

Quillen Quick Notes



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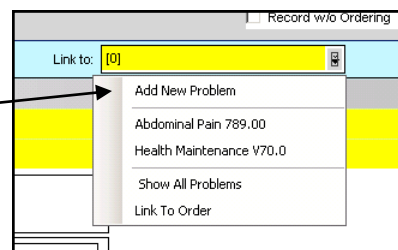
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Allscripts 11.2 Enhancements

Quillen EHR users can look forward to system changes that will truly make their lives easier. Beginning in March, the following enhancements will be added with the upgrade:

- **Searching for patients**—will allow the search by name and date-of-birth to be combined;
- **Chart Alerts**—will assist users with notifications assisting with compliance for Meaningful Use;
- **Reconciling medications and allergies**—is improved for quick and easy access;
- **No Reported Medications and No Active Problems**—will be available to select when appropriate, and will drop off when meds or problems are chosen;
- **Add New Problem**—will be available from the Medications Details window when ordering Rx;
- **Cancel Search**—will be available when a search is taking too long;
- **Medication verification**—will be available when a script is sent to a pharmacy electronically;
- **Medication cancellation**—sends a message to the pharmacy when an Rx is Entered in Error or Discontinued;
- **Flowsheets**—will show icons for unverified and/or abnormal results;
- **Task List**—windows are larger, making it easier to read the task details without opening the Task Detail window;
- **Documents**—tab is enhanced to display tasks associated with documents allowing physicians to view, edit, or sign documents directly from the screen;
- **Clinical Summary**—system generated automatically for each patient encounter for compliance with Meaningful Use.

Find out how you can win this prize! Go to Page 4.



Allscripts 11.2 Enhancement Training Schedule

The five Quillen ETSU Physicians practices that are currently live with the Electronic Health Record will be provided on-site education for the 11.2 upgrade. We want to make sure that the existing EHR users are prepared when we upgrade.

The EHR Team will go to each clinic and conduct training sessions for Physicians, Nurses, and Clerical Staff. Additionally, one member of the EHR Team will be present at each location during the first day of Go-Live with the upgrade.

The training dates have been chosen, and are as follows:

- Feb 15: Kingsport Family Medicine**
- Feb 23: Johnson City Family Medicine**
- Feb 28 & Mar 1: Bristol Family Medicine**
- Feb 28 & Mar 8: Kingsport Internal Medicine**
- Feb 29: Make-up class**
- Mar 6: Make-up class**
- Mar 9: OB/GYN**

YouTube Videos will also be made available for additional training, on our website www.quillenphysiciansehr.weebly.com.

Welcome, Mindy Fleishour

We are pleased to announce that **Mindy Fleishour** has joined the EHR Support Team.

Mindy's recent experience was driving strategic growth in the implementation and development of Microsoft SharePoint to MacDill Air Force Base as a noncommissioned officer in charge of Enterprise Information Management. She is experienced in publications, records, portal content web management, implementation, and training.

We are excited to welcome Mindy to the team, and we look forward to introducing her to everyone over the coming months!



EHR Upgrade Testing



The **EHR Team** began basic testing of the system upgrade after initial configuration in mid-December.

The Team has been performing more intense testing during January.

The next step is to bring in end-users to see what they find. Super-Users began testing at the Down-

town Center on January 31, and more is scheduled during February.

Our goal is to assure that every facet of the EHR is working as designed — and to develop workflows or work-arounds that allow users to perform their jobs when system limitations are identified.

New Hire EHR Training

The EHR Team continues to offer new user training classes on a monthly basis. The training has proven more effective after the user has been oriented to their new job and had the opportunity to observe other staff and workflows.

The following new user training classes are available:

- February 9, 8:00am — Front Desk Training
- February 16, 1:00pm — Nurse Training
- February 21, 1:00pm — Provider Training

Contact **Monaco Briggs** to schedule training.

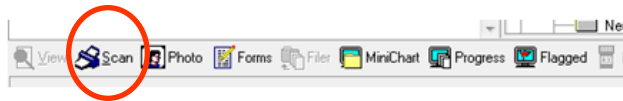


Users who would like a refresher course are also welcome to attend.

