# ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.4.6)

Important Notifications

- **Upgrade from Microsoft Server 2008 and Windows 7 –** In January 2020, your Windows 7 workstations and Microsoft 2008 Servers will no longer be supported. Even with security patches, **problems may still arise** if you choose not to upgrade. In addition, your workstations will no longer be HIPAA compliant. To avoid potential issues in the future, contact our **Technical Services Department** today.

- **SQL Server 2016 & the ChartMaker 2018.2 (File Version 6.3.3) Upgrade –** Beginning with ChartMaker 2018.2 (File Version 6.3.3) Upgrade, a warning message will appear upon the completion of the upgrade regarding the transition of the ChartMaker Medical Suite to using SQL Server 2016, for those offices where an automated upgrade to SQL Server 2016 was not possible. See the figure below. If you are receiving this message, to avoid potential issues and to ensure your system remains HIPPA compliant, it is important to contact either STI Hardware Helpdesk, or your software vendor, to review your options.
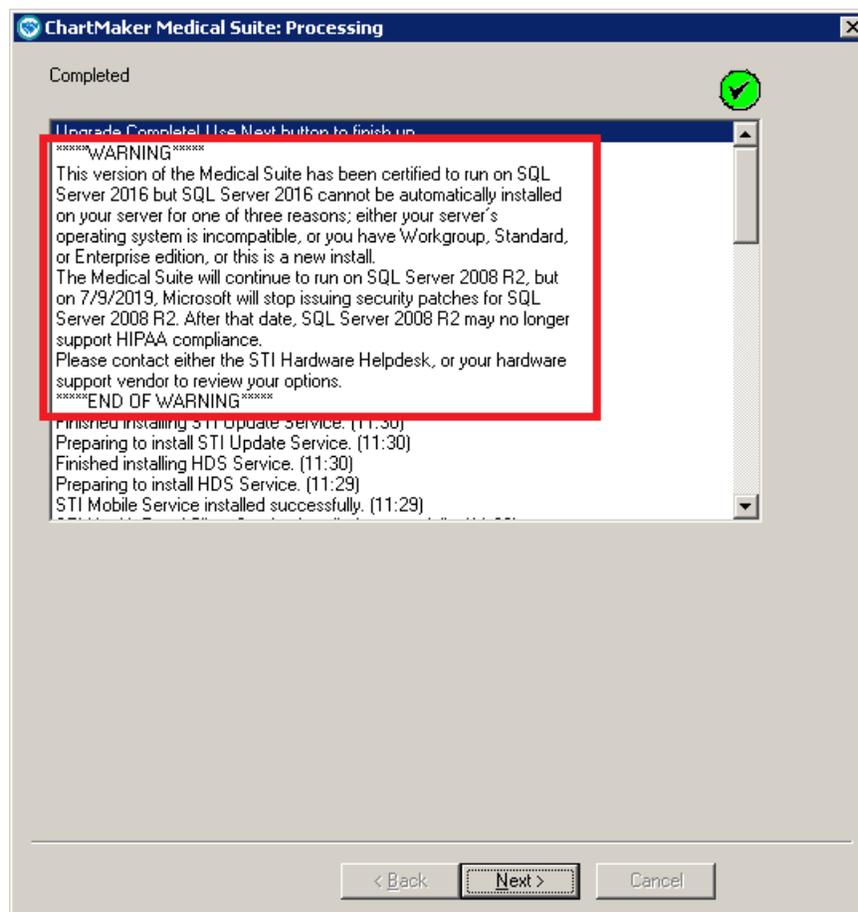
ChartMaker Medical Suite SQL Server 2016 Warning

Added Features

- **Facesheet – Medication Adherence* –** The bottom of the Facesheet has been updated with a **Medication Adherence** button that is color-coded based on the patient's PDC (Proportion of Days Covered) score. The PDC score allows providers to easily see if a patient is taking their medications and is calculated by PBMs and/or payers based on refill records obtained from prescription claims and shows the percentage of time patients have medications available to take. Currently, the PDC score is available for cholesterol, hypertension, and diabetes. The Medication Adherence button is color-coded based on the lowest PDC score for one of the disease classes. **Gray** indicates that eligibility was not returned, **blue** indicates that no PDC data is available, **red** indicates the PDC score is less than or equal to 60% (low), **yellow** indicates a PDC score between 61 and 79% (moderate), and **green** indicates a PDC score of 80% or greater (healthy). See Figure 1.

