

ChartMaker[®] Clinical

Please note that the ChartMaker Medical Suite can no longer be installed on computers using the Windows XP or Windows 2003 Server operating system. Since Microsoft has discontinued support for Windows XP in April 2014, and Windows 2003 Server in July 2015, we can no longer guarantee the stability of computers using this operating system, and recommend that you upgrade the operating system on any computers currently using Windows XP or Windows 2003 Server.

Added Features

- **ChartMaker HealthPortal** – The ChartMaker HealthPortal has been updated with the ability to transmit information to Health Information Exchanges in **ADT** message format when applicable.
- **ChartMaker Medical Suite Update** – The **ChartMaker Medical Suite Update** dialog (Help > ChartMaker Medical Suite Update has been updated with a number of new fields to allow you to schedule automated upgrades to your ChartMaker[®] Medical Suite. See Figure 1.

The **Download Scheduling** section has been updated with a **No Download** option which can be used when the latest update has already downloaded and you want to schedule the update to automatically run at a scheduled time.

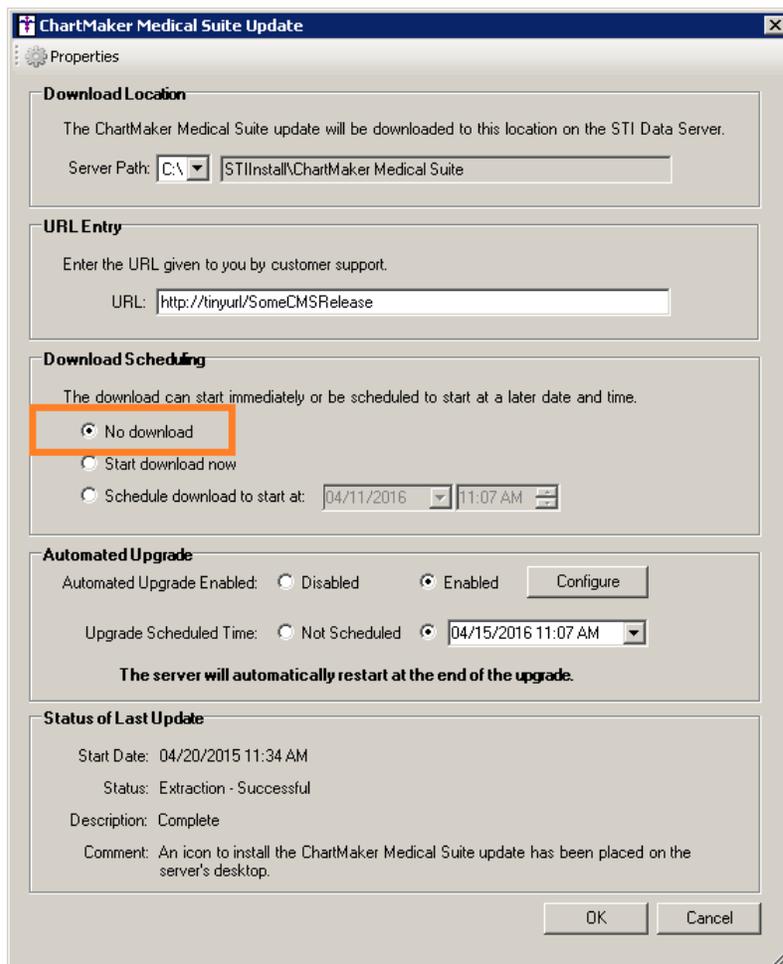


Figure 1 – ChartMaker Medical Suite Update

Added Features (continued)

Help – ChartMaker Medical Suite Update (continued)

A new **Automated Upgrade** section has been created to configure the various options for running an automated update. See Figure 2. The **Automated Update Enabled** field allows you to select whether or not you want to activate the automated upgrade. If running the update and the **Disabled** option is selected the upgrade functionality will be performed as in previous versions where an icon is installed on the server's desktop, and you will need to manually trigger the update and continue through the various screens to complete the upgrade.

The **Upgrade Scheduled Time** field allows you to select a date and time when you want the automated upgrade to start. Do note, that if the Update Install Package has already been downloaded, the schedule time can be set for any date and time; however, if the Update Install Package needs to be downloaded, or is in the process of being downloaded, then the **Upgrade Scheduled Time** must be set **at least 24 hours** into the future if the **Start Download now** option was selected in the Download Scheduling section; or, **at least 24 hours later** than the date and time configured in the **Schedule download to start at** field if scheduling the download, to ensure successful download of the Update Install Package.

