log of validation results; use HTML and XML files in the CDAValidation folder to identify file errors.

- Valid CCDAs display as cdavalidationSDID.html
- Invalid CCDAs display as cdavalidationYYYYMMDDHHMMSS.html with cdaimport YYYYMMDDHHMMSS.xml

Open the HTML files in results for details. In this example, a series of errors for an imported file display.

### View CDA Validator results

1. Navigate to the database storage drive on the JBoss server; access .../Program Files/Centricity Practice Solution/jboss/standalone/CDAValidation.

Note: The folder location may vary depending on your deployment setup; for Single Application server deployments, this is the single JBoss server machine; for multiple application server deployments, use the Interop server machine.

BCDAValidation				
😋 🕞 🖉 🔹 Program Files 🔹 Centricity Pract	ce Solution + jboss + standalone + CDAValidation	>		
Organize 👻 Include in library 👻 Share with 💌	New folder			
🗉 🌗 modules 🖉	Name	Date modified -	Туре	Size
🖃 🍌 standalone	Augustidation 1909219252402220 html	4/20/2017 2:27 DM	HTMI Document	E2VP
L CDAValidation		4/20/2017 2:37 FM	HTML Document	53 KD
🗉 🍌 configuration	Cdamport20170420143244.xml	4/20/2017 2:32 PM	XML Document	15 KB
🗉 🔐 data	Cdavalidation20170420143244.html	4/20/2017 2:32 PM	HTML Document	39 KB
🖃 📕 deployments	🕘 cdavalidation 1808316788401960. html	4/20/2017 2:13 PM	HTML Document	108 KB

2. In CDAValidation, locate an HTML file for an imported CCDA; failed inbound CCDA files appear with both HTML and XML files.

EDAValidation				
🚱 🕞 • IPVSHPLB-04 • DB_Storage (E:) •	Program Piles * Centricity Practice Solution * jbos	s + standalone + CDAValid	ation	
Organize 💌 🥰 Open 💌 Print New folder				
📕 standalone 💻	Name	Date modified +	Туре	Size
CDAValdation	develdetion1011196664072260.html     develdetion1012966263047950.html     develdetion1012966263047950.html     develdetion101296663047890.html     dedempert20170613132215ml     develdetion201200.13132215ml	6/27/2017 4:04 PM 6/13/2017 3:17 PM 6/13/2017 3:14 PM 6/13/2017 1:22 PM 6/13/2017 1:22 PM	HTML Document HTML Document HTML Document XML Document	4 KB 6 KB 6 KB 15 KB 29 KB
the service data	Coleveldetion1012901496009010.html	6/12/2017 3:44 PM	HTML Document	42 KB
Oda-generator-master.war Imit.tA-ther Imit.tA-ther Imit.tA-ther	Cdavalidation20170612154406.html	6/12/2017 3:44 PM 6/12/2017 3:40 PM	HTML Document HTML Document	1 KB 6 KB

3. Open the HTML file in a browser to view validation issues.

💭 🖉 🖉 E:iProgram Hies\Cer	tricity Practice Solution(gboss(standalone)CDAValidation(odavalidation2017)	0613132215.Hzml 🔎 💌 🔛 🕄 👷 🥥 Val 🥥 V. × 📃 🕥 🏠 🖓
ype 'uid'.	type 'uid'.	type 'uid'.
hematron validation:		
Fotal	Errors	Warnings
7	27	0
tails:		
Fror - There *SHALL* b *:ClinicalDocument[na rEST - cda:author/cda:a cda:assignedPerson [cd	e exactly one assignedAuthor/assignedPerson or e mespace-uri()='urn:hi7-org:v3][1] ssignedAuthor[count(cda:assignedPerson [cda:assi a:assignedAuthoringDevice)[=1])	<pre>xxactly one assignedAuthor/assignedAuthoringDevice (CONF:1198-16790). ignedAuthoringDevice)=1] and not(cda:author/cda:assignedAuthor[count</pre>
Error - SHALL contain e CONF:1198-5372). *:ClinicalDocument[na rEST - count(cda:langua	xactly one [11] languageCode, which SHALL be si mespace-uri()='urn:hl7-org:v3'][1] igeCode)=1 and cda:languageCode/@code=\$voc[(	elected from ValueSet Language um oid 2.16.840.1.113883.1.11.11526 DYNAMIC @valueSetOid='2.16.840.1.113883.1.11.11526']/voc:code/@value
Error - This assignedAut ":ClinicalDocument[na TEST - cda:author/cda:a	لي hor SHALL contain at least one [1*] telecom (CON mespace-uri()="urn:hi7-org:v3"][1] ssignedAuthor[count(cda:telecom) > 0]	VF:1198-5428).
Error - SHALL contain a /*:ClinicalDocument[na TEST - count(cda:author	t least one [1*] author (CONF:1198-5444). mespace-uri()='urn:hl7-org:v3'][1] ) > 0	
Error - Such authors SH I":ClinicalDocument[na TEST - cda:author[count	ALL contain exactly one [11] assignedAuthor (COI mespace-uri()='urn:hI7-org:v3'][1] (cda:assignedAuthor)=1]	NF:1198-5448).

4. For failed CCDA imports, access HTML import results to identify issues in the adjoining XML file. Contact the file sender to share the issues found and request that they send a corrected file.

# Back up validation files

When you redeploy JBoss or upgrade the system, you will lose validation files and customized CDA document maps (factory maps are restored). Ensure that you back up validation files or customized maps before upgrading or redeploying JBoss. To back up files, navigate to the JBoss server instance; access the drive designated for database storage. In the drive, access .../Program Files/Centricity Practice Solution/jboss/standalone/CDAValidation; back up the CDAValidation folder and its full content to preserve copies of validation results for previously imported CCDAs or previous attempts to import invalid CCDAs.

# Workflow update: TOC Viewer

AUDIENCE: System administrators and clinic managers

### MU: 170.315 b1

The TOC Viewer provides you with a preview window into transfer of care CCDAs received for a patient. Start an update in a patient's chart; select the **Documents** tab. In the patient's documents, select a transfer of care file. In the viewing pane toolbar below, select **TOC**.



A selected transfer of care document in a patient chart

A preview pane opens with the transfer of care document displayed.

								100	Vewer										-
					Jeffr	ey F	eldm	an M	.D. Cli	nical Su	mma	ry							
Myranna TestOne January-11	- 1989, 09:3	9 Female W	hite Not Hispanic o	r Latino Enj	ylish ferred Longe	2922	1996,78 [*9*89*	in and a second	367, US J	88897729885	1122132	1911989	W14385885	924556388 2.1.1.2	87.2.1.1.1				
					Show)8	ide Det	ala 🗸												
Use the icons to hide hearder. Drog on	f drop to rear	range, You can	save your changes as	your preferenc r visit	H5.				& Cuid	complaint				Ð	structions				
Access to Vist	D •		Plan of car	e e				۲	C Hede	cotions	_			Norr	or masion io	2000			
Chert Company			Procedure	s sublitie				۲	AMOHOLI 500 MG CA	N 2R0 Dely	2017/05/	20	AMONICELIN	NDC 55700041630	Henry Topper	]			
Medications			E Conditione	or problems		_		_							Mal signs	J			
Allergies, Adverse Reactions, Aierts			Problem Nome Lobrynthitia	Problem Code #83.09 (CD- 10-CM	Onexet Date 2017/05/50	2004	Dritry Dute 2017/06/51	Provide Many Topper	Comment	Dandord Desc Labyinthits, unspecified ear	iption An	utute		Date 2017	Norr 105/30 BMI Inde	e Body Moss d	Volue 24.41	Unit Lights	Description Body Mass Index (Motel)
© vitel Signs			Dizzinesa Ferer	404640003 SNOMED CTI 396661006	2917/05/10	ACTIVE	2017/06/10	Topper		Dizziness	_			2017	05/10 Body 05/10 Hear	Temperature 1.Rote	98.6	(deg#) Imin	Semperature BSM pulse rate BSM - 8567-4
Procedures Predectors Administered			Drectile Dysfunction	SVOHED CTI 39/7803000 SVOHED CTI	2017/05/10	Active	2017/05/1	Topper Nervy Topper		Impotence				2017)	105/30 Heig 105/30 Weig	nt Pit Messured	72 180	(n_us) (n_a)	height BSM - 8302-2 weight BSM - 3343-9
Advance Directives			S Allergies,	odverse reac	tions, olerts									1	esults				1
Accessments			Allergy Nome 1 ASP/RN	leaction Descrip	tion Start D	ne 5e (30 Ci	tion Action	e Providi Henry Topow						Office 2017	VHR 105/10 HED	s REVEW Den	4	it Rong	Documentation
<ul> <li>Family History</li> <li>History of Past Brees</li> </ul>			Social hist	ary		-	-	1.300	4				ð						of current madications (procedure)
Fishory of Present Breas	D +		Concept Descrip	tion Observe	tion Nome C	tservat	ion Value U	nits Start	Dete					2057)	05/30 FALL	RSKASSES No			Fall risk ossessment

A transfer of care document in the TOC Viewer

# Additional Resources: Access the GE Healthcare API Portal

### MU: 170.315 b1

Access the GE Healthcare API Developer Portal to view GE API information, including extensions for GE FHIR resources and mappings between the Centricity system and FHIR data elements.

### View GE API resources

- 1. Navigate to the GE Healthcare API Developer Portal at https://mydata.gehealthcare.com
- 2. In the portal, select **Explore the APIs** for information specific to GE Healthcare FHIR APIs.

GE Healthcare API Dev	eloper Portal
Home	Your digital healthcare solutions on FHIR
Quick Start	
Explore the APIs 🗹	Welcome to the GE Healthcare API developer portal. View FHIR API information or register for a single sign-on to access GE Healthcare APIs.
Sign me up	About HL7 FHIR
Centricity Partner Program 亿	FHIR ( <i>Fast Health Interoperability Resources</i> ) is an electronic standard for exchanging healthcare information; pronounced fire; this standard provides healthcare data solutions across multiple organizations and platforms with the straightforward ease of a RESTIU development style. With its emphasis on conformance, solutions focus on a majority of use cases rather than exceptions, making this standard a practical foundation for healthcare data exchanges. <u>Read more about FHIR</u> .
	API scope: GE Healthcare APIs have a clinical care and practice management focus.
	Discover GE Healthcare solutions
	Account access is not required to view API information, select <b>Explore the APIs</b> in the left menu to discover more about the FHIR APIs available.
	Sign up
	Select Sign me up to register for single sign-on and access GE Healthcare APIs.

3. In the FHIR site that displays, select Implementation; in Implementation, select Implementation Guides.

♦ FHIR <sup>®</sup>	Current Build				Q
Home Documentatio	n Implementation Resources	Clinical	Administrative	Infrastructure	Financial
2.0 Impleme	Ntation 🚱	A Ball	ot Status <mark>:</mark> DSTU	2	
Exchange Frameworks Define how Resources are exchanged. • RESTful API (HTTP) • Search • Operations • Documents • Messaging • Services: • Terminology Service	Support Implementation Support. Downloads - Schemas, Code, Tools FHIR Wiki of Validating Resources Security & Security Labels Variations between Submitted data and Retrieved data Managing Resource Identity Push vs Pull Integrated Examples Support Links (on FHIR Wiki) p	FHIR Imple Adapti usage • Pr • In G • Pr pa • Co	Profiles & ementation Gui ing FHIR for spec crofiling FHIR nplementation uides art of FHIR ommon Use Case	des cific	

4. In **Implementation Guides**, scroll to the foot of the page; select the **GE Healthcare** option to view APIs.

Lifecycle Events	the needs of the EHRS functional model requirements for tracking record lifecycle.		
Quality Improvement Core Profiles	An implementation guide for making use of FHR resources in clinical quality measures and clinical decision support applications. Developed for the U.S. Realm, but more broadly applicable.	QICore has its own ballot	
Structured Data Capture	A U.S. Realm guide for making use of Data Elements, Questionnaires and QuestionnaireResponse to support pre- population and auto-population of forms.	SDC has its own ballot	
Structured Data Capture - Data Element Exchange	A U.S. Realm guide for supporting the exchange and maintenance of Data Elements by and between data element registries.	SDC has its own ballot	
US Laboratory Guides (USLab)	A US Realm laboratory guides making use of Diagnostic Order, Diagnostic Report, and FHIR resources referenced by them to support ordering reporting of laboratory tests in ambulatory care and for reporting of reportable lab tests to Public Health jurisdictions.	FHIR DSTU ballot	
GE Healthcare	GE Healthcare FHIR Implementation Guide	Not subject to ballot	

5. In **Conformance Resource Registry**, select resource links to view extensions (the patient or provider information called for that resource).



6. Select the **Mappings** tab within a resource page to view mappings between the Centricity system and FHIR data elements.



### View GE API parameters

- 1. Navigate to the GE Healthcare API Developer Portal at https://mudata.gehealthcare.com.
- 2. In the portal, select **Explore the APIs**.
- 3. In the FHIR site that displays, select Implementation.
- 4. Select **Operations** to view operations supported by the API Server.
- 5. Under FHIR defined Operations, select **Generate Document** to view the API call and parameters used to request a CCDA document.

# Workflow update: Reconcile, link, or request CCDAs

AUDIENCE: System administrators and clinic managers

### MU: 170.315.g.2

**Summary:** If a Transition of Care CCDA is received for a patient and then a new Transition of Care is received or imported, providers may be required to reconcile data from the new Transition of Care against existing patient data. In some cases, you may receive CCDA documents that you want to associate with another within a patient chart. You may also need to request a CCDA from a given organization (record a Care Request). The following sections describe how to reconcile, link, and request CCDAs.

Areas include:

- <u>Workflow update: Reconcile CCDA data with patient problems</u>
- Workflow update: Link CCDA documents in a patient chart
- <u>Workflow update: Record a Care Request</u>

# Reconcile CCDA data with existing patient data

Transition of Care and other CCDAs are either automatically imported into the system using a message broker (such as QIE) or are manually imported.



A provider manually importing a CCDA

A provider begins a chart update for a transition of care visit. At chart signing, if the provider selects the **Encounter is a Transition of Care** option and a Transition of Care CCDA exists for a patient that must be reconciled, a warning displays.



A Transfer of Care reconciliation warning

To reconcile, access a form with reconciliation functionality, such as **CPOE ABP-CCC**, and then select **Reconciliation** within the form.

P 1-2 A8P 3-4	A&P 5-6 A	A&P 7-8 A&P 9-10	A8P 11-12				
			Car	e Plan Re	econciliation		Help
				Sel	ect Specialty	Family Practic	e
Assessment #1	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As	sessment'	Prob List
			▼ View	Ansart Prior	Commit Acces	ement	Clear
			VICTO		Commit Maada	SILICIA	Cical
lessement #2	Select probl	am: antar sceecer	ant ordere and n	nade: than elic	k 'Commit Ae	escement	
Assessment #2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As	sessment'	[]
Assessment # 2	Select probl	em; enter assessm	ent, orders, and n View	neds; then clic Ansert Prior	k 'Commit As Commit Asses	sessment'	Clear
Assessment # 2	Select probl	em; enter assessir	ent, orders, and n	neds; then clic Ansert Prior	k 'Commit As Commit Asses	sessment'	Clear
Assessment # 2	Select probl	em; enter assessir	ent, orders, and n	neds; then clic Ansert Prior	k 'Commit As Commit Asses	sessment' sment	Clear
Assessment # 2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic Ansert Prior	k 'Commit As Commit Asses	sessment'	Clear
Assessment #2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment #2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment #2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment # 2	Select probl	em; enter assessm	eent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment	Clear
Assessment # 2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k "Commit As Commit Asses	sessment'	Clear
Assessment # 2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment #2	Select probl	em; enter assessm	view	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment # 2	Select probl	em; enter assessm	ent, orders, and n	neds; then clic	k 'Commit As Commit Asses	sessment'	Clear
Assessment # 2 Add All Meds to 1	Select probl	em; enter assessm ve New Meds from No	e Rx Monitoring/Al	neds; then clic Ansert Prior ] [ erts] Rec. Inte	k 'Commit Asses Commit Asses	sessment' sment	Clear
Assessment # 2 Add All Meds to N	Select probl	em; enter assessm ve New Meds from No	ent, orders, and m	neds; then clic Ansert Prior [ erts] Rec. Inte	k 'Commit Asses Commit Asses	sessment' sment c. Tests O	[Clear
Assessment # 2 Add All Meds to h	Select probl	em; enter assessm ve New Meds from Not	e (Rx Monitoring/A	neds; then clic Ansert Prior ] [ erts] Rec. Inte	k 'Commit Asses Commit Asses	sessment' sment c. Tests O	Clear
Assessment # 2 Add All Meds to H	Select probl tote Remov	em; enter assessm ve New Meds from No 1 [Risk Factors]	e Rx Monitoring/Al ROS VS PE	neds; then elic Ansert Prior [ erts] Rec. Inte	k 'Commit Asses Commit Asses riventions] [Re ] [CPOE ADD]	sessment' sment c. Tests _ [Or Instruction	Clear rders Rx Ref ns/Plan Copyr

Reconciliation button within a form

In the Reconciliation form, providers select from **Problems, Allergies, Medications,** or **Implantable Devices** tabs to view data that requires reconciliation within a patient chart. In the left table, view the data to be reconciled. In the example below, a provider reviews imported problems for reconciliation.

Reconciliation						X
Document to Reconcile: Neighborhood Physicians Practice EMR-Amb EMP	R v1.0:Ms Kathy Madison is being	g referred to C	ommunity Health Hospitals Mon Jun 22 2015 -			
Problems Allergies Medications Implantable	Devices					
Imported Problems			Active Patient Problem List			
Add To List Search:			Edit Remove Search:			
Description ICD-9 ICD-10	Onset Date Tend Date	Last Modified Date	Description	ICD-9	ICD-10	Onset Enc Date Dat
- Fever	22 Jun 2015	22 Jun 2015	Pneumonia	ICD-486	ICD10- J18.9	06 Aug 2012
Chronic rejection of renal transplant	31 Dec 2011	22 Jun 2015	CANDIDIASIS OF MOUTH	ICD-112.0	ICD10- B37.0	08 Dec 2009
Essential hypertension	05 Oct 2011	22 Jun 2015	ACUTE BRONCHITIS	ICD-466.0	ICD10- J20.9	08 Dec 2009
Severe Hypothyroidism	31 Dec 2006	22 Jun 2015	Jaundice, newborn	ICD-774.6	ICD10- P59.9	06 Oct 2009
Overweight	31 Dec 2006 01 Jun 2007	22 Jun 2015	Healthy adolescent	ICD- V20.2	ICD10- Z00.129	06 Oct 2009
	CCDA data to					
	reconcile					

Problems from an imported CCDA that require reconciliation

In the table to the right, review existing data within the patient chart. In this example, a provider reviews existing active problems for a patient.

Recond	iliation												×
Documen	at to Reconcile: Neighborhood Phys	icians Practice	EMR-Amb EMR	v1.0:Ms Kath	y Madison is beir	ng referred to C	Comr	munity	Health Hospitals Mon Jun 22 2015 -				
Pro	blems Allergies Medi	cations	Implantable I	Devices									
Import	ed Problems						A	ctive	Patient Problem List				
Add 1	Fo List Search:							Edit	Remove Search:				
	Description	ICD-9	ICD-10	Onset Date	End Date	Last Modified Date			Description	ICD-9	ICD-10	Onset Date	▼ D
E.	Fever			22 Jun 2015		22 Jun 2015	١Ē		Pneumonia	ICD-486	ICD10- J18.9	06 Aug 2012	
	Chronic rejection of renal transplant			31 Dec 2011		22 Jun 2015			CANDIDIASIS OF MOUTH	ICD-112.0	ICD10- B37.0	08 Dec 2009	
	Essential hypertension			05 Oct 2011		22 Jun 2015			ACUTE BRONCHITIS	ICD-466.0	ICD10- J20.9	08 Dec 2009	
	Severe Hypothyroidism			31 Dec 2006		22 Jun 2015			Jaundice, newborn	ICD-774.6	ICD10- P59.9	06 Oct 2009	
	Overweight			31 Dec 2006	01 Jun 2007	22 Jun 2015			Healthy adolescent	ICD- V20.2	ICD10- Z00.129	06 Oct 2009	
										Existing data	patien	t	

Active problems in the patient's chart

After reviewing the data to reconcile against existing data (in this case, inbound problems from a CCDA against a patient's active problems), select the data to reconcile in the left list and then click **Add to List**. This adds the item to the patient's chart.

Pro	blems Allergies Med	ications	Implantable I	Devices								
nport Add 1	ed Problems To List Search:						Active Edit	Patient Problem List Remove Search:				
	Description	ICD-9	ICD-10	Onset Date	End Date	Last Modified Date		Description	ICD-9	ICD-10	Onset Date	- I
~	Fever			22 Jun 2015		22 Jun 2015		Pneumonia	ICD-486	ICD10- J18.9	06 Aug 2012	
	Chronic rejection of renal transplant			31 Dec 2011		22 Jun 2015		CANDIDIASIS OF MOUTH	ICD-112.0	ICD10- B37.0	08 Dec 2009	
	Essential hypertension			05 Oct 2011		22 Jun 2015		ACUTE BRONCHITIS	ICD-466.0	ICD10- J20.9	08 Dec 2009	
	Severe Hypothyroidism			31 Dec 2006		22 Jun 2015		Jaundice, newborn	ICD-774.6	ICD10- P59.9	06 Oct 2009	
	Overweight			31 Dec 2006	01 Jun 2007	22 Jun 2015		Healthy adolescent	ICD- V20.2	ICD10- Z00.129	06 Oct 2009	
Sele	ect the CCDA data oncile; click Add to	to List										

A provider selects the data to add (reconcile) and then clicks Add to List

IMPORTANT: When you select data to reconcile and then select **Add to List**, the MUActivityLog increments the Reconcile TOC Referral Summary value by one for Meaningful Use reporting (MUActivity type 16).

