ChartMaker® Clinical Release Notes

ChartMaker® 2018 (fv6.3.1)

Added Features

- **Direct Messaging – Generate and Attach CDA –** The Export Patient Data dialog, when accessed via the Generate and Attach CDA button in the New Direct Message dialog, has been updated with a **Practice** field and an **Open Referrals** field in the Options section of the dialog. See Figure 1. When the patient is in multiple practices, the Practice field will default to the practice selected in the **Defaults for Notes** field in the General preferences. You can then select among the practices the patient belongs to, as needed. The Open Referrals field will only be active if the patient selected has any open referrals, and will default to the open referral with the most recent date, if there are multiple open referrals. If the patient *does not* have any open referrals, the Open Referrals field will be disabled, and there will not be a **Referral Summary** option in the Document Type field. The selected Practice and Open Referral, if applicable, will be included in the exported document.

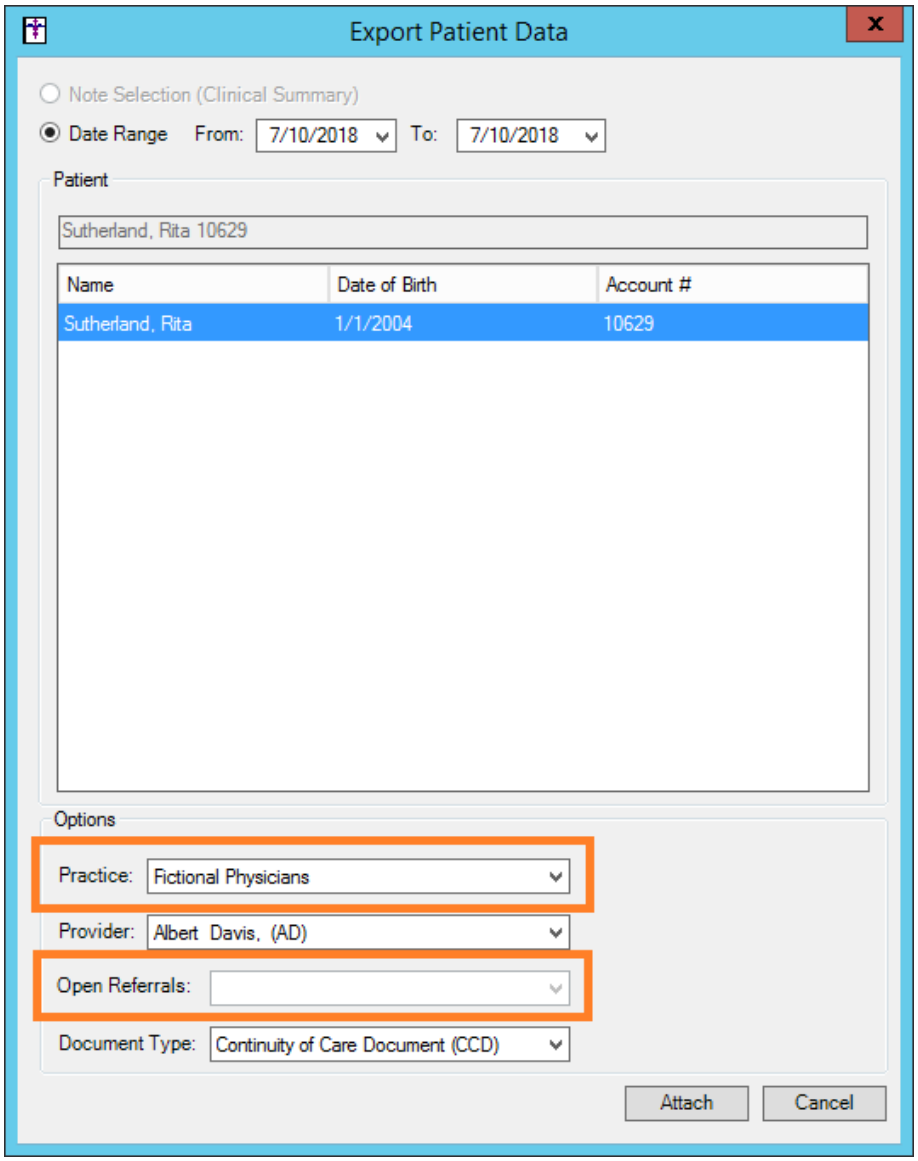


Figure 1 – Export Patient Data

- **Export Patient Data –** The Options section, of the Export Patient Data dialog, has been updated with a **Practice** field when exporting data for a single patient for a Date Range. The Practice field will only appear when the Data Range option is selected, and when accessing the Export Patient Data dialog from a patient's open chart (**Chart** > **Export** > **Patient Data** or **Chart** > **Export Patient Data**). See Figure 2. If you access the Export Patient Data dialog when you are not in a patient's chart, and select the Date Range option, the Practice field will not appear in the Options section of the dialog.

  When the Practice field is active, and the patient is in multiple practices, the Practice field will default to the practice selected in the **Defaults for Notes** field in the General preferences. You can then select among the practices the patient belongs to, as needed. The selected practice will then be included in the exported document.

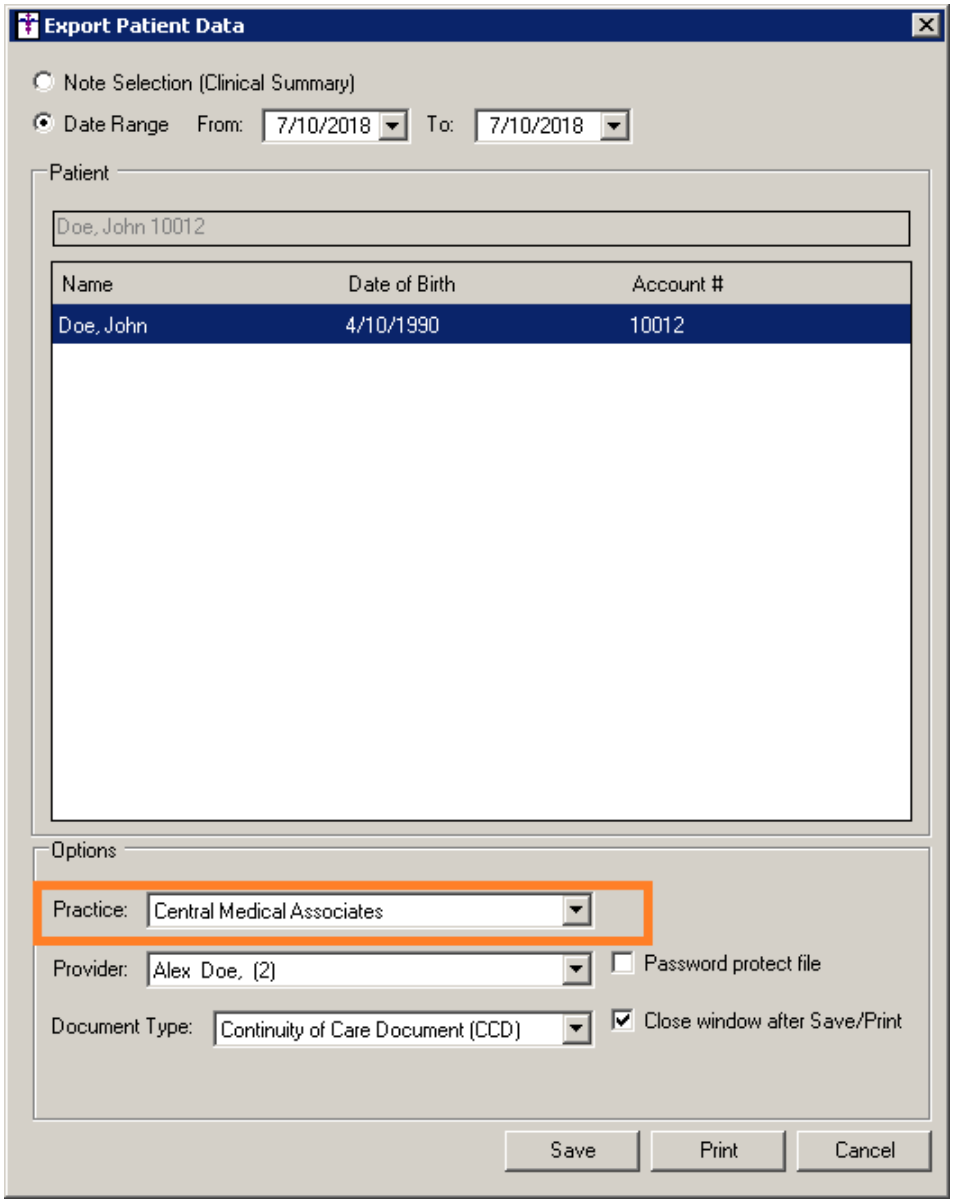


Figure 2 – Export Patient Data

Added Features (continued)

- **Growth Charts –** The Select Pages to Print section of the STI Growth Chart has been updated to better display what age groups are being plotted and displayed in the applicable growth charts. See Figure 3 and 4. If the patient does not meet the criteria of age, weight, length, stature, head circumference, etc. of a growth chart, it will not be plotted on the chart. If it does meet the criteria it will be plotted.