The screenshot displays the 'ChartMaker Medical Suite Update' dialog box. It is divided into several sections:

- Download Location:** The update will be downloaded to the location on the STI Data Server. Server Path: C:\STIInstall\ChartMaker Medical Suite.
- URL Entry:** Enter the URL given to you by customer support. URL: http://tinyurl.com/SomeCMSRelease.
- Download Scheduling:** The download can start immediately or be scheduled to start at a later date and time. Options: No download, Start download now, Schedule download to start at: 04/17/2016 11:25 PM.
- Automated Upgrade (highlighted):** Automated Upgrade Enabled: Disabled, Enabled. Upgrade Scheduled Time: Not Scheduled, 04/18/2016 11:25 PM. A 'Configure' button is present. Below this section, it states: **The server will automatically restart at the end of the upgrade.**
- Status of Last Update:** Start Date: 04/20/2015 11:34 AM, Status: Extraction - Successful, Description: Complete, Comment: An icon to install the ChartMaker Medical Suite update has been placed on the server's desktop.

Buttons for 'OK' and 'Cancel' are located at the bottom right.

Figure 2 – ChartMaker Medical Suite Update

Added Features (continued)

Help – ChartMaker Medical Suite Update (continued)

The **Configure** button allows access to the **Automated Upgrade Settings** dialog. See Figure 3. In the **Alternate Backup Location** field you can enter or browse to a specific location for the backup if you do not want to use the default backup location. If this field is left blank, the system will use the default backup location.

The **Email Notifications** section allows you to configure email addresses to notify various individuals about successes and failures of the update process:

- **On Success:** an email will be sent to each address if the upgrade completes successfully.
- **On Failure:** an email will be sent to each address if the upgrade fails during the upgrade process.
- **On Critical Failure:** an email will be sent to each address if the upgrade fails during the upgrade process and the databases fail to roll back.
- **On Prerequisite Failure:** an email will be sent to each address if the upgrade fails on one of the prerequisite checks (stoplights or other various checks performed before the process enters the actual upgrade).
- **On User Failure:** an email will be sent to each address if an upgrade fails due to users still being logged into Clinical or Practice Manager.

Do note, when entering multiple email addresses in the **Email Notifications** fields, each email address should be separated by a comma.

When finished configuring the Automated Upgrade Settings, click the **OK** button to activate the changes. If you click the **Cancel** button, or close out of this screen without clicking **OK**, the changes will be discarded and the previous setting will be kept.



Figure 3 – Automated Upgrade Settings

Added Features (continued)

- **ChartMaker Medical Suite Update** – In an effort to ensure that users are not installing the ChartMaker Medical Suite upgrades on legacy Operating Systems that are no longer supported, the installation process has been updated with an Operating System Notification dialog that will appear prior to installing the upgrade. See Figure 4. For the upgrade installation to continue, you will now need to enter your name (in the field provided), and **Acknowledge** the warning. After the acknowledgment has been accepted, this dialog will no longer appear on subsequent upgrade installations until there are new Operating Systems that become obsolete and are no longer supported.

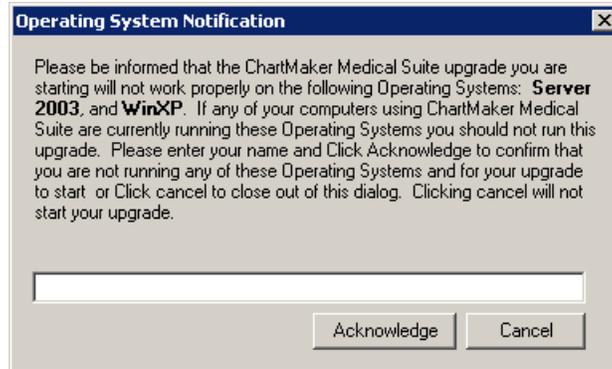


Figure 4 – Operating System Notification

- **Education Materials** – The system has been updated so that when viewing information via the **MedlinePlus®** dialog, ICD10 diagnostic codes will populate in the **Diagnoses** section when ICD10 codes are in a patient's chart, and applicable information for those ICD10 codes will be available through MedlinePlus when selected.