Select additional tabs in the Reconciliation form (**Problems, Medications, Allergies,** or **Implantable Device** tabs) to check for outstanding data to be reconciled; select these items and then click **Add to List** to include them in the patient chart. To disregard items for reconciliation, select **Mark Reviewed**. IMPORTANT: When **Mark Reviewed** is selected, no additional items (problems, medications, allergies, or implantable devices can be reconciled from that CCDA and the document no longer appears in the Reconcile drop-down. Ensure that data from all tabs—Problems, Medications, Allergies, and Implantable Devices—are reconciled before selecting this option. When you select data to reconcile and then select **Mark Reviewed**, the MUActivityLog increments the Reconcile TOC Referral Summary value by one for Meaningful Use reporting (MUActivity type 16).

Reconciliation									
orhood Physicians Practice EMR-An	nb EMR v1.0:Ms Kathy N	ladison is being re	ferred to Communi	ity Health Hospitals Mon Jun 22 2015 -					Mark F
Medications Implan	table Devices								
			Activ	e Patient Problem List					
			Edit	Remove Search:					
ICD-9 ICD-1	10 Onset Date	La End Date Me Di	ast lodified ate	Description	ICD-9	ICD-10	Onset E Date D	End Date	Last Modified Date
	22 Jun 2015	22	2 Jun			100040			
		20	15	Pneumonia	ICD-486	J18.9	06 Aug 2012		22 Jun 2017
transplant	31 Dec 2011	20 22 20	2 Jun 15	Pneumonia CANDIDIASIS OF MOUTH	ICD-486 ICD-112.0	ICD10- J18.9 ICD10- B37.0	06 Aug 2012 08 Dec 2009		22 Jun 2017 08 Dec 2009
transplant	31 Dec 2011 05 Oct 2011	20 22 20 22 20 22 20	15 □ 1 Jun 15 □ 15 □	Phrumonia CANDIDIASIS OF MOUTH ACUTE BRONCHITIS	ICD-486 ICD-112.0 ICD-466.0	ICD10- J18.9 ICD10- B37.0 ICD10- J20.9	06 Aug 2012 08 Dec 2009 08 Dec 2009		22 Jun 2017 08 Dec 2009 08 Dec 2009
transplant	31 Dec 2011 05 Oct 2011 31 Dec 2006	20 22 20 22 20 22 20 22 20	015       2 Jun       015       2 Jun       015       10       115       115	Parumonia CANDIDIASIS OF MOUTH ACUTE BRONCHITIS Jaundice, newborn	ICD-486 ICD-112.0 ICD-466.0 ICD-774.6	ICD10- J18.9 ICD10- B37.0 ICD10- J20.9 ICD10- P59.9	06 Aug 2012 08 Dec 2009 08 Dec 2009 06 Oct 2009		22 Jun 2017 08 Dec 2009 08 Dec 2009 07 Oct 2009

A provider selects remaining items and then clicks Mark Reviewed to remove them without adding them to the chart

#### Reconcile CCDA data with existing chart data

- 1. In a patient chart, select New Document to update a chart for a transition of care visit.
- 2. In Update Chart, select update options; ensure that the **Encounter is a transition of care checkbox** is selected. Click **OK**.
- 3. Update the chart for the visit; if you need to manually import a transition of care document for the visit, click **Documents** (left menu) and then select **Chart Summary** > **Import** in the toolbar.



4. In **Open**, navigate to the **IHE\_XDM** folder, select it, and then click **Open**.



Select the Transfer of Care document to import; click **Open** to import the document.

20		Open			×
Look in:	SUBSET01		¥	G 🕫 🛤 🗔 🕈	
(Ba)	Name	•		Date modified	Туре
2	DOC00001	1		10/4/2017 11:47 PM	XML File
Recent places	METADATA			10/4/2017 11:47 PM	XML File
Desktop Libraries Libraries This PC					
Network	File name:	DOC00001			Open
	Files of type:	XML Files (*.xml)		¥	Cancel
		Open as read-only	,		

- 5. After updating the chart for the visit, click **End**.
- 6. In End Update, verify that the **Encounter is a Transition of Care** option is selected; if there is Transition of Care CCDA data to reconcile a warning displays "You have not reconciled or requested a CCDA." This indicates that there is a CCDA for the patient to be reconciled.

nd Update	X
Properties Summary:	
Route to	
Me Provider (Henry Topper) Sender (Unknown)	This document will not be routed to any user's desktop.
Date User	Priority Reason Comments
	New Remove Change
Drug interactions	Encounter is a Transition of Care     Return to Desktop     View clinical list chanyou have
	Sign clinical list changes. Pending prescriptions set to print or fax will be completed automatically.
Discard Document	Sign Document Hold Document Cancel

7. To reconcile, click **Cancel** in End Update. Navigate to a form with access to reconciliation functionality, such as **CPOE A&P-CCC** and then select **Reconciliation** within the form.

			Care Plan	Reconciliation	Help
				Select Specialty Family	/ Practice
Assessment #1	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess	ment' Prob List
			View/Insert Pr	ior Commit Assessment	t Clear
Assessment #2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess	ment'
Assessment # 2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess ior Commit Assessment	ment' t Clear
Assessment # 2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess ior Commit Assessment	sment' t Clear
Assessment # 2	Select problem	; enter assessment, o	rders, and meds; th Tiew/insert Pr	en click 'Commit Assess ior Commit Assessment	ment' t Clear
Assessment #2	Select problem	; enter assessment, o	rders, and meds; th View/Insert Pr	en click 'Commit Assess ior Commit Assessment	ment' t Clear
Assessment #2	Select problem	; enter assessment, o	rders, and meds; th View/Insert Pr	en click 'Commit Assess ior Commit Assessment	ament' t Clear
Assessment #2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess ior Commit Assessment	t Clear
Assessment # 2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess ior Commit Assessment	iment' t Clear
Assessment # 2	Select problem	; enter assessment, o	rders, and meds; th I View/nsert Pr	en click 'Commit Assess ior Commit Assessment	ment'
Assessment #2	Select problem	; enter assessment, o	rders, and meds; th	en click 'Commit Assess ior Commit Assessment	ment'
Assessment # 2	Select problem	; enter assessment, o ew Meds from Note R.	rders, and meds; th View/insert Pr Monitoring/Alerts	en click 'Commit Assesse ior] Commt Assessment Commt Assessment ec. Interventions] [Rec. Tes	t Clear
Assessment # 2 Add All Meds to N	Select problem	; enter assessment, o ever Meds from Note) [R:	rders, and meds; th View/Insert Pr Monitoring/Alerts R	en click 'Commit Assess ior Commit Assessment commit Assessment ec. Interventions Rec. Tes	t Clear

8. In Reconciliation, select **Problems, Allergies, Medications,** and **Implantable Devices** to view information that requires reconciliation.

all and a							Active	Patient Problem List			
Des	ription	ICB-9	302-16	Osset Date *	End Date	Last Medified Date		Description	100.8	1020-310	Ousei Date
Ferr	¢			22 Jun 2015		22.3m 2015		Paramonia	3020-486	BCD103- J18.9	05 Aug 2012
Ore	mic rejection of renal trans	plant		31 Dec 2011		22.Am 2015		CANDIDIASIS OF MOUTH	3CD-112.0	\$CE940- \$337.0	08 Dec 2009
Ene	ntial hypertension			45-Q-ct 2011		22.3un 2015		ACUTE BRONCHETIS	3CD-466.0	ICD03- 129.9	08 Dec 2009
Sere	we Rypethyreidian			31 Dec 2005		22 Jan 2015		Jaunface, newborn	ICD-774.6	RCD10- 259-9	05 Oct 2009
018	rveight	2		31 Dec 2006	05.3ac2007	22 Jun 2015		Healthy adolescent	9CD- V20.2	9CD19- 200.129	96.Oct. 2009

9. In a tab with data to reconcile, review the imported data (left column); compare this against existing active data for the patient (right column).

Allergies	astraications Inipants	IOIS LACYIDSI							_
orted Problems M To List Search:					Active Patient Problem List				
Description	ICD-9 ICD-10	Onset. Data	End Date	Last. Medified Date	Description	1CD-3	1020-330	Ousei Date	•
Fear		22 Jun 2015		22.5m 2015	Denmonia	3CD-486	NCE3103- J18.9	06 Aug 2012	
Chronic rejection of read to	ranaplant	33 Dec 2011		22.5m 2015	CANDEDLASES OF MOUTH	ICD-112.0	\$CID40- B37.0	08 Dec 2009	
Essential hypertension		00-Ove 2011		22.3m 2015	ACUTE BRONCHETIS	1CD-466.0	1CD10- 120.9	08 Dec 2009	
Severe Hypothymidian		34 Dec 2006		22 Jan 2015	2 Januarios, newbors	ICD-774.6	BCID 00- 2759-9	06 Oct 2009	
Overweight	De la	31 Dec 2006	01.3ac 2007	22 Jun 2015	Ifealty atolescent	9CD- V20-2	9CID 89- 200.329	96.Oct 2009	

10. In the Imported Data column, select the items to add to the patient's chart; click Add to List.

parted Problem	isarch:					Active	Patient Problem List				
Descriptio		ICD-9 ICD-16	Onset. Date	End Date	Last Medified Date		Description	ICD-8	1030-339	Ousei Daiz	
Zerost			22 Jun 2015		22.5m 2015		Paramonia	3020-486	8C3393- J18.9	06 Aug 2012	7
Ozosie re	ection of renal transplant		33 Dec 2011		22.9as 2015		CANDEDLASIS OF MOUTH	10D-112.0	\$CID00- B37.0	03 Dec 2009	
Econtial S	ypertension		05 Oct 2011		22.Jun 2015		ACUTE BRONCHETIS	3CD-466.0	1020-03- 120-9	08 Dec 2009	
Secore Hy	pethyreidian		31 Dec 2005		22 Jan 2015		Jaundice, newbors	ICD-774.6	BCID 00- 279-9	06 Oct 2009	
Overweigt	e 🗟	}	31 Dec 2006	05.3ax 2007	22.Jun 2015		Healthy adolescent	9CD- V20.2	9CD89- 200.329	96.Oct. 2009	

- 11. Select the remaining tabs (**Problems, Allergies, Medications,** and **Implantable Device** tabs) to reconcile any remaining data; in the Imported Data column within each tab, select data to reconcile and then select **Add to List**.
- 12. Once you have finished reconciling all wanted data from all tabs, click Mark Reviewed.

IMPORTANT: When **Mark Reviewed** is selected, no additional items (problems, medications, allergies, or implantable devices can be reconciled from that CCDA and the document no longer appears in the Reconcile drop-down. Ensure that data from all tabs—Problems, Medications, Allergies, and Implantable Devices—are reconciled before selecting this option. When you select data to reconcile and then select **Mark Reviewed**, the MUActivityLog increments the Reconcile TOC Referral Summary value by one for Meaningful Use reporting (MUActivity type 16).

13. In the patient chart, click **End**; in End Update, verify that **Encounter is a Transition of Care is** selected. If the Transition of Care document has been fully reconciled, no warning message displays.

# Link CCDA documents in a patient chart

Providers may receive CCDA files from organizations that send separate, smaller files with patient information, such as separate Transition of Care and Summary of Care documents for the same patient. When this occurs, providers can link associated documents.

In an opened patient chart, select **Documents** (left menu); in the Documents list, select two or more documents; in the Documents toolbar, select **Link**.

📋 Chart 🛛 «	TestId:98799_Verify Auto3	33466371 R	esp. Provider: Patient ID: 1	19250	
Documents for Edit (0)	18 Years - Male - DOB: 04-Oct-1999	In	isurance:		
New Document	Documents	1 6	roup:		
Chart Summary Problems	🖉 Edit 👍 Sign 🐩 Append 🐕 Route	🔛 Organize 🥜 Link			
Medications 🕧	Document View: All				
Allergies	H-🗁 Al	Ø Date ⊽		Summary	
Directives					
Alerts / Flags		06/22/2015 12:00 AM	Ext Oth: Ms Kathy Madison is being r	eferred to Community Health Hospitals	Henry Topper
Documents					
Flowsheet					
Ordors					
Ulataria					
Histories					
Protocols 🕒	Doc ID: 2 Properties: External Other at Al	L on 06/22/2015 12:00 AM b	v Henry Topper		
Graphs 🗔					
Handouts 🗔			170.315_b1_toc_a	mb_ccd_r21_sample1 test	data
Registration 🗔	Patient	Katherine Madison			
	Date of birth	June 1, 1970		Sex	Female
Set Up Links 📿	Race	White White European		Ethnicity	Not Hispanic or Latino
	Contact info	Primary Home: 1001 Amber Dr Beaverton, OR 97006	5, US	Patient IDs	111223333 2.16.840.1.113883.4.1

The Link option in chart documents

# **Record a Care Request**

A provider begins a chart update for a transition of care visit. At chart signing, if the provider selects the **Encounter is a Transition of Care** option and no Transition of Care document exists for the patient, the provider must request the missing file from the referring provider.

nd Update		×	
Properties Summary: Provider: Topper, Henry	× M		
Route to			
Me	This document will not be routed to a	any user's desktop.	
Sender (Unknown)		1	
Date User	Priority Reason Cor	mments	
	New Remo	Change	
Drug interactions	Encounter is a Transitio     Return to Desktop	in of Care	Missing Transition of Care alert
	Pending prescriptions s completed automatically	et to print or fax will be	
Discard Document	Sign Document Hold Do	cument Cancel	

A missing Transition of Care alert

ummary: « 🗎	Orders 💪 Medications 🖶 Problems 🕇 Hedication 🕂 Problem
nteractions: 0 _/	M         87 Years         21 Aug 1930           Sex         Age         DOB
Forms Add	Method Request Sent   Phone O Email O Query Contact Phone Number:
	Comments:
Attachments Add	0 of 2000
	Save
Favorites Add   Favorites Add   Add   Favorites Add   Add	

The Care Request form

In Care Request, select the method used to request the missing Transition of Care document (Phone, Email, or Query). If **Phone** or **Email** is selected, enter the contact number or email address and comments and then saves the record to the chart.

If the Query option is selected, enter a reason why the Transition of Care document is not available, including **Patient Not Found, System Unavailable** (not in system), or **Other.** 

ummary: «	🗓 Orders 🌜 Medications 🖶 Problems 🕇 Hedication 🕇 Problem
Interactions: 0 🤌	M         87 Years         21 Aug 1930           Sex         Age         DOB
Forms Add	Method Request Sent O Phone O Email O Query Query Type: Comments: Patient Net Found System Unavailable Other
Attachments Add	0 of 2000 Save
Favorites Add •	

Query options in the Care Request form

Once a request has been logged, the missing Transition of Care alert no longer displays at chart signing when the **Encounter is a Transition of Care** option is selected.

End Update						×
Properties Summary:	oper, Henry		hi			
Route to						
Provider (H	lenry Topper) known)					
Date	User	Priority	Reason		Comments	
			Ne	<b>NV</b>	Remove	Change
	ractions		Ence	ounter is a Tra	nsition of Care	al fet
			Sign Penc com	clinical list che ling prescriptio pleted automat	anges. ons set to print ically.	or fax will be
Discard Docum	ent		Sign Docu	iment Hol	ld Document	Cancel

No CCDA warning in End Update

### Enter a Care Request record

- 1. In a patient chart, select **New Document** to update a chart for a transition of care visit.
- 2. In Update Chart, select **Office Visit** as the encounter type; click **OK**.
- 3. In the Chart Summary, select **Forms**; perform a search for **Care Request**; select the form and then click **OK**.
- 4. In Care Request, select the request method (Phone, Email, or Query).

🛱 Update - freda D. aaronson Ofc Vi	sit at ALL on 10/	5/2017 10:33:27 AM by Henry Top	oper [Doc ID: 22]	
Summary: «	🛱 Orders 🔇	Medications 📅 Problems 🕂	Medication + Problem	
Interactions: 👔 🤌		freda D aaronso M 87 Years 21 Sex Age DO	n Aug 1930 )B	
Forms Add		Method Request Sent Contact Phone Number:	●Phone OEmail OQuery	
		Comments:		
Attachments Add				0 of 2000
Favorites Add V				Save
Blank image				

- If **Phone** or **Email** is selected, enter the contact phone number or email address and comments.
- If **Query** is selected, select **Patient Not Found, System Unavailable** (not in system), or **Other** and then enter comments.
- 5. Click **Save**. Once a Care Request is logged for a patient, the missing Transition of Care warning no longer displays at chart signing.

# CCDA document structures

AUDIENCE: System administrators and clinic managers

When receiving CCDA documents from external organizations or other systems, XML structures within those files may vary which may cause file validation to fail upon import. For information on the accepted XML structure for CCDA documents, see <u>Appendix A: CCDA document structures</u> on page 134.

#### Confidentiality code in CCDA v1.1

Issue: The confidentiality code within CCDA report building was indicating chart status as 'N' (normal) in cases where charts were 'C' (confidential). Resolution: Resolved; confidential charts display with a 'C,' indicating their actual status. SPR 68452

### CCDAs failed to generate when requested by the Centricity Patient Portal

PATH: Chart > Find Patient (Search/select result/OK) > Chart Summary > Documents (right-click Office Visit document) > Create Clinical Visit Summary

Issue: When a CCDA document, such as a chart summary, was requested by a patient using the Centricity Patient Portal and CCDA v1.1 was in use, CCDAs failed to generate for some patients and an unexpected error message displayed. Resolution: Now CCDA documents requested from CCDA v1.1 generates for all patients when using the Centricity Patient Portal. SPR 69243



The Create Clinical Visit Summary option in the Documents context menu

#### **QIE CCDA export issue**

Issue: After upgrading to CPS 12.2 SP1, the GetClinicalDocument call to JBoss would fail and cause QIE interface issues; this call is used in Qvera channels to export CCDA files to third-party systems. Resolution: Now the supporting JBoss call occurs as expected and QIE no longer displays these errors. SPR 70485

#### **Reconciling CCDAs from earlier Centricity versions**

Issue: CCDAs that could be partially reconciled in earlier versions of CPS could not be reconciled in 12.3. Resolution: Now CCDAs from earlier versions that could be partially reconciled can also be reconciled or partially reconciled in 12.3. SPR 70563

#### Timeouts were observed for DocumentReference API use

Issue: During load testing for CPS v12.3, a series of runtime errors were detected when accessing the DocumentReference API. DocumentReference API tasks would time out after 120 seconds. Resolution: Runtime issues that occurred during load testing no longer occur when accessing DocumentReference. SPR 2772

#### Status was incorrect for allergies with end dates in CCDAs

Issue: Giving an allergy an end date in Centricity changed the status of the allergy in a CCDA to something other than "Active". If the reason for removing the allergy was "Other," the status incorrectly remained "Active." If the reason was "Patient Corrected," the status was incorrectly listed as blank (no value). Workaround: Adding an end date for an allergy no longer causes the status to appear incorrectly in a CCDA. SPR 70953

### CCDA KNOWN ISSUES

### Transition of Care CCDA fails to generate when order authorizing providers and providers differ

Issue: When generating a transition of care (TOC) document, if the authorizing provider for the order and the provider creating the TOC are not the same, the CCDA for the transition of care fails to generate. Workaround: Until this issue is resolved, the authorizing provider for the order must log in and generate the CCDA for the transition of care. SPR 3398

### RXNORM negation trigger and NULL values for result codes

Issue: The RXNORM Negation trigger for default mapping is not working in instances where NULL values are encountered for result codes within CQM maps. When a default mapping value encounters a NULL value in the result code, the negation code for a medical or patient reason does not generate in the CCDA. Workaround: Add a custom map in addition to the default map to support negation code reporting. SPR 70707

### CCDA 1.1 features in CPS v12.3 are not 2014 Certified EHR Technology for 2018 quality reporting

Issue: CCDA 1.1 features in this release qualify as 2014 CEHRT for 2017 quality reporting but will not qualify in 2018. Workaround: Option 1: This release includes new CCDA 2.1 features that qualify as 2015 Certified EHR Technology. Migrate to CCDA 2.1 prior to your 2018 Advancing Care Information (ACI) performance period. Option 2: Upgrade to a subsequent CEMR 9.12 service pack that includes a 2014 CEHRT compliant version of CCDA 1.1 prior to your 2018 ACI performance period. Option 3: Wait to upgrade until a 2014 CEHRT compliant version of CCDA 1.1 is available.

# 5. Medications, prescriptions, and EPCS

The new Medications Discounts and Alerts feature allows providers to pass prescriptions savings on to patients or view FDA, DEA, or manufacturer drug alerts within their workflows. This release also supports single-factor authentication (OARRS/PDMP) for organizations that wish to include biometric finger scanning for non-controlled substance e-prescribing (installation consultation and assistance required).

Areas include:

- Medications features: <u>Medication discounts and alerts</u>, <u>Single-factor authentication for</u> e-prescribing, and permissions-based prescription signing.
- Medications fixes
- Medications known issues

### MEDICATIONS FEATURES

# Medications discounts and alerts

AUDIENCE: Clinic managers, providers, and system administrators (prerequisites)

**Summary:** Medication discount information and alerts are now available for printed and electronic prescriptions. When a medication is prescribed during an in-office visit (has a document type of Office Visit) and has an available alert or discount, that information is automatically printed with the prescription or is sent electronically to the patient's pharmacy.

• **Financial savings (discounts):** A provider updates a patient chart for an in-office visit; during the visit, the provider adds or updates a medication or a prescription. If a discount exists for the medication, it automatically prints from the handouts printer when the prescription prints or is sent electronically in the pharmacy note within an e-prescription.


Clinical decision support (alerts): If an FDA, DEA, or manufacturer alert exists for a prescribed medication (such as a safety advisory), it displays as an alert within medications and prescriptions forms. Providers select the alert to access this communication.

A. Chart update: Inoffice visit B. Provider action Add medication /update Rx C. If an alert exists for a medication then



forms

Medication alert: An alert displays

in medications or prescriptions

Areas include:

- <u>Prerequisites: Enable firewall access</u>
- <u>Setup: Install RxMedAdherence.ckt</u>
- Workflow update: Medications discounts
- <u>Workflow update: Medications alerts</u>
- <u>Workflow update: Reprinting or emailing discounts and alerts</u>
- Disabling medications discounts and alerts

## Prerequisites: Enable firewall access

AUDIENCE: System administrators

Before using, ensure that port 443 is enabled as it secures the web browser communications required to support this feature. Ensure that the following staging URL is whitelisted on test and production instances to support this feature:

Firewall Access: Ensure that https://rxwp.ns.gehealthcare.com is whitelisted. Also ensure that this is updated as an allowed site in the Centricity System. Navigate to Administration > Charts > Internet Sites. In Internet Sites, select the URL entered for medication adherence; click Change. Enter the URL and then click OK.