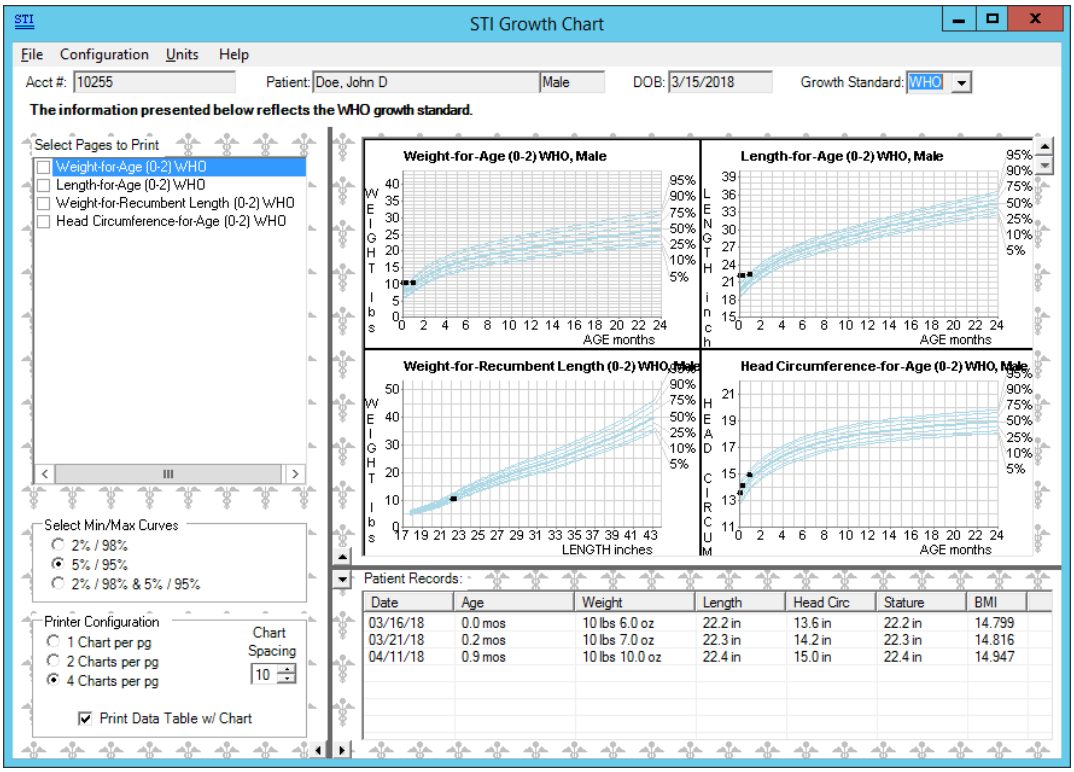


Figure 3 – STI Growth Chart

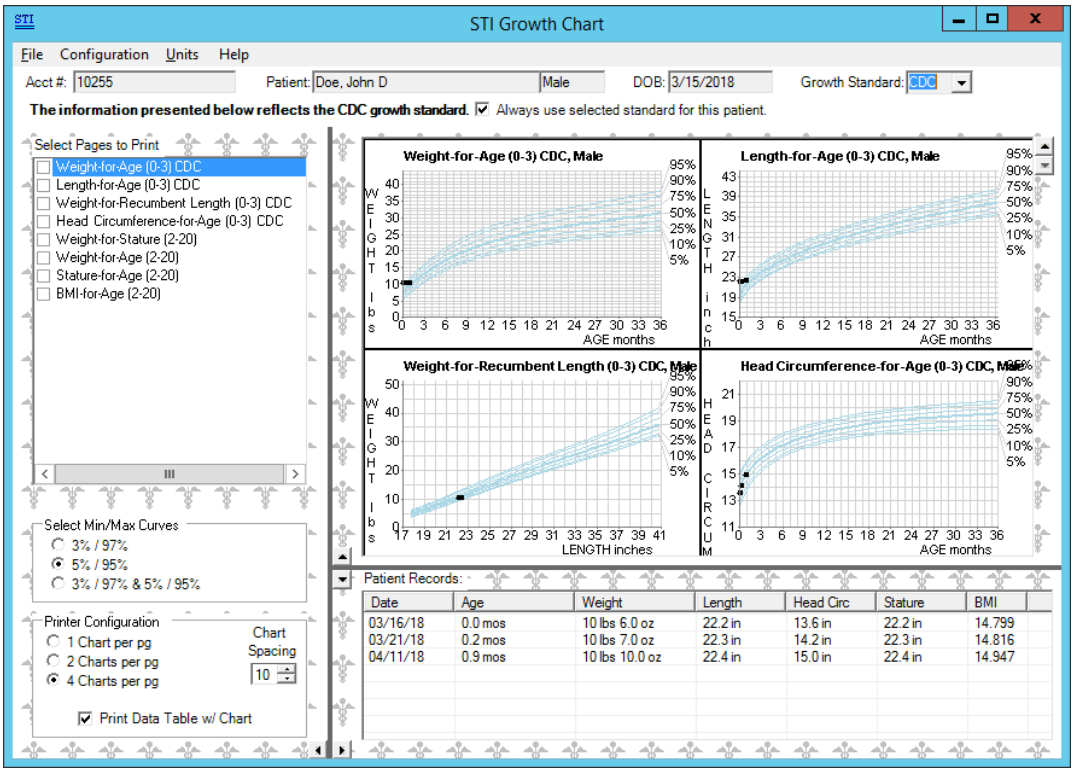
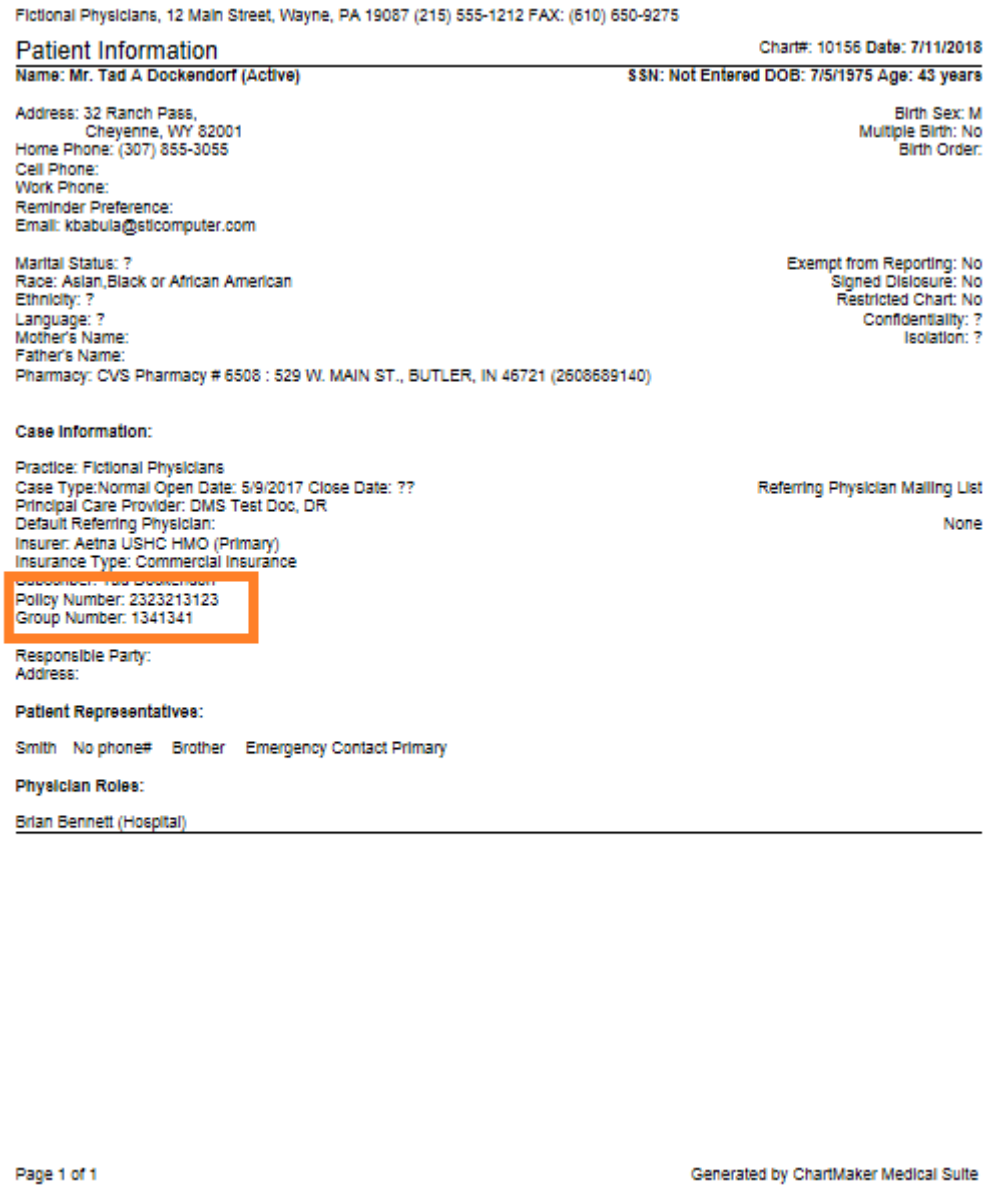


Figure 4 – STI Growth Chart

Added Features (continued)

- **ID Tab – Printing –** The system has been updated so that when printing patient demographic information via the ID tab (**Chart** > **Print** or **Chart** > **Print Preview**) the insurance Policy Number will appear before the insurance Group Number. See Figure 5.



Fictional Physicians, 12 Main Street, Wayne, PA 19087 (215) 555-1212 FAX: (610) 650-9275

Patient Information — Chart#: 10156 Date: 7/11/2018

Name: Mr. Tad A Dockendorf (Active) — SSN: Not Entered DOB: 7/5/1975 Age: 43 years

Address: 32 Ranch Pass,
Cheyenne, WY 82001
Home Phone: (307) 855-3055
Cell Phone:
Work Phone:
Reminder Preference:
Email: kbabula@sticomputer.com

Birth Sex: M
Multiple Birth: No
Birth Order:

Marital Status: ?
Race: Asian,Black or African American
Ethnicity: ?
Language: ?
Mother's Name:
Father's Name:
Pharmacy: CVS Pharmacy # 6508 : 529 W. MAIN ST., BUTLER, IN 46721 (2608689140)

Exempt from Reporting: No
Signed Disclosure: No
Restricted Chart: No
Confidentiality: ?
Isolation: ?

Case Information:

Practice: Fictional Physicians
Case Type:Normal Open Date: 5/9/2017 Close Date: ??
Principal Care Provider: DMS Test Doc, DR
Default Referring Physician:
Insurer: Aetna USHC HMO (Primary)
Insurance Type: Commercial Insurance
Policy Number: 2323213123
Group Number: 1341341

Referring Physician Mailing List
None

Responsible Party:
Address:

Patient Representatives:

Smith No phone# Brother Emergency Contact Primary

Physician Roles:

Brian Bennett (Hospital)

Page 1 of 1 — Generated by ChartMaker Medical Suite

Figure 5 – ID Tab – Print Preview

- **Immunization Registry – MDIIS –** The system has been updated so that the Maryland (Immunet) Immunization Information System (MDIIS), in conjunction with the ChartMarker® Medical Suite, utilizes 2.5.1 HL7 bidirectional messaging and exchange of vaccine (immunization) information. Once the system is set up, and you are enrolled with MDIIS, immunization records will be automatically sent to the MDIIS when the immunization record is saved (via the **Next Account** button) in the Immunization sub-tab of the Clinical tab in Practice Manager, or when a chart note is saved or closed in the Clinical application.

Added Features (continued)

- **Medication – Confirm Prescription–** The Confirm Prescription dialog has been updated so that whenever there are any prescription savings materials available to print for the medication being prescribed, a green checkmark indicator will appear next to the Print patient prescriptions savings materials option. See Figure 6. The indicator will appear whenever any savings material is available, whether the option itself, is checked or unchecked.

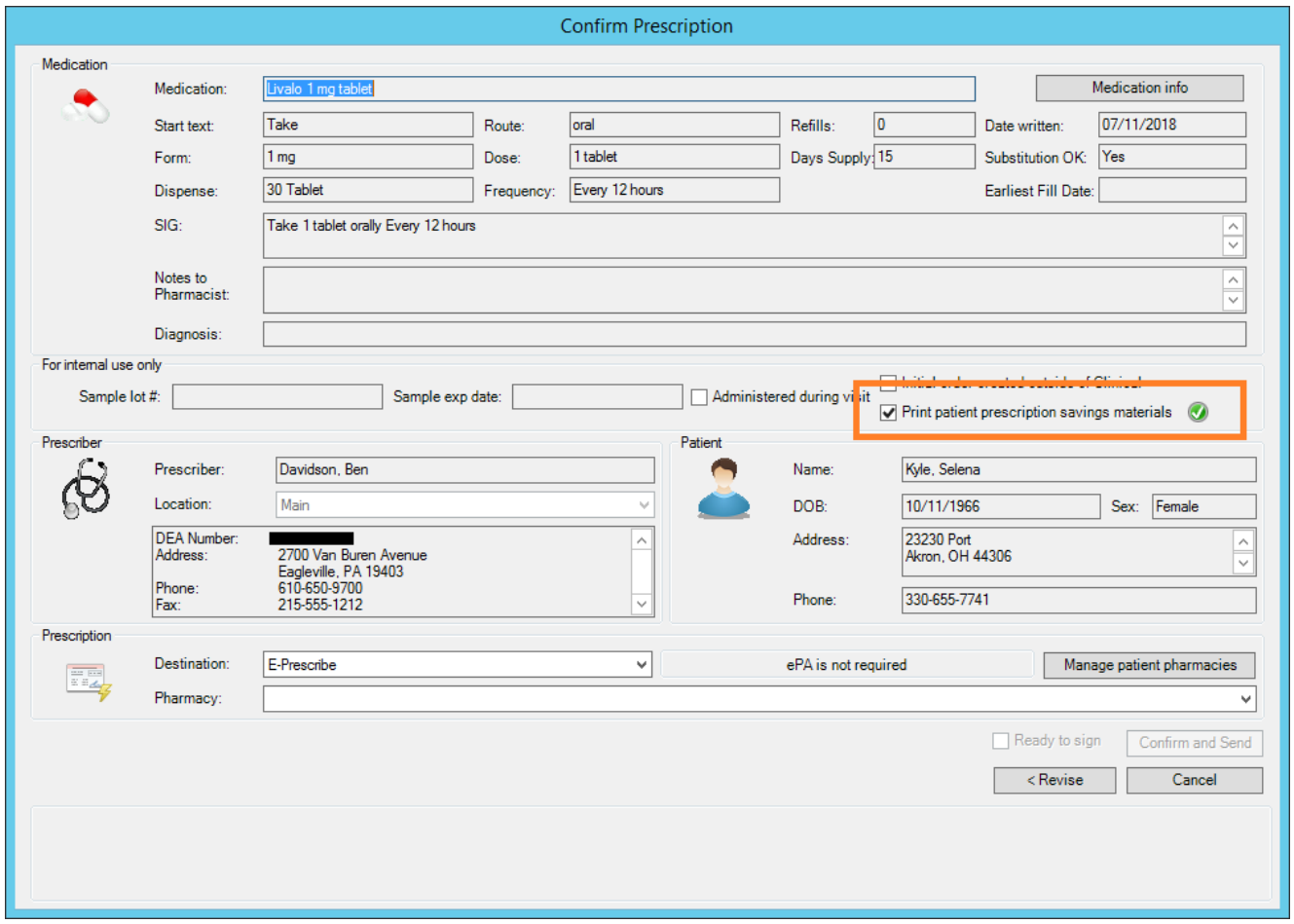


Figure 6 – Confirm Prescription

- **Medications – Prescription Layout Tool** – The Prescription Layout Editor has updated with a new days supply (**DAYS**) tag that allows you to include the number of days supply of the medication you are prescribing for the patient, if needed.

- **MIPS Dashboard – Configuration–** The MIPS Dashboard Configuration dialog has been updated so that whenever the Performance period is in the year 2018 or greater, the Advancing Care Information Exemption and Advancing Care Information Measures sections will be relabeled **Promoting Interoperability Exemption** and **Promoting Interoperability Measures.** See Figure 7.

