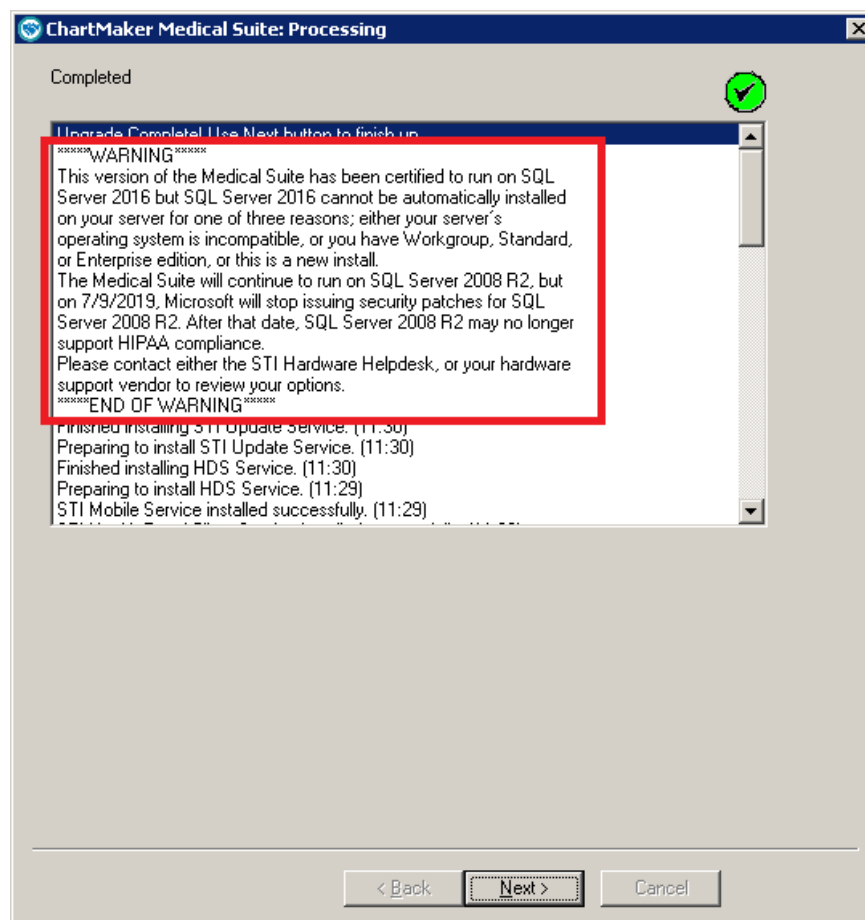


ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.5.2)

Important Notifications

- **Upgrade from Microsoft Server 2008 and Windows 7** – Since January 2020, your Windows 7 workstations and Microsoft 2008 Servers are no longer supported. Even with security patches, problems may still arise if you choose not to upgrade. In addition, your workstations are not HIPAA compliant. To avoid these issues, 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 HIPAA 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