Added Features (continued)

- **Export Patient Data** – The **Clinical Summary User Preferences** dialog, accessed via the **Preferences** button in the **Export Patient Data** dialog, has been updated with a new **Clinical Summary Display Settings** section that allows you to configure what information you want to exclude from the Clinical Summary on a default basis. See Figure 5. The **Do not display 'information not applicable to today's visit' sections in the Clinical Summary** option allows you to export information regarding today's specific visit. When this option is selected, no information that is not pertinent to today's visit will be exported in the Clinical Summary.

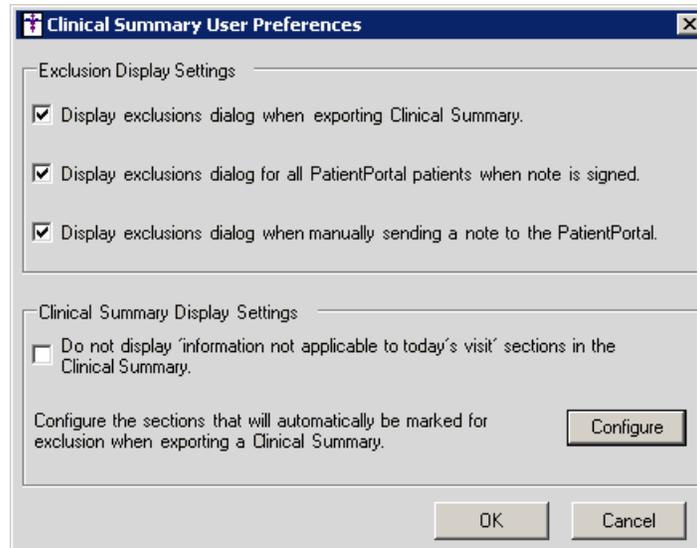


Figure 5 – Clinical Summary User Preferences

You can configure specific sections of the Clinical Summary to be excluded by default when exporting, by clicking the **Configure** button. In the Clinical Summary Exclusion Preferences dialog the sections of the Clinical Summary will be displayed. See Figure 6. To exclude a section from being exported by default, check the **Exclude** box next to the applicable section.

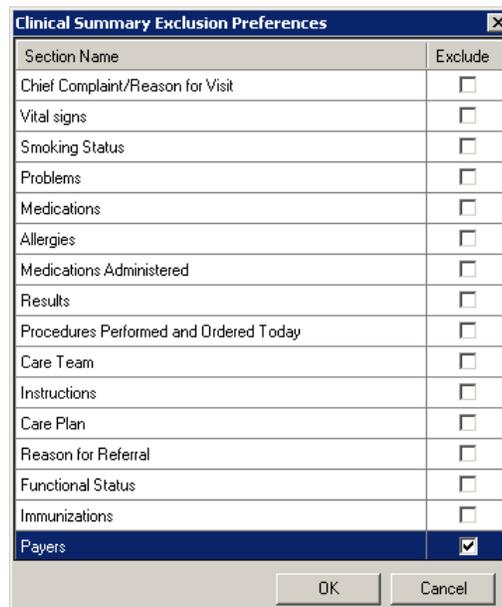


Figure 6 – Clinical Summary Exclusion Preferences

Added Features (continued)

- **The Note Tab – Smoking History** – The Smoking/Tobacco Use dialog has been updated with three new options to allow you to easily capture all of the smoking/tobacco use data needed to satisfy the Clinical Quality Measure NQF 0028 for Preventative Care and Screening for Tobacco Use. The new options are: **Have you used tobacco in the last 30 days?** (Yes, No, Not Asked); **Have you used smokeless tobacco products in the last 30 days?** (Yes, No, Not Asked), and **Tobacco use screening not performed for medical reasons**. See Figure 7.

The first two options will become accessible if yes or no has been answered to the question above them (100 cigarettes, or uses smokeless tobacco). Otherwise, these will be disabled and will remain set to **Not Asked**. When the **Tobacco use screening not performed for medical reasons** option is selected, all fields above will be disabled and set to Not Asked or unchecked.

When these options are selected, any applicable SNOMED and/or LOINC codes will be attached and used when calculating applicable Meaningful Use Quality Measures (NQF 0028).