- **MIPS Dashboard – Configuration–** The MIPS Dashboard Configuration dialog has been updated with a new Cost Case Minimums section for MIPS 2018. See Figure 7. The **Cost Case Minimums** section will only appear when the Performance period year is 2018 or greater. The options are for whether cost case minimums were not met, or met. If **The case minimums were not met** option is selected, the Cost category weight will be redistributed to the Quality category weight (where the Quality will be worth 60% of the total, instead of 50%). You can click the corresponding **Do I qualify?** link for more information regarding the options. See Figure 8.

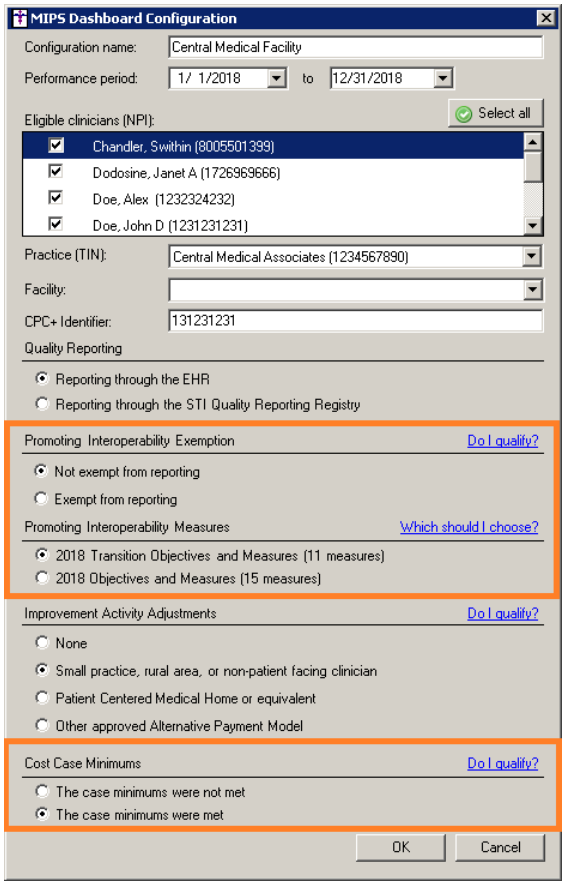


Figure 7 – MIPS Dashboard Configuration

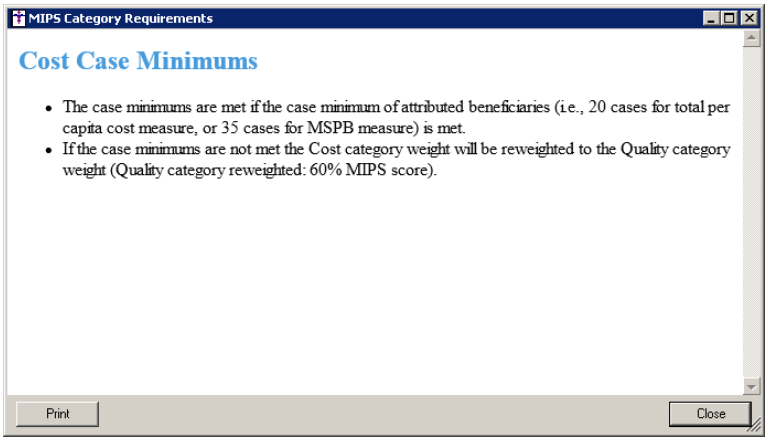


Figure 8 – MIPS Category Requirements

- **MIPS Dashboard – MIPS Requirements –** The MIPS Category Requirements dialog, accessed via the **MIPS Requirements** link in the MIPS Dashboard, has been updated to reflect the new category requirements for the 2018 reporting period. See Figure 9.



Figure 9 – MIPS Category Requirements

- **MIPS Dashboard – Cost–** The Cost category is now accessible in the MIPS Dashboard Configuration dialog for MIPS 2018, allowing you to manually configure your Cost Score. Do note that the Cost category will be disabled when the **The case minimums were not met** option is selected in the **Cost Case Minimums** section of the MIPS Dashboard Configuration dialog.

  After the Cost option has been clicked in the MIPS Dashboard, a Cost dialog will appear with the configuration name, selected in the MIPS Dashboard, in the title bar. See Figure 10. You can then manually enter the applicable **Cost Score** in the corresponding field, and then click the **OK** button. The Category score and Weighted score for the Cost category will then be displayed in the MIPS Dashboard.

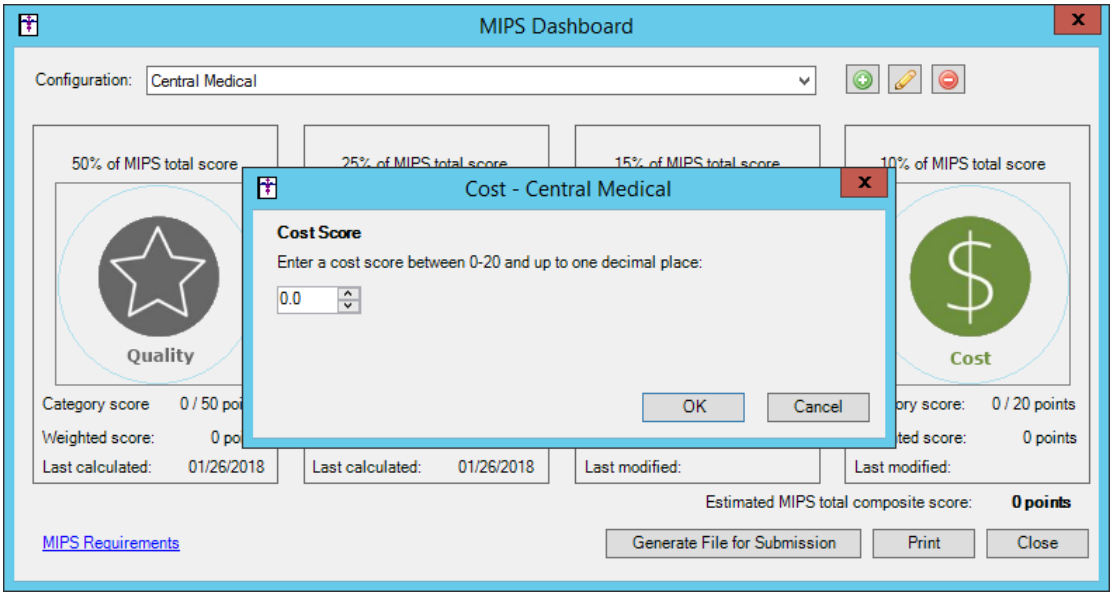


Figure 10 – MIPS Dashboard –Cost

Added Features (continued)

- **MIPS Dashboard – Improvement Activities –** The Improvement Activities dialog has been updated with new and revised improvement activities for MIPS 2018. These are broken up into the sub-categories (**PI Bonus**, **High Weighted**, and Medium Weighted) in a similar manner as the previous year. See Figure 11. For each entry you can click the corresponding **More Info?** link to view further details regarding the activity. In addition, the configuration name selected in the MIPS Dashboard will now appear in the title bar next to the dialog name.

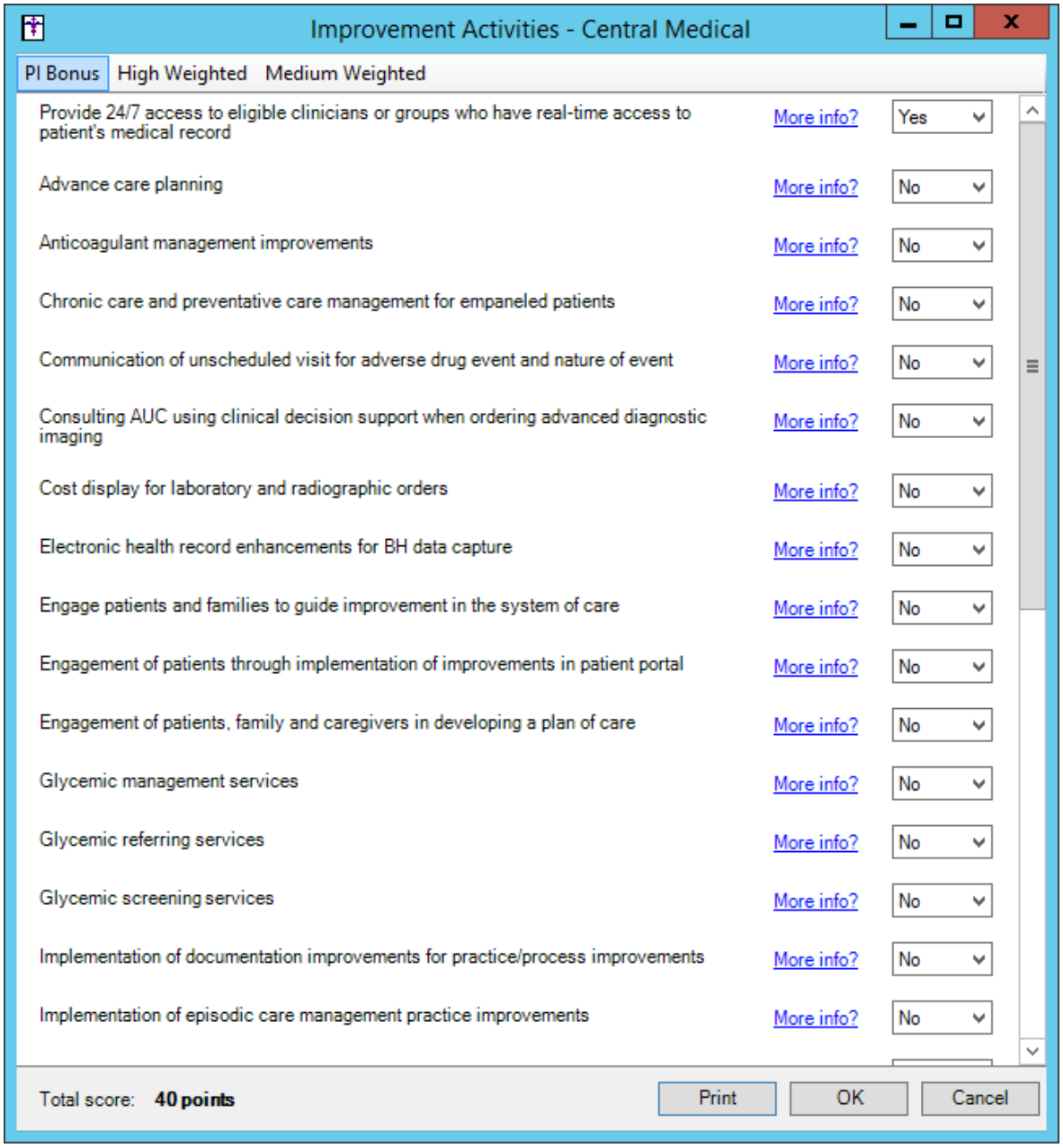


Figure 11 – Improvement Activities

- **MIPS Dashboard – Quality –** The Quality Measures dialog has been updated to include the 2018 benchmarks and scoring based on those new benchmarks for MIPS 2018. Benchmarks for individual CQMs can be accessed by double-clicking the CQM in the calculation (right) pane. Likewise, the overall percentage breakdown for the Quality category for MIPS 2018 has changed to 50%. Do note that the percentage for Quality will increase by 10% if case minimums were not met for the Cost category, and will increase by 25% if exempt from the Promoting Interoperability category, and are configured as such in the MIPS Dashboard Configuration dialog.

  The Quality category is based on a full performance year for MIPS 2018, therefore the Quality Measures will run for the entire year based on the Performance period configured in the MIPS Dashboard Configuration dialog.

  The Quality Measures dialog has also been updated to include denominator exclusion and exceptions in the CQM calculation which will be displayed in the new **Den Exclusions** and **Exceptions** columns, when applicable. These columns and applicable results will also be included when printing the Quality Measures. See Figure 12.

  Also, when a CQM contains multiple population factors, each individual population factor will be stacked in the grid, with the applicable numerator, denominator, denominator exclusion, and exceptions for each population factor, and then calculated into a total result and score for the CQM. For example, see CMS156v6 in Figure 12 below.

  In addition, the configuration name selected in the MIPS Dashboard will now appear in the title bar next to the dialog name.