- **Audit Trail** – The Audit Trail has been updated to track whenever the patient **Status** has been changed for a patient in the ID tab of Clinical. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Person**; the Audit Trail Description will display **Patient Status**; the Old Value will display the **[Previous Status]**; the New Value will display the **[New Status]**; and the patient's **Account ID** will be listed in the Metadata column.
- **Audit Trail** – The Audit Trail has been updated to include additional metadata when signing and unsigning chart notes, labs, and scans. When signing and unsigning labs, the **Note ID** and **Visit Date** will also be displayed in the Metadata column; when signing and unsigning a note, the **Note ID** will also be displayed in the Metadata column; when co-signing a note, the **Visit Date** will also be displayed in the Metadata column; when signing, co-signing, and unsigning a scan, the **Note ID** will also be displayed in the Metadata column; when auto-signing a Scan or a Note via menu at startup, the **Note ID** and **Note Heading** will also be displayed in the Metadata column.
- **Audit Trail** – The Audit Trail has been updated to include more enhanced auditing of Patient Portal exports of labs, notes, and scans. When exporting a lab to the patient portal, either upon signing or manually using the right-click option, the Group column will now display **Lab Results** (previously it displayed **Note**), and the **Note Heading** will be displayed in the Comments section of the Metadata column; when importing labs via Health Portal matching or in the Lab Viewer's Associate with Patient, the Group column will now display **Lab Results** (previously it displayed **Note**), and the **Note Heading**, **Visit Date**, and patient's **Account Number** will be displayed in the Metadata column; when exporting a note or scan to the patient portal, either upon signing or manually using the right-click option, **Note Heading** will be displayed in the Comments section of the Metadata column; and when exporting a scan to the patient portal, either upon signing, auto-signing, or manually using the right-click option, the Group column will now display **Scan** (previously it displayed **Note**).
- **Export – Export Patient Data** – The **Clinical Summary** and **CCD** document types have been updated to include information in a checklist that was tagged as Goals into the exported document in the Plan of Treatment section. Likewise, the exclusion dialog for the export documents has also been updated to include Goals, thereby allowing you to exclude this data if needed.
- **Export – Export Patient Data** – The **Clinical Summary**, **CCD**, and **Referral Summary** document types have been updated to include the following information in the export (when applicable): BMI percentile for patients 2-20, Weight to recumbent length percentile for patient birth-36 months, patient email, and previous address.
- **Export – Export Patient Data** – The **Note Selection** field of the Export Patient dialog has been updated with a drop-down list that contains new **Consultation Note**, **Discharge Summary Note**, **History and Physical Note**, **Imaging Narrative**, **Lab Report Narrative**, **Pathology Report Narrative**, **Procedure Note**, and **Progress Note** document types, in addition to the previous Clinical Summary document type, for the implementation of the USCDI (United States Core Data for Interoperability) standards that are required as part of the 21st Century Cures Act (21CCA). See Figure 1. These new document types can be used in a similar manner as the Clinical Summary, using the similar functionality when saving, printing, and naming, as well as getting an exclusion dialog that contains applicable fields that can be excluded from the export, as needed.

The **Consultation Note** will contain the following sections in the export: History of Present Illness (information in a checklist that was tagged as HPI), Allergies and Intolerances, Problem/ Problems Addressed During This Encounter, Chief Complaint, Medications, Vital Signs, Procedures, and Results.

The **Discharge Summary Note** will contain the following sections in the export: Hospital Course (information in a checklist that was tagged as Hospital Course), Allergies and Intolerances, Plan of Treatment (containing instructions from a checklist tagged as Clinical Instructions, as well as future appointments), and Discharge Diagnosis (diagnoses that were interacted with in the selected note).

The **History and Physical Note** will contain the following sections in the export: Review of Systems (containing information in a checklist tagged as Review of System), General Status (containing information in a checklist tagged as General Status), Medications, Results, Past Medical History (containing information in a checklist tagged as Past Medical History), Vitals, Physical Exam (containing information in a checklist tagged as Physical Examination), Social History, Family History, Allergies and Intolerances, and Problems.

Added Features (continued)

- **Export – Export Patient Data (continued)**

The **Imaging Narrative** will contain the following section in the export: Findings Section (containing information in a checklist tagged as Imaging Narrative).

The **Lab Report Narrative** will contain the following section in the export: Lab Report Narrative (containing information in a checklist tagged as Lab Report Narrative).

The **Pathology Report Narrative** will contain the following section in the export: Pathology Report Narrative (containing information in a checklist tagged as Pathology Report Narrative).

The **Procedure Note** will contain the following sections in the export: Complications (containing information in a checklist tagged as Complications), Procedure Description (containing information in a checklist tagged as Procedure Description), Procedure Indications (containing information in a checklist tagged as Procedure Indications), Post procedure Diagnosis (includes diagnoses that were interacted with in the selected note), Allergies and Intolerances, and Medications.

The **Progress Note** will contain the following sections in the export: Assessment and Plan (containing information in a checklist tagged as Assessment and Plan), Chief Complaint, Medications, Results, Vital Signs, Problems, and Allergies.

