### NEXTGEN EHR 5.8 & KBM 8.3 Updates What's New For Clinicians

This demonstration reviews the changes USA users will find in the NextGen EHR update planned in for the end of June 2014. Most people will find these changes pretty intuitive. There are a lot of nice workflow improvements—but, as always, a few more...let's call them "quirks"...to adapt to.

This has been prepared with EHR 5.8 & KBM 8.3. It also used a testing environment that doesn't have the full functionality of our Production environment. Also, configuration & incremental updating is ongoing. As a result, you may see some differences from the screenshots shown here. Every effort will be made to update this lesson as changes necessitate.

Use the keyboard or mouse to pause, review, & resume as necessary.

2014 brings us 2 upgrades to NextGen:

• The first one upgrades what may be thought of as the "EHR engine," or "framework" of the program. This will bring us some workflow improvements, as well as some of the features we'll need for ICD 10. This took place in March 2014.

• The second part upgrades the KBM, or the templates themselves. That will bring us further workflow improvements, & the rest of the components necessary for ICD 10 & the next stages of Meaningful Use.

### **Patient Information Bar**

The new Patient Information Bar gives you access to a lot of frequently-needed data without having to interrupt what you're working on to open a different template. Above the working templates you'll now see the **Patient Information Bar**, or **Info Bar**. Much of this info can be viewed in other spots, but now you can see it without closing the template you're working on, going to a new template, then coming back to where you were. Fewer clicks, fewer workflow interruptions.

💼 Ne File	extGen EHR: / Edit Defau	Ashleigh Quanmi ult View Tools	re MRN: 00000000776	2 DOB: 01/02/1957 (Fer indow Help	nale) AGE: 57 years	1 month - 02/20/20	14 09:22 AM : "*U5	A Intake"			
1				DUFFY, ROBERT LAMA	R MD 🖌 😓		R <sub>X</sub>	mplates Documents	Images Orders	Procedurez App	- X
Ashl	eigh Quagmi	re (F)	DOB: 01/02/1957 (57	years) Weigł	it: 150.20 lb (68.13 K	) Allergies: (3)	Problems: (3)	Diagnoses: (1	8) Medication	ns: (4) 💿	
50° 2	1	Address: 123 Toe Mobile, Contact: (251) 55	ejam Trace AL 36604 55-1234 (Home)	MRN: <b>00000</b> Insurance: <b>MEDIC</b> NextMD: <b>No</b>	0007762 AID OF ALABAMA	Emergency Relation: Emergency Phone: Pharmacy 1:	CAFFEYS PHARM	PCP: <b>A</b> Referring: . Rendering: <b>D</b>	TKINSON, TAN UFFY, ROBERT	IGELA C LAMAR	
0	Alerts	OBGYN Details	Patient	ipid Clinic Data   Order Ac	Imin   🌣 Sticky Not	e   💠 Referring Provid	der   🗢 HIPAA   🗢 A	dvance Directiv	es   🔶 Screenin	g Summary	
» Nav	Specia	a <b>lty ▼</b> Family Pra	ctice Visit Typ	e 🔻 Office Visit			😡 тов	ØHTN Ø	) dm ⊘ c/	AD 🔅	
rigation	ff	Intake	Histories	SOAP	Finalize	Checko	out		_		
	( Stan	nding Orders	Adult Immunizations	Peds Immunizations	My Plan	Procedures	Order Managemei	nt]			
	Care G	uidelines G	ilobal Days				Panel Con	trol: 🕤 Toggle	Cycle	e.	
	General									$\odot$	
		ished patient	New patient   Hist	orian:							

### Name, age, gender, date of birth, & Medical Record Number are visible on the title bar, but now can be seen here in a little less cluttered fashion.

🚛 Ne	extGen EHR: Ashleigh Quagmire MRN: 000000007762 D0	: 01/02/1957 (Female) AGE: 57 years 1	nonth - 02/20/2014 09:22 AM : "*USA Intake"	
File	Edit Default View Tools Admin Utilities Windo	w Help		
1 Logou	USA FAMILY MEDICINE	JETY, ROBERT LAMAR MD 🔄 🍰 🕌	ory Inbox PAQ Medications EPM Templates Docume	nts Images Orders Procedures Apps Close
Ashle	leigh Quagmire (F) DOB: 01/02/1957 (57 year	s) Weight 150.20 lb (68.13 Kg)	Allergies: (3) Problems: (3) Diagnoses:	(18) Medications: (4) 💽
	Address: 123 Toejam Trace	MRN: 00000007762 En	nergency Relation: PCP:	ATKINSON, TANGELA C
0	Mobile, AL 36604	Insurance: MEDICAID OF ALABAMA	mergency Phone: Referring:	
20S	Contact: (251) 555-1234 (Home)	NextMD: No	Pharmacy 1: CAFFEYS PHARM Rendering:	DUFFY, ROBERT LAMAR
Ø	Alerts OBGYN Details Patient Lipid	Clinic Data   Order Admin   🌣 Sticky Note	◆ Referring Provider   ◆ HIPAA   ◆ Advance Direc	tives 🛛 💠 Screening Summary
4 /	02/20/2014 09:22 AM : "*USA Intake" ×			
			0	0
~	Consiste = Consile Densities Visit Turns =	Office Visit	U TOB O HTN	ODM OCAD
Javig	Specialty V Parmiy Practice Visit Type V	Unice visit		
Jatio	Intaka Histories	COAD Einstine		
	II IIItake Histories	SOAP Finalize	Checkout	
	Standing Orders   Adult Immunizations   Peds	Immunizations   My Plan	Procedures Order Management	
_	Standing Orders     Adult Immunizations     Peds       Care Guidelines     Global Days	Immunizations   My Plan	Procedures   Order Management ] Panel Control: ⓒ Togg	ile 🕢 🔹 Cycle 🕩
	Intervention     Instortes       [ Standing Orders   Adult Immunizations   Peds       Care Guidelines     Global Days       General	Immunizations   My Plan	Procedures   Order Management ] Panel Control:  () Togg	ıle  ⊙ ♪ Cycle   ♪

### You can now directly view address, phone number, & insurance carrier.



Note that in many places if you hover the mouse cursor over a field you can view additional information. For example, hovering over the **Phone Number** shows us all of the alternate contact info the patient has given us. A similar thing happens when you hover over the **Insurance Field**.