Figure 1 – Facesheet – Medication Adherence

Clicking the Medication Adherence button allows access to the Medication Management dialog that provides a summary of the patient's medication adherence insights. See Figure 2. You can also access the Medication Management dialog for a patient by clicking **Chart** > **Medication Adherence** when in the patient's chart. Do note, to access the Medication Management dialog by either method, you must have a **Specialty Patient Enrollment/Med Adherence** privilege of **Submitter** or **Viewer**, as well as a **Prescribing** privilege of **Proxy** or **Prescriber**. If you do not have these privileges, the Medication Adherence menu item will be grayed out and not accessible, and if you click the Medication Adherence button, you will receive a message that you do not have sufficient privileges to access this feature.

In the Medication Management dialog, the **Pending Patient Messages** displays the number of actionable messages in the patient's worklist for high-risk medications, medication adherence, and/or missing medications. By clicking the number link, you access the Medication Adherence worklist for the patient. The **Payer** field allows you to change the PBM/payer if there are multiple PBMs and payers for the patient. When the payer is changed the information in the will changed based on the patient and PMB/payer specific information. Under the Payer field in red will be the worklist item that is the highest priority based on the payer selected. Next will be displayed a Med Adherence Summary if there are any medication adherence medications. And last will be the lowest PDC score along with the disease class. You can also click the information button in the top-right provides accesses to a help window that provides an explanation for each area of the dialog including a color legend for PDC score.
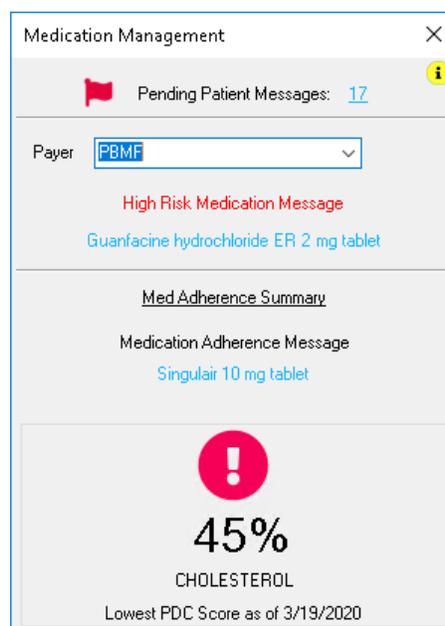

Figure 2 – Medication Management

Added Features (continued)

Facesheet – Medication Adherence (continued)

When there are Pending Patient Messages, if you click the number link, you will access the Medication Adherence dialog which will contain all the Worklist items for that specific patient. See Figure 3. When accessing the **Medication Adherence** dialog, you are connected to Surescripts® interface that allows you to view the **Worklist**, and **Task History**, for the patient.

Do note, you can view all the worklist items for a specific provider, as they pertain to all patients, by clicking **Chart** > **Medication Adherence** when you are not in a specific patient's chart.

There are three types of messages that may appear in worklist: **High-Risk Medication** messages, indicating that the patient is taking a medication that could cause adverse effects or may not suitable based on side effects; **Medication Adherence** messages, indicating the patient may not be taking the medication properly, or as frequently as prescribed; and **Missing Medication** messages, indicating that an expected medication is not prescribed based on patient's diagnosis codes. Any message that is tagged with a red flag is considered urgent and requires immediate attention.

Figure 3 – Medication Adherence – Worklist

To view a message, simply double-click the item you want to address in the worklist. The message details will appear, along with any questions that allow you to provide feedback regarding the medication issue. See Figure 4. These questions are not required to be answered, however, answering these questions not only provide feedback to Surescripts and the PBMS and payers, but allows for more accurate medication adherence summaries, which in turn will help toward providing better health outcomes for the patient regarding their medication management.