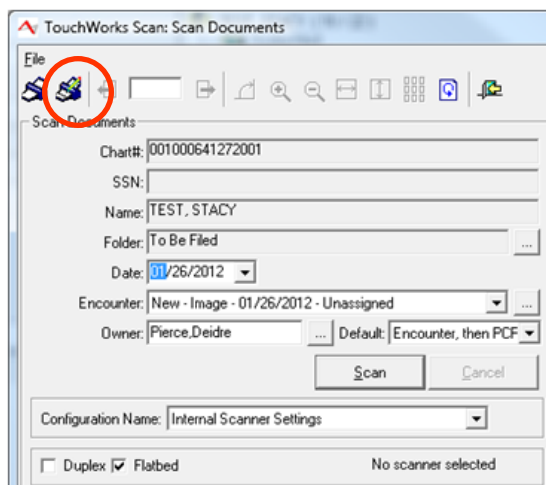
From the Developer Zone

Changing Scanner Settings

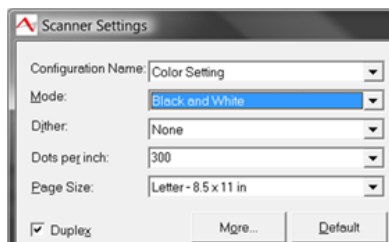
Search for and select a patient in the Scanning system. Click the **Scan** icon in the lower-left portion of the screen.



The **TouchWorks Scan: Scan Documents** window will open. Select the Scanner Settings icon.



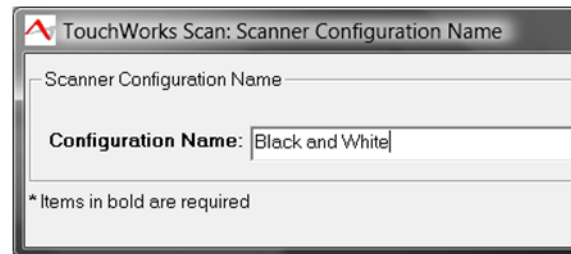
The Scanner Settings window opens for setting options: **Black and White** and **24-bit Color**.



Black and White settings:

- Mode: Black and White
- Dither: None
- Dots per inch: 300
- Page Size: Letter 8.5 x 11
- Duplex: Check the box

Once you have all the settings changed, you will click **Save As** to input the Configuration Name. Save it as **Black and White** and click **OK**.

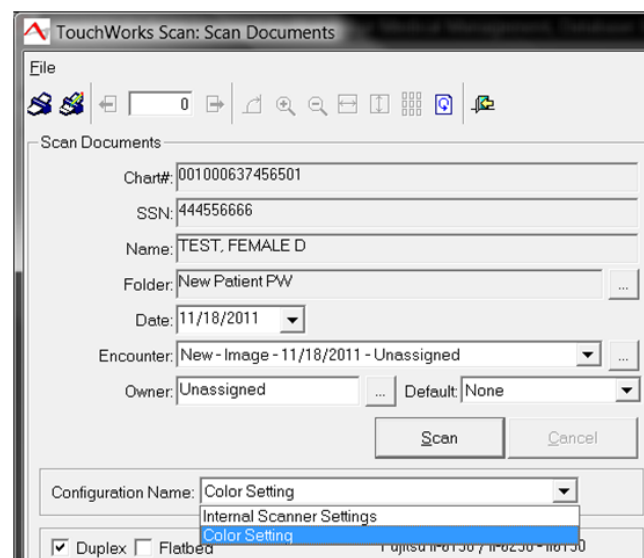


Set the **24-bit Color** option the same way:

- Mode: 24-bit Color
- Dither: None
- Dots per inch: 300
- Page Size: Letter 8.5 x 11
- Duplex: Check the box

Click **Save As** again, and assign the Configuration Name (Color Setting). Click **OK**.

Having done this, you can now quickly change the scanning from Black and White to Color by clicking the drop-down arrow beside Configuration Name on the **Scan Documents** window.



EHR Challenge Winner

Thanks to all who participated !!!

The January challenge winner is **Sandy Moore**, with the Billing Department at the Downtown Center.

Sandy correctly visited our **EHR Weebly** home page and submitted a comment.

Congratulations, Sandy!



Left: Sandy Moore receiving the January prize, consisting of an Allscripts notebook and pen and a \$10 gift card to Sonic Restaurant

February Challenge

What is the home phone number for Kirk Allscripts?

Task your answer to the ****ALLSCRIPTS HELPTEAM****

The winner will be chosen by drawing from everyone submitting the correct answer.

Help Desk Support. . .

When contacting the Help Desk, consider the nature of the support you need:

If your need is **URGENT**, call 423-282-6122.

If you have a question or message that does not need to be answered immediately, choose one of the following:

1. Click on the **QITS Help Icon** on the desktop and open a ticket
2. Send an e-mail to EHRhelp@qetsu.org
3. Send us a task from your task list; choose "Allscripts Help."