Export Patient Data

☒ Note Selection
☐ Date Range

Patient

Doe, John 10011

Name: Doe, John Account #: 10011

9/18/2020

Options

Note: 09/23/2020 10:40:42 - GM Note: Progr

Previous Summaries Preferences

☐ Password protect file
☒ Close window after Save/Print

Save Print Cancel

Figure 1 – Export Patient Data

Added Features (continued)

- **Meaningful Use – CQM Import** – The CQM Import Dashboard (accessed via **Reports > Meaningful Use > CQM Import**), has been updated to process CQM data for the 2021 reporting year.
- **Meaningful Use – Dashboard – Stage 3 2021** – The Meaningful Use Dashboard has been updated for the 2021 reporting period, and the Stage field has been updated with a Stage 3 2021 option. Likewise, all the Quality Measures for Meaningful Use Stage 3 2021 in the Meaningful Use Dashboard have been updated to the 2020 version for the 2021 reporting period, allowing you to select and run queries specific to the changes reflected in this stage for 2021, and provide accurate statistics for applicable attestation requirements. Do note that, for Stage 3 2021, 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 – Dashboard – Stage 3 2021 – CQM Reporting** – The QRDA I and QRDA III file formats have been updated for the 2021 reporting period, allowing you to successfully submit files using the 2020 version of the eCQMs.
- **Medications – ePA** – The system has been updated to use the latest, NCPDP 2017071 schema, format for electronic prior authorization messages. Along with updating to the latest NCPDP standards, this change allows the Prior Authorization flag that checks if a medication needs ePA to no longer be dependent on the old Formulary data. Instead, the system will use a combination of the Surescripts Real Time Prescription Benefit and/or Real Time Formulary data that is obtained during the prescription process. This updated process allows for faster and more accurate notification of prior authorization, while also alleviating the majority false positives. Likewise, there have been some further minor enhancements to provide more efficient workflow and ease of use. See the medication entries below for further information regarding the changes made to Clinical system as it relates to the NCPDO 2017101 schema format update for ePA.
- **Medications – Prescribe Medication – ePA** – The Prescribe Medication screen has been updated so that the ePA indicator (**ePA is required** or **ePA is not required**), below the Pharmacy field, will now use a combination of the Surescripts Real Time Prescription Benefit and/or Real Time Formulary data to determine whether prior authorization is required for the medication being prescribed, allowing for faster and more accurate notification of prior authorization. In addition, the **Override** link has been removed from the Prescribe Medication screen and has been relocated to the Confirm Medication screen.
- **Medications – Confirm Prescription – ePA** – The Prescription section of the Confirm Prescription screen has been updated with an **Override** link that allows you to forgo the ePA workflow when the system determines that ePA is required for the medication being prescribed or allows you to activate the ePA workflow when the system determines that ePA is not required. See Figure 2. The Override functionality works in a similar manner as it worked when it was in the Prescribe Medication screen in previous versions. Additionally, a new **Expedite ePA** checkbox that becomes active when the ePA workflow is required or user-requested, and when checked will send a priority indicator with the ePA request message.

Prescription

Destination: On Hold [Override](#) ☐ Expedite ePA **ePA is required**

Pharmacy: Bannockburn Pharmacy (Retail, Specialty, Long Term Care, Supports Digital Signature): 6798 Pyle Rd, Bethesda, MD 20817 (3016442418) (EPCS)

☐ Ready to sign

Figure 2 – Confirm Prescription – Prescription – ePA

- **The Note Tab – Order Procedure – Immunizations** – The program has been updated to ensure that the latest CVX codes and CVX mappings, MVX codes and MVX mappings, Manufacturers, and NDC codes, per the latest CDC guidelines, are used for immunization procedures.

Added Features (continued)

- **Scan Management** – In previous versions whenever a file that did not have a file extension was copied into the unassigned scans folder path (set in **Preferences > Scans > Unassociated Scans Dir**), or the local pictures directory, and that directory contained files with valid file extensions, opening the Scan Management dialog (either via the Chart menu, or inside the chart note) would create an error causing the Clinical program to close. This issue has been addressed, and the system has also been updated with a warning that is generated whenever selecting and trying to save a file that does not have a file extension in the Scan Management dialog. See Figure 3.