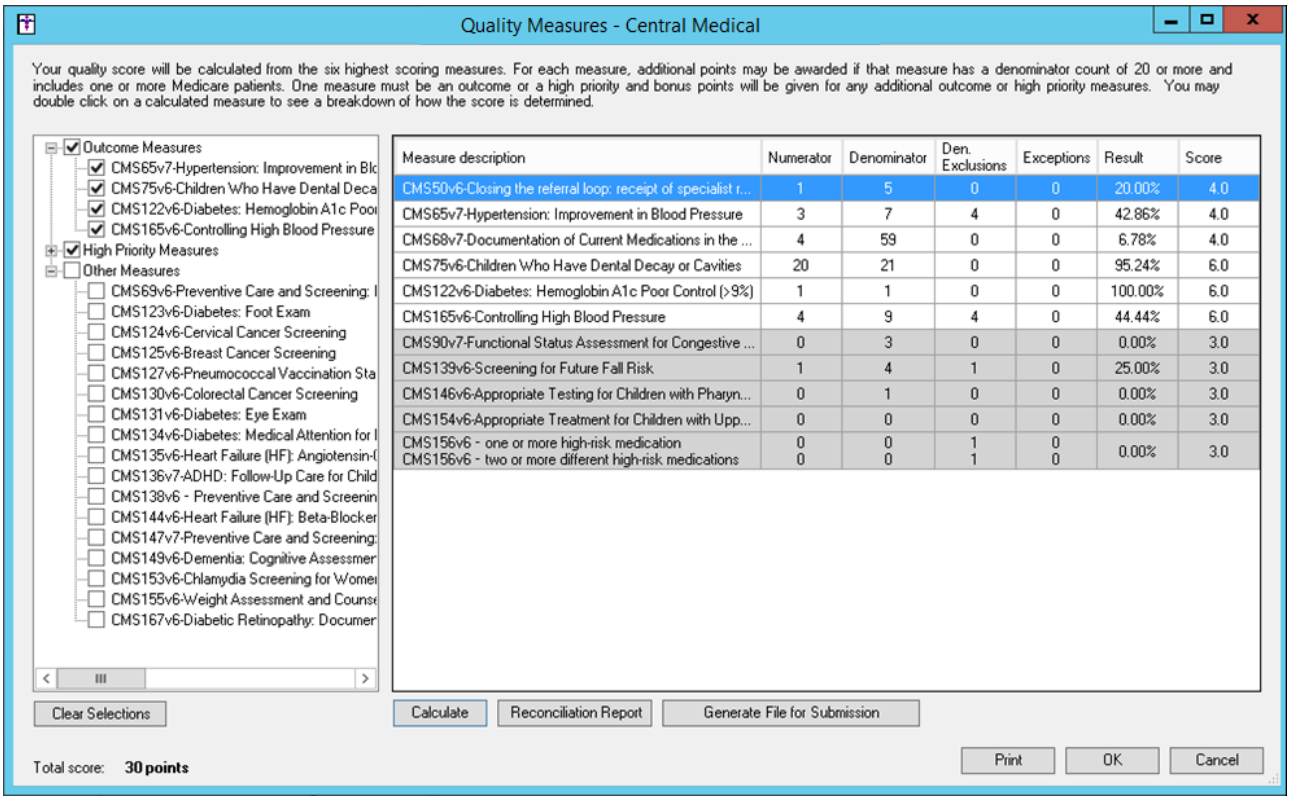


Figure 12 – Quality Measures

- **MIPS Dashboard – Promoting Interoperability –** The Advancing Care Information category has been renamed Promoting Interoperability for MIPS 2018. Whenever the performance period year is 2018 or greater, the MIPS Dashboard and associated dialog, Promoting Interoperability, will be labeled as such. See Figure 13 and 14. In addition, the configuration name selected in the MIPS Dashboard will now appear in the title bar next to the dialog name.

- **MIPS Dashboard – Promoting Interoperability – 2018 Transition Objectives and Measures –** The Performance Score section of the Promoting Interoperability dialog has been updated so the **(0 -10)** has been removed from the Score column to more accurately display the scoring range, as some measures can earn up to 20 points. See Figure 14. The Score column, sans (0 -10), will be displayed only when the **2018 Transition Objectives and Measures** option is selected in the **Promoting Interoperability** section of the **MIPS Dashboard Configuration** dialog.

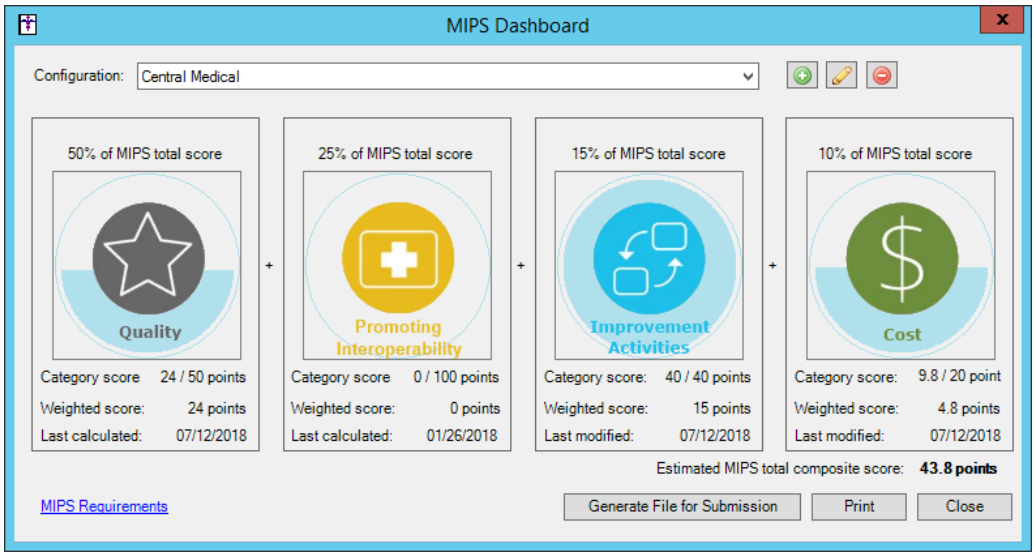


Figure 13 – MIPS Dashboard

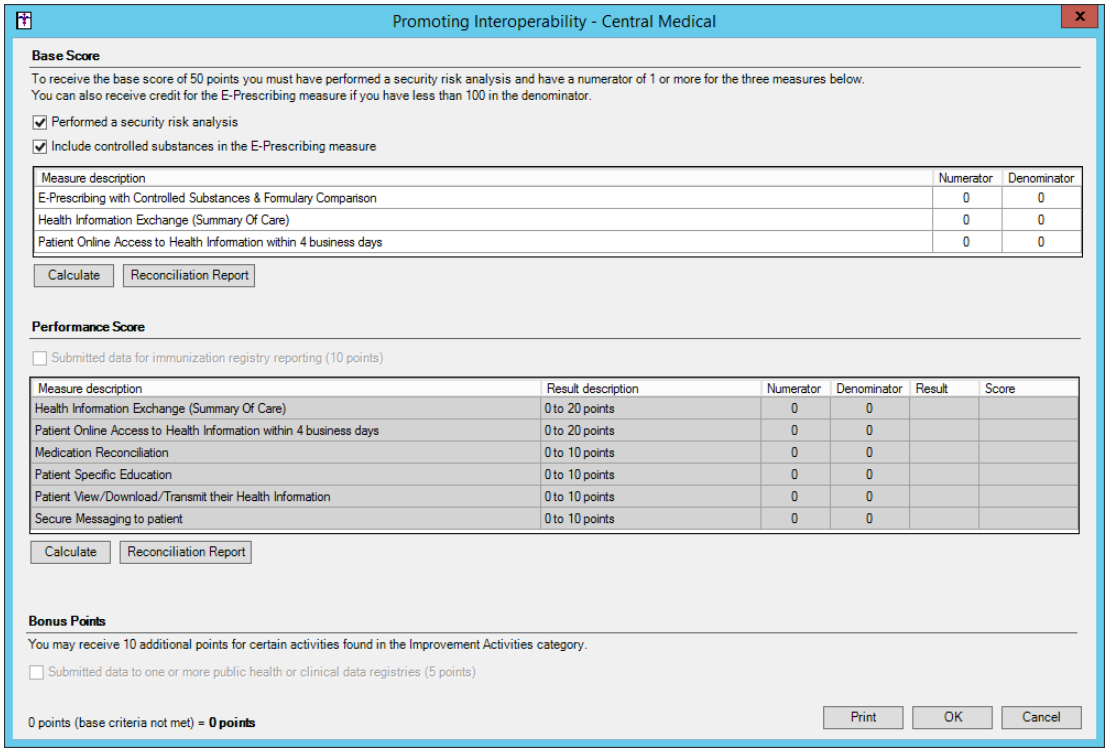


Figure 14 – Promoting Interoperability – 2018 Transition Objectives and Measures

- **MIPS Dashboard – Promoting Interoperability – 2018 Objective and Measures –** The Promoting Interoperability dialog has been updated with changes for MIPS 2018 when the **2018 Objectives and Measures** option is selected in the **Promoting Interoperability** section of the **MIPS Dashboard Configuration** dialog.

  In the Performance Score section, the **Submitted data to any single public health agency or clinical data registry including immunization registry (10 points)** option has replaced the Submitted data for immunization registry reporting (10 points) option in previous versions. See Figure 15. Likewise, a **Specified Reporting Registry** field has been added, allowing you to select the type of registry data (Immunization Registry Reporting, Syndromic Surveillance Reporting, Public Health Registry Reporting, or Clinical Data Registry Reporting) that is being submitted.

  In the Bonus Score section, a new **You will receive 10 additional points by using the 2018 Objective and Measures** sentence has been added to indicate that by using these objective and measures, 10 bonus points will be added to your total score. Also, the **Submitted data to an additional health agency or clinical data registry not reported under the Performance Score section (5 points)** option has replaced the Submitted data to one or more public health or clinical data registries (5 points) option in previous versions. A **Specified Reporting Registry** field has been added as well, allowing you to select the type of additional registry data (Immunization Registry Reporting, Syndromic Surveillance Reporting, Public Health Registry Reporting, or Clinical Data Registry Reporting) that is being submitted.

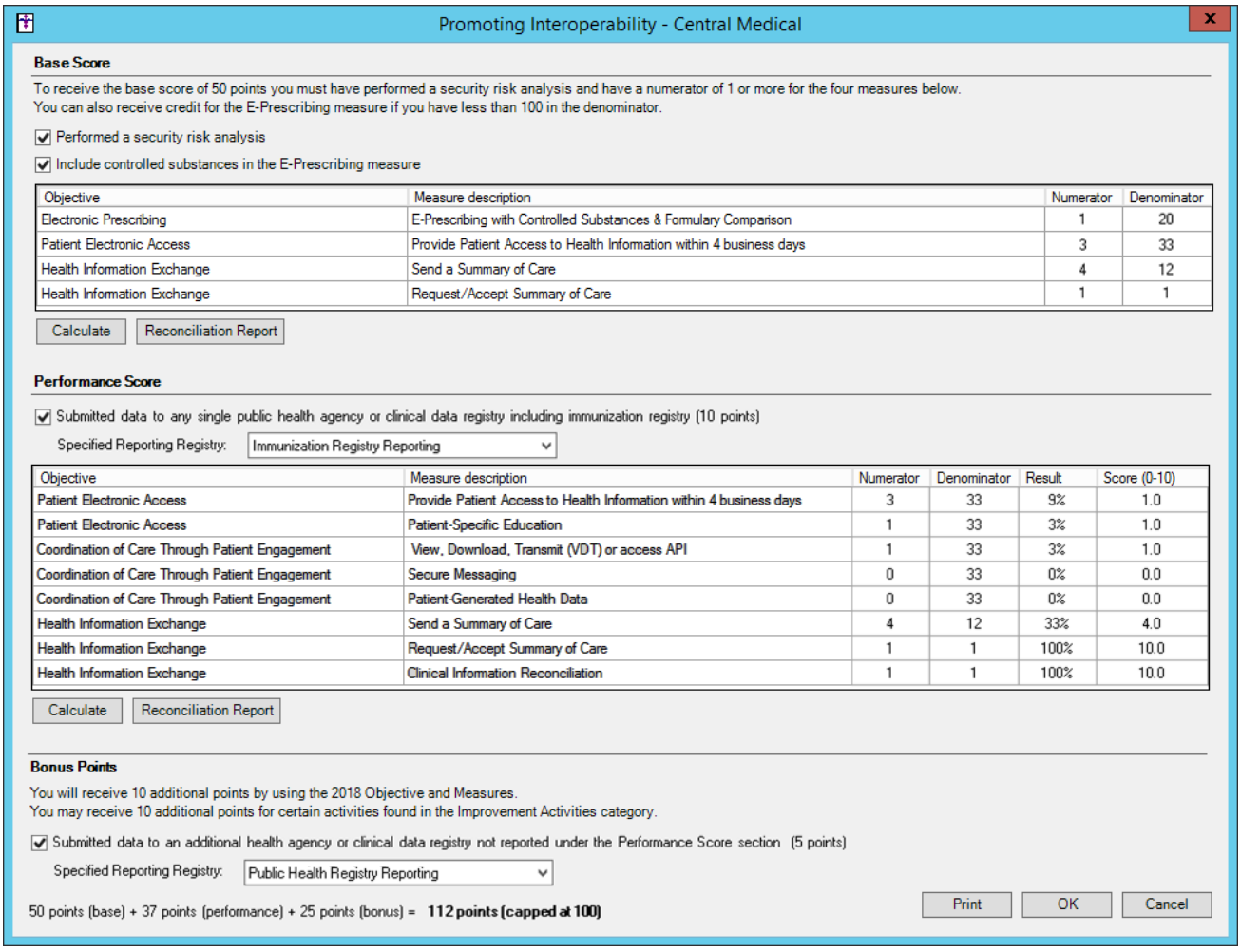


Figure 15 – Promoting Interoperability – 2018 Objectives and Measures

Added Features

- **The Note Tab – Screening –** The Screening widget has been updated to allow you to view and select any changes in the various screenings in the widget without having to update your chart template with the a new (e.g., the latest) Screening widget. When changes are made to the various screenings in the Screening widget, they will automatically be viewable and configurable in all ***new*** chart notes. Previous chart notes that were entered prior to the system update will contain the original options and selections for the various screenings at the time of note entry.

