IHS RPMS Certification and Meaningful Use, and What’s New

Howard Hays, MD, MSPH
RPMS Investment Manager, IHS OIT
VistA Community Meeting
June 10, 2010
Topics

• RPMS Certification and Meaningful Use
• RPMS Development in 2010
Meaningful Use of Electronic Health Records

The American Recovery and Reinvestment Act of 2009 (ARRA – aka Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide substantial reimbursement incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified electronic health record (EHR) technology.
Real Life Example of Meaningful Use

Pumpkin

Meaningful Use of a Pumpkin
Certification & Meaningful Use

• Certification and Meaningful Use are two different things
  – Certification attests to the functions and capabilities of the EHR system
  – Meaningful Use attests to whether the system is actually being implemented and used

• A facility can install and run an EHR system without having “meaningful use” of the system
RPMS ARRA Activities

• Focused on Certification and Meaningful Use in order to enable OIT’s customers to take advantage of CMS incentives starting in 2011

• Certification:
  – Re-Certification of Ambulatory EHR in 2010
  – Certification of Inpatient EHR in 2010

• Meaningful Use:
  – Accelerated deployment activities to optimize:
    • Inpatient pharmacy package configuration and use
    • Laboratory package and Reference Lab Interface
    • Outpatient pharmacy package
    • Inpatient nursing processes and Bar Code Medication Administration
    • VistA Imaging – scanning, clinical images, PACS
Congressional Requirements for Meaningful Use

1. Use a **Certified** Electronic Health Record (EHR) in a **Meaningful** way.

2. Use an EHR that can **exchange information** with other systems electronically.

3. Submit reports to CMS that include **performance measures** proving meaningful use.

These requirements were published for public comment. **IHS submitted its comments on March 15, 2010.**
Meaningful Use Timeline

- Meaningful Use occurs in three stages, with Stage 1 starting in 2011
  - New rules will be published in 2013 and 2015 (Stages 2 and 3) – each stage will be more comprehensive

- Focus areas for each stage
  - Stage 1: Data capture and sharing
  - Stage 2: Advanced clinical processes*
  - Stage 3: Improved outcomes*

* Requirements for Stages 2 and 3 will be defined in future CMS rulemaking.
**Meaningful Use Timeline**

- The later the start, the more requirements needed to meet in a shorter period of time

### Stage of Meaningful Use Criteria by Payment Year

<table>
<thead>
<tr>
<th>1st Payment Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
<tr>
<td>2012</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
<tr>
<td>2013</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
<tr>
<td>2014</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
<tr>
<td>2015</td>
<td>Stage 1</td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
</tbody>
</table>

**NOTE:** The number of payment years available and the last payment year that can be the first payment year for a provider or hospital varies between the EHR incentive programs.
CMS Incentive Programs
CMS Incentive Programs

• Both Medicare and Medicaid will provide financial incentives for meeting Meaningful Use.
  • Medicare incentives run 2011-2015.
  • Medicaid 2011-2021. However, states are not required to participate in the program. If they do not participate, providers in the state will not receive incentive payments.
  • Medicare will impose penalties beginning in 2015 for NOT meeting Meaningful Use.
CMS Incentive Programs (cont’d)

– Exception: The **first year** of the **Medicaid incentives** only require adopting, implementing, or upgrading to certified EHR technology and **do not require** the achievement of meaningful use. All other years require demonstration of meaningful use.
CMS Incentive Programs (cont’d)

• Provider incentive programs run on a calendar year and hospitals run on a federal fiscal year
• To take maximum advantage of the incentives:
  – Providers need to be ready by January 1, 2011
  – Hospitals need to be ready by October 1, 2010
• Providers may qualify for Medicare or Medicaid incentives, not both
  – Providers may make a one-time change prior to 2015
• Subsection D/Acute Care hospitals may qualify for both incentive programs
• Critical Access Hospitals only qualify for the Medicare incentive program
## Criteria for Providers

<table>
<thead>
<tr>
<th>MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-hospital based* physicians, defined as any of the following:</td>
</tr>
<tr>
<td>• Doctor of Medicine or Osteopathy</td>
</tr>
<tr>
<td>• Doctor of Dental Surgery or Medicine</td>
</tr>
<tr>
<td>• Doctor of Podiatric Medicine</td>
</tr>
<tr>
<td>• Doctor of Optometry</td>
</tr>
<tr>
<td>• Chiropractor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-hospital based* providers defined as any of the following EXCEPT for any provider shown below that practices predominantly† in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC):</td>
</tr>
<tr>
<td>• Physicians</td>
</tr>
<tr>
<td>• Dentists</td>
</tr>
<tr>
<td>• Certified Nurse-midwives</td>
</tr>
<tr>
<td>• Nurse Practitioners</td>
</tr>
<tr>
<td>• Physician Assistants who are practicing in FQHCs or RHCs led by a physician assistant</td>
</tr>
</tbody>
</table>

*When the clinic location for over 50% of total patient encounters over a period of 6 months occurs at an FQHC or RHC

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*A hospital based physician/provider is defined as furnishing 90% or more of their covered professional services in a hospital setting (inpatient or emergency room). CMS determines this by the Place of Service (POS) codes on physician claims. If they are POS codes 21 or 23, the provider is considered a hospital based provider.*
### Additional Medicaid Provider Eligibility Criteria

- Medicaid patient volume requirements

<table>
<thead>
<tr>
<th>Entity</th>
<th>Minimum 90-day Medicaid Patient Volume Threshold</th>
<th>Or the Medicaid Eligible Provider practices predominately in an FQHC or RHC - 30% “Needy individuals” patient volume threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Pediatricians</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Physician Assistants (when practicing at an FQHC/RHC led by a physician assistant)</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Acute care hospital</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Children’s hospitals</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