The image shows a software dialog box titled "Smoking/Tobacco Use". It contains several sections with various input fields and radio buttons. Three specific areas are highlighted with orange boxes:

- Smoking History:** A section containing two questions with radio button options: "Have you smoked at least 100 cigarettes in your entire life?" (Yes, No, Not asked) and "Have you used tobacco in the last 30 days?" (Yes, No, Not asked).
- Smoking Status - CDC Terminology:** A section with multiple radio button options: "Current every day smoker", "Current some day smoker", "Former smoker", "Never smoker", "Smoker, current status unknown", "Heavy tobacco smoker (≥10 cigarettes per day)", "Light tobacco smoker (≤10 cigarettes per day)", "Unknown if ever smoked", "None of the above", and "Not asked".
- Smoking Details:** A section with input fields for "Cigarettes per day" (20), "Years smoked" (7), "Start Year" (2009), and "End Year". It also has three checked checkboxes: "Advised to quit tobacco use", "Cessation materials/counseling provided", and "Cessation pharmacologic therapy provided", each with a date dropdown set to "Wednesday, April 13, 2016".
- Do you use smokeless tobacco?:** Radio button options: Yes, No, Not asked.
- Have you used smokeless tobacco products in the last 30 days?:** Radio button options: Yes, No, Not asked.
- Are you at risk for secondhand smoke?:** Radio button options: Yes, No, Not asked.
- Tobacco use screening not performed for medical reasons:** A checkbox that is currently unchecked.
- Comments:** A text input field.
- Display results in list format:** A checked checkbox.
- Buttons:** "OK" and "Cancel" buttons at the bottom right.

Figure 7 – Smoking/Tobacco Use

Added Features (continued)

- **Preferences – Signing** – The Signing tab of the Preferences dialog has been updated with a new **Leave note background unchanged when signed** option. See Figure 8. When this option is selected, whenever a note is signed, the note will become uneditable and all of the functionality will be locked as in previous versions, however, the background color will remain set to the default white color, thereby allowing you to easily view and read the note information, instead of turning dark gray.

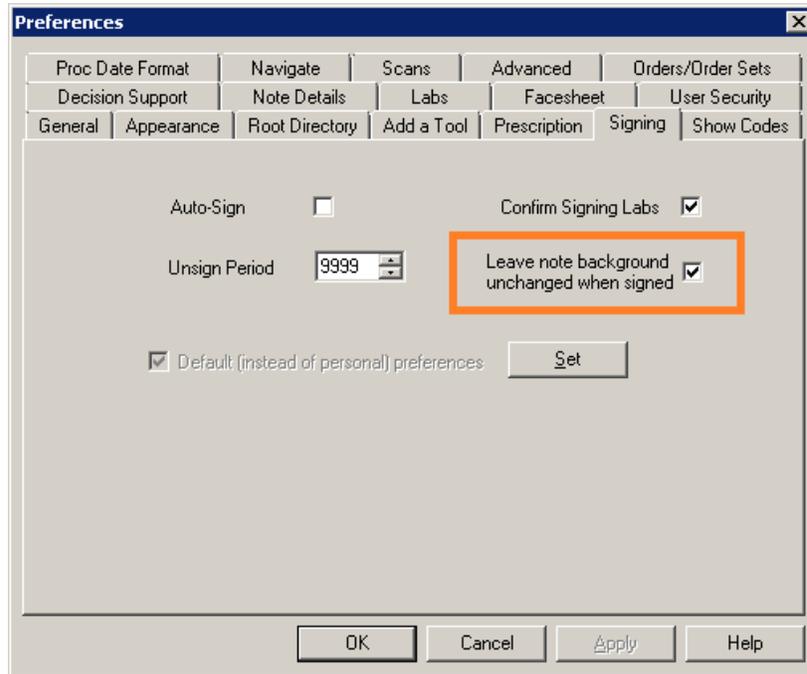


Figure 8 – Preferences - Signing

- **Addendum**

SureScripts® E-Prescribing Best Practice Guidelines

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.

SureScripts® E-Prescribing Best Practice Guidelines (continued)

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."

SureScripts® E-Prescribing Best Practice Guidelines (continued)

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.
 - 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:

SureScripts® E-Prescribing Best Practice Guidelines (continued)

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

SureScripts® E-Prescribing Best Practice Guidelines (continued)

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

SureScripts® E-Prescribing Best Practice Guidelines (continued)

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

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