- **The Note Tab – Screening – Falls Risk Assessment Form –** The initial section of the Falls Risk Assessment Form screening (accessed via the **Screening** button in the chart note), has been updated so that the **Screening not done for medical reason** option has been removed for all ***new*** chart notes. See Figure 16. Previous chart notes that were entered prior to the system update will contain this option and the original selections made for this screening at the time of note entry.

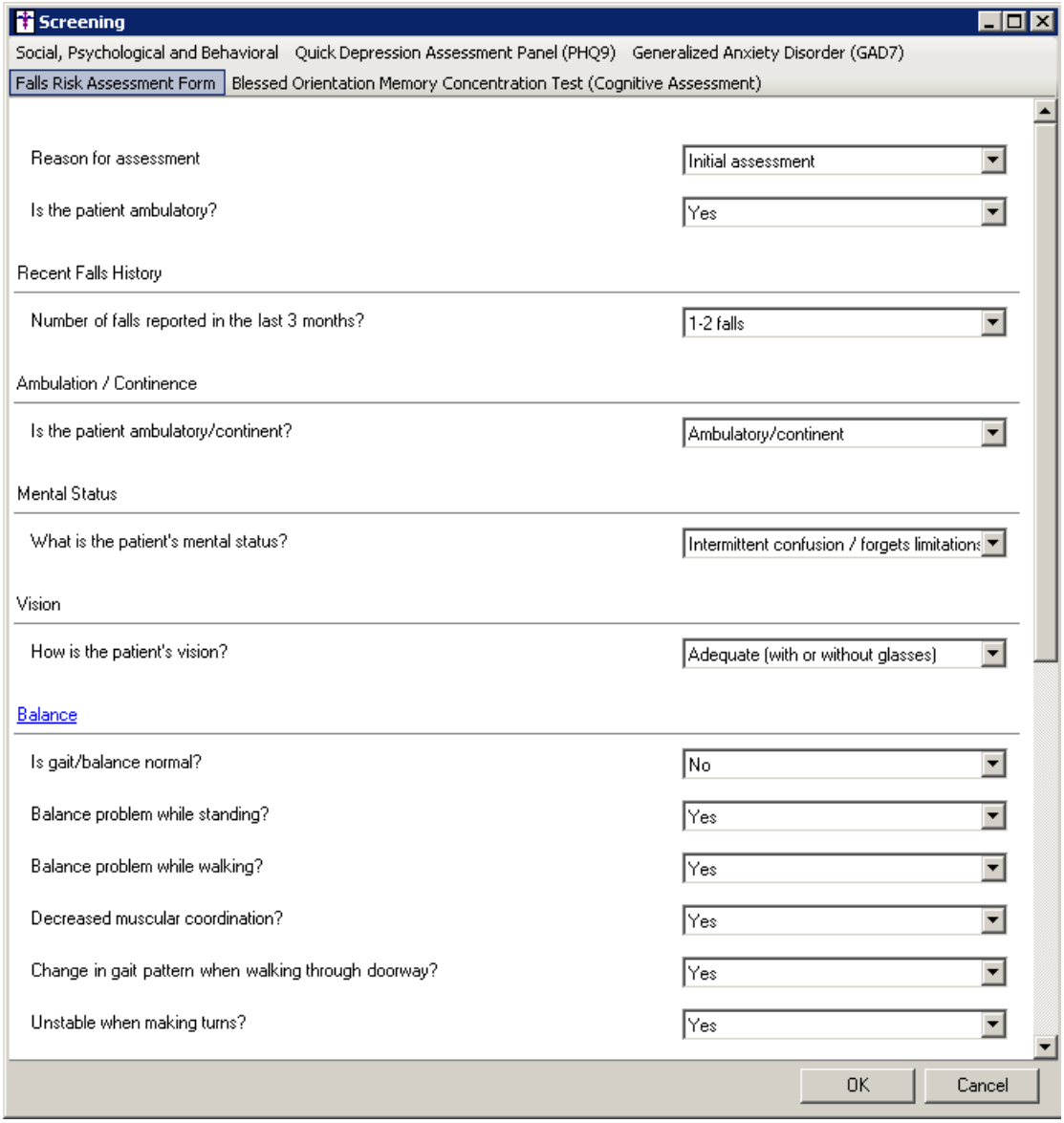


Figure 16 – Screening – Falls Risk Assessment Form

Added Features

- **The Note Tab – Screening – Blessed Orientation Memory Concentration Test (Cognitive Assessment) –** The initial section of the Blessed Orientation Memory Concentration Test (Cognitive Assessment) screening (accessed via the **Screening** button in the chart note), has been updated so that the **Screening not done for medical reason** option has been removed for all ***new*** chart notes. See Figure 17. Previous chart notes that were entered prior to the system update will contain this option and the original selections made for this screening at the time of note entry.

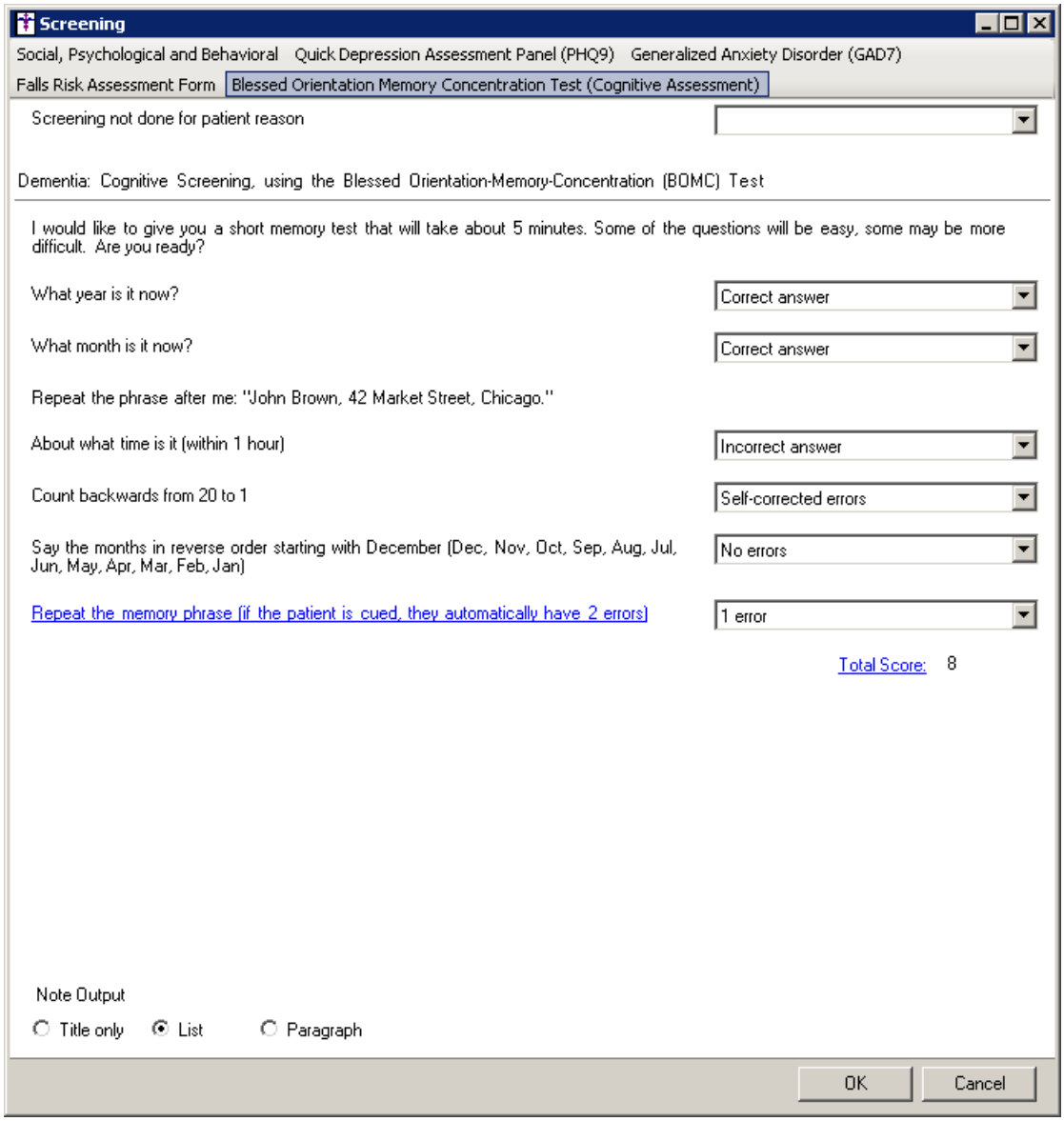


Figure 17 – Screening – Blessed Orientation Memory Concentration Test (Cognitive Assessment)

Addendum

SureScripts® E-Prescribing Best Practice Guidelines

Below are best practices that have been developed to assist in the construction of complete, non-contradictory, and clear patient directions:

Ensure that Directions are complete and accurate

- All information in the Sig must be accurate, complete, and include all the required components written in the following order: action, dose, dose units, route, frequency, and finally auxiliary information.
    - The exception to this syntax is Sigs which simply state "Take/Use as Directed/Instructed as per manufacturer labeling."
- Information within the Sig must not conflict with itself

Example: *Use "**Take 1 tablet by mouth** daily" instead of just "Daily."*

Always qualify "...as Directed" with a source

- Statements such as "Take as directed" and "Use as instructed" should only be used when followed by a source that clearly dictates to the patient where or from whom they can obtain the specific directions.
- If a Sig builder tool is used, ensure that prescribers enter the specific source of the instruction after selecting the "Take/Use as directed/instructed" option before they can proceed with finalizing the e-prescription.

*Example: Use "Use as instructed **per instructions on package**" instead of "Use as instructed."*

Always qualify "PRN (as needed)" with an indication

- The use of "PRN" (i.e. "as needed") should only be used in conjunction with an indication.
- For all other non-PRN directions, inclusion of an indication is also recommended; alternatively, there is also a designated structured field for Diagnosis, in which ICD-10 codes may be used to communicate the appropriate diagnosis or indication relevant for the prescribed product
- If a Sig builder tool is used, ensure that the Sig builder tool requires prescribers to enter the specific indication or conditions for PRN use if the prescriber selects a "PRN" frequency

*Example: Use "Take 1 tablet by mouth every 4 hours as needed **for mild to moderate pain**" instead of "Take 1 tablet by mouth every 4 hours as needed."*

Always specify the Duration of Therapy for Acute Treatments

- Duration of therapy should **only** be specified for medications for acute treatments with a defined length of therapy, e.g., antibiotics.

Avoid Abbreviations, Acronyms or Symbols

- ISMP (Institute for Safe Medication Practices) provides the complete list of *Error-Prone Abbreviations, Symbols, and Dose Designations* that should never be used in a prescription
- If the use of Latin abbreviations is desired, the system should include the ability to expand Latin abbreviations into plain English text via keystroke accelerators. The expanded text form of the Sig should be displayed to the prescriber to ensure correct transition from abbreviations to full text

Example: *Use "**Instill 1 drop into both eyes once daily**" instead of "1 gtt ou qd."*

Never Truncate or Split Directions between multiple fields

- If the patient directions are being transmitted exceeds the 140-character limit, it should be communicated by other means, e.g. as a fax or printed handout
- Sig information should **not** be written into the Notes field if it exceeds the 140-character limit.

Send only Patient Directions (Sig) within the Directions field

- The Sig should not contain information for which another designated field exists in the SCRIPT standard (e.g. the Sig should never include the quantity, drug name, NDC or RxCUI values, or Notes to pharmacists, etc.)