N/A
### Medicaid Patient Volume Requirements

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Patient Volume Requirement</th>
</tr>
</thead>
</table>
| • Non-hospital based physicians, dentists, certified nurse midwives, nurse practitioners  
  • PAs practicing at a Federally Qualified Health Center/Rural Health Clinic led by a PA) | • >=30% of all patient encounters attributable to Medicaid over any continuous 90-day period in the most recent calendar year prior to reporting  
  • >=20% for pediatricians                                                  |
| • Any of the above practicing predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) (when the FQHC/RHC is the clinical location for over 50% of total encounters for 6 months in the most recent CY) | • >=30% of all patient encounters attributable to “needy individuals” over any continuous 90-day period in the most recent calendar year prior to reporting  
  • “Needy individuals” include: Medicaid or CHIP enrollees, patients furnished uncompensated care by the provider, or furnished services at no cost or on a sliding scale. |
# Criteria for Eligible Hospitals

<table>
<thead>
<tr>
<th>MEDICARE</th>
<th>MEDICAID</th>
<th>MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Subsection (d) hospitals</strong> that either receive reimbursement for services under Medicare Fee-for-Service (FFS) program or are affiliated with a qualifying Medicare Advantage (MA) organization</td>
<td>• <strong>Acute care hospitals</strong></td>
<td>• <strong>Patient volume requirements</strong></td>
</tr>
<tr>
<td>• Includes inpatient, acute care hospitals in the State of Maryland</td>
<td>• A health care facility where the average length of patient stay is 25 days or fewer AND has a CMS Certification Number (CCN) in the range of 0001-0879</td>
<td>• <strong>Acute care hospitals</strong></td>
</tr>
<tr>
<td>• Excludes psychiatric, rehabilitation, long term care, children’s, and cancer hospitals</td>
<td>• Includes short-term general hospitals and the 11 cancer hospitals in the U.S.</td>
<td>• &gt;=10% of all patient encounters attributable to Medicaid over any continuous 90-day period in the most recent calendar year prior to reporting</td>
</tr>
<tr>
<td>• <strong>Critical access hospitals (CAHs)</strong></td>
<td>• <strong>Children’s hospitals</strong></td>
<td>• <strong>Children’s hospitals</strong>: None</td>
</tr>
<tr>
<td>• A facility that has been certified as a critical access hospital under section 1820(c) of the Social Security Act</td>
<td>• Must have a CCN in the range of 3300-3399</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Predominantly treats individuals under 21 years of age</td>
<td></td>
</tr>
<tr>
<td>• <strong>Patient volume requirements</strong>: None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The criteria for eligible hospitals are based on specific conditions and requirements set by Medicare and Medicaid programs.
# Incentives Summary

<table>
<thead>
<tr>
<th>Eligible Providers</th>
<th>Hospitals</th>
<th>Eligible Providers</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incentives Start</strong></td>
<td>CY 2011</td>
<td>FY 2011</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Incentives End</strong></td>
<td>CY 2016 (max. 5 years)</td>
<td>FY 2015 (max. 4 years)</td>
<td>2021 (max. 6 years, must start by 2016)</td>
</tr>
<tr>
<td><strong>Incentive Amount</strong></td>
<td>Up to $44,000 total per provider; based on % Medicare claims</td>
<td>Varies, depending on % Medicare inpatient bed days. CAHs paid based on EHR costs and % Medicare inpatient bed days</td>
<td>Up to $63,750 total per provider; based on 85% of EHR costs</td>
</tr>
<tr>
<td><strong>Reimbursement Reduced</strong></td>
<td>CY 2015</td>
<td>FY 2015</td>
<td>No penalties</td>
</tr>
</tbody>
</table>
Stage 1 Meaningful Use Standards and Measures (for 2011-12)

– Functional and Interoperability Measures
– Clinical Quality Measures
Measuring Performance (cont’d)

• **All or Nothing Approach**
  – Providers and hospitals must report on all measures and meet any stated targets in order to achieve Meaningful Use
  – Measures must be reported on **ALL patients**, not just Medicare and Medicaid

• **Reporting Periods for Measures**
  – 1\textsuperscript{st} year: Continuous 90-day period
  – All other years: Entire year
Functional and Interoperability Measures
Functional & Interoperability Measures Summary

• Ambulatory (Providers)
  – 25 measures
    • 8 measures require “Yes” or “No” answer
    • 17 measures require numerator and denominator
      – Most measures have established targets that **must** be met

• Inpatient (Hospitals)
  – 23 measures
    • 10 measures require “Yes” or “No” answer
    • 13 measures require numerator and denominator
      – Most measures have established targets that **must** be met
Functional & Interoperability Measures

• Computerized Provider Order Entry
  – Ambulatory – at least 80% of all orders must be entered directly into EHR by the provider
  – Inpatient – at least 10% of all orders must be entered directly into EHR by the provider

• Drug-drug, Drug-allergy, drug-formulary checks
  – All sites must implement these features of EHR

• Problem Lists
  – At least 80% of patients (inpatient and outpatient) must have a current Problem List (or notation of no problems)
Functional & Interoperability Measures (cont’d)

• Electronic Prescribing
  – At least 80% of prescriptions must be entered and transmitted electronically

• Medication Lists
  – At least 80% of inpatient and outpatients must have a medication list documented in the EHR (or notation of no medications)

• Documentation of Allergies
  – At least 80% of inpatients and outpatients must have drug allergies documented in the EHR (or notation of no allergies)
Functional & Interoperability Measures (cont’d)

• Recording Demographic Information
  – At least 80% of inpatients and outpatients have specific demographic information recorded in RPMS

• Recording Vital Measurements
  – At least 80% of inpatients and outpatients age 2 and older have vital measurements recorded in EHR, including growth charts for children

• Recording Smoking Status
  – At least 80% of inpatients and outpatients age 13 and older have their smoking status recorded in the EHR
Functional & Interoperability Measures (cont’d)

• Incorporate lab test results into EHR
  – At least 50% of all lab tests have their results recorded in the EHR

• Generate lists of patients with specific conditions
  – Generate at least one report from the EHR listing patients with a specific condition

• Ability to report on Meaningful Use quality measures
  – 2011 – manual submission of data to CMS
  – 2012 – electronic submission of data to CMS
Functional & Interoperability Measures (cont’d)