Remember, the Help Desk is open from 8 to 5, M-F.



After-Hours Support: After-hours support is not available—due to the size of the EHR team. However, if you have an urgent need, you may send an e-mail with a return phone number to EHRhelp@qetsu.org. If a member of the team is available, we will get back in touch with you as soon as possible. Please note that messages left on voice-mail after hours will not reach us until the next work day.

Are you a Meaningful User?



If you haven't heard someone use the term "meaningful use" around the office, then you've probably not been paying attention. Providers and administrators have been frantically trying to prepare for it, but exactly what "it" is can be a bit confusing.

So exactly how does one define "meaningful use"?

While not everyone who uses EHR may agree on the exact definition, the government hasn't been hesitant to chime in. And why shouldn't they? The whole program has been established to monitor how EHR is improving patient care delivery. During each year of participation in the EHR Meaningful Use Incentive Program, eligible providers must report on 20 of 25 specific measures if they want to receive incentive payments for meaningful use of their EHR. These include 15 required core objectives and 5 objectives from a list of 10 optional objectives. They must also report on 6 clinical quality measures from a list of 3 required, 3 alternate, and 38 additional measures.

Confused yet?

Meaningful use can get a bit complicated. Some of the measures and objectives can be difficult to understand, and reporting on them is even more complicated.

Below are the first 10 of 15 core objectives—those that every Eligible Provider (EP) must report on:



1. Use **CPOE (computerized physician order entry) for greater than 30% of unique patients with at least one medication in the medication list.** *Simply put, the provider should use a computer or mobile device to order a medication and record it for more than 30% of his/her patients (and 'unique' means you can't count the patient more than once). It's not exactly the same thing as e-prescribing, which requires sending the script to a pharmacy. See #4.*
2. Implement **drug-drug and drug-allergy checks.** *This one's pretty straightforward. Whichever EHR system the provider uses, it must alert the provider regarding drug-to-drug and drug-to-allergy interactions. As long as it's in place for the entire reporting period, then this objective is satisfied.*
3. Maintain an **up-to-date problem list of current and active diagnoses for more than 80% of unique patients.** *Basically, this objective requires that the provider enter active and past problems into the patient's medical record. The information can be obtained either from the previous record, a transferred record, the EP's diagnosis, or from asking the patient. Probably the most important thing to remember about this objective is that SOMETHING has to be documented, even if the patient doesn't have any active problems. When our system is upgraded in March, our providers will be able to easily document "no active problems." Also of note, 'unique', like in #1 above, means a patient can't be counted more than once.*
4. More than 40% of permissible **prescriptions** written by the provider are generated and transmitted elec-

tronically. *Very similar to #1, but still unique in that these are actually prescriptions that are sent and received electronically, not just ordered and recorded in the system. Keep in mind, depending on state law, scheduled drugs cannot be sent electronically, so these would not count toward the requirement.*

5. Maintain an **active medication list on more than 80% of all unique patients.** *As with #3, something has to be recorded, even if the patient has no active meds, and remember the definition of 'unique'--CMS isn't talking encounters, they mean individual patients.*

6. Maintain an **active allergy list on more than 80% of all unique patients.** *See #5 above but substitute allergies with medications.*

7. Record the following **demographics: preferred language, gender, race and ethnicity, and date of birth on more than 50% of unique patients.** *This one is pretty straightforward as well. These demographics are captured by most offices on patient paperwork. The biggest challenge will be making sure that all the information is entered into the computer at each visit.*

8. Record and chart **vitals signs on more than 50% of unique patients age 2 and over.** *As with #7, most offices already capture this information; however, CMS requires that BMI be calculated and displayed in the chart, as well as the plotting of growth charts (with BMI) for patients ages*

2-20.

9. Record **smoking status for more than 50% of unique patients 13 and over.** *Providers must remember to use CMS-acceptable terminology when documenting the smoking status of their patients. These options include*

- Current every day smoker
- Current some day smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked

Once Quillen users upgrade to the 11.2 version of Allscripts, these will all be designated with MU for acceptable documentation.

10. Report ambulatory clinical quality measures (CQMs) to CMS (or to the State, if Medicaid). *These include such measures as adult weight screening, hypertension, and tobacco use intervention. For providers who see pediatric patients, they can choose from immunization status or weight assessment. Another alternate is flu vaccination in patients 50 or older. The list of 38 additional CQMs is available for download at the [CMS website](#).*

For the rest of the list of core objectives, and continued explanation of Meaningful Use, check out the Quillen EHR blog on our website at quillenphysician-sehr.weebly.com.