*Example: Use "**Take 1 tablet by mouth once daily**" instead of "Take 1 tablet by mouth once daily. Dispense #30, 3 Refills, Thank you."*

Do not include Clinical or Prescription Information in the Notes field.

- The Notes field be used to contain information related to, but not part of the prescription. While clinical and prescription information should appear in the designated fields for these data elements, not in the Notes field.

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input.

(1) Guidelines that apply to name, strength, dosage form, and quantity of drug prescribed as well as the directions for use (the "Sig")

- Drug names should be spelled out in full, avoiding the use of abbreviations.
  - While it might be possible to make the case that abbreviations save time in the world of paper prescriptions, no such time savings accrue in the electronic world in which the prescriber simply picks a medication from a drug database.
  - Abbreviations can lead to a misinterpretation of the prescriber's intent, which can result in medication errors.
  - Examples:
    - Use "Hydrochlorothiazide 50 mg" instead of "HCTZ 50 mg."
    - Use "Zidovudine 300 mg" instead of "AZT 300 mg."
- Drug descriptions should include complete name, strength, strength units and dosage form information (if applicable) in the same exact order, and all should appear in one drug description field.
  - Not doing so causes problems in pharmacies due to missing data components.
  - It is preferred that either the generic or the brand name be used in the drug description, but not both. Using both unnecessarily complicates the information in the drug description field.
  - Examples:
    - Use "Doxycycline Monohydrate 50 mg oral capsule" instead of "Doxycycline caps."
    - Use "Ciprofloxacin 500 mg tablet" instead of "Ciprofloxacin tablet 500 mg."
    - Use "Atorvastatin calcium 20 mg tablet" or "Lipitor 20 mg tablet" instead of "Lipitor (Atorvastatin calcium) 20 mg tablet."
    - Drug descriptions for generic products should use the naming conventions found in the Food and Drug Administration's "Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations."
  - This helps pharmacists to accurately choose the product to be dispensed when brand names are not used.
  - Examples:
    - Use "Glipizide 10mg tablets, extended release" instead of "Glipizide TAB OSM 24 10mg."
    - Drug strength information should be consistent across all fields in which it appears.
  - The strength in the drug description should match that in the drug strength field.
  - Drug strength units in the drug description should match those in the drug strength units field. Drug strength units should not be sent in the drug strength field.
  - Example of improper use: The drug description is "Amoxicillin 500 mg oral capsule" and the drug strength field contains the value of "250."
- Dosage form codes should match the forms sent in drug description fields.
  - Example of improper use: The drug description is Amoxicillin 500 mg capsule and the dosage form code field contains "10," which is the NCPDP code that stands for tablet.
- All orders should be written using metric measurements of weight (e.g., mg, gm and kg) and volume (e.g., ml).
  - The apothecary and avoirdupois systems of weights and volumes are no longer considered appropriate in the world of pharmaceuticals.
  - Example: Use "Aspirin 81 mg" instead of "Aspirin 1 ¼ grains."
- A zero should be used before a decimal (use 0.X mg instead of .X mg), but not after (use X mg instead of X.0 mg).
  - Trailing zeros are particularly dangerous in that they can lead to ten-fold overdoses. Thus, trailing zeros should never be used.
  - Examples:
    - Use "Digoxin 0.25 mg" instead of "Digoxin .25 mg."
    - Use "Haloperidol 5 mg" instead of "Haloperidol 5.0 mg."
- Arabic (decimal) numerals are preferable to Roman numerals, and in some instances it is preferable for numbers to be spelled out.
  - Example: Use "Aspirin 325 mg" instead of "Aspirin V grains."
- Other specific abbreviation issues:
  - The term "microgram" can be abbreviated as "mcg," but it should not be abbreviated as "ug," which can easily be mistaken for the abbreviation for "mg," standing for "milligram."
  - The word "unit" should be spelled out and never abbreviated as "U" or "u."
  - "M" should not be used as an abbreviation for thousands (e.g., 5 M units), as it has been mistaken as meaning one million.
  - Do not use commas when expressing thousands as they might be misinterpreted as periods.

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

(2) Issues related specifically to the Sig field or directions for use.

- The directions for use should not be split between the Sig and Notes fields.
    - Depending upon the design of the pharmacy system and/or the effectiveness of the training of pharmacy personnel, splitting directions between the Sig and Notes fields can result in part of the directions being missed, thereby preventing complete directions from being conveyed to patients. Patients may experience significant negative therapeutic outcomes when this occurs.
    - Examples of improper use:
        - Sig field—"Take one tablet daily," Notes field—"Take only on Monday, Wednesday and Friday." NOTE: This is an actual example from a warfarin e-prescription, which if not taken according to the complete directions, could possibly result in serious patient harm.
        - Sig field—"Dissolve one tablet under the tongue every 10 minutes for chest pain," Notes field—"Call physician immediately if relief is not obtained after three doses."
        - Sig field—"Apply and rub well into affected area twice a day," Notes field—"Discontinue use and call physician if rash worsens."
        - Sig field—"One drop to eye having surgery three times daily," Notes field—"Start two days prior to surgery."
- Information in the Sig field should not conflict with information in the Notes field.
    - Conflicting information in these fields usually requires pharmacists to contact prescribers to ascertain their actual intent with respect to the directions, which compromises the efficiencies related to e-prescribing.
    - Inconsistent information in the Sig versus the Notes fields can result in incorrect directions being conveyed to patients.
    - Example of improper use: Sig field—"1 cap orally 3 times a day", Notes field—"One capsule by mouth daily."
- Care must be taken so that Sigs are not truncated because important information can be lost.
    - Example of improper use: "Take 1 tablet once a month in the am 1 hr before eating or drinking, with 1 C water. Remain upright x 1 hour and nothing by mouth, then resu"
- Sig information should be clinically correct.
    - Example: Use "Amoxicillin 500 mg Oral Capsules"—Sig "One capsule three times a day" instead of "500 caps 3 times a day."
- Directions for use should be spelled out clearly in proper English.
    - Since the pharmacist must interpret—and nearly always writes—the label in English, the use of abbreviations (particularly Latin) or symbols is unnecessary and discouraged because it can lead to medication errors.
    - Example: Use "Take 1 tablet by mouth twice a day" instead of "1 T PO BID."
- Information in the Sig field should be limited to the Sig.
    - Quantity to be dispensed should not be placed in the Sig field.
        - Example: Use "One capsule by mouth three times daily" instead of "One capsule by mouth three times daily – Disp # 30."
    - Duration of therapy should not be placed in the Sig field.
        - Example: Use "One capsule by mouth four times daily" instead of "One four times daily – Disp 10 day supply."
    - Drug description should not be placed in Sig field.
        - Example: Use "One capsule by mouth at bedtime" instead of "One by mouth at bedtime– Paxil CR 20 mg."
    - Example of improper use:
        - "One drop to eye having surgery three times daily. Start two days prior to surgery. May substitute Acular LS, Xibrom, or Voltaren if less expensive." (i.e., the indication of alternative approved drugs "May substitute Acular LS, Xibrom, or Voltaren if less expensive" should be placed in the Notes field.)
- Sigs should be complete, properly formatted, and not repeated.
    - Sig should be complete.
        - ☐ Example: Use "Apply topically to forearm three times a day" instead of "Topical each day."
    - Sig should be properly formatted.
        - ☐ Example: Use "Take one capsule three times a day" instead of "1 3 times a day."
    - Sig should not be repeated.
        - ☐ Example: Use "Take one capsule daily" instead of "1 PO QD – Take one tablet every day."
- The inclusion of the intended use or the indication for the medication in the directions for use is helpful to patients, pharmacists and other prescribers, and is strongly encouraged.
    - Intended use can help patients to organize and better understand their medications and why they are taking them.
    - Including the indication in the Sig field can help prevent dispensing errors, and it provides pharmacists with a foundation for patient counseling and medication therapy management.
    - Other prescribers may find the indication helpful when a patient brings their medication bottles with them to office visits.
    - Example: "Take according to instructions in dosepak for poison ivy rash."

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

- The instruction "take as directed" is rarely appropriate and should be avoided by prescribers.
    - Such an instruction assumes an understanding on the part of the patient that may not exist, and even if it does, will very likely be short lived.
    - Using the term "take as directed" provides little information upon which the pharmacist can base their counseling of the patient.

(3) Proper use of the Notes field (referred to as "free text" in the NCPDP SCRIPT Standard).

- Prescription information that has a designated, standardized data field should not be placed in the Notes field.
    - For example, neither the drug name, strength nor quantity should be placed in the Notes field because there are specific fields in the NCPDP SCRIPT Standard for these data elements. This is important because if this information isn't placed in the fields in which pharmacy personnel are trained to look for it, it might be missed.
- Clinical information that has a designated, standardized data field should not be placed in the Notes field.
    - As with prescription information, the clinical information should appear in the designated fields for these data elements. This is important because if this information isn't placed in the fields in which pharmacy personnel are trained to look for it, it might be missed.
- Reserve use of the Notes field for information related to, but not part of, the prescription.
    - For example, a comment such as: "Please have the patient call the office when they have finished taking this prescription" would be an appropriate use of the Notes field.
- To reiterate, as mentioned above, the directions for use should not be split between the Sig and Notes fields nor should the information in the Sig field conflict with information in the Notes Field.
    - The former can lead to critical information being missed by pharmacy personnel and possibly not being transmitted to the patient, and the latter normally requires pharmacists to contact the prescriber to clarify their intent, thereby compromising the potential efficiencies of e-prescribing.

(4) Refills authorized, if any

- Although allowed both by convention and NCPDP SCRIPT, the indication of "PRN" (refill as needed) is not considered to be good practice and should be discouraged.
    - Example: Use "Refill 11 times" instead of "Refill PRN."

(5) Other items unique to electronic prescribing.

- Representative NDC number requirements.
    - Representative NDC numbers, which contain 11 digits, must be correct, as incorrect representative NDC numbers may cause drug identification problems in the receiving pharmacies.
    - Representative NDC numbers must be current and included in e-prescription messages unless the items do not have assigned NDCs.
- Quantity Qualifiers must be correctly associated with drug descriptions.
    - Correct mapping procedures are available in the Units of Measure table, which can be found in the NCPDP External Code List and the Surescripts Implementation Guides.
    - Where possible, quantities should reflect the actual metric quantity to be dispensed.
        - Example: Use "Amoxicillin 250mg/5ml, 150 ml" instead of "Amoxicillin 250mg/5ml, 1 bottle."
    - The use of "ZZ", "EA" and "00" should be limited to instances in which none of the available qualifiers in the Units of Measure table can be applied.
        - ☐ Examples of improper use: Drug description—Amoxicillin 500 mg Oral Capsule, Quantity 30 and Quantity Qualifier sent "ZZ"—mutually defined, "EA"—each or "00"—unspecified instead of "AV"—capsules.

Category III—Prescription Common Mistakes

Even though providers using the ChartMaker Medical Suite strive to be accurate in entering information for E-prescription, there are common mistakes made that can easily be corrected. Please read through the examples below in order to understand E-prescription best practices.