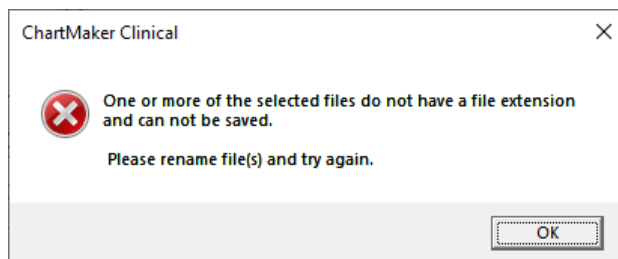


Figure 3 – Scan Management – No File Extension Warning Message

- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Complications** option. See Figure 4. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Complications section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **General Status** option. See Figure 4. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a General Status section.

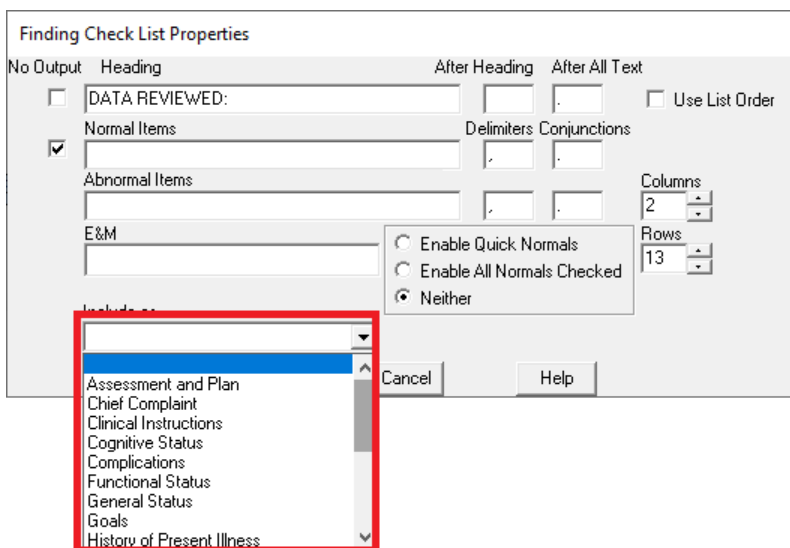


Figure 4 – Finding Check List Properties

- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Hospital Course** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Hospital Course section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include an **Imaging Narrative** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Findings Section.

Added Features (continued)

- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Lab Report Narrative** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Lab Report Narrative section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Past Medical History** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Past Medical History section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Pathology Report Narrative** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Pathology Report Narrative section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Physical Examination** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Physical Examination section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Procedure Description** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Procedure Description section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Procedure Indications** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Procedure Indications section.
- **Template Editing – Checklist** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Review of Systems** option. See Figure 5. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Review of Systems section.

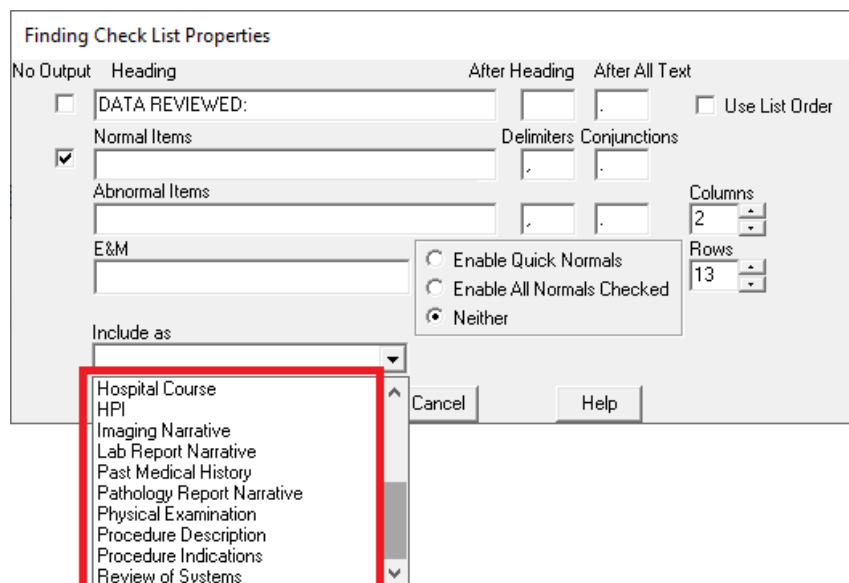


Figure 5 – Finding Check List Properties

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