Figure 4 – Medication Adherence – Message Details

Added Features (continued)

Facesheet – Medication Adherence (continued)

When answering a question, there may be additional follow-up questions to provide a more accurate depiction regarding the adherence. See Figure 5 for an example.

Figure 5 – Medication Adherence – Follow-Up Questions

After the questions are answered, you will return to the original Worklist, and that request item will be removed from the Worklist and moved to the Task History area. Likewise, the Medication Management dialog will be updated to reflect any changes in the worklist, and if there was any related To-Do List message for that medication adherence alert, it will be removed from the To-Do List for the provider. You can either close out of the Medication Adherence dialog or process another message.

* This feature was released in the CMMS 6.4.6.XXX hot fix release.

- **Immunization Registry – Submission Status** – The Submission Status dialog (**Chart** > **Registries** > **Immunization** > **Submission Status**) has been updated so that when hovering over the status of a failed immunization, the status error will display in a tooltip and will remain visible until the you move the mouse cursor away from the failed immunization, allowing you to easily read longer error messages. Likewise, if you double-click the status of a failed immunization, a pop-up window will appear containing the error text allowing you to easily read the error message. When hovering over a successful immunization, no tooltip will appear, and when double-clicking that immunization, the immunization itself will open as normal.

Added Features (continued)

- **Meaningful Use Dashboard – Stage 3 2020 –** The Meaningful Use Dashboard has been updated for the 2020 reporting period, and the Stage field has been updated with a Stage 3 2020 option. Likewise, all the Quality Measures for Meaningful Use Stage 3 2020 in the Meaningful Use Dashboard have been updated to the 2019 version for the 2020 reporting period, allowing you to select and run queries specific to the changes reflected in this stage for 2020, and provide accurate statistics for applicable attestation requirements. Do note that, for Stage 3 2019, this year (and every year) CMS has made changes to the requirements for the majority of the CQMs. Please be sure to check the CQMs you are reporting to determine if changes were made that may affect your reporting and adjust accordingly.

- **Meaningful Use – CQM Import –** The CQM Import Dashboard (accessed via **Reports** > **Meaningful Use > CQM Import**), has been updated to process CQM data for the 2020 reporting year. In addition, the system has been updated to handle duplicate patients included in an imported file. When importing a file, the system will scan the file for duplicate patients, and if there are duplicate patients in the file, then the system will generate a CQM Import Duplicates dialog, allowing you to reconcile those duplicate to ensure proper results.

In the **Duplicate Patients** section, of the CQM Import Duplicates dialog, all the duplicate patients will be listed. To reconcile duplicate patients, check the applicable patients in the Duplicate Patients section, which will move them to the **Resolve** section. Once more than one patient has been moved into the Resolve section, you can **Merge**, **Keep**, or **Ignore** the selected patients. See Figure 6.

Figure 6 – CQM Import Duplicates

Added Features (continued)

Meaningful Use – CQM Import (continued)

When the **Merge** button is clicked, all the patients selected in the Resolve section will be merged into a single patient. When the **Ignore** button is clicked, all the duplicate patients selected in the Resolve section will be ignored and treated as separate patients. When the **Keep** button is clicked, whichever patient that was highlighted in the Resolve section will be used, while the others will not be used.

You may have to perform this process multiple times to fully resolve all duplicate patients.

Do note, if you try to resolve any patients that have already been reconciled, a warning dialog will appear indicating that a duplicate status has already been set for the patients, and asking if you want to override that status. See Figure 7. Click the **Yes** button to override or click the **No** button if you want to keep the previous status.
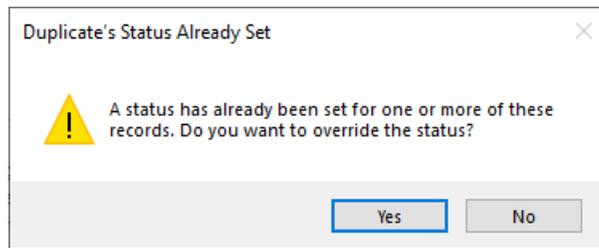
Figure 7 – Duplicate's Status Already Set Warning

When finished resolving all duplicate patients, click the **Continue** button.