Administration ^^[Performance, :	SQL, MEL Tracking Enabled]**				
Application Security by Providers and Resources - Mann Ace	Activity Log     Appointment Types     Companies     Companies     Companies	te - intenance - Batches Maintenance - Free	EDI Transaction Column	Sets Pharmades LinkLopic Task Options Clinical Punctions	
Administration «     Dats     Decktop Document Ve	Internet Sites	for entire site		ange Internet Site	×
CS Interest Stee     CS Interest Stee     CS Interest Stee     Solution     So	Description BPCS Reporting URL BPCS Rest Accelerate URL BPCS Test Reporting URL PCA OUDD Website Med Aufkermene UI Medscape General Search Messaging 4	Site Types BPCS Cloud Reports BPCS Test Archiving URL BPCS Test Archiving URL BPCS Test Archiving URL BPCS Test Archiving URL Bit Addresses URL Anatomic of Colombia in Oast Messaging	New	Use this del for Midd Adherence UR. Head Adherence UR. Med Adherence UR. Med Adherence UR. Med Adherence UR. Med Adherence UR. Med Adherence UR.	2 2 2
Access On Demand     Advanced Festures     Advanced Festures     Advanced Festures     Advanced Festures     Advanced Festures					OK Cancel

Add the URL to the system for production

Note: If the system does not have a medication adherence site; select **New**, enter the URL, and then click **OK**.

IMPORTANT: The process for enabling ports and whitelisting sites is dependent on your organization's network setup; if your organization uses proxy servers, you must set up your proxy in the browser in accordance with your organizational guidelines.

### Setup: Install RxMedAdherence.ckt

#### AUDIENCE: System administrators

A text file, RxMedAdherence.ckt, is required to save links to medication discount and alerts within the patient's chart. Use the following to import the kit. Optionally, <u>add the RxMedAdherence.ckt file to the Office</u> <u>Visit document type</u> to always install this component each time you start an encounter with a document type of Office Visit.

#### Import RxMedAdherence.ckt

- 1. In the main menu, select Administration; click System > Import Clinical Kits.
- 2. In Clinical Kits, select Import Clinical Kit.
- 3. Click Browse; navigate to the Centricity Staging folder (this is typically C://CentricityStaging/Clinkits).
- 4. Double-click the **RxMedAdherence** folder; in the folder, select **RxMedAdherence.ckt**; click **Open**.



5. Click OK to import the RxMedAdherence.ckt file.

#### Add RxMedAdherence.ckt to the Office Visit document type

- 1. In the main menu, select Administration > Chart Documents > Encounter Types.
- In Chart Documents, locate encounter types with a Document Type of Office Visit. In Document Template, take note of the file paths for each.



- In the Chart Documents folder (left menu), select Document Templates. In Document Templates, browse for the document template associated with the document type Office Visit (use the file path from the Document Template column in the previous step to locate the template).
- 4. Select the template; click **Change**. In Document Template, place your cursor at the end of one of the form listings; press ENTER to create a space for an entry.



- 5. Select **Insert Text Component**; in Text Component, perform a search for **RxMedAdherence**; select the component and then click **OK**.
- 6. In Document Template, click OK to save the text component to the template. Repeat this procedure for each template associated with a document type of Office Visit. Each time you start a new document with document type of Office Visit, the RxMedAdherence component will be automatically added to the document.

## Workflow update: Medication discounts

#### AUDIENCE: Clinic administrators and providers

The provider starts a new document for an in-office visit (the document type must be Office Visit). During the visit, the provider enters or renews a prescription. Upon ending the update and signing, if a discount exists for the medication, it automatically prints from the handouts printer or is sent electronically with an e-prescription to the patient's pharmacy.

**IMPORTANT**: For medications with no physical coupons, discounts will only be included in pharmacy notes.

**IMPORTANT**: If there is no discount available, there is no indication.

Add medication discounts for an in-office visit

 In a patient chart, select New Document; in Update Chart, select an encounter type; in Document Type, select Office Visit. Click OK.

**IMPORTANT:** The document type must be Office Visit for discounts to print.

2. In Update, select **Component** 📴.

IMPORTANT: If you have added the RxMedAdherence.ckt component to the Office Visit document type, then the component is added automatically; skip to step 5. See Add RxMedAdherence.ckt to the Office Visit document type.

- In Component, select the Search tab; in the search field, enter RxMedAdherence; click Search.
- 4. Select the **RxMedAdherence** text component; click **OK**.



5. In the patient chart, enter or renew a prescription. Click **End** and then sign for the prescription.

- 6. At signing, any discounts for the medication automatically print with the prescription or are sent with an electronic prescription to the patient's pharmacy.
  - **Printed discounts:** If the prescription is printed and if the discount has a printout associated with it, discounts print to handouts printer.

**IMPORTANT**: Printed discounts do not include the patient's name or patient ID; if your practice uses a centralized printer (such as at a nurse's station or at reception), these materials will not include an identifier for a specific patient.

IMPORTA	NT: PLEASE PRINT COUPON FOR PATIENT.
PATIENT M	IUST ACTIVATE BY CALLING: 1-866-279-0287.
Trintellix	PAY NO MORE THAN \$10 PER
vortioxetine	30-DAY PRESCRIPTION.
sng-tomg-zong tablets	nal prescribes TRINTELLIX, you'll pay no more than \$10
Pay no more than Pay no more	Horne as you're eigiptic."     Here's how to start saving:     Wata TRIVILL/Conversence on 1 - 66 - 279 GB7.     Wata TRIVILL/Conversence on 1 - 66 - 279 GB7.     Conversion of the triville of the triv
Learn mo	Support Program provides more than just savings. Automotive program provides more than just savings. Automotive that and the same of the
Indication for TRINTELLIX (vorticx:	etime)
TRINTELLIX is a prescription medicine used to	tem Major Depression Disorder (MDD) in adults.
TRINTELLIX IMPORTANT SAFETY I	<b>PCORMATION</b>
Suicidal Thoughts and Actions and Antidep	researd Depi
Antidepressants may increase suicidal thor	optics are actions in some children, teens or young adults within the first few months of
treatment or when the does is changed. De	persistion or other serios mental integers are the most important cases of suicidal
thoughts or actions. People who have (or	have a family history of) hipotar illness, or suicidal thoughts or actions may have a
particularly high risk. Pay close attention to	any change, sepecially sudde changes in mood, behavior, thoughts or feelings. Call
your healthcare provider right away if sym	plans such as monityi, irritability, impubivily, trouble sleeping, aggressive behavior or
suicidal thoughts are new, worse or worry	row. TRINTELLIX has not been evaluated for use in patients under 18.

A printed discount for a medication

 Discounts and e-prescriptions: If the prescription is electronic, discount information is added to the Note to Pharmacy field within the e-prescription.

**IMPORTANT:** The Note to Pharmacy field has a text limit of 210 characters; if there is already text in this field that does not allow for alert or discount information, this information will not be included in the transmission to the patient's pharmacy.

Note to Pharmacy



A Note to Pharmacy in an e-prescription

## Workflow update: Medications alerts

The provider starts a new document for an in-office visit and adds a medication. If an alert exists for a prescribed medication, this displays in New Medication as a Medication Alert. The provider selects the alert to view this communication.

#### Add medication discounts for an in-office visit

1. In a patient chart, select **New Document**; in Update Chart, select an encounter type; in Document Type, select **Office Visit.** Click **OK**.

IMPORTANT: The document type must be Office Visit for discounts to print.

- 2. In Update, select the **Component** 📴.
- 3. In Component, select the **Search** tab; perform a keyword search for RxMedAdherence; click **Search**.
- 4. Select the **RxMedAdherence** component; click **OK**.



5. In the chart, select **+Medication**, in New Medication, enter the medication information. If an alert exists for the medication, the Medication Alert displays in the lower right. Select the alert to view details.

	New Medication	
Name: Sally Seattle	Find Medication	
Birth: 04/01/1965	Custom List: Family Practice	<ul> <li>Reference List</li> </ul>
Age: 52 Years Old		-
Sex: Male	Frankrike (10 Octo	
Height:	LIPITOR 20 MG ORAL TABS is on formulary. The cost is \$\$\$	
Weight:	· ·	Search Formulary
BSA: Unable to calculate	<ul> <li>Inere are multiple alternatives.</li> </ul>	Select Formulary
		Status
Insurance:		
B Eligibility: Dending		✓ Choose Alternative ▼
(12) cigiolicy. Pentidg	Define Medication	
Alrgs(0)  Meds(42) Probs(2)	Medication: LIPTOR 20 MG ORAL TARS (ATORVASTATIN CALCUM)	
Current/Associated Problems		
medication are highlighted.	Route: ORAL	
Description	Instructions: One per day  Comments:	^
HTN, BENIGN	○-	~
HYPERLIPIDEMIA	Start Date: 04/27/2017 . Stop Date:	Desing Calculator
		bosing calculator
	O Duration: Days Weeks Month	s Monograph
	Prescription	
	Quantity: 20 Refilis: 5 Brand medically necessary	Print Pt. Handout
	Pharmacy: A & P Pharmacy # 684 (retail) 1124 A & P Pharmacy Streat Authorized By: hoven	ga, julian N 🗸 👫
	Select omaha, NJ 072412212	en Chus la Datient
< >	Ph: (617) 260-1213 Prescribing Method: Print tr	en Give to Patient
New Best Leve	rax. (3+3) 200-0730 V State: New J	ersey 💌
New Problem	Note to Pharmacy: Route:	ORAL;
Add to custom list: Medication	Instructions/Duration Qty/Refills	
* indicates the calculated values of weight	ht or height.	Cinical Patient
	Alert	Reference Education
	Save & Continue	OK Cancel

The alert window opens with an update from the FDA, DEA or drug manufacturer displayed and links to additional information included.

Note: If a discount is also available for the medication, a link to that discount is also available from this window.



Note: You can also view medication alerts while renewing prescriptions. Select **Rx Renewals**; in Active Medications, select **Renew**. If a medication alert exists for the prescription, it displays in the update form. Select **Medication Alert** to view.

No photo available F 45 Sex Ag	erly Olympic S Years 03 Nov 1971 Ge DOB	Outgoing authorizing provider Henry Topper (503) 360-4444 100 market st. Portland, OR 97203 DEA#: DE0071234-005 NPI: 8993269736	Supervisor SiPing Li DEA#: SP111112-001	
Patient's Current P	<ul> <li>Edit Pharmacy</li> </ul>	Update Medications View Inactive Medications Tor Renewal (1)	ew View View Appointments No Interactions	Pending
Active Medications	6 Y Filter Meds 👻	#275 WEGMANS CORPORATE TESTIN	C* [EPCS]	
Viewing:	All Items	155 CORPORATE WOODS, Suite 200, ROCHESTER,	NY 14623 (585) 239-2050	🖋 Edit Pharmacy 👻
CRESTOR 10 MG ORAL TABS (ROSUVASTATIN CALCIUM) Last Ric Pending	Renew ()	CRESTOR 10 MG ORAL TABS BMN Test Henry Topper - Authorizing provider	dty 10 Toblet         rf         5         Earliest Fill         08-08-2017           Totol Disp. 6         Route: ORAL:         Route: ORAL:	× Ə 🕣 1
CRESTOR 10 MG ORAL TABS (ROSUVASTATIN CALCIUM) Last R:: 8/8/2017   Qty: 10 RF: 5	Renew 🥣 🚺	Reductor Met		
ENTRESTO 24-26 MG ORAL TABS (SACUBITRII -		B. Select Medication Alert		
VALSARTAN)	A. Select Renew	Print Opt	ons/Sign Rx Now	

## Workflow update: Reprinting or emailing discounts and alerts

If a patient requests a copy of a discount or an alert, select Documents within the patient's chart. Select the document for the visit; in the text view below, copy the discount or alert links and paste them into a browser to reprint. You can also paste links in the body of an email message and send them to a patient.

Documents				
🖉 Edit 🖉 Sign 🤡 Append	Route	👬 Organize		
Document View: All				
38-🗁 Al		0 Date T	Summary	A Salact the document for
		04/27/2017 11:11 AM	Ofc Visit	A. Select the document for
	C	04/26/2017 4:31 PM	Ofc Visit	the visit
	C	04/26/2017 3:52 PM	Rx Refil: RAPAFLO 4 MG ORAL CAPS, LIPITOR 20 M	
	D D	04/26/2017 3:38 PM	Rx Refil: RAPAFLO 4 MG ORAL CAPS	
	D	04/26/2017 3:37 PM	Rx Refil: LIPITOR 20 MG ORAL TABS	
	D	04/26/2017 3:32 PM	Rx Refit AMOXICILLIN 500 MG ORAL CAPS, LIPITOR	
	C	04/26/2017 3:23 PM	Ofc Visit	
	D	04/26/2017 1:12 PM	Ofc Visit	
Medication Coupon(s) Printed 04/27/2017 11:18 AM [LIPITO6 https://rxwt.ns.gehealthcare.c Medication Alert(s) Reviewed	R 20 MG ORA com/rxwise/R	AL TABS] bxContents/qlbV-ikbP		
04/27/2017 11:18 AM [LIPITOF https://nowt.ns.gehealthcare.o	R 20 MG OR4 com/nxwise/R	AL TABS] bdMessages/UqtX-2tFR	B. Copy live links; pas browser and print or link to the patient	te into a email the

Alert and discount links in Documents

**IMPORTANT**: The RxMedAdherence clinical kit is required to save medication and alert links to a patient chart. See Install RxMedAdherence.ckt.

## Disabling medications discounts and alerts

After signing, discounts print or are automatically transmitted with e-prescriptions to the patient's pharmacy. If your clinic prefers not to participate in medications discounts and alerts, contact Centricity Services at 888.436.8491 to disable this feature.

**IMPORTANT**: Requests to disable this feature must be made by clinics or healthcare organizations, not by individual providers.

# Single factor authentication for e-prescribing

#### AUDIENCE: Clinic managers and IT administrators

**Summary:** Depending on your clinic location, the user authentication method required to prescribe medications may vary. For single-factor authorization, providers utilize biometric authentication through a fingerprint reader each time they electronically prescribe a non-controlled substance. For controlled substances, configure user account settings and system settings. The following sections describe how to setup your Centricity solution for single factor authentication.

Areas include:

- <u>Setup: Implement the Imprivata Confirm ID</u>
- <u>Setup: Enable single factor authentication for e-prescribing</u>

### Setup: Implement the Imprivada Confirm ID

#### AUDIENCE: IT administrators

If your site is planning to implement single factor authentication, GE will work with you to configure your Imprivata software and devices. GE Clinical Consulting & Integrated Solutions Consulting will train the organization on the settings that need to be configured from pre- and post-upgrade and will review workflows enabled by the new Prescriptions form. This process includes the following tasks:

- Sign and send all pending ePrescribing prescriptions prior to upgrading to this release. Upon upgrade, pending Rx Refill documents that do not have additional unsigned clinical list changes are Filed in Error. Surescripts resends all open renewal requests after the upgrade to put them in the new format. Even if the documents were filed in error, you can respond to them in the new format. Renewal responses for documents with unsigned clinical list changes cannot be completed post-upgrade.
- Upgrade the Centricity ePrescribing server to Centricity ePrescribing eSM v4.2.2. Ensure that you have upgraded to Centricity ePrescribing eSM v4.2.2.
- Contract & Implement Confirm ID. To implement single factor authentication with Imprivata, you
  must purchase and implement Confirm IDTM appliances per licensed Centricity Practice Solution
  database to provide required biometric authentication. There can only be one Imprivata Issuer ID
  per License ID (licensed database). Contact your GE Sales Representative for details.

• Implement Microsoft Active Directory on your Windows GUI server and select Active directory as the security method. Select Active Directory as the security model for Centricity Practice Solution. Active Directory must be configured in conjunction with Imprivata Confirm ID setup to implement single factor authentication. Documentation is available through Microsoft and in Imprivata online help. See also "Configure security" in the install/upgrade guide for your system.

## Setup: Enable single factor authentication for e-prescribing

#### AUDIENCE: IT administrators

Single-factor authentication requirements for prescribing are determined by state. To enable single factor authentication, add the state with this requirement (such as Ohio) in system settings.

#### Enable single factor authentication

- 1. In the main menu, select Administration.
- In the Administration folder view (left navigation), expand Charts > Chart and then select Prescription Requirement.
- 3. In **Prescription Requirement**, select the **Authentication Provider** (for most users this is Imprivata).
- In States, select a state with single feature authentication requirements (such as Ohio); click
   Add > to move it to States Requiring additional authentication.



5. Repeat step four until all states with additional prescription requirements are added.

# Permissions-based signing

#### AUDIENCE: Clinic managers and providers

**Summary:** Providers can now sign some but not all prescriptions for a patient based on assigned permissions. When multiple prescriptions are on hold for a patient, a provider can sign just the prescriptions for which they have signing permissions. The prescriptions they cannot sign remain unsigned.

**Example:** A patient has three prescriptions on hold:

- Coumadin 4mg Prescribing Method: Print and then give to patient
- Acetaminophen 325mg Prescribing Method: Electronic
- Morphine Prescribing Method: Electronic

The nurse is authorized to sign and print non-controlled substances but is not authorized to sign controlled substances. Previously, the nurse could sign only if authorized for all prescriptions. Now the nurse can sign only for the prescriptions they are authorized to sign.

	Update - Ian L. Brown Chrt Maint at S CARDIO on 8/10/2017 6:28:14 PM by Harry S. Winston MD [Doc ID: 4]	_ 🗆 X
Summary: «	🛱 Orders 👶 Medications 💼 Problems 🕇 Hedication 🕇 Problem	End
Interactions:	Ian L. Brown           M         42 Yeors         14 Jan 1975           Sex         Age         D08	v12.3.0.1442
Forms Add	Patient's Current Pharmacy Fomily Pharmacy 19985 Spencer Rd. Beoverton, OR 97005	None
	Active Medications <b>T</b> Filter Meds <b>C</b> 15985 Spencer Rd., Beaverton, OR 97005 (503) 645-9563	🖍 Edit Pharm
Attachments Add	Viewing: All items     Viewing: All items     Viewing: All items     Viewing: All items       NITROSTAT SUB 0.4MG (NITROSICYCERIN) Lasts ex 8/202017 (dy: 30 RP:     Renew     Image: All items     Total Disp. 1     Earliest Fill     08-10-2017	∳ ❷ ल
Favorites Add T	BACITRACIN OIN Renew of f OP (BACITRACIN) (OPHTHI) Lost Rc 8/10/2017   Qy:1.87: Prior Define Sine Ry Sine Ry May	
🕒 Blank image	Print Opublis/sign KX Sign KX How Sign KX	<b></b>

A provider refills a prescription for an antibacterial ointment only

## Configuration: Modify signing permissions

#### AUDIENCE: System administrators

Add or remove privileges from user accounts or roles to modify signing privileges. Permission settings remain the same; this feature now enforces prescription-related user privileges on a per prescription basis. Related privileges include:

- Print chart
- Access electronic prescribing
- RxRefill sign
- Document signing

## Bulk provider reassignment

AUDIENCE: Clinic managers and providers

Summary: In Prescriptions, providers can now reassign multiple unsigned prescriptions from one authorizing provider to another or to themselves. In the Update Prescriptions for Renewal tab, select the Bulk Edit Soption; select multiple prescriptions to reassign. In the Bulk Edit Options panel, select a provider with prescribing authority that is also DEA enrolled; click Apply to reassign.

	Prescriptions: Rhea Mall
No photo available Rhea Mall F Months 14 Oct 2008 Sex Age DOB	Outgoing outhoring provider v9.12.0.1946 Henric T Topper csomogene driv rwwrffr, Hilsboro, NY 36000 DEA#; DE3837001-001 NPI: 6721782434
Bulk Edit Options Set Authorizing Provider cnone selected> Select all Prescriptions Deselect all Prescriptions Deselect all Prescriptions Deselect all Prescriptions Deselect all Prescriptions Close Note: You must close bulk edit to sign 3. Select a new authorized provider to reassign	Updata       Wew Madcations       Wew Medications       Weight Medications       Wei
	By completing the two-factor authentication protocol at this time, you are legaply signing the prescriptional and authoriting the transmission of the above information to the phormacy for dispensing. The two-factor authentication protocol may only he completed by the practitioner whose name and DEA registration number appear above. Print Options/Sign Rx Sign Rx Now
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)	Close

The Bulk Edit option in Rx Refill

Only one authorized provider may be assigned to multiple prescriptions at a time. Assigned providers must also have prescribing authority and must be DEA enrolled for bulk prescription reassignments.

#### Areas include:

- Workflow update: Reassign multiple prescriptions to a provider
- Workflow update: Bulk reassignment warnings

### Workflow update: Reassign multiple prescriptions to an authorized provider

Use the new Bulk Edit feature to quickly reassign multiple unsigned prescriptions to an authorized provider.