• Send reminders to patients for preventive/follow-up care, per patient preference (internet or non-internet)
  – Each eligible provider must send reminders to at least 50% of their outpatients age 50 and older

• Clinical decision support rules
  – Implement at least 5 clinical decision support rules that are linked to the clinical quality measures

• Electronic insurance verification
  – At least 80% of outpatients and inpatients have insurance eligibility checked electronically

• Electronic claims submission
  – At least 80% of insurance claims are filed electronically
Functional & Interoperability Measures (cont’d)

• Provide information to patients
  – At least 80% of outpatients and inpatients who request electronic copies of health records receive them within 48 hours
  – At least 80% of discharged patients are provided electronic copies of procedure reports and discharge instructions upon request

• Provide patients timely access to health information
  – At least 10% of patients can get electronic access to lab results, problem, medication and allergy lists within 96 hours after they are available to the provider (e.g. Personal Health Record)

• Clinical summaries of office visits
  – Clinical summaries are provided for at least 80% of office visits
Functional & Interoperability Measures (cont’d)

• Ability to exchange data with other systems
  – Perform a test of system’s ability to exchange key clinical information electronically, such as problem and medication list, diagnostic test results

• Medication Reconciliation
  – Perform medication reconciliation for at least 80% of inpatient/outpatient encounters and transitions of care

• Summary of care record
  – Provide a summary of care for at least 80% of inpatient / outpatient referrals and transitions of care
    • Includes key information about the patient, such as diagnostic test results, problem and medication list
Functional & Interoperability Measures (cont’d)

• Immunization Registries
  – Perform test of system’s ability to transmit immunization information to registries

• Reportable Lab Results
  – Perform test of system’s ability to send reportable lab results to public health agencies (hospitals only)

• Surveillance Data
  – Perform test of system’s ability to electronically send “syndromic surveillance data” to public health agencies

• Privacy and Security
  – Conduct a security risk analysis of EHR system
Clinical Quality Measures
Clinical Quality Measures Summary

- Providers in ambulatory settings will report on two measure groups
  - 3 core measures
  - 3-5 measures according to provider’s specialty
- Hospital measures
  - Required to report on 35 Medicare measures
    - For Medicaid, hospitals have the option to report on 8 alternative Medicaid measures if the 35 measures do not apply to their patient population
RPMS/EHR Development in 2010

- Well Child GUI components – improved growth charts, anticipatory guidance, education, and ASQ developmental screening (released)
- Group encounter documentation – for BH, CDE, others
- Nursing Flow Sheets – customizable capture and display of vitals, I/O, assessments, and other documentation for Inpatient, ED, day surgery, etc.
- Prenatal Care Module – ACOG-like prenatal forms in EHR, with persistence of data to next pregnancy
- Dashboard functions for Emergency Departments, Urgent Care, busy clinical settings
RPMS/EHR Development in 2010

• Outside Medications – Document meds prescribed elsewhere so they participate in medication lists and order checks
• Electronic Prescribing – electronically send prescription orders to commercial pharmacies via Surescripts/RxHub network
• COTS Pharmacy interface – use eRx messages to communicate directly with a local COTS pharmacy system such as QS1.
• Multiple Drug File support
• GUI development in Pharmacy applications
• Enhancements to TIU documentation functions
RPMS/EHR Development in 2010

• Care Management Event Tracking (CMET) – structured process for follow-up of pap smears, mammograms, etc. (initially WH oriented)
• Behavioral Health System v4.0 – new GUI
• New National Reminders & Reminder Dialogs
• Groundwork for web-based EHR interface
• Enhancements/simplification for small site deployment of EHR
• Enhancements to Scheduling GUI application
• GUI development in Patient Registration, ADT packages
• Enhancements to 3rd Party Billing, Accounts Receivable
• Any additional development required for Certification and Meaningful Use
RPMS Well Child Module

• Released as part of PCC+ (VEN) application
  – Do NOT need to be running PCC+ to use in EHR
• EHR & freestanding GUI
• Well Child Knowledgebase
  – Database of thousands of pediatric guidelines and reminders
  – Locally customizable display
• Developmental Screening
  – Ages & Stages Questionnaire
• Pediatric Education documentation
• New printable Growth Charts
Well Child Module
New Features in EHR v1.1p6
iCare & EHR Community Alerts

- Anonymous
- Related to Community of Residence
- 30 days
- Splash Screen at first login of the day
- Ready Access from many views: Opening View; Panel View; Patient Record
- User-defined display
Community Alerts in EHR

Community Alerts provide deidentified visit data related to high-profile diagnoses that occurred within the past 30 days and may affect other patients in your community. The Alert categories are:

1. CDC Nationally Notifiable Infectious Diseases (CDC NNID)
2. Suicidal Behavior Related Incidents

<table>
<thead>
<tr>
<th>Community</th>
<th>Type</th>
<th>Diagnosis</th>
<th>Cases in Past 30 Days</th>
<th>Most Recent Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARPAH</td>
<td>Public Health</td>
<td>ILI</td>
<td>1</td>
<td>APR 20, 2010</td>
</tr>
</tbody>
</table>
New Meds component