If the Continue button is clicked, and all the duplicate patients are not reconciled, a **Potential Duplicates Not Resolved** dialog will appear, warning you of the possibility of there still being duplicates, and you if you want to continue. See Figure 8. Click the Yes button to continue or click the No button to go back to the CQM Import Duplicates dialog.
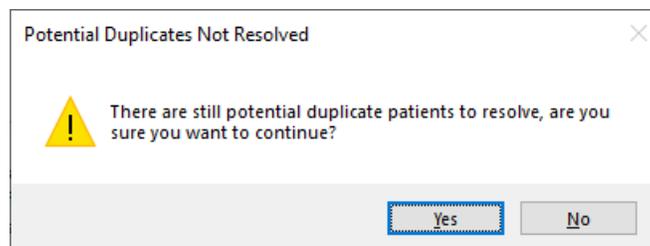
Figure 8 – Potential Duplicates Note Resolved Warning

Added Features (continued)

- **MIPS Dashboard –** The MIPS Dashboard has been updated to default to the 2020 view when initially accessed, and prior to selecting a Configuration. Likewise, the default percentages of the MIPS total score will be displayed for 2020: Quality at 45%, Promoting Interoperability at 25%, Improvement Activities at 15%, and Cost at 15%. See Figure 9. Do note, that once the configuration is selected for 2019 reporting period if you are exempt from the Promoting Interoperability category, the 25% will be reallocated to the Quality category; and if the Cost measures are not met, the 15% will be reallocated to the Quality category.

  Also, for 2020, the dashboard has been updated to calculate the estimated MIPS total composite score, as well as Print and Generate File for Submission that includes all categories.

  In addition, the title bar will display the reporting year, defaulting to 2020 if no configuration is selected. Once a configuration is selected, the reporting year will be dependent on the period configured for the selected configuration. Also, when accessing individual category dialogs (Quality Measures, Promoting Interoperability, Improvement Activities, and Cost) the reporting year will also appear in those title bars following the configuration name.
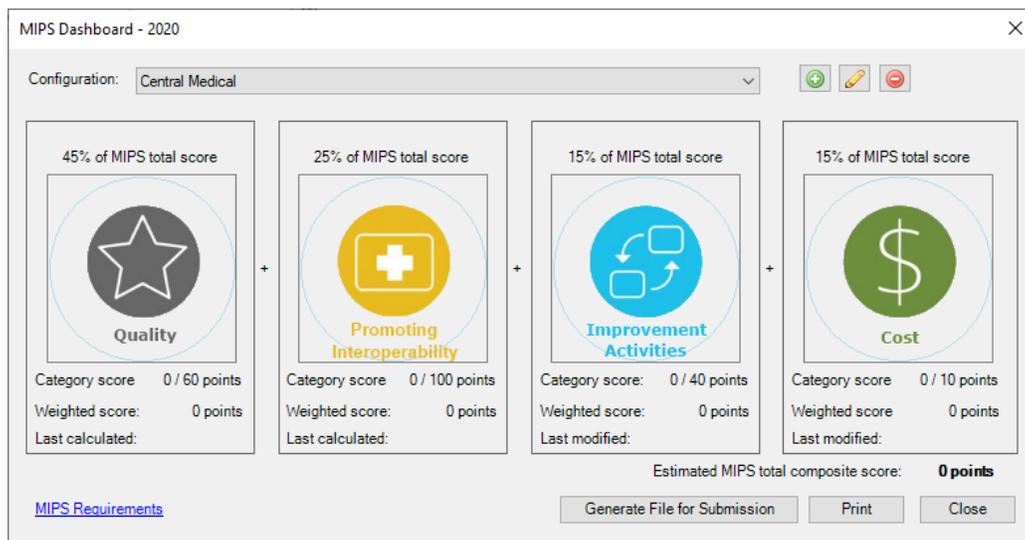
Figure 9 – MIPS Dashboard