#### Reassign multiple prescriptions to a provider

- 1. In a patient chart, select **New Document** to update a chart for a transition of care visit.
- 2. In Update Chart, select update options; click OK.
- 3. In the patient chart, select **Refill Prescriptions** and then **Rx Refill.**

4. In the Update Prescriptions tab, select **Bulk Edit 2**.

No photo available Rhea Mc 8 Years F Monthe Sex Age	11 5 11 5 14 Oct 2008 DOB	Outgoing outhonizing provider Henric T Topper asawqsow ddrr, www ffr, Hillsboro, NY 36000 DEA#: DE3587001-001 NPI: 6721782434		
Patient's Current Phan CA Pharmacy 10.6MU* [EPCS] 65432 Cabernet Turn	mɑcy ✔ Edit Pharmacy ▼	Update Prescriptions for Renewal (5)	Ver Ver Allergies Controlled E Ver Appointments Appointments Edurations	^
Sonoma, CA 95476 Active Medications Viewing: Al LIPITOR 10 MG ORAL TABLET (ATORVASTATIN CALCIUM) Lost Rx: 10/2/2017 [Op: 2 RF: 2	Filter Meds     •       Items     •       Renew     (ef)	CA Pharmacy 10.6MU* [EPCS] 55332 Cobernet Turn Sonoma, CA 95476 (707) 210- CA ACCUPRIL 10 MG ORAL TABLET BMN 2 Henric T Topper - Authorizing provider	-7071	
ACCUPRIL 10 MG ORAL TABLET (QUINAPRIL HCL) Lost Ric 10/2/2017   Qty: 2 RF: 2 BELVIQ 10 MG TABS (LORCASERIN HCL) Lost Ric Pending	Renew (ref ()	BELVIQ 10 MG ORAL TABLET     BMN 2     Controlled Substance Acknowledgement Required Henric T Topper - Authorizing provider	qty 2         Tablet ← rf         1         Eorliest Fill         10-02-2017           Totol Disp. 2         Route: ORAL:SAVINGS FOR NON-C         ✓ ④ ④         ⑦           Written 10-04-2017         Route: ORAL:SAVINGS FOR NON-C         ✓ ④ ④         ⑦	~
CLONAZEPAM 0.5 MG ORAL TABLET (CLONAZEPAM) Lost Ric Pending	Renew (e) 🥡	By completing the two-factor authentication protocol at the pharmacy for dispensing. The two-factor authentication Print of	this time, you are legally signing the prescriptiontial and outborizing the transmission of the above information to ion protocol may only be completed by the practitioner whose nome and DEA registration number appear above. Options/Sign Rx	

5. In the prescriptions listed, select the prescriptions to reassign.

	Prescriptions: Rhea M	all
No photo available B Years, 11 F Months 14 Oct 2008 Sex Age DOB	Outgoing outhorizing provider Henric T Topper asravgaso ddr. www.ffr, Hillsbora, NY 36000 DEA#; DE3587001-001 NPI: 6721782434	val20.1946
Bulk Edit Options Set Authorizing Provider <none selected=""></none>	Update Prescriptions for Renewal (5)	Ver Ver Alergies Controlled Controlled Appointments Appointments
Select all Prescriptions Deselect all Prescriptions	CA Pharmacy 10.6MU* [EPCS] 65432 Cabernet Turn, Sonama, CA 95476 (707) 210-707	2 Edit Pharmacy 👻
Apply Reset Close Note: You must close bulk edit to sign	ACCUPRIL 10 MG ORAL TABLET     BMN 2     Henric T Topper - Authorizing provider	qty2         Taket - ff         1         Eorliest Fill         10-02-2017           Totol Disp.2         Route: ORAL:         ✔ ④ @ 0         0           Written 10-04-2017
	BELVIQ 10 MG ORAL TABLET     BMN 2     Controlled Substance Acknowledgement Required     Henric T Topper - Authorizing provider	qty 2         Tablet → rf         1         Eorliest Fill         10-02-2017           Total Disp. 2
	By completing the two-factor authentication protocol at this the pharmacy for dispensing. The two-factor authentication protocol and pharmacy for dispensing.	Inte, you are legally signing the prescriptionial and outhorizing the transmission of the above information to retocol may only be completed by the practitioner whose name and DEA registration number appear above. and Sign Rx.
Prev Form (Drl+PgUp) Next Form (Orl+PgDn)		Close

Note: Click **Select All Prescriptions** in the Bulk Edit Options panel to select all. Select **Deselect all Prescriptions** to remove all selections.

Bulk Edit Options Set Authorizing Provider	Update Medications View Inact Medication
<none selected=""></none>	Update Prescriptions for Ren
Select all Prescriptions Deselect all Prescriptions	CA Pharmacy 10.6MU* [ 65432 Cabernet Turn, Sonoma, C
Apply Reset Close	ACCUPRIL 10 MG ORAL 1 BMN 2 Henric T Topper - Authorizing pro
Note: You must close bulk edit to sign	

6. In the Bulk Edit Options panel, select the **Set Authorizing Provider** field.

		Prescriptions: Rhea Mall
No photo available F Mo Sex Agr	Mall lears, 11 anths 14 Oct 2008 e DOB	Outgoing authorizing provider Henric T Topper asawasaw ddrr, www ffr, Hillsboro, NY 36000 DEA#: DE3587001-001 NPI: 6721782434
Bulk Edit Options Set Authorizing Provider <none selected=""></none>		Update View Medications View Medications View Allergies
Select all Prescriptions Deselect all Prescriptions		CA Pharmacy 10.6MU* [EPCS]     65432 Cabernet Turn, Sonoma, CA 95476 (707) 210-7071     ACCUPRIL 10 MG ORAL TABLET     oty 2 Tablet      rf 1
Apply Reset Clos	e . edit to sign	□ BMN 2 Written 10-04-2017

7. In Find User, select the provider to apply; click **OK**.

Selected folder: Rhea	Users in Rhea		
My Folder	Last≜	First	Home Loc
My Prescribers	Li	SiPing	KCHRK
🛓 Rhea	Topper	Henric T	KCHRK
E CHRK			
Clinic1			
Clinic10			
Clinic2			
Clinic3			
Clinic4			
GPS			

8. In the Bulk Edit Options panel, click **Apply** to reassign the prescriptions to the selected provider.

No photo available	Rhea Mall 8 Years, 11 F Months Sex Age	14 Oct 2008 DOB	Outgoing authorizing provider Henric T Topper asawąsaw ddrr, www.ffr, Hillsboro, NY 36000 DEA#; DE3587001-001 NPI: 67217824;
Bulk Edit	Options		Update Medications View Inactive Medications
Set Authorizi	ng Provider		
L	i, SiPing		Update Prescriptions for Renev
Select all Pre Deselect all F	scriptions Prescriptions		CA Pharmacy 10.6MU* [EF 65432 Cabernet Turn, Sonoma, CA
Apply H	ust close hulk adit to s	ian	BMN 2 Henric T Topper - Authorizing provi
Notes Tourne		"9"	

Note: The Reset option in Bulk Edit option only returns the authorized provider to <none selected>; it does not remove selections from prescriptions for bulk reassignment.

Bulk Edit Options					
Set Autho	rizing Pro	vider			
<r< td=""><td>ione selec</td><th>:ted&gt;</th></r<>	ione selec	:ted>			
Select all Prescriptions Deselect all Prescriptions					
Apply	Reset	Close			

## Workflow update: Bulk reassignment warnings

The following are errors that providers may encounter when bulk reassigning prescriptions.

Mismatched providers: For bulk reassignment, only one provider may be assigned to selected prescriptions. If providers attempt to bulk reassign prescriptions to more than one provider, an error message displays. To correct, ensure that all selected prescriptions are assigned to the same provider. Select all prescriptions to reassign; in Bulk Edit Options, select one provider. Click **Apply**.

	Prescriptions: Rhea	Mall
No photo available Rhea Mall 8 Years, 11 F Months 14 Oct 2008 Sex Age DOB	You cannot electronically prescribe medications for m provider in a single update. Please change the medica provider or create separate updates for each authoriz	ore than one authorizing tions to one authorizing ing provider.
Bulk Edit Options Set Authorizing Provider Li, SiPing	Update Medications Wew Inactive Medications Wew Problems	View Allergies Controlled Drug Report
Select all Prescriptions Deselect all Prescriptions Apply Reset Close Note: You must close bulk edit to sign	✓ CA Pharmacy 10.6MU* [EPCS]     65432 Cabernet Turn, Sonoma, CA 95476 (707) 210-70     ☑ ACCUPRIL 10 MG ORAL TABLET     □ BMN 2     ☑ SiPing Li Authorizing provider	071 qty 2 Tablet or f 1 Earlies Total Disp. 2 Route Written 10-04-2017
	BELVIQ 10 MG ORAL TABLET BMN 2 Controlled Substance Acknowledgement Required Henric T Topper Authorizing provider	qty 2 Tablet rf 1 Earlies Total Disp. 2 Route Written 10-04-2017

Mismatched providers for a Bulk Edit reassignment

Providers with prescribing authority and DEA enrolled only: If the provider assigned is not authorized to sign for prescriptions or is not DEA enrolled, error messages will display. To correct, select a provider with prescribing authority in Bulk Edit Options; click **Apply**.

	Prescriptions: Rhea Mall
No photo available Rhea Mall 8 Years, 11 F Months 14 Oct 2008 Sex Age DOB	Outgoing authoriting provider         V0.12.0.1946           Hernic T Topper         Sologow dirth           assessave dirth, well filt, Hilboro, NV 36000         DEA#: DE3587001-001 NFL 6721782434
Bulk Edit Options Set Authorizing Provider Botes, Anna	Update Prescriptions for Renewal (5) (2)
Select all Prescriptions Deselect all Prescriptions	✓ CA Pharmacu 10.6MLIs (EDCS)     S5432 Cobe     Message from webpage     X
Apply Reset Close Note: You must close bulk edit to sign	ACC     BMN 1     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enrolled     -Controlled Subtance(s) selected and Provider is not DSA enroll
	BELV     OK     Eorliest Fil 10-02-2017     MN 2     Controlled Substance Acknowledgement Requests     Written 10-04-2017     Written 10-04-2017     Written 10-04-2017
	By completing the two-factor authentication protocol at this time, you are legally signing the prescriptiontal and authorizing the transmission of the above information to the pharmacy for depending. The two-factor authentication protocol may only be completed by the practicioner whose name and DEA registration number appear above. Print Options/Sign Rx:
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)	Clove

Not authorized for prescribing / non-DEA enrolled errors in a bulk prescription reassignment

# Prescription change, fill, and cancel notifications

AUDIENCE: Clinic managers and IT administrators

**Summary:** This release introduces change, cancel, and fill notifications for electronic prescribing. This enhancement complies with Meaningful Use requirement 170.31(b)(3), which supports prescription-related electronic transactions.

Areas include:

- <u>Workflow update: Change Prescription notifications</u>
- <u>Workflow update: Cancel Prescription notifications</u>
- Workflow update: Prescription Fill notifications

## Workflow update: Change Prescription notifications

When a provider electronically prescribes a medication, pharmacists receiving fill requests determine whether there are drug utilization issues, formulary compliance issues, supply requirements (such as the quantity prescribed), whether further clarification is needed, or whether a therapy change is required. If a pharmacy needs to make a change based on any of these findings, they submit an Rx Change Request.

Providers receive these notifications in Chart Desktop > Rx Renewals and can then submit an Rx Change Response to approve or deny the request.

PATH: Chart > Chart Desktop > Rx Renewals

#### To view and respond to change notifications

- 1. From the main menu, select Chart > Chart Desktop. Chart Desktop displays.
- 2. In Chart Desktop, select **Rx Renewals** from the left menu.



Rx R	enewals									
	Topper , Henry 🔍					Ren	ewal requests (148)	Change requests (2) Pend		
🗹 Sh	ow matched patients	Show unmatched patients					Patient Name	Requested Date		
						Filter by:	Enter patient name	mm/dd/yyyy		
2	Date	Patient Name	Birth Date	New	Change	Pending	Autnorizing Provider	Actions		View
	10/31/2016	Seattle, Sally	03/31/1963	89	1	75	Henry Topper	Ê 🕈		notifica
	07/10/2017	Custer, Grant	02/14/1992	3	0	0	Henry Topper	1	_	counts
	11/02/2017	Bond, Anna	05/01/1980	2	0	0	Henry Topper	1		
	08/22/2017	mall, pall	03/31/1963	2	0	0	Henry Topper	Ê 🕈		
	03/07/2017	Bond, Ajay	03/31/1963	17	1	0	Henry Topper	1		
	08/21/2017	Olympic, Kimberly	11/03/1971	19	0	0	Henry Topper	1		
	11/02/2017	Bond, BBB	03/31/1963	1	0	0	Henry Topper	1		
	08/07/2017	bond, vvv	03/31/1964	4	0	0	Henry Topper	1		
	05/03/2017	BOND, AA	02/25/2014	6	0	0	Henry Topper	1		
	11/02/2017	james, d	09/09/1985	1	0	0	Henry Topper	Ê 🕈		

3. Rx Renewals, view the **Change** column to locate prescriptions with notifications.

4. To view and respond to the requested change, select Start Renewal Document  $\overline{\mathbb{S}}$  .

Rx R	enewals							
	Topper, Henry 🔍					Rene	wal requests (148)	Change requests (2) Penc
<b>√</b> Sł	ow matched patients	Show unmatched patients				Filter by:	Patient Name Enter patient name	Requested Date
3	Requested Date	Patient Name	Birth Date	New	Change	Pending	Authorizing Provider	Actions
	10/31/2016	Seattle, Sally	03/31/1963	89	1	75	Henry Topper	Ê <mark></mark> 🕈
	07/10/2017	Custer, Grant	02/14/1992	3	0	0	Henry Topper	Ê 🕈
	11/02/2017	Bond, Anna	05/01/1980	2	0	0	Henry Topper	Ê 🕈
	08/22/2017	mall, pall	03/31/1963	z	0	0	Henry Topper	Ê 🕈
	03/07/2017	Bond, Ajay	03/31/1963	17	1	0	Henry Topper	Ê 🕈
	08/21/2017	Olympic, Kimberly	11/03/1971	19	0	0	Henry Topper	Ê 🕈
	11/02/2017	Bond, BBB	03/31/1963	1	0	0	Henry Topper	Ê Š
	08/07/2017	bond, vvv	03/31/1964	4	0	0	Henry Topper	Ê 🕈
	05/03/2017	BOND, AA	02/25/2014	6	0	0	Henry Topper	Ê 🕈
	11/02/2017	james, d	09/09/1985	1	0	0	Henry Topper	Ê Š

5. In Rx Refill, the Pharmacy Change Request tab displays first by default.



6. If the change is therapeutic (as stated to the left of the medication name), select the down arrow in the medication name to view the request.



**IMPORTANT**: Pharmacy change requests and Update Prescriptions tabs only display if change requests or updates exist for the prescription.

7. Up to eight therapeutic changes display. Choose the option which is most clinically appropriate for the patient.

Update View Inactive Medications View Problems	View Allergies V	iew Major ntments Interactions
Pharmacy change requests (1) Update Presci	riptions for Renewal (15)	
✓ #275 WEGMANS CORPORATE TESTING* 155 CORPORATE WOODS, Suite 200, ROCHESTER, NY 14	4623 (585) 239-2050	
Therapeutic SIMVASTATIN 10 MG ORAL TABS Prescribed: LIPITOR 10 MG ORAL TABS Qty: 10 Tablet	qty 30 Tablet rf 2 Requested 06-06-2017	Earliest Fill 06-06-2017 Route: ORAL;
H ✓ SIMVASTATIN 10 MG ORAL TABS Qty: 30 Toblet		

Note: After selection is made, you may optionally select the medication name in the request to view additional information.

Update Medications View Inactive Medications	View View View View Allergies
Pharmacy change requests (1)	Update Prescriptions for Renewal (15)
Pharmacy change requests (1)            #275 WEGMANS CORPORAT 155 CORPORATE WOODS, Suite 200, R         Click for more information about this request SIMVASTATIN 10 MG ORAL TABS          Prescribed: LIPITOR 10 MG ORAL TABS Oty: 10 Toblet             - SIMVASTATIN 10 MG ORAL TAE Oty: 30 Toblet          Prescribed: LIPITOR 10 MG ORAL TAE Oty: 30 Toblet          Prescribed: NR         P         SIMVASTATIN 10 MG ORAL TAE Oty: 30 Toblet          P         SIM         NT         P         P         SIM         NT         P         SIM         NT         P         SIM         SIM         NT         P         SIM         NT         P         P         SIM         NT         P         P         P         P         SIM         SIM         SIM         SIM         SIM         SIM         SIM         SIM         SIM	Update Prescriptions for Renewal (15) E TESTING* OCHESTER, NY 14623 (585) 239-2050 qty 30 Tablet rf 2 Earliest Fill ( Requested 06-06-2017 Route: ORAL; BS herapeutic Interchange harmacy considered alternatives (1): INVASTATIN 10 MG ORAL TABS 03/20/2017 Qty: 30 Tablet RF: 2 BMN: no IDC: 42571001005 ake 1 tablet by mouth every evening. harmacy note: Route: ORAL; rescriber: Henry Topper 00 market st, Portland, OR 97203 Ph: (503) 360-4444 rescribed: IPITOR 10 MG ORAL TABS 06/06/2017 Qty: 10 Tablet RF: 6 BMN: no IDC: 3358021909 est1 harmacy note: Route: ORAL;SAVINGS FOR NON-COVERED MEDICATIONS-For claims: BIN:003585 CNASPROD1 Group:AME08 ID:DR25; Questions: MedImpact (877)489-6402 harmacy: #275 WEGMANS CORPORATE TESTING* S5 CORPORATE WOODS, Suite 200, ROCHESTER, NY 14623 Ph: (585) 239-2050
Ti Si	o: ally Seattle, Male, DOB 03-31-1963

8. Select options to Accept , Accept with updates , or Deny the request. After an action is taken, the medication is moved from the change request tab to the update tab. Upon document signature, your response is transmitted to the pharmacy.



9. If the request is for a prior authorization, to the left of the drug name will read "Prior Authorization". The provider enters their PA code in the Enter authorization code field and then selects Accept to transmit the code (the provider may also select Deny <sup>Ø</sup>).

ew stments	View Interactions		
	0	_<	Enter the PA code; click Accept to transmit the code
	Enter authorization code		

**IMPORTANT**: If you are delegated to update prescriptions for a provider and there are prescriptions from multiple providers listed, it is recommended that you address any pharmacy changes for your assigned prescriptions first. If the requested changes are for another provider, ignore these requests. The other provider can complete these in a separate document.

## Workflow update: Cancel Prescription notifications

Cancel Rx Request messages are generated by the prescriber to notify the pharmacy that a previously issued electronic prescription should not be filled (this can occur if a provider decides to modify the patient's therapy or if the prescription was issued in error). A Cancel Rx Response message is sent from the pharmacy in reply to verify that the prescription has been cancelled or that the pharmacy was unable to cancel.

#### To send a prescription cancellation notification

The cancellation workflow remains the same; in the patient's chart, select **Chart Summary** > **Medications** (left menu). In Medications, select a medication; click **Stop Medication** × (you can also right click and cancel).

Med	ications				
+	🍠 🗙 🥌   🛵   Ir	nteractions: 🏮	Active Only 🔻	🍹 💽 🔛 🗮	Lexi-Drugs Online 🔻
ß	Description	Instructions	Route	Last Rx	Generic
÷	LIPITOR 10 MG ORAL	Test	ORAL	03-Aug-2017 #3 X 3	ATORVASTATI.
± /	AMOXICILLIN 500 MG	aaa	ORAL	21-Mar-2017 #10 X 3	AMOXICILLIN
÷	AMOXICILLIN 250 MG	wq	ORAL	21-Mar-2017 #20 X 2	AMOXICILLIN
÷	AMOXICILLIN 200 MG/	1\\2 tav	ORAL	21-Mar-2017 #20 X 2	AMOXICILLIN
+	ACETYL SALICYLIC AC	1 a day after lunch		13-Feb-2017 #4 X 1	ASPIRIN
1.	LIPITOR 10 MG ORAL	Tets		Pending	ATORVASTATI.
÷	POTIGA 300 MG ORAL	aaaa	ORAL	16-Jan-2017 #5 X 5	EZOGABINE
± /	POTIGA 50 MG ORAL	Test CS		Pending	EZOGABINE
± /	P ADVIL 200 MG ORAL C	10 a Day		Pending	IBUPROFEN
± /	LIPITOR 80 MG TABS	aaa		16-Dec-2016 #6 X 6	ATORVASTATI.

Stopping the medication sends an Rx Cancel Request to the pharmacy

Note: You can still cancel prescriptions from Update Medications, which is the more common workflow. Select **New Document** to begin a chart update; in Update, select **Medications**. In Update Medications, select the prescription to cancel; click **Remove**.

		Update Medica	ations				
Potential medication list for: Sally Seatt	le			R Eligibility: P	ending 🌔	Drug Interactions	
Description	Instructions	Route	Start Date	Formulary	Diagnoses	Last Re 🔨	<u>U</u> р
LIPITOR 10 MG ORAL TABLET (ATORVA	Test	ORAL	11/20/2017	000		#10[Tablet] x 6	
BELVIQ 10 MG ORAL TABLET (LORCAS	Test	ORAL	11/20/2017	000		#10[Tablet] x 5	Down
CRESTOR 10 MG ORAL TABLET (ROSU	Test	ORAL	07/27/2017	000		#10[Tablet] x 5	
CRESTOR 10 MG ORAL TABLET (ROSU	one tab	ORAL	07/27/2017	000		#3[Tablet] x 0,	Left
CRESTOR 10 MG ORAL TABLET (ROSU	one tab per person	ORAL	07/27/2017	000		#5[Tablet] x 0,	Bight
CRESTOR 10 MG ORAL TABLET (ROSU	Test	ORAL	07/27/2017	000		#10[Tablet] x 5	nigin
CRESTOR 10 MG ORAL TABLET (ROSU	one tab	ORAL	07/27/2017	000		#5[Tablet] x 0,	To Top
CRESTOR 10 MG ORAL TABLET (ROSU	one tab	ORAL	07/27/2017	000		#5[Tablet] x 0,	Teb
CRESTOR 10 MG ORAL TABLET (ROSU	Test	ORAL	07/27/2017	000		#10[Tablet] x 5	To Bottom
CRESTOR 10 MG ORAL TABLET (ROSU	Test	ORAL	07/27/2017	000		#10[Tablet] x 5	
CRESTOR 10 MG ORAL TABLET (ROSU	Test3	ORAL	07/27/2017	000		#10[Tablet] x 5 ~	
<						>	
Effects of this update:				Clinical Formulary: C	(ef) Reference IGNA HealthCar	Patient Education e of Utah Three Tier	
<							>
<u>N</u> ew <u>C</u> hange <u>R</u> emo	ve Change Bac <u>k</u>	Send/ <u>P</u> rint Rx					
Click Change to change this medication,	or Remove to remove it.			ОК С	ancel		

## Workflow update: Rx Fill notifications

Rx Fill notifications allow pharmacists to send notifications to prescribers regarding the dispensed status of an electronic prescription. These notifications indicate that an electronic prescription has been dispensed, has been partially dispensed, or has not been dispensed.