• Outpatient meds
• Inpatient meds
• “Outside meds”
  – Documentation of OTC meds, supplements
  – Documentation of meds ordered by outside providers
• “Print Prescription” that auto-finishes and prints pending prescription
  – optional with parameters, only recommended at sites with NO pharmacy until ePrescribing is released
• “Clinical Indication” on med order dialog
  – optional with parameter
• On demand drug checker
Clicking on either component OR selecting dropdown activates section.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Action</th>
<th>Status</th>
<th>Issued</th>
<th>Last Filled</th>
<th>Expires</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETAMINOPHEN/CODINE 300/30MG TAB</td>
<td>Qd 5/for 28 days</td>
<td>Sqg: TAKE 1 TABLET BY MOUTH 4 TIMES A DAY IF NEEDED FOR PAIN</td>
<td>Active</td>
<td>19-Feb-2010</td>
<td>19-Feb-2010</td>
<td>22-Aug-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>LEVOTHYROXINE 0.25MG TAB</td>
<td>Qd</td>
<td>Sqg: TAKE 1 TABLET BY MOUTH ONCE DAILY FOR THYROID</td>
<td>Active</td>
<td>01-May-2010</td>
<td>01-May-2010</td>
<td>17-Aug-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>MEDROXYPROGESTERONE 150MG ML</td>
<td>INJ (IM)</td>
<td>Qd</td>
<td>sq: INJECT 150MG INTRAMUSCULARLY (IM) 010:10:10</td>
<td>Active</td>
<td>25-Feb-2010</td>
<td>01-Mar-2010</td>
<td>17-Aug-2010</td>
</tr>
<tr>
<td>METHADONE SMG TAB</td>
<td>Qd 94 for 30 days</td>
<td>Sqg: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY</td>
<td>Active</td>
<td>19-Feb-2010</td>
<td>08-Mar-2010</td>
<td>22-Aug-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>METHADONE SMG TAB</td>
<td>Qd 94 for 30 days</td>
<td>Sqg: TAKE 1 TABLET BY MOUTH THREE TIMES A DAY</td>
<td>Active</td>
<td>19-Feb-2010</td>
<td>08-Mar-2010</td>
<td>22-Aug-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>SIMVASTATIN 20MG TAB</td>
<td>Qd 15 for 30 days</td>
<td>Sqg: TAKE 1 TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL</td>
<td>Active</td>
<td>17-Nov-2009</td>
<td>17-Nov-2009</td>
<td>17-Nov-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>ACUCHEK TEST STRIPS <em>AVMA</em></td>
<td>Qd 100 for 30 days</td>
<td>Sqg: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES</td>
<td>Discontinued</td>
<td>19-Feb-2010</td>
<td>19-Feb-2010</td>
<td>20-Feb-2011</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>ACUCHEK TEST STRIPS <em>AVMA</em></td>
<td>Qd 100 for 30 days</td>
<td>Sqg: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES</td>
<td>Discontinued</td>
<td>21-Dec-2009</td>
<td>21-Dec-2009</td>
<td>22-Dec-2010</td>
<td>RICHARDS,SUSAN P</td>
</tr>
<tr>
<td>ACUCHEK TEST STRIPS <em>AVMA</em></td>
<td>Qd 100 for 30 days</td>
<td>Sqg: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES</td>
<td>Discontinued</td>
<td>07-Dec-2008</td>
<td>07-Dec-2008</td>
<td>08-Dec-2008</td>
<td>RICHARDS,SUSAN P</td>
</tr>
</tbody>
</table>

**In house ordered meds**

**OTC & meds ordered by outside providers**
- NEW button brings up non-VA flagged meds for selection as “OutsideMeds”
- Option to add start date and add additional explanation.
- “Statement/Explanation” is customizable by parameter
On demand drug checker includes pending and unsigned entries in all meds sections.
Auto-Finish

- Currently ONLY for sites without in-house pharmacy
- Improved configurability will be delivered with ePrescribing
- Auto finish tied to “print prescription” button
- Pending prescriptions finish when printed
- When set to “multipage” prints Windows-formatted prescription and site can configure how many rx’s per page
- When set to “single” prints text format
  - Delivered format can be removed and over-ridden by RPMS print formats
  - 3 parameters set using Header, Body and Footer
  - Will be used by sites whose states require special formats (and these sites can utilize the print formats already in created)
Parameter allows/exposes Prescription option
Auto-finished Rx# starts with “x”
Adverse Reactions: PENICILLIN; ACTOS (EDEMA); CITRUS (RASH); FELODIPINE (EDEMA; AGRANULOCYTOSIS); SIMVASTATIN; CODEINE (RASH); EGGS (AGRA
NULOCYTOSIS); IBUPROFEN (AGITATION)

**Prescription**

<table>
<thead>
<tr>
<th>ATORVASTATIN 10MG TAB N/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. TAKE ONE TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL - TO BE FILLED AT AN OUTSIDE PHARMACY</td>
</tr>
<tr>
<td>Quantity: 30 Refills: 5</td>
</tr>
<tr>
<td>Indication: DIABETES MELLITUS TYPE 2 (250.00)</td>
</tr>
</tbody>
</table>

• “Multipage” view
YAKAMA HEALTH CENTER IHS
401 BUSTER ROAD
TOPPENISH, WASHINGTON  98948
(509)865-2102

Rx for:  DEMO, THIRTIES FEMTHREE  14004
400 OSBORNE RD
OLDS, WASHINGTON  98948

LORATADINE 10MG TAB
Also known as:  CLARITIN

Pharmacy may choose strength(s) of drug to meet requirements of directions.

TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS

Dispense: 30  TABLET  Pharmacy to adjust qty for # of days.
Days Supply: 30
Refill(s): 11
Issue Date:  MAR 10, 2010
Indicator:  ADHD  (314.01)
DOB:  MAR 02, 1975

Signed: /ES/RICHARDS, SUSAN P

•  “Single” view
Enhanced integrated signature tool

• Enhancement to improve safety unsigned allergy/ADR entries
• If user activates the integrated signature tool and there are both non-orders (allergy/ADR entries) and orders for signature the tool signs the non-orders first, then runs order checking again
• Must train users that right clicking to sign med orders by-passes this safety mechanism
Enter Penicillin allergy, Order penicillin – order check stops if use integrated signature. See on order check, runs order check again after “signing” allergy and before releasing.