- **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 2020 reporting period. See Figure 10.
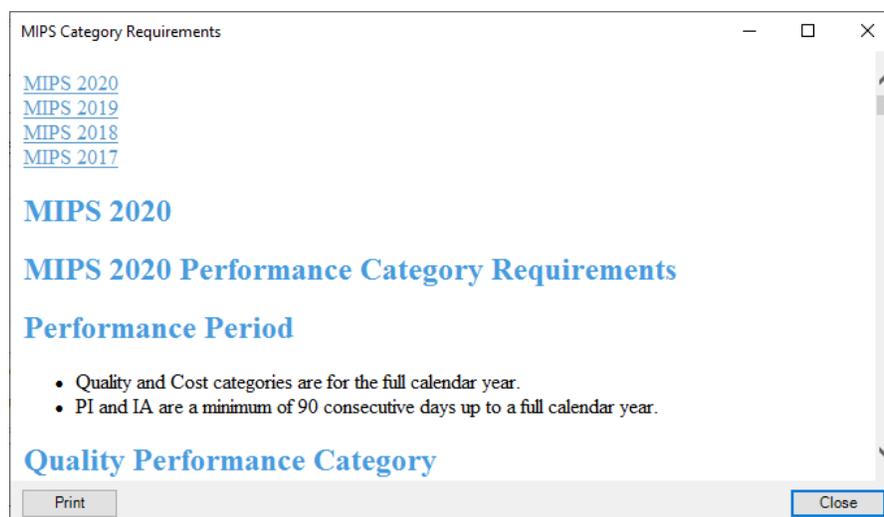
Figure 10 – MIPS Category Requirements

Added Features (continued)

- **MIPS Dashboard – Configuration–** The MIPS Dashboard Configuration dialog has been updated for the MIPS 2020 reporting period. The functionality works the same as MIPS 2019, including the ability to choose multiple collection types (i.e., submission types) for **Quality Reporting** via the **Reporting through a combination of the EHR and STI Quality Reporting Registry** and **Number of measures reported through the STI Quality Reporting Registry** options, as well as applicable **Promoting Interoperability Exclusions** for which you qualify. See Figure 11.

Figure 11 – MIPS Dashboard Configuration

Added Features (continued)

- **MIPS Dashboard – Quality –** All the Quality Measures for MIPS 2020 in the Quality Measure dialog have been updated to the 2019 version for the 2020 reporting period, and for the 2020 performance period will be 45% of the MIPS Total Score (unless PI and Cost categories are reallocated to Quality category). See Figure 12. Likewise, all the associated benchmarks for each CQM has been updated to the 2020 version, which can be accessed by double-clicking each individual measure in the right pane. Do note that, for 2020, this year (and every year) CMS has made changes to the requirements for the majority of the CQMs. Please be sure to check the CQMs you are reporting to determine if changes were made that may affect your reporting and adjust accordingly.

Figure 12 – Quality Measures – 2020

Added Features *(continued)*

- **MIPS Dashboard – Promoting Interoperability –** The Promoting Interoperability dialog has been updated with new and revised performance category measures and registry options for MIPS 2020, and for the 2020 performance period will be 25% of the MIPS Total Score.

  Upon entering the Promoting Interoperability dialog for 2020, you will notice a single **Performance Category Measures** section that is like the Promoting Interoperability dialog for 2019. The functionality remains the same as 2019, except the Verify Opioid Treatment Agreement bonus measure (5 points) is not available for 2020. All other measures and functionality, including exclusions and the redistribution of points for those exclusions, remains the same as 2019. See Figure 13.

  Like 2019, you will need to check the **Performed a security risk analysis** option before the Promoting Interoperability Score will be calculated. Likewise, the **Submitted data to one or more public health agency or clinical data registry** option will not be activated unless the **Performed a security risk analysis** option is selected, and performance measures, except for the PDMP measure, have been calculated and contain numerator and denominator information. Performance measures can be calculated, and reconciliation reports can be run for selected measures via the corresponding buttons.

  After the **Submitted data to one or more public health agency or clinical data registry** option becomes active and is checked, the various registry options will become available. You can select up to a total of 10 points, or a single registry (5 points) and an exclusion, if applicable. Once a total of 10 points is selected, the other options will be grayed out. Likewise, the Exclusions checkboxes will become available for the registries after a single registry is selected, but not for the selected registry.