**IMPORTANT**: Pharmacies do not currently have the capability to send fill notifications to providers; the system has been enhanced to meet this ONC certification requirement in preparation for this advancement on the pharmacy side (receipt of these notifications have been enabled on the ESM console to allow for this).

**IMPORTANT**: Any medication with a default stop date will not trigger a message to the pharmacy. Only the manual removal of an active medication will send the message.

#### MEDICATIONS, PRESCRIPTIONS, AND EPCS FIXES

#### ePrescribing: Missing diagnosis codes

PATH: Chart > Find Patient (Search/select result/OK) > Chart Summary > Medications > (+) Add Medication > (select eRx) Sign/Send Prescription

Issue: Diagnosis codes were not being sent to pharmacies in electronic prescriptions. Resolution: It was discovered that the field that supports diagnosis codes in outbound electronic prescriptions was missing; this field has been added and now includes diagnosis codes if available for an electronic prescription. SPR 67770

	New Medication	
Name: Amy SmA :si	Find Medication	
Birth: 09/22/2008	Custom List: CCC-Back pain   Reference List.	
Age: 9 Years & 1 Month Old	FLEXERIL 10 MG TAB Take 1 tablet by mouth at bedtime 30 x 2 \$1.38	-
Sex: Female		
Height: 63 in (160.0 cm*)	Formulary: CIGNA HealthCare of Utah Three Tier	
Weight: 162 lb (73.482 kg*)	Search Formular	y
BSA: 1.77 sqm	CYCLOBENZAPRINE HCL TABS 10 MG is an alternative.	y
Insurance:	Status	
	Choose Alternativ	e
R Eligibility: Pending		
○ Alrgs(2) ○ Meds(6) ④ Probs(6)	Define Medication	
Current/Associated Problems	Medication: FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL)	
Problems associated with this	Route:	
medication are nightighted.	Instructions: Take 1 tablet by mouth at bedtime  Comments:	^
CHRONIC BACK PAIN		~
ABDOMINAL ABSCESS		4
COLITIS	Start Date: 11/0//2017 III Stop Date: III Dosing Calculat	or
	Duration: O Days C Weeks C Months Monograph	
CONTRACEPTIVE PRESCRIPTION, OR4		
	Prescription	
	Quantity: 30 Undefined V Refills: 2 Brand medically Print Pt. Hand necessary	out
	Pharmacy: OPTUMRX MAIL SERVICE* (mail- Authorized By: Davis MD, Rhea M	<b>H</b>
	Select 2858 Loker Avenue East	
< >	Suite #100	<u>-</u>
	State: California	-
New Problem	Note to Pharmacy:	
Add to custom list: Medication	Instructions/Duration 🗌 Qty/Refills	
* indicates the calculated values of wei	ght or height. Clinical Patien	ŧ
	Reference Education	on
	Save & Continue OK Cano	el

Associate the diagnosis at the time of prescribing

No photo available	F Sex	9 Years, 1 Months Age	22 Sept 2008 DOB	1621b (73.48 kg*) 63in Weight Height	
Patient's	Current	t Pharma	су	Update Uvew Inactive Medications View New Allergies Wew Appointments	Pending
SERVICE* [E	PCS1	🖌 Edit	Pharmacy 👻	Update Prescriptions for Renewal (1)	
2858 Loker / Carlsbad, CA	Avenue E A 92010	ost		✓ OPTUMRX MAIL SERVICE* [EPCS] 2858 Loker Avenue Eost, Suite #100, Corlsbod, CA 92010 (800) 791-7658	🖍 Edit Pharr
ACTIVE ME	edicatio	TS Y F	iter Meds *	FLEXERIL 10 MG TAB	
	Viewin	ng: All Items		BMN Take 1 tablet by mouth at bedtime	100
FLEXERIL 10 TAB (CYCLOBEN: HCL) Used for: CHR	0 MG	Renew	🤿 🍘 ^	Rheo M Davis (DE7845123-001) - Authorizing provider  Associated Dechronic Back Pain  Kitten 11-07-2017  Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-07-2017 Kitten 11-	

Diagnosis is associated on refill

#### **Requested By error in Medication Administration**

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescription > Rx Refill > Favorites> Medication Administration

Issue: When requesting that a new medication be added in Medication Administration, if users selected, the < Me button to add themselves as the requester, the system displayed the following error message: "User 'Lastname, Firstname' does not exist in the 'Requested By' user's list." Resolution: The error message no longer occurs and the user is added as the requestor. SPR 69022

inistration Meds Summ	Add/Update Request Administer Medication	
Add New Medicat	on	
Meds Custom list	Dr. Johns Meds	
Select Medication	Demerol 50 mg	🗹 🚺
Primary Diagnosis	No Active Problems Available - Use Problems Button To Add	Problems
*Requested By	Торрег , Непгу	< Me
*Start Date	< Today	
"Stop Date	< Today 1 mo. 2 mo. 3 mo. 1 yr.	
Instructions		
Comments		

The < Me button in Add/Update Request (Medication Administration)

#### Quantity Qualifiers Rx Renewals displayed as unspecified

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescriptions > Rx Refill > Renew

Issue: Quantity Qualifier values displayed as 'Unspecified' even when a qualifier value had been selected and saved for a prescription renewal. Resolution: Now entered Quantity Qualifier values, such as quantity, refill count and refills dispensed, are retained once saved for a refill. SPR 69046

Update Medications View Inactive Medications View Problems	View Allergies Drug Repor	t View Majo Appointments Appointments	ions Pending
CVS 45 CVS* Street, orlando, NJ 07183 (217) 260-0918 S PLAVIX 75 MG ORAL TABLET BMN 1 doily Henry Topper - Authorizing provider	qty 30 Ta rf 3 	Earliest Fill 09-15-2017 Note to pharmacy	<ul> <li>Edit Pharmacy</li> <li>Edit Pharmacy</li></ul>

Quantity qualifiers in a prescription renewal

#### **Delays when sending e-prescriptions**

PATH: Chart > Find Patient (Search/select result/OK) > Chart Summary > Medications > (+) Add Medication > (select) Sign and Send Prescription

Issue: Previously, a significant delay occurred between e-prescription signing and the time that the eprescription was sent by the system to the pharmacy. Resolution: After signing an e-prescription, the prescription is sent to the pharmacy within a reasonable timeframe after signing. SPR 69231

📋 Chart 🤍	denisha guiher	Resp. Provider:	Resp. Provider: Jerry Q. Signfold Pat.				
Documents for Edit (2) Rx Refill: 9/15/2017 Edit	82 Years - Male - <i>DOB:</i> 19-Jun Home: 208-600-0882 <i>Cell:</i> 306-7	1935 Insurance: N: '00-0313 Group:	) Medicare Reg				
*Rx Refill: 9/15/ 👿 End	Medications						
New Document	🕂 🥒 🗙 🦘 🌆 Intera	actions: 🌔 🛛 Active Only 🔻	🖡 🛀 🔛 🔞 (				
Chart Summary	🖉 Description In	structions Route	Last Rx				
Problems	da	/					
Medications 🔒	ASPIRIN 81 MG ORAL 1 0	aily					
Allergies	⊕ COREG CR 20 MG ORA 1 0	laily					
Directives	🕀 🥖 PLAVIX 75 MG ORAL T 1 🤃	laily	Pending				
Alerts / Flags		m	11-Nov-2010 #30 T				
	HYDRALAZINE HCL 50 1 t	wice a day	11-Nov-2010 #60 T				
Documents		it 6pm	15-Oct-2010 #30 X				
Flowsheet	CRESTOR 20 MG ORAL 1 0	laily	15-Oct-2010 #30 X				

A user signing and sending a selected medication as electronic prescription

#### Approve or deny errors for refill requests

🔁 PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescription > Rx Refill > Approve/Deny

Issue: Error messages displayed when approving or denying a refill request with special characters in the description or refill number. Resolution: Now prescription renewals with special characters can be accepted or denied without errors occurring. SPR 69266

#### Medication interaction warning for non-coded medications

#### PATH: Chart > Chart Summary > Medications

Issue: The Medication Interaction warning was not displaying when a non-coded medication was the first medication added. Resolution: Now the Medication Interaction warning displays when an interaction is detected regardless of whether a non-coded medication is entered first. SPR 69313



Interaction warnings in Medications

#### Last Rx date displayed medication denial date

PATH: Chart > Chart Summary > Medications

Issue: In Medications, the Last Rx column displayed the date the medication was denied instead of the date the prescription was last prescribed. Resolution: The Last Rx column displays the date the medication was last prescribed. SPR 69340

Medications				
+ 🤌 🗙 🦘 🛛 🚈 🛛 Interactions: 🚺	Active Only 🔻 🗍	• 💌 🖬	<b>O</b>	Lexi-Drugs Online 🔻
/ Description	Instructions	Last Rx		<b>Generic</b>
⊞ SIMVASTATIN 20 MG TABS	one tab po every night for high cholesterol	23-Jan-2017	#30 X 0	SIMVASTATIN
PLAVIX 75 MG TABS	one tab po daily for blood thinner by NYDH MD	01-Feb-2017	#30 X 0	CLOPIDOGREL BISU
Prescriptions Denied, II is too soon to refill medication Qu Rx ID: 1801573401306490 Pharmacy: Fa Ry Quantity: 30 , Refills: 0 , Date: 23-Jan-2 Pharmacy: Family Choice Pharmacy* 13-17-2 litzabeth St New York, NY 10013 Phr: (212) 925-6088	antity: 30, Refills: 0, 1 mily Choice Pharmacy* 3-17 Elizabeth St lew York, NY 10013 h: (212) 925-6088 ax: (212) 925-5088 017, Authorized by: Chi	Date: 01-Feb-201 srmaine Young, D	7 , Authorize	ed by: Douglas Chen, DO, R od: Electronic, Rx ID: 18007

The Last Rx column in Medications

#### **Rx Renewals mismatch issue caused duplicate entries**

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescriptions > Rx Refill

Issue: When a medication was prescribed and then a renewal request was received with a slight difference in the prescription text, the system created a duplicate record for the same prescribed medication. For example, if the provider prescribed FAMOTIDINE 40 MG TAB and a renewal request was received for FAMOTIDINE 40 MG TABS (plural), a duplicate prescription was created. Resolution: The system now matches against unique drug IDs instead of request text to ensure that duplicate records are not created. SPR 69351

#### **EPCS transmission errors**

PATH: Chart > Chart Summary > Medications > (+) Add Medication > (select) Sign/Send (EPCS Rx)
Issue: Multiple error code issues were identified that caused EPCS transmissions to fail. Resolution: The

following error code issues have been resolved:

- Medication instructions for controlled substances that include TAB or new line characters no longer result in transmission errors.
- Patient zip codes with hyphens no longer cause transmissions to fail.
- Patients with alternate addresses no longer result in errors.
- Publication time stamp mismatches no longer cause transmission errors. SPR 69366

#### Enhanced patient name matching logic

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescriptions > Rx Refill

Issue: When creating Rx Renewal requests, some clinics experienced a high mismatch rate when multiple patients with the same Name and DOB were found. Rx Renewal requests were also delivered to an incorrect location of care when a patient had charts at multiple locations because matching for renewals only considered patient name and date of birth. Resolution: Now when creating a new eRx renewal request, if there are multiple matches for Patient First Name, Last Name, DOB, and Gender; records are further matched based on SSN and Middle Name. If multiple patient matches are still found after checking SSN and Middle Name, the patient's home location of care is checked against the authorized locations for the provider. Only if there are still multiple matches after filtering for location of care, is Patient Match is set to "N" (match not found). SPR 69367 / 68986

#### Rx Renewals took an extended time to display an opened refill request

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescriptions > Rx Refill

Issue: In Rx Renewals, when users selected a refill request, it would take 16 to 27 seconds for the accessed information to fully load. Resolution: Accessed refill requests now open and display within an expected timeframe. SPR 69843

#### Error upon accessing Patient Education from Medication Custom Lists (Administration)

PATH: Chart > Find Patient (Search/select result/OK) > Chart Summary > Medications (add/edit medication) > New Medication or Update Medication > Custom List > Patient Education

Issue: When attempting to access Patient Education from Problems in Medication Custom Lists, an error message displayed prompting the user to close the New Problem window; Patient Education did not display. Resolution: Now the Patient Education view opens from Medication Custom Lists with the handout displayed. SPR 69942

	New Medication	
Name: TestPatient 922272904	Find Medication	
Birth: 08/01/1991	Custom List: Asthma-SABA	Reference List
Age: 26 Years Old	COMBIVENT 18-103 MCG/ACT INHALATION AEROSOL \$6.33	-
Sex: Fenale Height: BSA: Unable to calculate Insurance: Bibliptify: Pending Alrgs(0) C Meds(1) C Probs(0)	Formulary: CIGNA HealthCare of Utah Thiree Tier COMBINENT 18-103 MCG/ACT INHALATION AEROSOL is off formulary. There are no alternatives. Define Medication Medication: Route: INHALATION V	Search Formulary Select Formulary Status Choose Alternative
	Instructions: Start Date: 09/16/2017  Stop Date: Duration: Prescription Comments: Days Weeks Months	Dosing Calculator
	Quantity: Refills: Brand medically necessary	Print Pt. Handout
	Pharmacy: F23 WEGMANS CORPORATE Select Select Select AUthorized By: Topper, 1 Prescribing Method: Electronic ROCRESTER, IV: 14623	tenry V At
Add to custom list: Medication * indicates the calculated values of weig	Instructions/Duration CutyRefills tt or height. Controlled Controlled Ref	(a) linical ference
	Save & Continue	OK Cancel

Patient Education accessed for medications from a Custom List

#### Medication denials easier to view and confirm

#### PATH: Chart > Find Patient (Search/select result/OK) > Chart Summary or Refill Prescriptions

Issue: In Rx Refill or Chart Summary, the Last Rx column sometimes displayed a denied prescription instead of the last approved prescription renewal; denials and approved prescriptions were listed together. This made it difficult to distinguish the last approved prescription date from a denial date when approving the current renewal request. Users were required to right-click the medication to access details and confirm. Resolution: Now the last Rx entry is always the last approved prescription and prescribed date rather than a denied prescription. Any denied prescriptions are listed together in a separate section, which does not display unless there is at least one denied prescriptions for the patient. SPR 69344 / 68999 / 68402

_												
d	enis	sha guiher		Resp. Provider:	Jerry Q. Signfold	Patient 1	D: 43					
82 Years - Male - <i>DOB:</i> 19-Jun-1935 <i>In</i> Home: 208-600-0882 <i>Cell:</i> 306-700-0313 <i>G</i>			Insurance: NJ N Group:	ledicare	Registra	tion Notes: L Lorem						
	Medi	cations										-
	+	🥒 🗙 🦘 🛛 🚈 🛛 Intera	ractions: 🏮	Active Only 🔻	🚛 🛀 🔛	<b>6</b>	Lexi-Drugs Online 🔻	et 🚺				
	100	Description In	structions	Route	Last Rx	*	<b>Generic</b>	Start Date	Stop Date	Uncoded	BMN	Class
I	ŧ	BAYER CONTOUR TES Te	est 2x daily		02-Dec-2009	#50 Eac	GLUCOSE BLO	15-May-2009		N	Ν	Miscellaneous Prod
	Ŧ	PRANDIMET 1-500 MG on	nly using 1/2		02-Aug-2010	#60 X 3	REPAGLINIDE	22-Mar-2010		N	Ν	Endocrine and Met
		tw	rice a day befor eakfast & dinne	e er								
	Ŧ	VITAMIN D3 2000 UNI on	ne day		11-Aug-2010	#100 X 3	CHOLECALCIF	22-Sep-2009		N	Ν	Nutritional Product
	+	FUROSEMIDE 40 MG 0 1 d	daily		18-Aug-2010	#30 Tab	FUROSEMIDE	23-Dec-2008		Ν	Ν	Cardiovascular Age
	÷	JANUVIA 100 MG ORA on	ne 8 am		18-Aug-2010	#30 X 3	SITAGLIPTIN	10-Nov-2009		N	Ν	Endocrine and Met
	÷	ZETIA 10 MG ORAL TA 1 d	daily		23-Aug-2010	#30 Tab	EZETIMIBE	23-Dec-2008		N	Ν	Cardiovascular Age
	Ŧ	VALTURNA 150-160 M on	ne per day		16-Sep-2010	#30 X 3	ALISKIREN-VA	10-Nov-2009		N	Ν	Cardiovascular Age
	÷	CRESTOR 20 MG ORAL 1 0	daily		15-Oct-2010	#30 X 3	ROSUVASTAT	23-Dec-2008		N	Ν	Cardiovascular Age
	÷	LOTREL 5-40 MG ORA 1 a	at 6pm		15-Oct-2010	#30 X 3	AMLODIPINE	23-Dec-2008		N	Ν	Cardiovascular Age
	Ŧ	HYDRALAZINE HCL 50 1 t	twice a day		11-Nov-2010	#60 Tab	HYDRALAZINE	23-Dec-2008		N	Ν	Cardiovascular Age
	Ŧ	ACTOS 15 MG ORAL T 6 p	pm		11-Nov-2010	#30 Tab	PIOGLITAZON	10-Nov-2009		Ν	Ν	Endocrine and Met
	+ 🖉	PLAVIX 75 MG ORAL T 1 0	daily		Pending		CLOPIDOGRE	23-Dec-2008		N	Ν	Hematological Age
	± /	COREG CR 20 MG ORA 1 d	daily		Pending		CARVEDILOL	23-Dec-2008		Ν	Ν	Cardiovascular Age
		ASPIDIN 81 MC ORAL 1	vlich				ACPIDIN	23-Dec-2008		N	м	Analossics and Ane

Approved prescriptions in Chart Summary > Medications (Last Rx column)

#### Users unable to tell if an Rx renewal has been started

#### PATH: Chart > Find Patient (Search/select result/OK) > Chart > Refill Prescriptions > Rx Refill

Issue: When a user started a prescription renewal (Rx Renewals) and placed the renewal on hold, other users were unable to tell whether the renewal had started. Upon accessing that renewal, a blank screen displayed. Resolution: Now prescription renewals display as 'Pending' so that other users will not attempt to start the same renewal again; completed renewals are removed from the Rx Renewal form. SPR 68588

#### Prescription refill completes for a different patient

Issue: On rare occasion, Patient ID mismatches were occurring during prescription refill processing. Resolution: A warning message has been implemented to display when a patient ID mismatch occurs; when this message displays, the refill process will not complete. Log out of the system and log back in to proceed with the refill workflow. SPR 69840

#### **Error when clicking Medications Summary**

PATH: Chart > Chart Desktop > Documents (select document with Rx/select medication text below)

Issue: After adding a medication in Prescriptions and then closing the form, selecting the Medications text in the summary (red text) displays the following unintended error message: "Expression definition: {cfmt(LISTRXNEWFULL(),"", "Medications: ", "B,1", "")}." Workaround: Close the error message; ignore this message until this issue is resolved. SPR 70108

Documents							
View documents to Topper , Henry			~ #1				
All Documents [221]	!	0	Date▲	Name			
Rx Refill [45]			03/29/2016 12:45	zawacki, loise W	Ofc Visit		
Phone Note [1]	1		03/30/2016 8:48 F	zawacki, loise W	Ofc Visit		
Internal Other [1]			06/08/2016 10:53	Bond, James	Rx Refill: LIPITOR 10 MG TABS, ABIL		
Clinical Visit Summa			06/09/2016 11:25.	whitty, elna J	Rx Refil: AMOXICILLIN 125 MG/5ML		
Clinical Lists Update	1		06/15/2016 10:44	Mays, Willie	Ofc Visit		
Chart Maintenance	1		06/20/2016 1:59 F	Mays, Willie	Ofc Visit		
Properties: Rx Refill at J.S.M.A on Document	Priority: 06/09/2016 11	No 1:25	rmal AM by Preetha N	air			
Medications: AMOXICILLIN 125 MG/5ML C Entered by: Pres	RAL SUSR	(A	MOXICILLIN) 1 t	easpoon twice daily #	1[Bottle] x 0		
Authorized by: Hen	v Topper			Expression	Definition		
Electronically signed by: Pretha Nair on 07/11/2 Method used: Electronically to (cfmt(LISTRXNEWFULL0, **, *Medications:4*, *8,1*, **)) #275 WEGMANS CORPORATE 155 CORPORATE WOODS							
Suit ROC Ph: Fax:	e 200 CHESTER, N (585) 239-20 (585) 239-2	VY 050 204	14623		ОК		

Error message when medication text was selected (Chart Desktop > Documents)

#### eRx prescription error when removing a medication prescribed by inactive providers

Issue: When a provider with a valid DEA number and eSM prescribing authority attempted to remove a medication that was electronically prescribed by a provider who was inactive in the Centricity system, an error message displayed: "The following prescriptions could not be signed since the authorizing provider is not registered for ePrescribing." When this occurred, the medication could not be removed and the prescription(s) could not be signed. Resolution: Now providers can remove medications electronically prescribed by providers who are no longer active in the system and can subsequently sign for these prescriptions. SPR 70852

#### **Additional Medication, Prescription, and EPCS fixes**

The following medications or prescriptions-related issues have been resolved:

- MEL error for prescriptions with double quotes: When a pharmacy sent a renewal request for a DME or other medication that contained a double quote in the description, the Prescriptions form returned a MEL error: "Expected right curly brace. Prescriptions with double quotes in the description no longer cause this MEL error to occur. SPR 68365
- **Prescriptions form spelling error for a denial reason:** A spelling error was reported for a Denial Reason within Prescriptions form. The Denial Reason displays as: "Prescriber not associated with this practice or location. This is not an issue; the spelling for the Denial Reason is correct. SPR 68747
- Ignored refill requests remain in Rx Renewals tab: In Rx Renewals (Chart > Chart Desktop > Rx Renewals), when a user selected Ignore for an electronic prescription renewal request and then selected Renew from the left panel in the same update, the medication refill request remained in the Rx Renewals tab instead of being removed. Now ignored requests are removed. SPR 69347
- **CQR issue when reprinting a prescription:** When reprinting a printed prescription, CQR was incorrectly incrementing the denominator by 1 (one) because it did not have the RxType or quantity to disregard the count. Now CQR only counts the prescription once and does not increment for reprinting. SPR 64885
- ASCII values in Rx Renewals: When inbound messages with MEL data were imported that had ASCII values 32-126 and then the related prescription was accessed in Rx Renewals, the form was not properly formatting some characters for MEL and MEL\_ERX or MEL\_ERX\_APPROV errors displayed. Now the Rx Renewals form accommodates all ASCII values that may be encountered in imported messages and ASCII errors no longer occur. SPR 69295
- **Rx Refill form delays:** The RX Refill form was taking up to 52 seconds to load post 12.2 upgrade. The form now loads within the timeframe expected. SPR 69710
- **Order of Medications:** The order of medications in the refill list did not match the order of medications in the patient's medication list. Now list orders are identical. SPR 69820
- **Quantity qualifier values:** The quantity qualifier values were defaulting to wrong units. Quantity qualifiers now display the correct units. SPR 70196
- **Cancelled transaction to pharmacy:** If a user removes a medication and the pharmacy does not support electronic cancellation, the user was previously not alerted. Now the system displays a message indicating that the pharmacy does not support electronic cancellation and they should contact the pharmacy to cancel the prescription. SPR 70642
- **Diagnosis code requirement for printed prescriptions:** An Ohio Regulatory Requirement states that diagnosis codes print on paper prescriptions, which was not previously supported. Now diagnosis codes appear on printed prescriptions. SPR 70709
- **Prescriptions filled in error now excluded from the ePrescribing measure:** Previously, if a prescription was renewed with no changes to the medication dose, instructions, or comments, and the document was later filed in error, the prescription was not excluded from the ePrescribing measure. Going

forward, prescriptions that are filed in error will be excluded. To repair historical data, you must reset your Meaningful Use Functional Measures Reporting subscription. SPR 70778

- ICD-codes now supported within prescriptions: Pharmacies now require that ICD-codes be included for prescriptions, whether they are printed, written, or sent electronically. The system now includes ICD-codes in printed and electronic prescriptions. SPR 64720 / 67770 / 70709
- Quick text options now available from new HTML prescriptions forms: Now when renewing a medication or updating a prescription using the new HTML based prescription forms, quick text functions when entering comments or instructions for a medication. SPR 67216
- •

#### MEDICATIONS, PRESCRIPTIONS, AND EPCS KNOWN ISSUES

#### Medication discounts and prescription or document signing performance

Issue: The time it takes to sign prescriptions or documents has been increased by 2-4 seconds when the new Medications Discounts feature is in use. Workaround: No workaround. SPR 70471

#### Change Medication does not list the prescribing method as Electronic

Issue: The Change Medication dialog is not listing the prescribing method as Electronic even if the selected authorizing user is an eRx user and the pharmacy listed is an online pharmacy. This only occurs when a user changes a medication in the Change Medication dialog that does not have the 'Access electronic prescribing' privilege enabled. Workaround: Use the Edit Prescription dialog instead of Change Medication to make updates until this issue is resolved. SPR 70839

#### Prescribing method "Pending Approval" should not be signable

Issue: Previously, signed prescriptions with a prescribing method of "Pending Approval" were counted in the CQR ePrescribing measures. Now they are excluded from the measure. Workaround: No workaround. SPR 70844

# 6. Miscellaneous

Miscellaneous fixes and known issues are commonly related to third-party system interactions but may include information for areas not covered in other sections of this guide.

#### Areas include:

- <u>Miscellaneous fixes</u>
- <u>Miscellaneous known issues</u>

#### MISCELLANEOUS FIXES

#### Biscom fax status buttons disabled

PATH: Chart > Find Patient (Search/select result/OK) > Chart Desktop > Fax Status

Issue: Systems with Biscom integrated faxing were unable to resend, delete, or refresh from the Fax Status tab as these buttons appeared as disabled (were grayed out). Resolution: Now when users select Fax Status from within the Chart Desktop, the Resend, Delete, and Refresh buttons are enabled. SPR 68244

#### Transition of care counted twice for Meaningful Use

PATH: Chart > Find Patient (Search/select result/OK) > Chart > New Document > Update Chart > (Enter Clinical Date/select Encounter is a Transition of Care) > End/Sign Document; Check CQR count

Issue: When a new patient had their first document created with a predated clinical date and the user identified the document as a Transition of Care event, the system was counting the same document twice for Quality Reporting (once for the clinical date and once for the Transition of Care event). Resolution: Now the Transition of Care event is only counted once for Quality Reporting (the denominator is only incremented by one). SPR 69695

#### LinkLogic added the wrong guarantor

PATH: Registration (enter a patient with a first, middle, and last name identical to a patient already in the system)
Guarantor tab (enter guarantor) > Save

Issue: LinkLogic was adding the wrong guarantor information to charts in cases where patient names (first, last, middle, and suffix) were identical. Resolution: LinkLogic uses additional unique patient values to match guarantor information and append it to a chart. SPR 64350

#### MUActivityLog was not capturing 522 secure message history data

PATH: Chart > Chart Desktop > Messaging (send a secure message to a patient)

Issue: Previously, the MUActivityLog was not capturing 522 secure messaging events occurring between providers and patients. Resolution: Now 522 secure messaging events are logged by MUActivityLog. SPR 69215

#### CPS 12.0 MIK: Registry credentials issue

Issue: Users were required to add credentials in the registry before starting MIK in W-Server 2012. Resolution: Credential entry is no longer required prior to starting MIK. SPR 56260

#### Users could not enable JBoss 6.4 attributes

Issue: When JBoss 6.4 attributes such as scan-interval were manually enabled in the standalone.xml config file, the attribute was not enabled. Resolution: JBoss 6.4 attributes can now be enabled. SPR 70278

#### MISCELLANEOUS KNOWN ISSUES

#### EDI Plugins unable to install from the web installation page

Issue: Upon selecting the install link to install a plugin from the web-based installation page, a message displayed to close the page tab "The web page you are viewing is trying to close the tab. Do you want to close the tab?" Users are then unable to install a plugin from the installation page. Workaround: Manually install the plugin instead of using the web page until this issue is resolved. SPR 70328

# 7. Orders

#### ORDERS FIXES

#### Users unable to reorder sequence of incomplete orders or remove Transfer of Care status

PATH: Chart > Find Patient (Search/select result/OK) > Orders > Organize (select Complete)

Issue: In the Chart Summary, users were unable to use the Organize button to reorder the sequence of incomplete tests, procedures, and referrals; they also could not remove the Transition of Care status for these items. Upon attempting, the system prompted users to enter a receiving provider without the ability to select a provider. This resulted in users exiting without saving their changes. Resolution: Now users can reorder incomplete orders in the Chart Summary and remove Transition of Care status. SPR 70258

Chart « Documents for Edit (2) Ofc Visit: 9/13/2017 Edit *Ofc Visit: 7/27/2017 Edit Were Documents	Anna Bond 37 Years - Female - DOB: 01-May-1980 Home: 206-333-3333 Orders Ø Chance Send & Complete & View & Remove
Directives Alerts / Flags	Image         Date ▼         Type         Description         Loc. Of Care           07/27/2017         Test         AFB Culture-Sputum         J.S.M.A         SPing L
Flowsheet Orders Histories Protocols 🕞 Graphs 📮	Organize Orders     X       Sort by     Status:       Order Date     O Ascending       O Descending     Madmin Hold       O Descending     Value       Then by     Canceled
Handouts C Registration V Chart Desktop	Code:       AFB-CS         Type:       Test         Authorized by:       Signed By         Prime Coverage:       Authorizat         Duration:       End Date:         Clinical Notes:       O Descending
Mil Chart Ceptors	Diagnosis: Sent to Provider: 07/27/2017 11:08 AM Service Pr Sent to Insurance: No Red Flags:

The Complete option in Organize Orders

#### **DTS excluded order modifiers**

Issue: DTS was not including order modifiers in HL7 messages. Resolution: Now DTS includes order modifiers. SPR 55324

# 8. Registration

The registration workflow is now enhanced to capture multiple race and ethnicity values, a patient's preferred language, and gender identity/sexual orientation values. Areas include:

- <u>Multiple race and ethnicity entries</u>
- <u>Sexual orientation and gender identity (SOGI)I</u>
- Preferred Language options

#### REGISTRATION FEATURES

## Multiple race and ethnicity entries

AUDIENCE: Clinic managers, providers, and system administrators (setup)

MU: 170.315.a.5

**Summary:** Existing Race and Ethnicity options in registration are now enhanced to capture up to two races or ethnic identities for a patient. This change supports the code sets prepared by the U.S. Centers for Disease Control and Prevention (CDC) for coding race and ethnicity data. Areas include:

- <u>Workflow update: Enter multiple races and ethnicities</u>
- <u>Setup: Race and ethnicity options</u>
- <u>Multiple race/Ethnicity entries</u>

## Workflow update: Enter multiple races and ethnicities

Race and Ethnicity options in the patient registration workflow allow patients to identify up to two races or ethnic identities. While entry is optional, knowing a patient's race and ethnicity can aid in providing better patient care.

PATH: Registration > Find Patient > New > Patient Registration – New Patient

Patient Registration - Candace Barlowe (6068) - New Patient	
File Edit View Options Help	
Patient Guarantor Additional Insurance Contacts Appointments Financial Payment Plan Historical D C >	
Tile: First Name: Middle Name: Last Name: Suffic Preferred: Suffic Preferred: Suffic Preferred:	
Candace Lynn Barlowe Candace	
"Birth Date:     [08/28/1972]     Birth Time:     :     M       Sex:     Female     V     No users denied access	
Age:   44 Years Gender Identity:   Identitiy:   Identities as Female V User Specific Chart Access	
Patient Same As Guarantor Marital Status:	
Sexual Orientation: Bisexual v Active v	
OAtemate Swap     Date of Death:	
SSN: 111-20-2222 //	
Address Patient ID: 6068	
Cay State: Zpcode: Resp. Provider.	
Country IISA Address Type: Referring:	
Stichtwise	
"Home Location: J.S.M.A v	
Phone: (1) - (1) Facility: Union Plainfield Medical Associates PA	
Language: V Get Photo Remove Photo	Detiente enter
() - [] V Race: Asian V Race2: Black or African American V	Patients enter
Email: Parlant Data Annanza Authoritand Ethnicity: Not Hispanic or Latino V Ethnicity: Other or Undetermined V	up to two races
Contact by:	or ethnic
	identities
Gauce Entry Mode (this session only) Save & Exit Save Cancel	
Bestsite Get Driving Directions Send E-mail	
Get Financial Information Get Financial History Get Patient History	
Done htopper 😫 🕸 9:16 PM 🙀	

Race and Ethnicity options in Patient Registration
**Dropdown menu options:** Select general options from Race and Ethnicity dropdown menus; these values are retrieved from Race and Ethnicity options selected in Administration.



**Search options:** Select More  $\square$  to enter specific race or ethnicity values; in the Search window, perform keyword searches to select from 921 available races and 43 ethnicities. These values are retrieved from Race Subcategory and Ethnicity Subcategory in system settings.



### Setup: Race and ethnicity options

AUDIENCE: System administrators

Modify menu options for race, Race Subcategory, Ethnicity, or Ethnicity Subcategory fields.

**Race settings:** Race dropdown menu options are general and like race information collected by the U.S. Census Bureau. Options include:

- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Patient Declined
- State Prohibited
- Unspecified

PATH: Administration > expand Registration; select Race



IMPORTANT: While you can modify the order of Race menu options, it is not recommended that you add, remove, or modify option properties; each item is pre-associated with the HL7 and National Immunization Program codes required to support CCDA and immunization reporting.

#### **Race subcategories**

Race Subcategory options include 921 available races specific race options; users select More in Race and Race 2 fields to keyword search and select these values.

### PATH: Administration > expand Registration; select Race Subcategory

IMPORTANT: It is not recommended that you add, delete, or modify Race Subcategory options as most are pre-associated with system ID, HL7 codes, and National Immunization codes required to support CCDA and reporting.

#### Ethnicity settings

Ethnicity dropdown menu options are general and like ethnicity information collected by the U.S. Census Bureau.

### PATH: Administration > expand Registration; select Ethnicity

Options include: Hispanic or Latino, Not Hispanic or Latino, Patient Declined, State Prohibited, Unspecified

IMPORTANT: While you can modify the order of Ethnicity menu options, it is not recommended that you add, remove, or modify option properties; each item is pre-associated with the HL7 and National Immunization Program codes required to support CCDA and immunization reporting.

### Ethnicity Subcategory settings

Ethnicity Subcategory options include 43 specific ethnicity options; users select More 🗔 in Ethnicity and Ethnicity 2 fields to keyword search and select these values.

### PATH: Administration > expand Registration; select Ethnicity Subcategory

IMPORTANT: It is not recommended that you add, delete, or modify Race Subcategory options as most are pre-associated with system IDs, HL7 codes, and National Immunization codes required to support CCDA and reporting.

### Race and ethnicity for MU compliance

For this system to be 2015 Meaningful Use compliant, it must have the ability to capture multiple race and ethnicity values for a patient. Demographic requirements include:

- Race and ethnicity (enhanced)
- Preferred Language (enhanced in this release)
- Sex (existing)
- Sexual Orientation (new in this release)
- Gender Identity (new in this release)
- Date of Birth (existing)

TECH NOTE: Multiple race and ethnicity entries are supported within exported and imported CCDA files (CCDA 1.1 and 2.1). For CCDA 21, race and ethnicity values captured and stored as an extension of the Patient FHIR resource.

## Sexual orientation and gender identity

AUDIENCE: Clinic managers, providers, and system administrators (setup)

#### MU: 170.315.a.5

**Summary:** The patient registration workflow is now enhanced to capture a patient's sexual orientation and gender identity (SOGI); users can select from options within registration to provide this data. Areas include:

- Workflow update: SOGI options in registration
- <u>Gender identity values</u>
- <u>Sexual orientation values</u>
- New MEL symbols
- <u>Setup: Adding SOGI menu options</u>
- <u>Sexual orientation and gender identity</u>

### Workflow update: SOGI options in registration

New Sexual Orientation and Gender Identity (SOGI) fields are now a part of the patient registration workflow. The more information your providers have about a patient, the better care they can provide; at the same time, if a patient is uncomfortable divulging this information, they are not required to do so. Use the path below to view this enhancement; the link includes additional information about SOGI and patient health.

PATH: CPS menu > Registration > Find Patient > New > Patient Registration (Patient tab)

UNK: <u>https://lgbthealtheduction.org/topic/sogi</u>



Gender Identity and Sexual Orientation in Patient Registration

### Gender identity values

During registration, patients select from one of the following SNOMED-encoded gender identity options (by default, entry is optional).

- Identifies as Male
- Identifies as Female
- Female-to-Male (FTM/Transgender Male/Trans Man)
- Male-to-Female (MTF/Transgender Female/Trans Woman)
- Genderqueer, neither exclusively male nor female
- Additional gender category or other, please specify Note: Includes text field to capture if this if selected
- Choose not to disclose

### Sexual orientation values

During registration, patients select from one of the following SNOMED-encoded sexual orientation options (by default, entry is optional).

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe
   Note: Includes a text field to capture this if selected
- Don't know
- Choose not to disclose

### New MEL symbols

- patient.sexualorientation
- patient.genderidentity

### Setup: Adding SOGI menu options

While you can include additional options for users to select from Sexual Orientation and Gender Identity fields, it is recommended that you not modify the existing options that are linked to SNOMED codes. Use the following to navigate to Sexual Orientation and Gender Identity in Administration to configure the menu options displayed.

**IMPORTANT:** All entries – even custom entries—are always optional selections in the registration workflow.

PATH: Administration > Registration > Sexual Orientation/Gender Identity



### Sexual orientation and gender identity demographics

For this system to be 2015 Meaningful Use compliant, it must have the ability to capture the following demographic information, including a patient's sexual orientation and gender identity. Demographic requirements include:

- Sexual Orientation (new)
- Gender Identity (new)
- Race and Ethnicity (enhanced in this release)
- Preferred Language (enhanced in this release)
- Sex (existing)
- Date of Birth (existing)

**TECH NOTE:** For CCDA, gender identity and sexual orientation value inclusions in patient data transmissions are dependent upon the CCDA version in use. For version 1.1, patient data includes SOGI values. For CCDA 2.1, these values are stored within registration elements as extensions.

# Preferred language options

AUDIENCE: Clinic managers and providers

MU: 170.315.a.5

**Summary:** The Language option in registration now supports the 483 language preferences required by ISO 639-2 (RFC 5646); users can perform keyword searches to enter a language or select from a list of the top 15 languages common to your practice. Areas include:

- <u>Workflow update: Preferred language in patient registration</u>
- Language values and searches
- <u>Customizing preferred language options</u>
- Preferred language and demographic requirements

### Workflow update: Preferred language in patient registration

The Language option in the patient registration workflow has been expanded to support 483 language options. While patient entry of this value is optional, knowing a patient's language preference can aid providing a better patient experience and better health outcomes (for example, obtaining translator services or including a family member that can aid in communications during an encounter). For provider convenience, language preferences also display within the patient banner (Chart).

Use the following path to view this enhancement in the system.



PATH: CPS menu > Registration > Find Patient > New > Patient Registration (Patient tab)

The Language field in Patient Registration

## Preferred language searches

If the language the user requires does not display as an option in the dropdown list, users can select More in the Language field; the Search Languages dialog opens. In Search for, enter the first few letters of the language value. Click Search 🔎 and then select the result; click OK to enter.

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### Preferred language options and customization

Your clinic can modify the options displayed in the Language dropdown menu to include up to 15 options preferred by patients at a given clinic location. While all 483 languages are supported, this makes entering a preferred language easier for most patients.

The Language dropdown menu can display up to 14 language selections plus the 'Patient Declined' option ('Patient Declined' is required). If fewer than 14 languages are added to display in the dropdown menu, only the languages selected will be retrieved from the database and displayed.

**IMPORTANT:** From this release forward, all language options are tied to ISO codes (ISO 639-2, RFC 5646) and cannot themselves be customized (you only have the option to add or remove the languages displayed in the dropdown menu). However, if your system includes customized language options added in a previous version, those entries will persist within the new release.

**IMPORTANT**: While you have the option to add or remove the 483 languages retrieved from the database as options in the Language dropdown menu, the 'Patient Declined' option is required and cannot be removed.



PATH: Administration > Registration > Preferred languages

Adding a language option in Administration

### Preferred language and demographic requirements

This feature now has ability to capture the following demographic information, including a patient's preferred language. Demographic requirements include:

- Preferred Language (enhanced)
- Race and Ethnicity (enhanced in this release)
- Sex (existing)

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- Sexual Orientation (new in this release)
- Gender Identity (new in this release)
- Date of Birth (existing)

TECH NOTE: For CCDA, the method for including language preference is dependent upon the CCDA version in use. For version 1.1, patient data includes the preferred language. For 2.1, the language preference captured is stored as an extension of the Patient FHIR resource and is included in header information for sent or received CCD files. For example, when sending or receiving a Transition of Care document in version 2.1, the preferred language is included in the document header.

## Enable patient portal access

AUDIENCE: Clinic managers, providers, and system administrators

### MU: 170.315.a.5

**Summary:** A new option has been added to the patient registration workflow that allows patients to receive authorized chart information for themselves or a dependent from a third-party portal location.

#### Enable patient portal access

Select **Registration** from the main CPS menu; perform a search for the patient to update, select the patient name, and then click **OK** (or select New if registering a new patient). In the Patient Registration form, ensure that the patient's email address is entered and that the **Patient Data Access Authorized** checkbox is selected.

Patient Registration - Sarah Stark (6157) - New Patient	x
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City/State: Seattle ZpCode: 98116 PA Resp. Provider:	
Country: Address Type: Referring: 68	
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Patient Data Access Authorized and a patient email address in Registration

### REGISTRATION FIXES

#### ePrescribing: Missing diagnosis codes

Issue: Diagnosis codes were not being sent to pharmacies in electronic prescriptions. Resolution: The field that supports diagnosis codes in outbound electronic prescriptions was missing; this field has been added and now includes diagnosis codes if available for an electronic prescription. SPR 67770

#### Ethnicity and Race as required fields

Issue: Previously, when Race and Ethnicity fields were updated as required fields, required field entry rules for the new Race 2 and Ethnicity 2 fields were inconsistent (either entry was required or it was not required). Resolution: Now required field entry rules for Race and Ethnicity are the same. SPR 70788

#### Patient.Ethinicity MEL symbol

Issue: The Patient.Ethnicity MEL symbol was not pulling information from registration. Resolution: This issue has been resolved. The Patient.Ethnicity MEL symbol now retrieves ethnicity data from registration as expected. SPR 70804

# 9. Reports

Reports advancements now include Prescription Drug Monitoring (PDMP/OARRS) installation options.

Areas introduced:

- Reports features: <u>Prescription Drug Monitoring Program (PDMP) reports</u>
- Miscellaneous known issues

### REPORTS FEATURES

## Prescription Drug Monitoring Program (PDMP) reports

### AUDIENCE: System administrators and clinic managers

The abuse of controlled substance prescription drugs is a growing problem; since 2003, prescription medications such as opioid pain relievers and benzodiazepines have contributed to the deaths of more than 11,000 residents of the state of Ohio alone. Nearly half of young people who inject heroin reported first abusing prescription opioids. To address the growing misuse and the diversion of prescription drugs, the Prescription Drug Monitoring Program (PDMP) was developed.

Note: PDMPs are state specific and each state has its own system and requirements for access and use. GE is using a national aggregator called Appriss to access the state reports in which they support.

IMPORTANT: Even though the PDMP functionality is available in this release, it will not be commercially available until the first half of 2018. Check with your state for program participation details. For more information on a national level, see: <u>https://www.cdc.gov/drugoverdose/index.html</u>

With PDMP reports, review possible drug interactions for patients with prescriptions from more than one provider; identify potential attempts to obtain controlled substances from multiple providers.