Option to cancel
Like the lab clinical indication, med order clinical indication offers POV’s for current visit, Problem list, ability to search or enter text.
New TIU objects – sorted by DX

<table>
<thead>
<tr>
<th>Chronic Kidney Disease, Stage IV (severe)</th>
<th>Status</th>
<th>Last Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERYTHROMYCIN (E.E.S.) 200MG/5ML SUSP</td>
<td>EXPIRED</td>
<td></td>
</tr>
<tr>
<td>Qty: 200 for 10 days Sig: SHAKE WELL AND TAKE 5ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS</td>
<td>Refills: 0</td>
<td>Last:01-26-10 Expr:01-08-10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIABETES MELLITUS TYPE 2 Medications</th>
<th>Status</th>
<th>Last Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATORVASTATIN 10MG TAB N/F Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL - TO BE FILLED AT AN OUTSIDE PHARMACY</td>
<td>ACTIVE</td>
<td>Last:03-10-10 Expr:03-11-11</td>
</tr>
<tr>
<td>LIGINOPRIL 10MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE</td>
<td>ACTIVE</td>
<td>Last:03-10-10 Expr:03-11-11</td>
</tr>
<tr>
<td>SIMVASTATIN 80MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL</td>
<td>ACTIVE</td>
<td>Last:03-10-10 Expr:03-11-11</td>
</tr>
</tbody>
</table>
### Detailed meds – Pharmacist view

**DETAILED MEDS FOR PHARMACIST**

Active and Outpatient Medications (excluding Supplies):

<table>
<thead>
<tr>
<th>RX No</th>
<th>Status</th>
<th>Last Fill</th>
<th>Expired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1) **X1381397 ACETAMINOPHEN/CODEINE 300/30MG**
   - Status: ACTIVE
   - Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS IF NEEDED FOR PAIN
   - Clinical Indication: ANEMIA
   - Fills: Feb 18, 2010
   - Last Fill: 02-18-10
   - Expired: 03-20-10

2) **127668 ACETAMINOPHEN/CODEINE 300/30MG**
   - Status: PENDING
   - Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS IF NEEDED FOR PAIN
   - Fills: Dec 22, 1992
   - Last Fill: 12-22-92

3) **1313699A ASPIRIN EC 81MG TAB (C)**
   - Status: ACTIVE
   - Qty: 30 for 30 days
   - Sig: TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HEART
   - Fills: May 13, 2009
   - Past Fills: Sep 24, 2008 Aug 27, 2008
   - Expired: 05-18-09

4) **X1381481 ATORVASTATIN 10MG TAB N/F (C)**
   - Status: ACTIVE
   - Qty: 30 for 30 days
   - Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL – TO BE FILLED AT AN OUTSIDE PHARMACY
   - Clinical Indication: DIABETES MELLITUS TYPE 2
   - Fills: Mar 10, 2010
   - Last Fill: 03-10-10
   - Expired: 03-11-11

5) **2 DOCUSATE SODIUM 100MG CAP (O)**
   - Status: ACTIVE
   - Sig: 100MG BY MOUTH TWICE A DAY
   - Fills: Jun 06, 1989
   - Last Fill: 06-06-89

6) **1381380 ERYTHROMYCIN (E.S.) 200MG/5ML**
   - Status: EXPIRED
   - Qty: 200 for 10 days
   - Sig: SHAKE WELL AND TAKE 5ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS
   - Clinical Indication: Chronic Kidney
   - Fills: Oct 06, 1989
   - Last Fill: 01-26-10
   - Expired: 01-08-10
Medication reconciliation

<table>
<thead>
<tr>
<th>ACTIVE Outpatient Medications</th>
<th>Status</th>
<th>Last Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIAMCINOLONE 0.1% CREAM 80GM</td>
<td>ACTIVE</td>
<td>Last: 01-28-10 Exp: 12-19-10</td>
</tr>
<tr>
<td>Qty: 80 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refills: 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISCONTINUED Outpatient Medications</th>
<th>Status</th>
<th>Last Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUCINONIDE 0.05% OINT 60G</td>
<td>DISCONTINUED</td>
<td>Last: 01-28-10 Exp: 12-19-10</td>
</tr>
<tr>
<td>Qty: 60 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY</td>
<td></td>
<td></td>
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<tr>
<td>Refills: 6</td>
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<td></td>
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<table>
<thead>
<tr>
<th>EXPIRED Outpatient Medications</th>
<th>Status</th>
<th>Last Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOXAZOSIN 2MG TAB</td>
<td>EXPIRED</td>
<td>Last: 12-18-09 Exp: 11-14-09</td>
</tr>
<tr>
<td>Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refills: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 2% GEL 30GM, TOP</td>
<td>EXPIRED</td>
<td>Last: 11-13-08 Exp: 11-14-09</td>
</tr>
<tr>
<td>Qty: 30 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY AFTER WASHING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refills: 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRISEOFULVIN ULTRAMICROSIZE 125MG TAB</td>
<td>EXPIRED</td>
<td>Last: 12-18-09 Exp: 01-17-10</td>
</tr>
<tr>
<td>Qty: 112 for 28 days Sig: TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR INFECTION - TAKE WITH FOOD OR MILK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refills: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Parameter to set limit for expired med display

### Active and Outpatient Medications (excluding Supplies):

<table>
<thead>
<tr>
<th>Status</th>
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<th>Expiration</th>
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<tbody>
<tr>
<td>Expired</td>
<td>2 Last:12-18-09</td>
<td>Exp:11-14-09</td>
</tr>
<tr>
<td>Discontinued</td>
<td>3 Last:11-13-08</td>
<td>Exp:11-14-09</td>
</tr>
<tr>
<td>Active</td>
<td>5 Last:12-19-10</td>
<td>Exp:12-19-10</td>
</tr>
<tr>
<td>Telephone Call</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Doxazosin 2mg Tab (C)**: Take one (1) tablet by mouth once daily for blood pressure.
2. **Erythromycin 2% Gel 30gm Top (C)**: Apply a small amount to affected area twice a day after washing.
3. **Flucinonide 0.05% Oint 60g (C)**: Apply a small amount to affected area twice a day.
4. **Grisofulvin Ultramicronize 125mg Tab (C)**: Take two (2) tablets by mouth twice a day for infection - take with food or milk.
5. **Triamcinolone 0.1% Cream 80gm (C)**: Apply a small amount to affected area twice a day.
Search for Note by Diagnosis

- Nov 07, 07 GENERAL VISIT
- Nov 07, 07 NOTE WITH BOILERPLATE
- Apr 07, 04 ADVANCE DIRECT

Title: GENERAL VISIT
Date of Note: Nov 07, 2007 11:36
Entry Date: Nov 07, 2007 11:36:58
Author: User, Power
Expense Cosigner: Status: Completed

Test

Signed: 11/07/2007 11:30
Annotating Reports (Radiology)

Exam Date/Time: 09/16/2003 11:00

Procedure Name: CHEST 2 VIEWS PA&LAT

Clinical History:
R/O ACTIVE TB FOR NURSING HOME

Impression:
MILD HYPERINFLATION OF THE LUNG FIELDS. NO EVIDENCE OF ACTIVE TUBERCULOSIS.