  Only after the **Performed a security risk analysis** option has been selected, the performance measures have been calculated, and the registry information has been selected as applicable, will the Promoting Interoperability Score be calculated. This score will then be displayed on the Promoting Interoperability card in the MIPS Dashboard.

  For more information on Promoting Interoperability for MIPS 2020, as well as information for achieving the category measures, see the **Promoting Interoperability 2020 Objectives** page on our **website**.

Figure 13 – Promoting Interoperability

Added Features (continued)

- **MIPS Dashboard – Improvement Activities –** The Improvement Activities dialog has been updated with new and revised improvement activities for MIPS 2020, and for the 2020 performance period will be 15% of the MIPS Total Score. These are broken up into *two* sub-categories (**High Weighted** and **Medium Weighted**). See Figure 14. As in previous versions, for each entry you can click the corresponding **More Info?** link to view further details regarding the activity.

Figure 14 – Improvement Activities

Added Features (continued)

- **The Note Tab – Order Procedure – Immunizations –** The program has been updated to ensure that the latest Vaccine Information Statements (VISs) for DTaP (Diphtheria, Tetanus, and Pertussis), TD (Tetanus and Diphtheria), TDaP (Tetanus, Diphtheria, and Pertussis), Yellow Fever, and "Your Child's First Vaccines" – Multi-Vaccines, per the latest CDC guidelines, are used for immunization procedures.

- **Preferences* —** The **Set** button in the Root Directory, Add a Tool, Prescription, Signing, Decision Support, Fax, Note Details, Labs, Facesheet, User Security, Show Codes, Procedures, Navigate, Scans, Advanced, and Orders/Order Sets tabs of the Preferences dialog, has been updated and replaced with a **Save** button to better describe the functionality of the button. See Figure 15. The actual functionality of the Save button works the same as the Set button worked in previous versions.
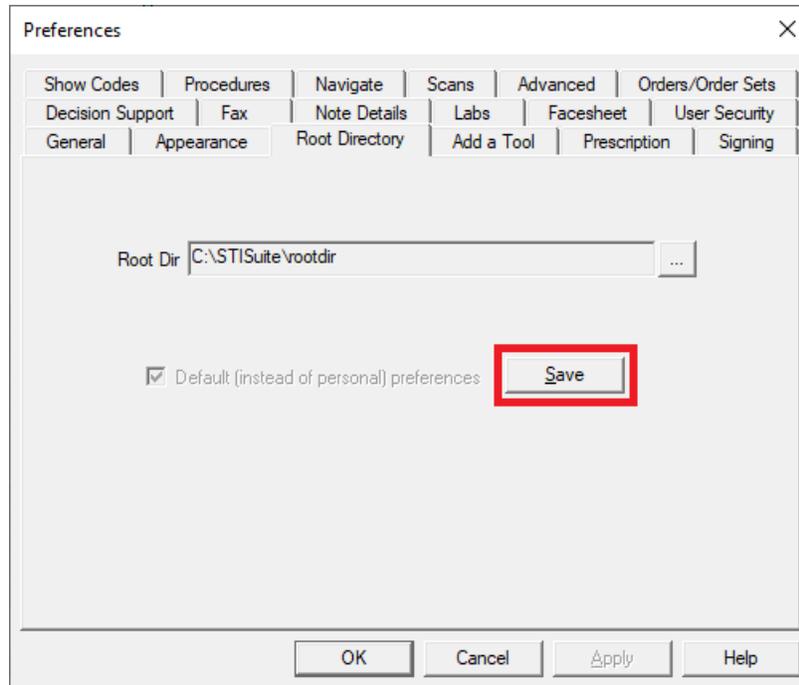

Figure 15 – Preferences – Root Directory –Save Button

* This feature was released in the CMMS 6.4.6.XXX hot fix release.