To implement this feature:

- Prerequisites
- Setup: Schedule a consultation and install session
- <u>Setup: Open an Appriss account</u>
- <u>Setup: Assign a PMP role</u>
- Workflow update: Run a Controlled Drug report
- Workflow update: Run a Controlled Drug audit report

### Prerequisites

- Centricity 12.3
- Centricity ePrescribing 4.2.2
- A PDMP license

### Setup: Schedule a consultation and install session

If you are interested in activating PDMP, please contact GE or your VAR representative for more information.

The installation session will include the sites to whitelist that Appriss recommends.

### Setup: Open an Appriss account

Appriss is an analytics company that provides prescription drug monitoring program (PDMP) data to prevent substance abuse; this data is used in this reporting solution. If you are interested in activating PDMP, please contact GE or your VAR representative for more information.

Note: To add an administrator for PDMP, navigate to Administration > Electronic Prescription > Electronic/ EPCS Settings > Prescription Monitoring Program Setup. In Program Setup, select the appropriate PDMP system; enter the user name and password for the PDMP license.

Prescription Monitori	ng Program Setup	
PMP System:	Appriss	~
Username:	htopper	
Password:	••••	

Appriss is selected as the PMP system with administrator credentials added

### Setup: Assign a PDMP role

The PDMP feature is enabled by default (the feature switch is set to ON) so that the feature is immediately available once a PDMP account is established. Before users can run PDMP report, they must have a prescription management role assigned (a PDMP role); this role enables access to PDMP report features.

**IMPORTANT:** If the option to run the Controlled Drug report is not visible within medication or prescribing workflows, then the PDMP license is not configured in system. If the option to run the Controlled Drug report is disabled in the workflows, then the PDMP role is not configured for the user logged into the system and the button will be disabled.

### Assign a PMP role

- 1. In the main CPS menu, select Administration.
- 2. In Administration, select System > User and Resource Management > Users > User Management.

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- 3. In User Management, enter the user's last name in Search for; select an account; click Edit.

- 4. In Edit User, select the **Security** tab; in Security Group(s), select user groups with prescribing rights (for example, provider roles).
- 5. In the Permission list (right panel), verify that the user has **View charts** and **View sensitive charts** permissions selected.



If the user does not have these rights enabled, select them.

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6. In Edit user, select the **Basic Info** tab; select an option from the **PMP Role**.

 Ensure that the user account has an NPI, DEA, or State License number entered (at least one provider identifier entered). This information is passed to the PDMP gateway to identify the provider. If a State License number is used as provider identifier then the NPI field must be populated for the Location of Care.

Note: The Appriss PMP gateway authorizes providers with individual DEA numbers to access the PDMP report; it does not support institutional DEA numbers. Because of this, individual DEA numbers are required for a provider or other user who needs to access PMP report while prescribing medications. Individual DEA numbers have a 9-digit alphanumeric format, such as AB1234579.

8. Click **OK** to apply the role.

### Workflow update: Run a controlled drug report (PDMP report)

PDMP reports can be accessed from New Medication, Update Medication, Change Medication, and Rx Refill workflows; select the Controlled Drug Report option in these views to run the report.

When the user selects the Controlled Drug Report button, a request is raised to the PDMP gateway. This request includes the provider identifier, the location of care identifier, and patient data used to run the report.

- **Provider identifier:** The report request includes the NPI, DEA, or state license number to identify the provider. At least one of these identifiers is required to run the report.
- Location of care identifier: The request includes the state information and the NPI tied to location of care (this is determined by the location at the point of login). The gateway validates whether the provider at the location is authorized to request the report. If the provider is authorized, the gateway returns the report.
- Patient information: Prior to running the report, ensure that patient information, such as the patient's first name, last name, and date of birth are entered. Either the patient's zip code or telephone number is also required. The primary telephone number is captured during registration and is shared with the PMP gateway to retrieve patient information. The PMP gateway accepts a valid 7-digit or 10-digit telephone number.

### View a Controlled Drug Report when adding or updating medications

#### Select Controlled Drug Report in Update Medications.

Ipdate Medications							
Potential medication list for: Abby Testpa	atient	Controlled Drug Repo	rt		0	Drug Interactions	
Description	Instructions	Route	Start Date	Formulary	Diagnoses	Last Re	Цр
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1							
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<u>New</u> <u>Change</u> <u>Remove</u>	e Change Bac <u>k</u> Sen	d/Print Rx					
Click New to add, or select a medication to	o change or remove.		01	( Can	cel		

A Controlled Drug Report option in Update Medication

The Controlled Drug Report button also displays in New Medication and Change Medication forms. Select this button to view the patient's prescribing history for controlled substances.

New Medication					
Name: Abby Testpatient	Find Medicatio	on			
Birth: 07/01/1970	Custom List:			•	Reference List
Age: 47 Years Old	1				•
Sex: Female	- Formulary: « I	None >			
Height:	romany. «				Cearch Formulary
Weight:					Search Formulary
BSA: Unable to calculate				1	Select Formulary
Insurance:					Status
				-	
Alrgs(0)  Meds(0)  Probs(0)	Define Medica	ation			
Current Allergies and Adverse Rxns	Medication:				
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Add to custom list: Medication	Instructions	siDuration Gty/Refills		6	0
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			Drug Report	Refe	rence Education
			Save	& Continue	OK Cancel
			0000		

A Controlled Drug Report option in New Medication

Note: The Controlled Drug Report also displays alerts related to patient data required for the report. In this example, the patient's zip code is missing from registration information.

State: Ohi Note to Pharmacy:	io		
	(d) Clinical Reference	Patient Education	
Zipco Save & Continue	ode is missing. Pla OK	ease check patient i Cancel	nformation in Registration.

### Run a Controlled Drug Report from prescription workflows

Select **Controlled Drug Report** in the prescription workflow to view patient prescribing activity from your practice and other organizations.

available Sex Age DOB	1998		
Patient's Current Pharmacy	🖍 Edit Pharmacy	•	Update Vew Inactive Vew Vew Allergies Controlled Appointments Inter
Active Medications Viewing: All Items	<b>T</b> Filter Meds	•	

The Controlled Drug Report option in Rx Refill

### Controlled Drug Report data

In the Controlled Drug Report, view the controlled substances prescribed to the patient, fill dates, prescribers, and pharmacies. Note increased activity within concentrated spans of time. For example, four prescriptions filled for Hydrocodone within a given month.

riss Tool											
TESTP	ATIE	ENT, BETTY									
Age: 47		demographics									
										Data as of: 5	/25/2017
Per CDC gu medication-	assiste	e, the conversion factors and associated dailed treatment for opioid use disorder should n	ot be u	sed to b	igram equival enchmark ag	ents for drugs ainst dosage f	prescribe threshold:	ed as part o s meant for	r opioids pre	scribed for p	ain.
Prescripti	ons	Total Prescriptions: 31 Private Pay: 0	Activ	e Daily	MME: 0.00						
Fill Date	PT	Drug	City	Days	Prescriber	Pharmacy	Refill	MgEq	MgEq/Day	Pymt Type	PMP
11/19/2016	2	ALPRAZOLAM 1 MG TABLET	120	30	JO PIL	Fake C	0	240.00	-	Comm Ins	KS
11/19/2016	2	ALPRAZOLAM 1 MG TABLET	120	30	Jo Pil	Fake C	0	240.00			OH
08/21/2016	2	OXYCODONE HCL ER 40 MG TABLET	30	30	FAHOS	Fake C	0	1,800.00	60.00	Comm Ins	KS
08/21/2016	2	ALPRAZOLAM 1 MG TABLET	120	30	Go Doc	PillsN	0	240.00			OH
08/20/2016	1	ALPRAZOLAM 0.5 MG TABLET	60	30	CAFAM	Real C	0	60.00	-	Comm Ins	KS
06/27/2016	2	ALPRAZOLAM 1 MG TABLET	120	30	GO DOC	PillsN	0	240.00	-	Comm Ins	KS
06/27/2016	2	ALPRAZOLAM 1 MG TABLET	120	30	Go Doc	PillsN	0	240.00	-		OH
06/27/2016	2	PERCOCET 5-325 MG TABLET	15	15	Br Hea	Real C	0	112.50	7.50		OH
06/26/2016	2	PERCOCET 5-325 MG TABLET	180	60	Br Hea	Real C	0	1,350.00	22.50	-	OH
05/26/2016	3	OXYCODONE HCL 5 MG TABLET	60	30	Go Doc	Real C	0	450.00	15.00		OH
05/09/2016	3	OXYCONTIN 20 MG TABLET	60	60	Go Doc	Real C	0	1,800.00	30.00		OH
04/04/2016	1	ALPRAZOLAM 1 MG TABLET	120	30	GO DOC	We Fill	0	240.00	-	Comm Ins	KS
04/04/2016	3	ALPRAZOLAM 1 MG TABLET	120	30	Go Doc	We Fil	0	240.00	-	-	OH
04/01/2016	2	AMBIEN CR 12.5 MG TABLET	23	23	BR HEA	Real C	0	14.38		Comm Ins	KS
03/27/2016	1	CLONAZEPAM 0.5 MG TABLET	90	30	BADOC	DrugWa	1	90.00	-	Comm Ins	KS
03/27/2016	3	CLONAZEPAM 0.5 MG TABLET	90	30	Ba Doc	DrugWa	1	90.00	-		OH
03/02/2016	2	CARISOPRODOL 350 MG TABLET	30	15	FAHOS	Fake C	1	26.25	-	Comm Ins	KS
02/27/2016	1	CLONAZEPAM 0.5 MG TABLET	90	30	BADOC	DrugWa	0	90.00	-	Comm Ins	KS
02/27/2016	3	CLONAZEPAM 0.5 MG TABLET	90	30	Ba Doc	DrugWa	0	90.00	-	-	OH

A controlled substance within the Controlled Drug Report

### Workflow update: Run a PDMP audit report

The Controlled Drug audit report lists providers that have run the Controlled Drug report; clinics use this report to monitor provider participation in checking prescription activity. The report lists the date and time the Controlled Drug report was run, the provider ID, the machine used, and whether the provider successfully accessed the report.

### Run a Controlled Drug audit report

- 1. From the main Centricity menu, select Chart.
- 2. In Chart Desktop, select Chart Reports > Reports.

Chart Reports «	Reports		
Inquiries Reports Quality EPCS Report Set Up Links Q [NewNavLink]	Print Topics	Print Items	
Chart Desktop		< III >	
📋 Chart 🗾 🚺	All C Pages	Copies: 1 Cetterhead:	J.S.N
Chart Reports	From: To:	Printer:	Adob
Chart LinkLogic		Printe	ers.
🐼 Scheduling			

3. In Reports, Print Topics, expand MedicaLogic; select Audit Reports.



4. In Print Items, select **All Audited Events by User and Event** or **Chart Access by User and Event**; either option provides access to the PDMP report.

Chart Reports «	Reports	
Inquiries Reports Quality EPCS Report	Print Topics Reports Reports Addit Reports Compliance/Non-Cor Complian	Print Items       All audited events, by user and event       Charla access, by user and event       Document access via messaging, by user       Form Component Activation Audit Inquires and reports run, by user       Prescriber History Report Role privilege changes, by user       User access, by user       User changes, by user
Chart Desktop	All Page Range     All Pages     From: To:	Copies: 1 Vice 2 Vice 2 Copies: 1 Vice 2 Vice 2 Vic

5. In Event Dates, select View PMP Report.

🞢 Chart Reports 🧼 «	Reports		
Inquiries Reports Quality EPCS Report	Print Topics	Print Items All audited events, by user and event Chart access, by user and event Document access via messasing, by user Failed logins Form Component Activation Audit Inquiries and reports run, by user On demand access, by user Prescriber History Report Role privlege changes, by role User access, by user and event User changes, by user	Event Dates From: 07/19/2017 To: 08/18/2017 To: 08/18/2000000000000000000000000000000000
Chart Desktop	< III >		Use ISO 8601 Time format
Chart Reports	All Pages From: To:	Copies: 1 Printer:	Microsoft XPS Document Writer
Scheduling		Prin	ters Preview Customize Print

- 6. In Users, select a provider or multiple providers.
- 7. Click **Preview** to review the report on screen or select **Print**.

8. The audit report lists provider access to Controlled Drug reports by date and time. It includes the action performed (such as report viewing), the patient whose data was accessed, the user ID for the provider, the machine used, and the outcome (this displays as 'Success' if the report was successfully accessed).

All 0 All Street, fremont, OH, 55 (501) 130-0003	5 73127	Com	8/18/2017 4-26.09PM Paget of 9 Comprehensive Audit Report sorted by Datetime								
Comprehen	sive Audit Report										
From: 8/9/201 Date/Time	7 To: 8/18/2017 Action Type - Description	Patient Name	User ID	Machine name	Outcome						
08/09/2017 06:35:24PM Data type : Clinical Document Summary :	View - View PMP Report 08/09/2017 - Rx Refill (ID: 1817922	Testpatient, Chad (19283) 1845025930)	hwinston	INBLRCPS12VT287	Success						
08/09/2017 06:35:30PM Data type : Clinical Document Summary :	View - View PMP Report 08/09/2017 - Rx Refill (ID: 1817922	Testpatient, Chad (19283) 845025930)	hwinston	INBLRCPS12VT287	Success						
08/09/2017 06:36:36PM Data type : Clinical Document Summary :	View - View PMP Report 08/09/2017 - Rx Refill (ID: 1817922	Testpatient, Betty (19289) 1975026140)	hwinston	INBLRCPS12VT287	Success						
08/09/2017 06:36:51PM Data type : Clinical Document Summary :	View - View PMP Report 08/09/2017 - Rx Refill (ID: 1817922	Testpatient, Betty (19289) 1975026140)	hwinston	INBLRCPS12VT287	Success						
08/09/2017 06:52:37PM Data type : Clinical	View - View PMP Report	Testpatient, Betty (19289)	hwinston	INBLRCPS12VT287	Success						

### REPORTS FIXES

#### **Medication DDID report not displaying**

PATH: Chart Reports > Reports > MedicaLogic

Issue: In the MedicaLogic folder, the MedicaLogic report was not displaying. Resolution: The issue that caused the report from displaying has been resolved; now the report displays within the MedicaLogic folder. SPR 68711

#### REPORTS KNOWN ISSUES

#### **PDMP** availability

Issue: PDMP reporting functionality will only be available within the first half of 2018. Workaround: No work around.

# 10.System

The following sections list fixes and known issues specific to system configuration, installation, upgrading, and performance.

Areas include:

- System features: <u>System backup update</u>
- <u>System fixes</u>
- <u>System known issues</u>

### SYSTEM FEATURES

## System backup update

### AUDIENCE: System administrators

**Summary:** The backup database process is now enhanced to run integrity checks either every night or one night a week on the night an administrator specifies. Administrators may also specify the type of backup taken in the backup name (such as FULL for a full backup), which uses a new naming convention for backup events within transactional log files. Areas include:

- A summary of the changes made to the backup database process
- Methods to generate backup files, schedule backups, and recover data

### Updated backup database process

The backup database process runs as one of many automated database maintenance jobs. As before, the backup database process performs the following:

- Only erases the previous backup if the new one is clean
- Creates a backup file with the database name, date, and creation time included in the filename

Now the backup database process also performs these actions:

- Verifies overall database integrity once a week
- Includes the scope of the backup taken within the backup name. For example: your\_database\_name\_FULL\_MM-DD-YYYY.bak
- For transactional log files, the naming convention appears in this format: your\_database\_name\_LOG\_MM-DD-YYYY.bak

### Backing up data

The overall backup process remains the same. Backup copies should be made and stored away from the working copies. Use Windows Backup Utility or other backup software to generate files. If you are using a different procedure to back up, please review the documentation provided by your vendor.

### Scheduling and confirming database backups

Methods to schedule and confirm database backups remain the same. Use SQL Server Agent in SQL Server Management Studio to confirm or change the automatic database backup schedule. Verify daily backup success using SQL Server Management Studio or check the file date of the backup file to verify success.

### Configure scheduling for full backups

- 1. Launch Microsoft SQL Server Management Studio; in Object Explorer, expand SQL Server Agent and then Jobs. In Jobs, double-click Backup Database [your database name].
- 2. In Job Properties, Backup Database [your database name], select [St. 1] Backup CPO; click Edit.

🥂 Job Properties - Backup Dat	abase -	centricityps25									
Select a page	🕄 Scrip	ot 👻 📑 Help									
General .	<u> </u>										
Steps	Job step list:										
Alerts	St	Name			Tune	On Success	On Failure				
Motifications	1	Check Database	Integritu		Transact-	Go to the	Quit the job				
🚰 Targets	2	Backup CP0	integrity		Transact-	Go to the	Quit the job				
	3	Backup CPO Lo	•		Transact-	Go to the	Quit the job				
	4	Job History	9		Transact.	Quit the i	Quit the job				
	4	obbinistoly			Fransaut	gair ale j	gair the job				
Connection Server: INBLRCPS12VT561 Connection: sa View connection properties											
Progress	Move	step:	Start step:								
Ready	*	*	1:Check Database	e Integrity			•				
Peaper		New	Insert		Edit	D	elete				
						OK	Cancel				

3. In Backup CPO, define the frequency in which to run a full backup.

In DECLARE @FullBackup\_DayOfWeek int = , enter one of the following values.

- Enter 0 (zero) to run a full backup every day.
- Enter 1 to run a full backup every Sunday (this is the default value).
- Enter 2 to run a full backup every Monday
- Enter 3 to run a full backup every Tuesday
- Enter 4 to run a full backup every Wednesday
- Enter 5 to run a full backup ever Thursday
- Enter 6 to run a full backup every Friday
- Enter 7 to run a full backup every Saturday

🔄 Script 👻 🚺 Help	
Step name:	
Check Database Integrit	v
Туре:	
Transact-SQL script (T-S	SQL)
Run as:	
	×
Database:	centricityps
Command	DECLARE @FulBackup_DayOfWeek int = 11 0=All, 1=Sun, 2=Mon, 3= IF ((@FulBackup_DayOfWeek = 0)
Open	DBCC CHECKDB ('centricityps') WITH NO_INFOMSGS
Select All	
Сору	
Paste	
Parse	
	Next Previous
	OK Cancel

4. Click **OK** to save backup scheduling settings.

Note: The database name is automatically added to the job as in previous upgrades and installs.

### Recover your data

The processes to recover data by installing a backup remain the same and are as follows. If your server hard drive fails or another problem corrupts your database, you can recover your data by restoring a backup file. There are two types of data recovery.

- Simple recovery restores the database to the most recent backup.
- Full recovery restores the database to the point of failure.

**IMPORTANT**: If a Services representative is assisting, they can only perform a full backup restore. Any point-in-time recovery will need to be performed by your organization's IT support staff.

#### Simple recovery

A simple recovery restores the database to the point of the last backup but not to the point of failure or to a specific point in time. For more information about simple backups, see <u>https://docs.microsoft.com/en-us/sql/relational-databases/backup-restore/complete-database-restores-simple-recovery-model</u>

### Full recovery

A full recovery restores the database to the point of failure or to a specific point in time. Database backups and transaction log backups are used to provide complete protection against media failure. If one or more data files is damaged, media recovery can restore all committed transactions. In-process transactions are rolled back.

To guarantee this degree of recoverability, all operations, including bulk operations such as SELECT INTO, CREATE INDEX, and bulk loading data, are fully logged. You can only restore a database to the state it was in at the point of failure if the current transaction log file for the database is available and undamaged.

### Restore the database to the point of failure

- 1. Back up the currently active transaction log.
- 2. Restore the most recent database backup without recovering the database.
- 3. If differential backups exist, restore the most recent one.
- 4. Restore each transaction log backup created since the database or differential backup in the same sequence in which they were created without recovering the database.
- 5. Apply the most recent log backup (created in Step 1), and recover the database.

**IMPORTANT**: To prevent loss of transactions, secure and prevent damage to the transaction log. Use fault-tolerant disk storage for the transaction log.

Note: For additional information on the restore process, see:

- https://technet.microsoft.com/en-us/library/ms190982(v=sql.105).aspx
- https://docs.microsoft.com/en-us/sql/relational-databases/backup-restore/restore-a-sql-serverdatabase-to-a-point-in-time-full-recovery-model.

#### SYSTEM FIXES

#### CMS1500 HCFA Filing Method set to obsolete version on upgrade and new installs

Issue: Previously, the product had to be configured to point to the latest version of the CMS1500 HCFA form (CMS1500\_V0212.rpt) after an install or upgrade to ensure filed claims did not fail. Resolution: Now the correct form is automatically configured and used. SPR 64063

#### System crash upon saving or saving/exiting Registration

### PATH: Registration > Insurance tab (deselect Mark Tertiary) > Save and Exit

Issue: In Registration, when users removed the selection from Mark Tertiary (Insurance tab), and then clicked Save or Save and Exit, the system would crash. Resolution: The application no longer crashes when the Mark Tertiary option is removed and Registration is saved (or Save and Exit is selected). SPR 67049

#### **Forms slowness**

Issue: Users noted slowness when completing actions in system forms, such as signing for an office. Resolution: The issue that caused system slowness has been identified and corrected; now actions performed in forms complete within an expected timeframe. SPR 68160

#### CPS 10 versions of MBCinstaller90.dll caused system lockups

Issue: When upgrading CPS on a workstation or terminal server, the MBCinstaller90.dll would not update. Instead, it is saved to a numbered conflict subfolder on C:\Windows\Downloaded Program Files, which resulted in performance issues. Resolution: Fixed. MBCinstaller90.dll now automatically updates with upgrades. SPR 69039

#### **Document query optimization**

PATH: Chart > Find Patient (Search/select result/OK) > Chart > Documents

Issue: It was taking an unexpected length of time for the system to retrieve patient documents from the database. Resolution: Reduced the amount of time it takes to retrieve patient documents. SPR 69122

#### Client install version numbers and database versions did not match

Issue: In version 12.2, version numbers for client installations did not match the version number displayed for database installations. Resolution: In 12.3, client and database version numbers are now identical; these identical versions now display in the Control Panel, Help > About, as the Installer version, and the build version. SPR 69437

#### **Registration-to-Chart crash**

### → PATH: Registration > Chart

Issue: When navigating from Registration to the Chart module, the application crashed. Resolution: The application no longer crashes when navigating to Chart from Registration. SPR 70114

#### The system froze when Chart was accessed from Registration or Scheduling

Issue: When accessing the Chart module from Registration or Scheduling, the system froze and displayed an error message. Resolution: This issue has been resolved. SPR 70053

#### Server Configurator modified for the wrong number of users

Issue: When installing Server Configurator for 500 or 1000 users, the wrapper.conf file was automatically configured to support 200 users. For 500 users, the heap size must be 9GB out of 12GBof RAM; for 1000 users, the heap size should be 12GB out of 15GB of RAM. Resolution: Now installing Server Configuration for 500 or 1000 users, the correct heap size is allocated. SPR 70165

#### The .EAR file failed to deploy upon 12.2.2 installation

Issue: When upgrading to 12.2.2 build 4212 on one server (Windows 2012R/SQL server 2014) and JBoss on another server (Windows 2012), the .EAR file failed to deploy despite Server Configurator reporting successful completion. This resulted in errors within server\* .log and wrapper.log. Resolution: The .EAR file deploys post implementation as expected; subsequent errors no longer occur. SPR 70379

### SYSTEM KNOWN ISSUES

#### Server Configurator overwrites JBoss configuration when a training license is identified

Issue: In cases where the Demo website is installed over the existing CPS site, the current Jboss configuration is overwritten for production sites (this only occurs when using the Single Website feature in Server Configurator). Workaround: Always install the Demo site prior to production sites in a non-multi-website environment. SPR 67906

### Application crashes when navigating between Chart and Administration

Issue: Centricity Practice Solution infrequently crashes when users access links within patient charts or Administration to navigate between these modules. Workaround: Use the main Centricity Practice Solution menu to access the Administration or Chart module. SPR 62425

# 11. Install the release

Access the latest installation guidelines for Centricity Practice Solution v12.3 at <a href="https://engage.gehealthcare.com/community/en/cps/documentation">https://engage.gehealthcare.com/community/en/cps/documentation</a>. Carefully review pre-installation, install, and post-installation instructions before installing.