(1) Incorrect or incorrectly formatted SIG

This occurs when the appropriate dose is entered incorrectly. The following examples demonstrate typical errors:

Category III—Prescription Common Mistakes (continued)

Drug Description	SIG	Notes	Nomenclature Description	Comment
Combivent Respimat 20 mcg-100 mcg/actuation Aerosol Inhaler	Spray 1 aerosol with adapter (gram) puff(s) 4 times a day		Incorrect or incorrectly formatted SIG	"1 aerosol" is not an appropriate dose for Combivent
Advair HFA 115 mcg-21 mcg/actuation Aerosol Inhaler	Take 2 aerosol with adapter (gram) puff(s) twice a day		Incorrect or incorrectly formatted SIG	"2 aerosol" is not an appropriate dose for Advair HFA
ProAir HFA 90 mcg/actuation Aerosol Inhaler	Take 2 puffs puff(s) q 4-6 hrs prn cough or wheeze or before exercise		Incorrect or incorrectly formatted SIG	Part of the patient instructions are duplicated
Proctosol HC 2.5 % Rectal Cream	Apply 1 cream (gram) rectally 4 times a day		Incorrect or incorrectly formatted SIG	"1 cream" is not an appropriate dose for Proctosol
dicyclomine 10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Three times a day	prn as directed	Incorrect or incorrectly formatted SIG	SIG should be free of all extraneous characters All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Lotrel 5 mg-10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Daily	Name Brand Medically Nec.	Incorrect or incorrectly formatted SIG; Conflicting or Supplementary Drug Substitution information in the Notes	SIG should be free of all extraneous characters All Drug Substitution information should be sent in its designated field; No parts of the Drug Substitution information should be in the Notes
Suprax 400 mg capsule	Take 1 capsule (hard, soft, etc.) orally qd		Incorrect or incorrectly formatted SIG; Incorrect, Missing or Incomplete Dosage Form sent in Drug Description	SIG should be free of all extraneous characters - Suprax 400mg is not available in capsule form; Appropriate dosage form: **Oral Tablet**

Category III—Prescription Common Mistakes (continued)

(2) Incomplete SIG

The following examples indicate incomplete SIG:

Drug Description	SIG	Comment
Suprep 17.5 gram-3.13 gram-1.6 gram Oral Solution	Take 1 solution, reconstituted, oral orally As Needed	SIG should include the **dose, route and frequency** of the prescribed medication
Coumadin 4 mg tablet	Take 2 tablet orally as directed	SIG should include the **dose, route and frequency** of the prescribed medication
Zithromax Z-Pak 250 mg tablet	Take 1 tablet orally As Directed	SIG should include the **dose, route and frequency** of the prescribed medication

Category III—Prescription Common Mistakes (continued)

(3) Conflicting or Supplementary SIG information included in the Notes

Drug Description	SIG	Notes	Comment
nystatin 100,000 unit/gram Topical Ointment	Apply 1 ointment (gram) topically Twice a day	FOR CORNER OF LIP	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
metformin 500 mg tablet	Take 1 TABLET orally bid	*take 1 tablet daily for 1 month, then increase to 1 tablet twice a day	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Augmentin 875 mg-125 mg tablet	Take 1 tablet orally Every 12 hours	x 5 days	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Mobic 7.5 mg tablet	Take 1 tablet orally twice a day	as needed	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes

Some icons are from the Silk icon set by Mark James (http://www.famfamfam.com/). All rights reserved. Licensed under a Creative Commons Attribution 2.5 License (http://creativecommons.org/licenses/by/2.5/).

Some icons are from the Fugue icon set by Yusuke Kamiyamane (http://p.yusukekamiyamane.com/). All rights reserved. Licensed under a Creative Commons Attribution 3.0 License (http://creativecommons.org/licenses/by/3.0/).

ChartMaker Mobile 6.3.1 R1 Enhancements

Patient

- **Mobile Charges –** The Charge History screen (accessed when tapping the **Charges** icon at the bottom of the page of Patient, Health Info, and Records (Beta) screens) has been retitled to **Mobile Charges**. See Figure 1. Likewise, the **New Charges** link, in previous versions, has been removed and replaced by a new ⊕ icon in the upper-right of the title bar.

- **Charge Details –** The Charge Details screen (accessed when tapping a patient's charge in the Mobile Charges screen for either a provider or a patient) has been updated so that the ⊕ icon has moved from the Charge Details section toward the middle the screen, to the upper-right of the title bar. See Figure 2. Likewise, the Copy Charge and New Charge links under the Charge Details section have been removed. When in the Charge Details screen, you can now tap the ⊕ icon in the title bar to add a new charge for the patient, or tap the 📄 icon to the right of the Charge Details section title, toward the middle of the screen, to copy that charge for the patient.

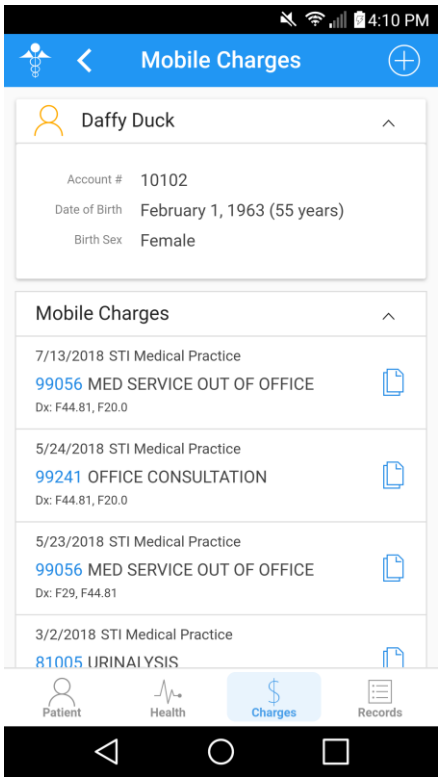


Figure 1 – Patient – Mobile Charges

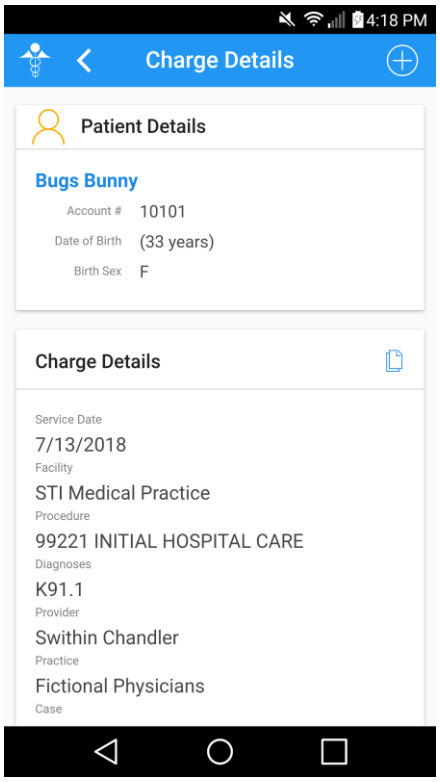


Figure 2 – Charge Details

Charges

- **Mobile Charges –** The Charges screen (accessed when tapping the **Charges** option in the Home screen, or tapping the icon, and then tapping **Charges**) has been retitled to **Mobile Charges** and has been redesigned with a new layout, as well as being able to view **Daily Charge Stats** for a selected day. See Figure 3. Likewise, the **New Charges** link, in previous versions, has been removed and replaced by a new ⊕ icon in the upper-right of the title bar.

  The **Daily Charge Stats for XX/XX/XXXX** section allows you to view a breakdown of the **Patient charge count** (the total number of patients for whom you have sent mobile charges for on the selected day) and the **Total charges** (total number of charges sent for the selected day). The date for the daily stats will default to today's date, however, if you tap the Daily Charge Stats title, a calendar will appear allowing you to modify the date for which the daily stats are shown. Likewise, when viewing daily stats, if you tap on either Patient charge count or Total charges a breakdown of totals by facility will appear underneath these options. See Figure 4 and 5.

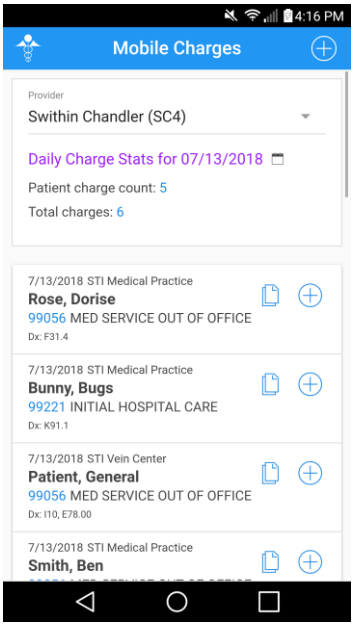


Figure 3 – Charges – Mobile Charges

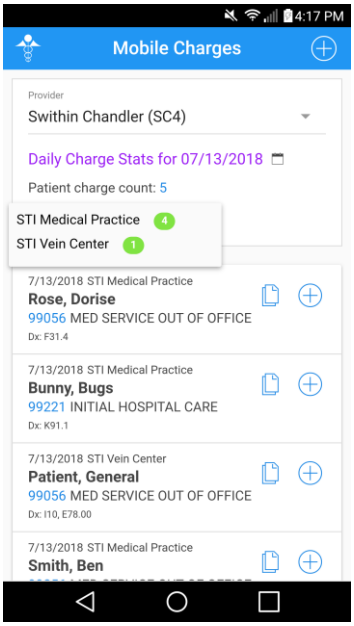


Figure 4 – Patient Charge Count

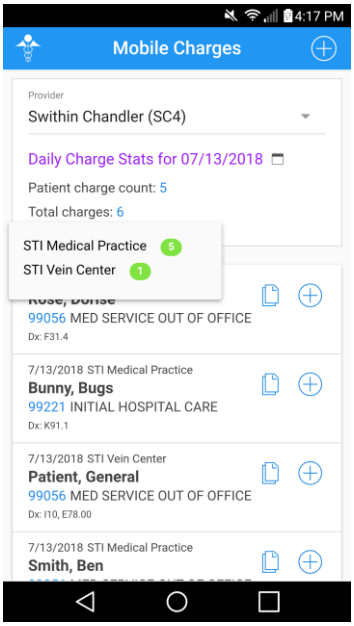


Figure 5 – Total Charges

- **Charge Details –** The Charge Details screen (accessed when tapping a patient's charge in the Mobile Charges screen for either a provider or a patient) has been updated so that the ⊕ icon has moved from the Charge Details section toward the middle the screen, to the upper-right of the title bar. See Figure 6. Likewise, the Copy Charge and New Charge links under the Charge Details section have been removed. When in the Charge Details screen, you can now tap the ⊕ icon in the title bar to add a new charge for the patient, or tap the 📄 icon to the right of the Charge Details section title, toward the middle of the screen, to copy that charge for the patient.

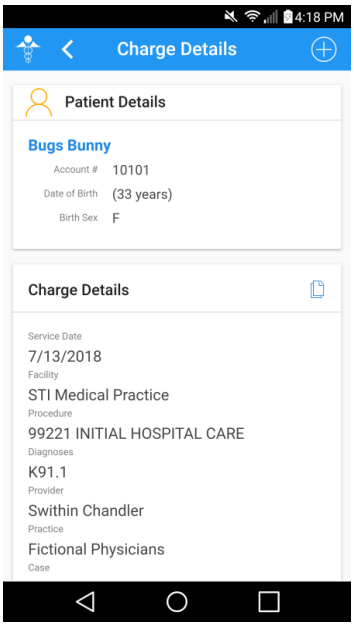


Figure 6 – Charge Details

- **Charge Capture — Enter Procedure –** The Enter procedure screens (My Favorites, Procedure Lists, and Procedure Search), accessed via the **Enter procedure** link in the Charge Capture screen, have been updated so that the icons at the bottom have been labeled (**Favorites**, **Lists**, and **Search**) to clearly delineate the icons and to allow easier access to those areas to select the procedure you want to enter for the patient's charge. See Figure 7 - 9.

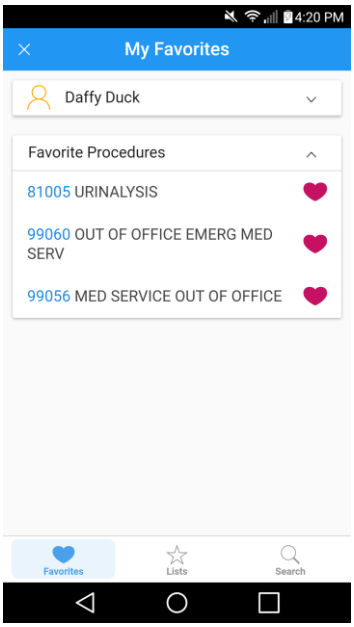


Figure 7 – My Favorites

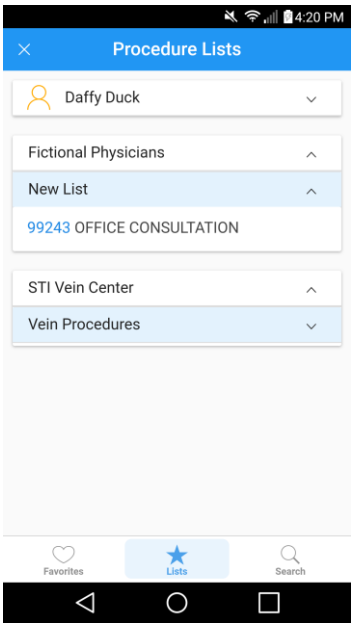


Figure 8 – Procedure Lists

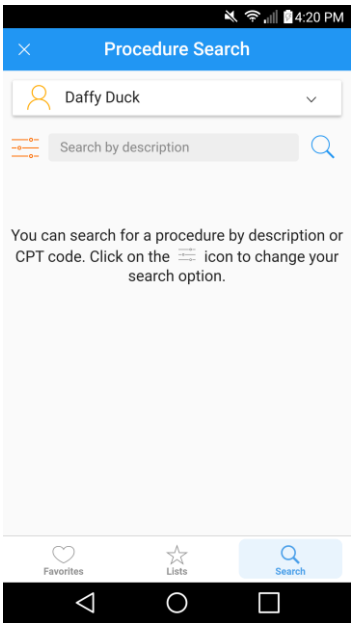


Figure 9 – Procedure Search

- **Charge Capture — Enter Diagnosis –** The Enter diagnosis screens (Recent Dx, Facesheet Dx, Dx Search, and Dx Review), accessed via the **Enter diagnosis** link in the Charge Capture screen, have been updated so that the icons at the bottom have been labeled (**Recent**, **Facesheet**, **Search**, and **Review**) to clearly delineate the icons and to allow easier access to those areas to select the diagnoses you want to enter for the patient's charge. See Figure 10 - 13.