Added Features (continued)

- **Preferences — Appearance –** The **Default To-Do List View** section, of the **Appearance** tab, has been updated with a **Prescriptions** option, allowing you to select that tab to be the default view in the To-Do List (i.e., when opening Clinical, or closing a chart). See Figure 16.
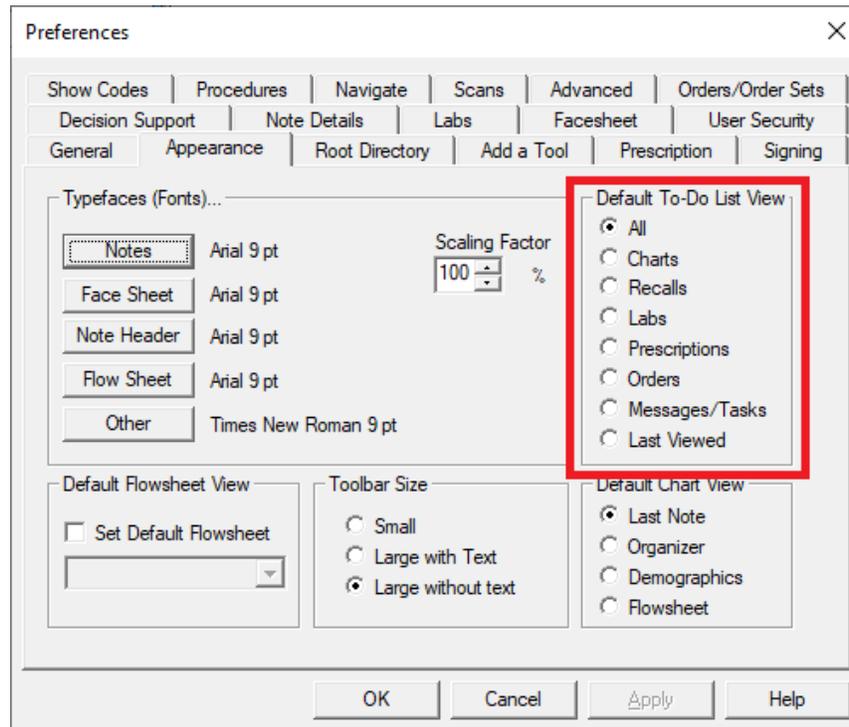

Figure 16 – Preferences – Advanced

Added Features (continued)

- **Preferences — Prescription* –** The Prescription tab has been updated with a new Other Rx Settings section that contains a new **Enable Medication Adherence alert To-Do List messages** preference option. See Figure 17. When this option is checked, the system will generate a To-Do List message whenever a Medication Adherence, Missing Medication, and/or High-Risk Medication *urgent* alert message is received from Surescripts for a patient. If this option is not checked, the system will **not** generate a To-Do List message for each occurrence of the alerts but will continue to generate a daily **Medication Adherence Worklist Summary** message containing a summary of any outstanding medication adherence tasks.

  Also, the **E-Rx user to receive unmatchable refill requests** drop-down and **Display ePA warning message when eligibility is not returned** option have been moved to the Other Rx Settings section. Their functionality is the same as in previous versions. Likewise, the **Procedure Format** field and corresponding browse button, as well as the **Use Procedure Format** option have been removed since they are obsolete and no longer used.
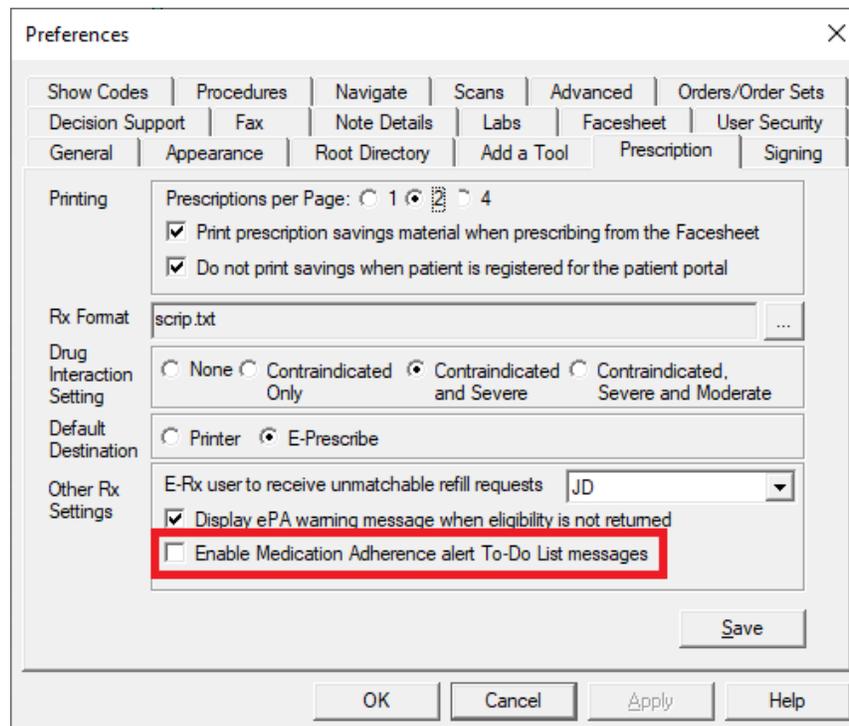