# 12. Contact Centricity Services

### Updates and services

To download additional services, Knowledgebase updates, or factory observation terms, go to the Centricity Practice Solution website at <a href="https://engage.gehealthcare.com/community/en/cps">https://engage.gehealthcare.com/community/en/cps</a>. On the website, you'll also find release publications, Support contact information, and links to training materials.

### **Contacting Centricity Services**

If you need help or have any questions regarding this update, contact Centricity Services at 888.436.8491 or online at https://engage.gehealthcare.com/community/en/cps.

Note: If you have not registered for the Centricity Service Portal, you can create or register your Single Sign On and request access for Centricity Practice Solution. The new Customer Communication Page replaces the Listserv mailing lists effective immediately.

This new page provides important information, updates and notices for your Centricity product. Items such as leadership, product and service pack announcements as well as critical notices are posted here.

When you FOLLOW this page, you are advised as soon as something is posted. This assures you are kept current.

Note: You must access the portal at least once every 30 days to maintain your subscription access and FOLLOWS.

### APPENDIX A:

# CCDA document structures

### AUDIENCE: System administrators and clinic managers

### MU: 170.315 b2

**Summary:** Inbound CCDA documents may have Allergies, Problems, Medications, and Implantable Device XML components that differ in structure from those accepted by the system. During validation, documents are parsed for areas that require reconciliation; if the system can perform the reconciliation, the file is automatically reconciled and imported (no user action required). If a manual reconciliation is required, the document displays in the Reconciliation form for correction. The following article provides the expected XML structure for allergy, problem, and medication data.

IMPORTANT: The following accepted XML structures apply to both inbound CCDA v1.1 and v2.1 files.

Areas include:

- Enhanced reconciliation logic
- <u>CCDA reconciliation workflow</u>
- <u>CCDA component structures</u>
- <u>No known allergies, problems, or medications</u>
- <u>Allergies component structure</u>
- <u>Problems component structure</u>
- <u>Medications component structure</u>

### Enhanced reconciliation logic

Originally, after an inbound CCDA document was validated and flagged for reconciliation, the Reconciliation feature would only check a given area within an inbound CCDA document for discrepancies. Now the Reconciliation feature checks multiple places within XML files. The areas checked vary depending on the component; for example, the checks performed for Medications differs from those performed for an Allergies component. If the element that's being parsed for reconciliation includes the value set and a discrepancy is identified, the remaining elements are skipped for parsing.

**IMPORTANT**: The Reconciliation feature is now optimized to find and automatically reconcile XML discrepancies as it can for both CCDA v1.1 and 2.1 inbound files; documents flagged for reconciliation that require user interaction display in the Reconciliation form for correction.

### CCDA reconciliation workflow

### AUDIENCE: System administrators

While the validation method used varies for CCDA versions 1.1 or 2.1, the reconciliation process is the same. During validation, if a document requires reconciliation, the reconciliation property within the document is set to 'Reconciliable' and the document appears within the Reconciliation form for correction.

Note: If the XML discrepancy can be automatically reconciled, the reconciliation occurs and the imported document does not display in the Reconciliation form for correction.

											<	A docu requiri in the form (0 2.1)				
		Description	ICD-9	ICD-10	Onset Date	<ul> <li>End Date</li> </ul>	Last Modified Date		Description	ICD-9	ICD-10	Ouset Date	Ene Dat			
۲	1	Fever			22 Jun 201	5	22 Jun 2015		Porumonia	ICD-486	ICD10- J18.9	06 Aug 2012				
	1	Chronic rejection of resal transplant			31 Dec 201	1	22 Jun 2015		CANDIDIASIS OF MOUTH	ICD-112.0	ICD10- B37.0	08 Dec 2009				
C		Essential hypertension			05 Oct 201	1	22 Jun 2015		ACUTE BRONCHITIS	ICD-466.0	ICD10- J20.9	08 Dec 2009				
		Severe Hypothyroidium			31 Dec 200	6	22 Jun 2015		Jaundice, newborn	ICD-774.6	ICD10- P59.9	06 Oct 2009				
C		Overweight			31 Dec 200	6 01 Jun 2007	22 Jun 2015		Healthy adolescent	ICD- V20.2	ICD10- 200.129	06 Oct 2009				
*							-									

A document requiring correction in the Reconciliation form (CCDA v1.1 or 2.1)

A document in the Reconciliation form

**CCDA v1.1 reconciliation overview:** For CCDA Version 1.1, all sections of the received document are parsed and validated. Based on this parsing and the validation report, if sections of a CCDA such as Allergies, Problems, and Medications are importable but require reconciliation, the reconciliation flag is set for the document. If the system can automatically reconcile, the discrepancies are fixed and the file is imported (no user action required). If the document cannot be automatically reconciled, it appears in the document dropdown menu in the Reconciliation form for correction. Each section indicated must be updated to the format required so that the data can be imported.

**CCDA v2.1 reconciliation overview:** When inbound validation is configured for CCDA version 2.1, the new CDA Validator is used and the validation report includes flags indicating whether a document is importable and reconcilable. If the system can automatically reconcile, the discrepancies are fixed and the file is imported (no user action required). If the document cannot be automatically reconciled, it appears in the document dropdown menu in the Reconciliation form for correction. Each section indicated must be updated to the format required so that the data can be imported.

**Reconciliation workflow (CCDA v1.1 or 2.1):** In a chart update, insert an encounter form component that includes access to the Reconcile form, such as the **MU Core Checklist** or **CPOE A&P-CCC**. In the form displayed, select **Reconcile**. In Reconciliation, select the document to correct from the dropdown menu; select **Problems, Allergies, Medications**, or **Implantable Devices** tabs to view and reconcile given areas within the document.

### CCDA component structures

The examples in the following sections display the flattened XML structure in the form of a path. For example, to read the attribute 'd' from the **tree** <**A**><**B** d=""></**B**></**A**>, the structure **A**->**B**("d") is used where '**A**' is the parent tag, '**B**' is the child tag and 'd' is the attribute of **B**.

### No known allergies, problems, or medications

When imported CCDAs do not have structured XML entries for problems, or medications, a "No reconciliation items available" message displays in the corresponding section of the form.

**IMPORTANT**: The reconciliation form does not support corresponding OBS terms for unknown problems, medications, or allergies.

### XML references

References can appear in the XML for all sections of an imported document. These values are derived from the declared value in the body of the text > table element of a given section.

In this example, the reference value is followed by reference usage (highlighted script).

### XML narrative: <title>Medications</title> <text> <thead> Prescription Sig. Disp. Refills Start Date End Date Status </thead> <paragraph ID="med9">diphenhydrAMINE (BENADRYL) 25 mg capsule</paragraph> Take 1 capsule (25 mg total) by mouth nightly as needed for itching. (sig9) $\langle t.d \rangle$ <paragraph>7 capsule</paragraph>

DOC2008887

#### Usage:

### Allergies component structure

AUDIENCE: System administrators and clinic managers

The following is an example of a properly structured Allergies component.

```
<component typeCode="COMP" contextConductionInd="true">

<section classCode="DOCSECT" moodCode="EVN">

<templateId root="2.16.840.1.113883.10.20.22.2.6.1" />

<code code="48765-2" codeSystem="2.16.840.1.113883.6.1" displayName="Allergies, adverse

reactions, alerts"

codeSystemName="LOINC" />
```

<title>Allergies, Adverse Reactions, Alerts</title>

For each allergy, there must be an entry tag as follows with details included; it must contain an observation.

### Allergies subsections

All Allergies subsections are searched under the entry tag and must follow this structure. Allergies subsections include Substance, Reaction, Criticality, Category, Onset Date, Stop Date, and Code.

#### 1. Substance

Expected structure:

entry->act->entryRelationship->observation

->participant->participantRole->playingEntity->code("displayName")

If the attribute displayName is not set for the code, the following is used as an alternate.

```
playingEntity->code->originalText->reference("value")
```

#### Substance example:

#### 2. Reaction

For an observation under entry, there must be entryRelationship tags with typeCode="MFST". Under this entryRelationship tag, an observation with templateId root="2.16.840.1.113883.10.20.22.4.9" must be present that corresponds to Reaction.

```
Expected structure:
```

```
entry->act->entryRelationship->observation
->entryRelationship(typeCode=MFST)
->observation(template id=2.16.840.1.113883.10.20.22.4.9)
->value->originalText->reference("value")
Reaction example:
<entryRelationship typeCode="MFST" inversionInd="true">
        <observation classCode="MFST" inversionInd="true">
        <observation classCode="MFST" inversionInd="true">
        <observation classCode="OBS" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.4.9" />
        <value xsi:type="CD" code="422587007" codeSystem="2.16.840.1.113883.6.96"</pre>
```
```
codeSystemName="SNOMED CT"
    displayName="Nausea (finding)">
        <originalText>
            <reference value="#REACTION4442633" />
            </originalText>
            </originalText>
            </value>
            </observation>
</entryRelationship>
```

#### 3. Criticality

For an observation under entry, there must be entryRelationship tags under which an observation with templateId root="2.16.840.1.113883.10.20.22.4.8" must be present that corresponds to Criticality details.

Expected structure:

```
entry->act->entryRelationship->observation->entryRelationship->observation
->entryRelationship->observation(template id=2.16.840.1.113883.10.20.22.4.8)-
>value("code")
```

Example:

```
<entryRelationship typeCode="SUBJ" inversionInd="true">
    <observation classCode="OBS" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.4.8" />
        <code code="SEV" codeSystem="2.16.840.1.113883.5.4" codeSystemName="HL7 ActCode"
displayName="Severity Observation" />
        <text>
            <reference value="#ALLSEV4442631" />
        </text>
        <statusCode code="completed" />
        <value xsi:type="CD" code="6736007" codeSystem="2.16.840.1.113883.6.96"
codeSystemName="SNOMED CT">
            <originalText>
                <reference value="#ALLSEV4442631" />
            </originalText>
        </value>
        <entryRelationship typeCode="MFST" inversionInd="true">
            <observation classCode="OBS" moodCode="EVN">
                <templateId root="2.16.840.1.113883.10.20.22.4.8" />
                <code code="SEV" codeSystem="2.16.840.1.113883.5.4" codeSystemName="HL7
ActCode" displayName="Severity Observation" />
                <text>
                    <reference value="#ALLSEV4442631" />
                </text>
                <statusCode code="completed" />
                <value xsi:type="CD" code="6736007"
                    codeSystem="2.16.840.1.113883.6.96"
```

The code value is based on Criticality. The following is the mapping of code value to Criticality.

399166001: Critical (C)

24484000 : Severe (S)

6736007: Moderate (N)

371924009: Moderate (N)

255604002: Mild (I)

371923003: Mild (I)

#### 4. Category

Expected structure:

entry->act->entryRelationship->observation->value("code")

Example:

The Category is based on the code value. The following maps the Category to the code value.

Drug: 416098002, 419511003, 416098002, 59037007

Food: 414285001, 418471000, 414285001

Environmental: 419199007, 420134006, 418038007

# 5. OnsetDate

Expected structure:

entry->act->entryRelationship->observation

->effectiveTime->low("value")

The default value is an end date from a significant time past.

Example:

```
<effectiveTime>
    <low value="20121002090000.000-0500" />
    <high value="20121003150000.000-0500" />
```

</effectiveTime>

# 6. StopDate

Expected Structure:

entry->act->entryRelationship->observation

->effectiveTime->high("value")

### The default value is 'No end date.'

Example:

# 7. Code

In cases where there are multiple records, the first one that matches the structure is used.

# Problems component structure

AUDIENCE: System administrators and clinic managers

The following is an example of a properly structured Problems component.

```
<component typeCode="COMP" contextConductionInd="true">
    <section classCode="DOCSECT" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.2.5" />
        <templateId root="2.16.840.1.113883.10.20.22.2.5.1" />
        <code code="11450-4" codeSystem="2.16.840.1.113883.6.1" displayName="Problem
List" codeSystemName="LOINC" />
        <title>Problem List</title>
```

For each problem, there must be an entry tag as below with details beneath. It should specifically have an observation.

# Problems subsections

All subsections are searched under the entry tag and must follow the structure below.

## 1. Code, CodeType, Code2, CodeType2

If there is only one matching structure, then code will be set. If there is an additional entry for code, then code2 is set.

```
Expected structure:
entry->act->entryRelationship->observation->value->translation
translation("codeSystem") will be used to derive codeType
translation("code") will be set as code
```

IMPORTANT: Only ICD-9 and ICD-10 codes are supported. For other code systems, problems will be reconciled as not coded. For example, if code system is 2.16.840.1.113883.6.96 (SNOMED-CT), the code value is ignored. Similarly, codes from all other code systems are ignored but reconciled. The reconciliation logic checks for the first two translation codes. One of those should at least be ICD-9 or ICD-10 for the problem to be reconciled as coded.

2.16.840.1.113883.6.103(ICD-9) 2.16.840.1.113883.6.90(ICD-10) Example:

# 2. OnsetDate

Expected structure:

entry->act->entryRelationship->observation

```
->effectiveTime->low("value")
```

# The default value is a past end date from a significant time past.

Example:

#### <effectiveTime>

```
<low value="20121002090000.000-0500" />
```

```
<high value="20121003150000.000-0500" />
```

```
</effectiveTime>
```

# 3. StopDate

```
Expected Structure:
```

```
entry->act->entryRelationship->observation
```

->effectiveTime->high("value")

# The default value is 'No end date.'

Example:

# 4. Description

Expected structure:

entry->act->entryRelationship->observation->value("displayName")

# If the displayName is null, then the following value is used.

observation->value->originalText->reference("value")

Example:

# Medications component structure

AUDIENCE: System administrators and clinic managers

A valid Medications component is structured as follows.

```
<component typeCode="COMP" contextConductionInd="true">
    <section classCode="DOCSECT" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.2.1" />
        <templateId root="2.16.840.1.113883.10.20.22.2.1.1" />
        <code code="10160-0" codeSystem="2.16.840.1.113883.6.1" displayName="History of
Medication Use" codeSystemName="LOINC" />
        <title>Medications</title>
```

For each medication, there must be an entry tag as follows with details included. It must include

substanceAdministration

```
<entry typeCode="DRIV" contextConductionInd="true">
     <substanceAdministration classCode="SBADM" moodCode="INT">
```

# Medications subsections

All subsections will be searched under entry tag and should follow the structure as below.

## 1. StartDate

Expected structure:

```
entry->substanceAdministration->effectiveTime->low("value")
```

Note: The type IVL TS is also required as shown below in the tag.

Default value will be past end date which is way long back.

```
Example:
```

```
<effectiveTime xsi:type="IVL_TS">
    <low value="20080808000400.000-0500" />
    <high value="20121003150000.000-0500" />
</effectiveTime>
```

#### 2. StopDate

Expected structure:

```
entry->substanceAdministration->effectiveTime->high("value")
```

# Note that the type IVL\_TS is also required as shown below in the tag.

#### Default value is 'No end date.'

# 3. Description

#### Expected structure:

The Description can be set from different sections of the CCDA. The parsing logic checks these sections and wherever it is set, that value will be used. The Description value is set either from substanceAdministration text, by reference or by the concatenation of multiple attributes as follows.

Note: Order of preference is set while parsing through elements. Once the description is set, the remaining elements will not be checked to get value of description.

```
entry->substanceAdministration->text
or
entry->substanceAdministration->text->reference("value")
or
entry->substanceAdministration->consumable->manufacturedProduct
->manufacturedMaterial->code->translation("displayName")
(appends with)
entry->substanceAdministration->doseQuantity("value")
(appends with)
entry->substanceAdministration->doseQuantity("unit")
(appends with)
entry->substanceAdministration->administrationUnitCode("displayName")
Example:
<substanceAdministration classCode="SBADM" moodCode="INT">
   <text>
        <reference value="#MEDSIG50118241" />
   </text>
    <consumable typeCode="CSM">
        <manufacturedProduct classCode="MANU">
            <manufacturedMaterial classCode="MMAT" determinerCode="KIND">
                <code code="243670" codeSystem="2.16.840.1.113883.6.88"
```

# 4. Generic

Expected structure:

```
entry->substanceAdministration->consumable->manufacturedProduct
```

```
->manufacturedMaterial->code("displayName")
```

Example:

```
<substanceAdministration classCode="SBADM" moodCode="INT">
```

```
<consumable typeCode="CSM">
```

<manufacturedProduct classCode="MANU">

```
<manufacturedMaterial classCode="MMAT" determinerCode="KIND">
```

<code code="243670" codeSystem="2.16.840.1.113883.6.88"</pre>

```
codeSystemName="RxNorm" displayName="Aspirin 81 MG Oral Tablet">
```

</code>

```
</manufacturedMaterial>
```

```
</manufacturedProduct>
```

</consumable>

#### 5. Instructions

**Expected Structure:** 

Instructions can be set from different sections in the CCDA. The parsing logic checks these sections; wherever it is set, this value is used.

The order in which sections of the XML ar0020e are parsed is as follows.

# Instructions template section

The section with tag entryRelationship is searched with template root = 2.16.840.1.113883.10.20.22.4.20.

```
<entryRelationship typeCode="SUBJ" inversionInd="true">
    <act classCode="ACT" moodCode="INT">
        <templateId root="2.16.840.1.113883.10.20.22.4.20"/>
```

Under this section, the below path is checked in order.

```
entryRelationship->act->code("displayName")
```

```
entryRelationship->act->code->originalTtext->reference("value")
entryRelationship->act->text
entryRelationship->act->text-> reference("value")
```

# Example:

```
</author>
```

</act>

```
</entryRelationship>
```

# Medications Text section

#### The following text section is checked in this order.

entry->substanceAdministration->text

```
entry->substanceAdministration->text->reference("value")
```

Note: In the event of spaces, please remove the extra spaces or new lines as it can create issues.

```
Example:
<text><reference value="#MEDSIG50118241" /></text>
```

#### Medications entryRelationship section

The following is also supported for older versions of CCDA. Under substanceAdministration, the first child node entryRelationship must have a substanceAdministration with a displayName="Medication Instructions"

```
<code code="617311" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RxNorm" displayName="Medication Instructions"/>
```

#### For the above match, the following text value is used.

Note: Order of preference is set while parsing elements. Once the instructions are set, the remaining elements are not checked for the instructions value.

**IMPORTANT**: Ensure that if a reference is used, no additional spaces or new lines are present or the parser displays blank instruction values.

# Error examples

Below are examples where instructions may be set but parsing logic may not be able to set the value.

```
Example 1
<entryRelationship typeCode="SUBJ" inversionInd="true">
    <act classCode="ACT" moodCode="INT">
        <templateId root="2.16.840.1.113883.10.20.22.4.20"/>
        <templateId root="2.16.840.1.113883.10.20.22.4.20" extension="2014-06-09"/>
       <code code="311401005" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED
CT"/>
        <text>
            <reference value="#sig9"/>
        </text>
        <statusCode code="completed"/>
        <author>
            <templateId root="2.16.840.1.113883.10.20.22.4.119"/>
            <time value="20180124193842+0000"/>
            <assignedAuthor>
                <id root="2.16.840.1.113883.4.6" extension="1770893570"/>
            </assignedAuthor>
        </author>
```

</act> </entryRelationship>

Processing Result: The value of instruction is set in text reference, but the parsing logic first checks for text. As it encounters empty spaces or new lines, it may set instructions as blank. Also, there is an identified issue where parsing logic checks for nullable text element to set the value using reference element. In the above case, text element is present and hence, reference element will not be parsed.

Processing Result: The value of instruction is set in text reference, but the parsing logic first checks for text. The text has comments which is used to set the instructions, such as "Reference 2 to sig9."

Note: Text requiring a new line or white spaces is treated as the value for instructions. The following is an example of a blank example set.

```
<text>
<reference value="#sig9" />
</text>
```

#### 6. RxNormCode

Expected Structure:

entry->substanceAdministration->consumable->manufacturedProduct

->manufacturedMaterial->code("code")

The code value is only set if codeSystem is 2.16.840.1.113883.6.88.

Example:

```
<substanceAdministration classCode="SBADM" moodCode="INT">
<consumable typeCode="CSM">
<manufacturedProduct classCode="MANU">
<manufacturedMaterial classCode="MMAT" determinerCode="KIND">
```

</consumable>