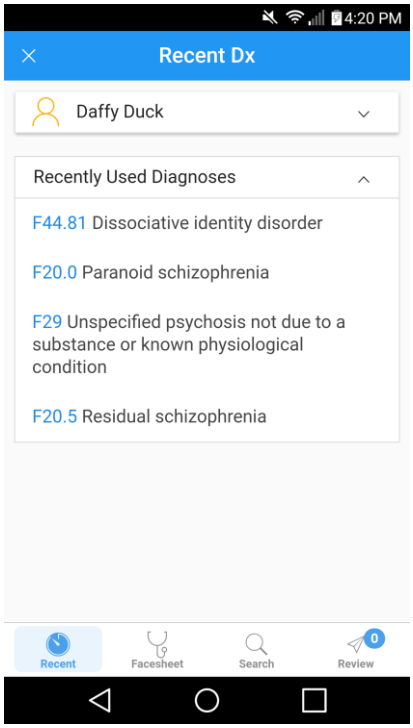


Figure 10 – Recent Dx

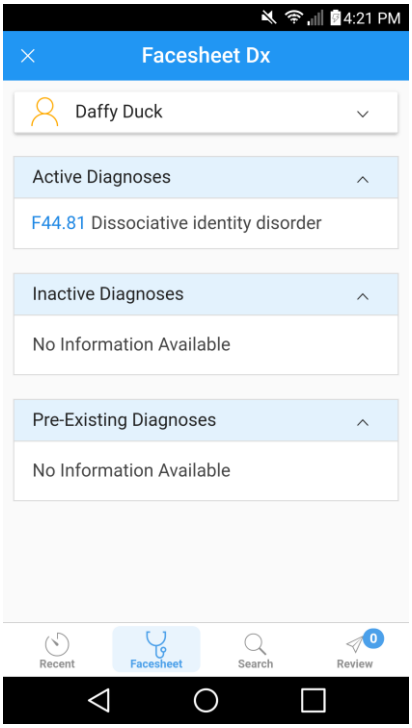


Figure 11 – Facesheet Dx

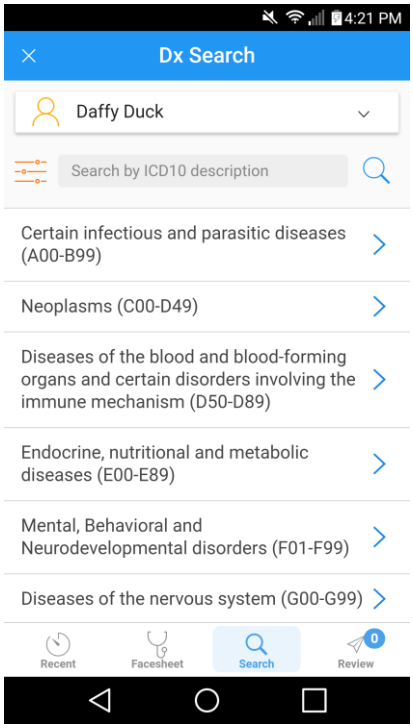


Figure 12 – Dx Search

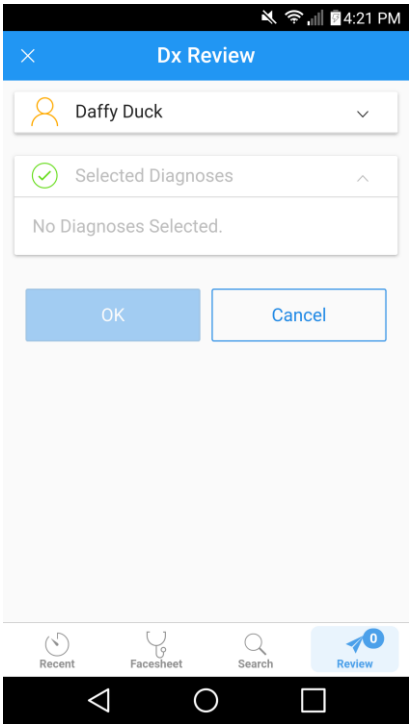


Figure 13 – Dx Review

Rounds

- **Rounds – Rounding List –** The Rounding List screen has been updated so that the icons at the bottom have been labeled (**Rounding List** and **Discharged**) to clearly delineate the icons and to provide easier access to the applicable areas. See Figure 14.

- **Rounds – Discharged – –** The Discharged screen has been updated so that the icons at the bottom have been labeled (**Rounding List** and **Discharged**) to clearly delineate the icons and to provide easier access to the applicable areas. See Figure 15.

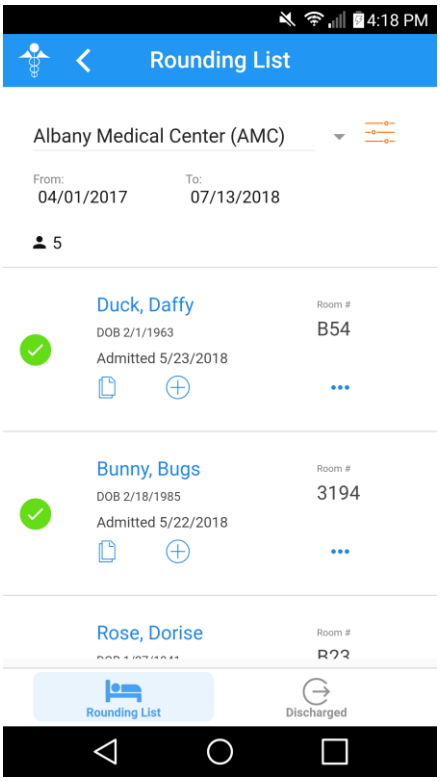


Figure 14 – Rounding List

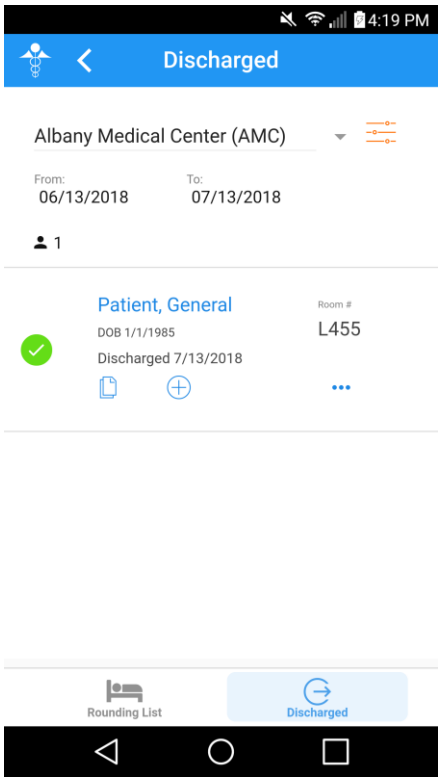


Figure 15 – Discharged

Appointment

- **Appointment – Schedule Appointment – Appointment Details** – The Appointment Details dialog (accessed either by double-clicking the applicable appointment in schedule grid in the Schedule Appointment screen, or by right-clicking the system the applicable appointment in schedule grid in the Schedule Appointment screen, and then clicking **Detail** in the menu), has been updated with a **Balance View** button. See Figure 1. The Balance View button allows access to the Balance View dialog that provides outstanding financial information for the patient based on how the **Balance View Preferences** are configured, like the Balance View buttons in the Appointment > Select Patient and Patient screens.

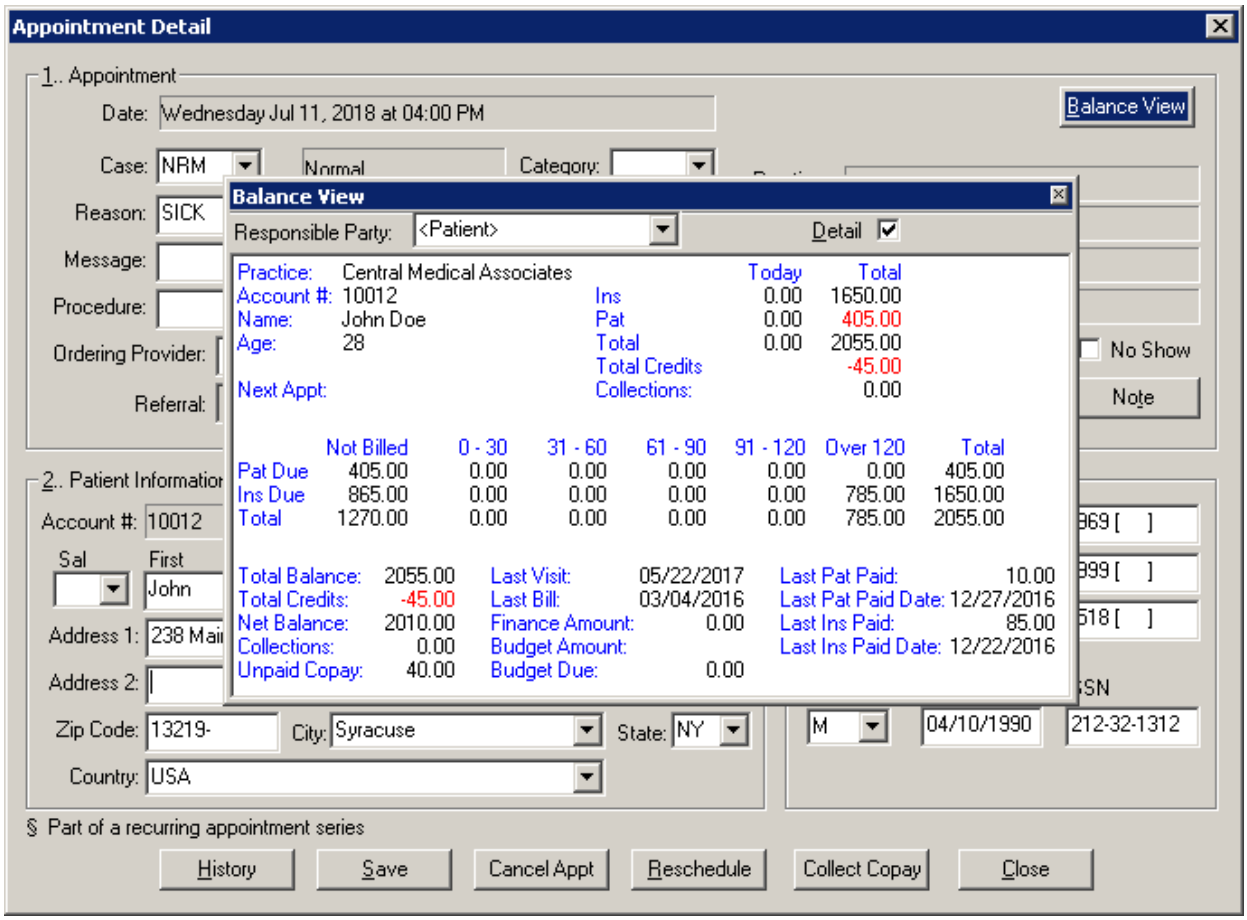


Figure 1 – Appointment – Schedule Appointment – Appointment Details

Clinical

- **Clinical – Immunization – Immunization Registry – MDIIS** – The system has been updated so that the Maryland (Immunet) Immunization Information System (MDIIS), in conjunction with the ChartMarker® Medical Suite, utilizes 2.5.1 HL7 bidirectional messaging and exchange of vaccine (immunization) information. Once the system is set up, and you are enrolled with MDIIS, immunization records will be automatically sent to the MDIIS when the immunization record is saved (via the **Next Account** button) in the Immunization sub-tab of Clinical tab in Practice Manager, or when a chart note is saved or closed in the Clinical application.

Insurance

- **Insurance Billing – SPARCS –** The program has been updated so that when creating a new file for SPARCS, the **Output Path and Filename** field will default to the file path of \\server\communications\upload\SPARCS, and will also contain a browse button which allows you to browse to another file location, if needed.

Some icons are from the Silk icon set by Mark James (http://www.famfamfam.com/). All rights reserved. Licensed under a Creative Commons Attribution 2.5 License (http://creativecommons.org/licenses/by/2.5/).

Some icons are from the Fugue icon set by Yusuke Kamiyamane (http://p.yusukekamiyamane.com/). All rights reserved. Licensed under a Creative Commons Attribution 3.0 License (http://creativecommons.org/licenses/by/3.0/).