Report:
CHEST The heart and pulmonary vasculature are normal. No acute infiltrate or pleural effusion. There is small hyperinflation of the lung fields. Bony thorax is normal as visualized.

Annotation:

-----------------------------
TITLE: ANNOTATION
DATE OF NOTE: NOV 28, 2007@11:40:14 ENTRY DATE: NOV 28, 2007@11:43:22
AUTHOR: USER,POWER EXP COSIGNER:
URGENCY: STATUS: UNSIGNED
SUBJECT: Annotation of CHEST 2 VIEWS PA&LAT performed on 09/16/2003 11:00

This is a sample annotation of a chest film.
Facility: DEMO HOSPITAL
-----------------------------
Reproductive factors
Family History
### Infant Feeding

<table>
<thead>
<tr>
<th>Feeding Choice</th>
<th>Entry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOSTLY FORMULA</td>
<td>05/04/2010 15:44</td>
</tr>
<tr>
<td>1/2 &amp; 1/2 BREAST AND FORMULA</td>
<td>05/04/2010 12:17</td>
</tr>
<tr>
<td>FORMULA ONLY</td>
<td>05/04/2010 12:15</td>
</tr>
</tbody>
</table>

**Infant Feeding Choice**

- [ ] Exclusive Breastfeeding
- [ ] Mostly Breastfeeding
- [ ] 1/2 Breast 1/2 Formula
- [ ✜ ] Mostly Formula
- [ ] Formula Only

[Submit] [Cancel]
Asthma Classification and Control

- Prompt to add Asthma Classification on Problem List dialog
- Prompts to add Asthma Control when POV for asthma selected
Desktop tools
More to Come in EHR

- EHR v1.1 patch 7
  - Reminder dialog prompts for additional measurements (Behavioral Health, Asthma, OB type measures)
  - “Quick Notes”
  - Provider friendly updates to Med Order dialog to support e-Prescribing
  - Ability to move “outside meds” to inpatient or outpatient meds
  - Entry of historical measurements
Still More to Come in EHR

- EHR v1.1 patch 8 – C/MU Enhancements
- e-Prescribing
- Group visit/note entry
- Nursing Flow Sheets
- Prenatal Care Module
E-Prescribing

- RPMS certified for e-prescribing in 2008 but did not release
- Re-developing due to change in interface engine
- For 2010 adding Formulary capability (required for C&MU)
- Future development to include Med History
- Tribal programs will need direct agreement with SureScripts/RxHub
RPMS Group Notes Application

• Adapted from VA Group Notes and similar to Group entry in Behavioral Health
• Ad hoc or standing groups
• Enter all visit data (including notes) for entire group at once
• Add individual data (additional notes, measurements, etc.) for specific members
EHR Nursing Flow Sheets

• Intended principally for Inpatient, but can be used in ED, Day Surgery, Observation, etc.
• Entry of Vital Signs, Input/Output, other assessments.
• Customizable view, including graphing, that is compressible or expandable across time.
• Overlapping graph capability – I/O, BP, diuretic administration, etc.
Nursing Flow Sheet Component
Prenatal Care Module (VEN 2.7)

- Data collection and entry for:
  - First Prenatal Visit
  - Interim Prenatal Visits
  - Postpartum Visit
- Flowchart presentation where appropriate
- Data carries over to future pregnancies
- PCM is being redesigned for better compatibility with EHR Nursing Flow Sheets component
iCare and CMET
Care Management Event Tracking (CMET)

• Track and manage screening events by retrieving information from the database and presenting it in a useable way
• Minimize the “fall through the cracks” syndrome common in many clinical practices
• Minimize or eliminate the need for duplicative entries into RPMS
• Replaces tracking functions of Women’s Health package
• Delivered in iCare v2.1 and subsequently in EHR
How does it work?

• Extensive Data Mining for defined procedures or events
• 1) Queued items for staff to evaluate
• 2) Decision made to track or not
• 3) Follow up needed - when
• 4) Notification of Patient
CMET Workflow

1. Event

2. Finding

3. Follow-up

4. Pt Notification

Generates a dynamic Reminder
CMET Workflow

- Site sets up ‘ticklers’
- Data mining generates queue of Events
- Users work the list to determine which of the events will be accepted as a CMET and then tracked
- Ticklers are displayed when
  - Findings have not been entered into the CMET
  - Follow up has not been entered into the CMET
  - Pt Notification has not been entered into the CMET
- CMET Reminders are generated by the third step (Follow up) of the CMET
- CMET Reminders are displayed on the Health Summary along with Health Maintenance Reminders
### CMET Main View Queued Events

**Panel List**
- Panel Name
- Panel Description

**Flag List**
- Category
- Status
- Time Frame
- Community

**CMET Tracked Events**
- Patients: 1/25/2010 2:10:42 PM
- Patients: 1/25/2010 2:11:08 PM
- Patients: 3/5/2010 4:45:02 PM

**Community Alerts**
- Patient Detail: 10/28/2009 4:16:19 PM
- Patient Detail: 11/2/2009 4:16:04 PM

**Queued Events**
- Category: CERVICAL
- Patient Name: 114731-DEMO
- Sex: F
- Age: 19 YRS
- DOB: Mar 02, 1991
- Designated PCP: PONEMAH
- Community: RED LAKE