Figure 17 – Preferences – Prescription – Other Rx Settings

* This feature was released in the CMMS 6.4.6.XXX hot fix release.

Added Features (continued)

- **System Tables – Users – Privileges* –** The Specialty Patient Enrollment privilege has been updated to **Specialty Patient Enrollment/Med Adherence** and now allows you to not only determine the level of access that users have regarding the viewing and submitting information via the SPO Status dialog, but also viewing information in the Medication Management dialog for medication adherence, as well as accessing the Medication Adherence dialog when additional information is needed for medication adherence, high risk medications, and missing medications. See Figure 18. The **Submitter** privilege allows you full access to view, answer questions, and provide enrollment and/or medication adherence information as needed; the **Viewer** privilege allows you to view responses in a read-only format; and the **None** privilege disables access to the SPO Status, Medication Management, and Medication Adherence dialogs.

Figure 18 – System Tables – User – Specialty Patient Enrollment Privilege

* This feature was released in the CMMS 6.4.6.XXX hot fix release.

Added Features (continued)

- **To-Do List – Medication Adherence* –** The system has been updated to send **Medication Adherence** type messages to the user's To-Do List.

  A **Medication Adherence Worklist Summary** message will be sent to a provider's To-Do List daily and the body will contain a summary of the number of **Low**, **Medium**, **High**, **Urgent**, and **Alerts** priority tasks, as well as the **Total** number of active tasks. See Figure 19. If the summary contains any alert priority tasks, it will be sent as a high-level to-do list message and will be highlighted in red. Likewise, it will contain the number of alerts in the subject heading. If there are no alert priority tasks in the summary, it will appear as with a normal-level to-do list message. When you double-click the message the Medication Adherence Worklist will open allowing you to process the messages as needed.

Figure 19 – To-Do List – Medication Adherence Worklist Summary

  You can also enable urgent alert messages for Medication Adherence, High-Risk Medications, and Missing Medications appear in your To-Do List when the **Enable Medication Adherence alert To-Do List messages** preference option is selected in the Prescription preference tab (see page 14 above for details). When this preference is activated, any urgent alert messages that are received will appear in your to-do list with a subject heading of **Alert: [Message Type]** (i.e., Alert: Medication Adherence Message, Alert: High Risk Medication, Alert: Missing Medication Message), and the body will contain the message task and the patient's name. See Figure 20. When you double-click the message the Medication Adherence Worklist will open allowing you to process the message(s) as needed.

Figure 20 – To-Do List – Medication Adherence Alert Message

* This feature was released in the CMMS 6.4.6.XXX hot fix release.

Added Features (continued)

- **To-Do List – Prescriptions –** The To-Do List, in the Clinical application proper, has been updated with a new **Prescriptions** tab, between the Labs and Orders tabs, that allows you to easily view messages and tasks regarding medication prescriptions (including EPCS authorization and revocation requests, EPCS reminders, ePA messages, Specialty Medication Enrollment messages, change requests, renewal requests, refill requests, cancel requests, prescription dispensed, and medication adherence* messages). See Figure 21.

Figure 21 – To-Do List – Specialty Medication Enrollment Action Required

* Medication adherence messages were included in the in the CMMS 6.4.6.XXX hot fix release.