<table>
<thead>
<tr>
<th>Category</th>
<th>Patient Name</th>
<th>Sex</th>
<th>Age</th>
<th>DOB</th>
<th>Designated PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERVICAL</td>
<td>114731-DEMO</td>
<td>F</td>
<td>19 YRS</td>
<td>Mar 02, 1991</td>
<td>PONEMAH RED LAKE</td>
</tr>
<tr>
<td>COLON</td>
<td>100741-DEMO</td>
<td>F</td>
<td>61 YRS</td>
<td>Aug 28, 1938</td>
<td>RED LAKE</td>
</tr>
<tr>
<td>COLON</td>
<td>100815-DEMO</td>
<td>F</td>
<td>61 YRS</td>
<td>Jan 30, 1949</td>
<td>RED LAKE</td>
</tr>
<tr>
<td>COLON</td>
<td>100741-DEMO</td>
<td>F</td>
<td>61 YRS</td>
<td>May 15, 1923</td>
<td>RED LAKE</td>
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<tr>
<td>COLON</td>
<td>11529-DEMO</td>
<td>F</td>
<td>28 YRS</td>
<td>Jun 15, 1977</td>
<td>BEMIDJI</td>
</tr>
<tr>
<td>COLON</td>
<td>123453-DEMO</td>
<td>M</td>
<td>30 YRS</td>
<td>Dec 16, 1979</td>
<td>PASCUA PUEBLO</td>
</tr>
</tbody>
</table>
**Patient Demographics**

- **HRN:**
- **Sex:** FEMALE
- **Age:** 51 YRS
- **DOB:**

**1 - Event**

- **Event:** MAMMOGRAM SCREENING
- **Event Date:** MAR 5, 2008
- **Category:** BREAST
- **Tracked Date:** FEB 2, 2010 14:56:42
- **Tracked By:** ACORD ARLIS L
- **State:** OPEN
- **Comment:**
- **Close Reason:**

**2 - Findings**

- **Findings Due By:** 02/11/2010
- **Result:** MAR 5, 2008
- **Follow-up Recommended?**

<table>
<thead>
<tr>
<th>Date</th>
<th>Result</th>
<th>Interpretation</th>
<th>Comment</th>
<th>Last Edited</th>
<th>Last Edited By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 10, 2010</td>
<td>BI-RAD CATEGORY 1 - N...</td>
<td>Normal</td>
<td></td>
<td>Feb 10, 2010</td>
<td>SQUIRES, SKIP</td>
</tr>
<tr>
<td>Feb 25, 2010</td>
<td>BI-RAD CATEGORY 3 - P...</td>
<td>Abnormal</td>
<td></td>
<td>Mar 08, 2010</td>
<td>SQUIRES, SKIP</td>
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<tr>
<td>Mar 08, 2010</td>
<td>BI-RAD CATEGORY 3 - P...</td>
<td>Abnormal</td>
<td></td>
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</tr>
</tbody>
</table>

**3 - Follow-ups**

- **Follow-up Decision Due By:** 04/15/2010

<table>
<thead>
<tr>
<th>Event</th>
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<th>Comment</th>
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<tbody>
<tr>
<td>MAMMOGRAM SCREENING</td>
<td>Mar 05, 2010</td>
<td></td>
</tr>
<tr>
<td>BREAST MRI</td>
<td>Mar 31, 2010</td>
<td></td>
</tr>
<tr>
<td>BREAST AUGMENTATION</td>
<td>Mar 16, 2010</td>
<td></td>
</tr>
</tbody>
</table>

**4 - Patient Notifications**

- **Notification Due By:** 02/26/2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Method</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 10, 2010</td>
<td>COMMUNITY HEALTH REP</td>
<td></td>
</tr>
<tr>
<td>Mar 16, 2010</td>
<td>EMAIL</td>
<td></td>
</tr>
<tr>
<td>Date/Time Modified</td>
<td>Modified By</td>
<td>Field</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Apr 23, 2010 12:02 PM</td>
<td>EVERETT,BRIAN E</td>
<td>Event Comment</td>
</tr>
<tr>
<td>Apr 23, 2010 12:01 PM</td>
<td>EVERETT,BRIAN E</td>
<td>Notification Due By</td>
</tr>
<tr>
<td>Apr 23, 2010 12:01 PM</td>
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<td>Follow-ups - Comment</td>
</tr>
<tr>
<td>Apr 23, 2010 12:01 PM</td>
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<td>Follow-ups - Date Due</td>
</tr>
<tr>
<td>Apr 23, 2010 12:01 PM</td>
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<td>Follow-ups - Entered Date/Time</td>
</tr>
<tr>
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<td>EVERETT,BRIAN E</td>
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</tr>
<tr>
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<td>Last Modified Date/Time</td>
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<td>Findings - Comment</td>
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<tr>
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<td>Findings - Follow-Up Needed?</td>
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<td>Findings - Entered By</td>
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<tr>
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<td>Follow-up Recommended?</td>
</tr>
<tr>
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<td>Notification Due By</td>
</tr>
<tr>
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<td>Last Modified By</td>
</tr>
<tr>
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<tr>
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</tr>
<tr>
<td>Apr 23, 2010 11:55 AM</td>
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<td>Event Tracked Date/Time</td>
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<tr>
<td>Apr 23, 2010 11:55 AM</td>
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<td>CHAN,AUDREY</td>
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<tr>
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</table>
CMET Patient View Past Events

### Additional Demographics

- **Name:** [Redacted]
- **HRNs:** 100615-DEMO
- **Community:** [Redacted]
- **Address:** [Redacted]
- **SSN:** [Redacted]
- **Sex:** F
- **Age:** 86 YRS
- **DOB:** 16, 1923
- **Phone:** [Redacted]
- **Work Ph.:** [Redacted]
- **Alt. Phone:** [Redacted]

### Allergies

- **SELENIUM SULFIDE**

### Barriers to Learning

- **Apr 09, 2005** | COGNITIVE IMPAIRMENT

### Past Events

- **Category** | **Event Name** | **Event Date** | **Result**
- BREAST | MAMMOGRAM DX BILATERAL | Nov 03, 2009 | [Redacted]
- COLON | COLONOSCOPY | Jan 06, 2010 | [Redacted]
- | FECAL OCCULT BLOOD TEST (FOBT) | Jun 10, 2008 | [Redacted]
EHR Clinical Reminders
Reminders v1.5 p1007

• New reminders that correspond to those delivered in PCC Health Maintenance reminders
• Simplifies resolution logic for many of the reminders
  – Similar to immunization reminder findings
  – Single resolution logic (numerator): returns the finding from the PCC Health Maintenance reminder
  – When PCC HMR logic updates, automatically updates in corresponding EHR reminder
• Delivers enhanced Reminder Dialogs for Pap, Mammogram, Colon Cancer, Osteoporosis screening
• Delivers “Reminders” for Asthma Best Practice Prompts
  – EHR side reminder is “due” when the Best Practice Prompt is activated on the Health Summary
Reminders with simplified logic

- Alcohol screening
- Domestic Violence
- Depression Screening
- Hearing screening
- Mammogram
- Pap Smear
- Senior Vision
- Tobacco Screening
New reminders

• Asthma (correspond to the best practice prompts)
  – Control
  – Action plan
  – Primary care provider
  – Risk for exacerbation
  – Severity
  – Steroids
• Dental visit
• Diabetes screening
• EPSDT Evaluation
• Functional assessment
• Osteoporosis screening
New dialog format for:
Pap, Mammogram, Colon Cancer, Osteoporosis reminders

Delivers field requested ability to document historical data
New dialog format for:
Pap, Mammogram, Colon Cancer, Osteoporosis reminders
Data returned for reminders with new resolution logic

Applicable: Due every 1 year for ages 13Y to 99Y within cohort.
REMINDER DUE: Patient is in the age range of 13-110 and does NOT have V exam 35 or behavioral health module Alcohol Screening OR Measurements: V Measurement(PCC and BH) AUDC AUDT,CRFT OR Health factor with alcohol/Drug Catetogy (CAGE) OR ICD codes: V POV V79.1 OR Behavioral health module diagnosis (POV) 29.1 OR Patient education topics AOD-SCR or CD-SCR

REMINDER ON: if due within 3 mos

Resolution: Last done 08/04/2008
08/04/2008 Computed Finding: ; value - NORMAL/NEGATIVE; Exam: ALCOHOL SCREENING
Asthma reminder on when Best Practice prompt active

Clinical Maintenance: Asthma-on steroids

Due every 1 day for all ages within cohort.

03/22/2010 Problem Diagnosis: 493.90 ASTHMA, UNSPECIFIED
Prov. Narr. - Asthma/COPD

REMINDER ON: Patients with asthma who do not have a prescription in the past 6 months for inhaled corticosteroids. Asthma defined as:
1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.

Inhaled Corticosteroids:
- Site defined Medications: V Medications in BAT ASTHMA INHALED STEROIDS taxonomy
- NDC (National Drug Codes: V Medications as predefined in BAT ASTHMA INHLD STEROIDS NDC taxonomy

REMINDER ON: as needed
Checked asthma management system to see if due

Uses Best Practices prompt logic Active if active on Health Summary
Asthma dialog format

Reminder Resolution: Asthma-on steroids

REMINDER DUE if asthma severity > 1 OR iCare active asthma tag OR OR patient has had 3 or more asthma visits in the past 6 months AND patient does not have a prescription in the past 6mos for inhaled corticosteroids

RECOMMEND adding or increasing this patient's inhaled corticosteroids.

* Indicates a Required Field

Dialog returns text from Health Summary Best Practice prompt

<No encounter information entered>
Pharmacy–Related Development

• EHR v1.1 p6
  – Outside Meds
  – On-demand Order Checks
  – Prescription Auto-Finish
• Support for Multiple Drug Files
• COTS-RPMS Pharmacy Interface (eRx)
• E-Prescribing
• Pharmacy GUI interface
• Pharmacy Reports GUI
RPMS-COTS Rx “Interface”

- E-Prescribing messages do not need to go to SureScripts to be useful
- E-Rx enabled COTS applications should be able to communicate directly with RPMS
- Documentation to develop such communication has been developed
- Testing of the documentation is in planning stages at Sault Ste Marie (QS-1 customer)
Multiple Drug Files

• Many RPMS facilities require multiple drug files
  – Multi-divisional sites with separate pharmacies
  – Beneficiary/non-beneficiary treatment

• Multiple Drug File capability development under way in RPMS
  – Requirements complete – in Design phase
  – Development should be complete this summer
Pharmacy GUI Development

• Absence of GUI has been frustrating for many pharmacists

• Current activity to develop GUI for various workflows:
  – Direct pharmacy order entry (from paper)
  – Finishing provider-entered orders
  – Pending order queue
  – Refills (including Audiocare)
  – Allergy entry, Allergy verification

• Pharmacy reports (multiple)

• Inpatient GUI functions will follow
Pharmacy GUI
RPMS Practice Management Suite

• Patient Registration
• Patient Information Management System (PIMS)
  – Scheduling
  – Admission/Discharge/Transfer
  – Sensitive Patient Tracking
• Third Party Billing
• Accounts Receivable
• Pharmacy Point of Sale
• Contract Health Services / Referred Care Information System
Patient Registration GUI
Name: SMITH, JACOB SCOTT
HRNs: 123352-CI, 123351-CH, 123353-URA
Community: ANDREWS
Address: STAR ROUTE, BOX 51
          ANDREWS, NORTH CAROLINA 28901
Phone: 555-555-9532
DOB: Mar 2, 1940

CHS Eligibility: YES
Alt. Resources: NM Medicaid
Veteran: NO
Classification/Beneficiary: INDIAN/ALASKA NATIVE

Demographics

Street Address [1]: STAR ROUTE, BOX 51
City: MORGANTOWN
State: GEORGIA
Zipcode: 30660

Street Address [2]:
Street Address [3]:

Current Community: ANDREWS
Location of Home: SECOND WHITE HOUSE ON LEFT
Employer Name: COOPERS GARAGE
Spouse’s Emp. Name: WASHINGTON ELEM

Emergency Contact

Name: JOE SMITH
Phone Number: 673-488-1543
Relationship: BROTHER
Street Address: 35 OAK STREET
             PHOENIX, AZ 22222
DISCUSSION