### The **patient's picture** (if scanned) now appears on the Info Bar.



#### Alerts & Sticky Notes now live on the Info Bar.



## Icons to open the **Telephone Template**, **Tasking Popup**, & **Patient Tracking Popup** now appear on the Info Bar, so you don't have to open the Navigation Bar to get to them.



### You can see at least the 1<sup>st</sup> part of the **primary pharmacy**'s name.



You can also view blank, or differen	the <b>PCP</b> , though t from the PCP	n you may na field we us	ote that it ed on our o	is Ider
templates.				
File Edit Default View Tools Admin Utilities Win	dow Help			
In Save Clear Delete USA Family Medicine	DUFFY, ROBERT LAMAR MD 🔄 🚨	history Inbox PAQ Medications	III III IIII Iemplates Dominents Images Orders B	🦻 🌎 🖳 . Procedures EPM Apps
IIII AATestRLDAdultMale (M) DOB: 01/04/1962 (52 ye	ears) Weight: 65.544 Kg (144.50	) Ib) Allergies: (1) Problem	s: (2) Diagnores: (5) Medica	ations: (2) 💿
Address: Bee Hive Drive Mobile, AL 36604 Contact:	MRN: <b>000900021798</b> Insurance: NextMD: <b>No</b>	Emergency Relation: Emergency Phone: Pharmacy 1:	PCP: , Referring: Rendering: DUFFY, ROB	ERT LAMAR
Patient	Adult Cha Order Admin			
01/20/2014 03:39 PM : "*USA Intake" ×				
Patient Name: IIII AATestRLDAdult Gender: M Specialty: Family Practice	Male DOB: 01/04/1962 Age: 52 Years Visit type: Office Visit	S TOB OHT	N ODM OCAD   Confi	gure
Intake Histories	Summary SOAP	Guidelines Fin	nalize Checkout	)———
Patient contact info & Sticky P	Note	<ul> <li>Advance Directives   + Freenie</li> <li>PCP: FM-Duffy</li> </ul>	ing Summary	
General				
	Old wor	ler template karound PC	e with our P Field.	

### In the past, the native PCP field in NextGen had some problems with accessibility, visibility, & editability, so we created a workaround. Those problems are largely resolved now that **PCP** is visible on the Info Bar.



### Click in the PCP field, then scroll down to select the desired PCP. You can type the first few letters of the name to jump down to that section of the list. Click OK, then close the Patient\_Demographics template when done.

Contact Information		Θ
Home: (251)555-1234	Email: AQuag@yo	oohooo.edu
Work: ( ) - Extension:	Ngkbm Dbp All Providers	×
Cell: (251)555-9876	LastName FirstName	PhysicianName P 🔺
Alternate: () - Extension: Type:	ABERNETHY DURANT AIKIN STEPHANIE AKILANI AHMAD	DURANT ABERNETHY MD 2 STEPHANIE AIKIN PA 2 AHMAD AKILANI MD 2
Address History	ALLISON ALLESSA	ALLESSA D ALLISON MD 2
PCP/Insurance/Pharmacy	ALLISON RONALD ALMANNAI MOHAMMAD ALONSO JORGE	RONALD C ALLISON MD     2       MOHAMMAD ALMANNAI MD     2       JORGE E ALONSO MD     2
PCP: TANGELA C ATKINSON MD	ALRIFAI WAEL ALWAZEER MOUHAMMAD ANDERSON GBANT	WAEL ALRIFAI MD 2 MOUHAMMAD RATEB ALWAZEER MD 2 GBANT ANDERSON MD 2
First visit: Last visit: Next visit:	ABOBA ALLURY	ALLURY ARORA MD 2
/ / / / / / / /	ASLAM SABEEM ATKINSON TANGELA	TANGELA CATKINSON MD 2
Referred by:	AWAN GHULAM BAKER SUSAN BASS Jr JOHN	GHULAM M AWAN MD SUSAN L BAKER MD 2 JOHN B BASS Jr MD 2
	RASSAM RASSAM	
Pharmacy #1: Pharm	acy #2:	OK Cancel

You'll select the PCP off of a picklist that includes most all providers at USA & the community at large (though you won't be able to type in freehand things like team names). While on the **Patient\_Demographics** template, notice that you can update a lot of other information, such as the **primary** & **secondary pharmacies**.

Contact Information		۲
Home: (251)555-1234	Email: AQuag@yooohooo.edu	
Work: ( ) - Extension:	Electronic communication ID:	
Cell: (251)555-9876	Preferred contact method:	
Alternate: ( ) - Extension:	Type:	
Address History		$\odot$
PCP/Insurance/Pharmacy		$\odot$
TANGELA C ATKINSON MD         First visit:       Last visit:       Next visit         / /       02/05/2014       / /         Referred by:		
Pharmacy #1:	Pharmacy #2:	
CAFFEYS PHARMACY	Caremark Mail Service Pharmacy	
•		
Address:	Address:	
Address: 3703 ST. STEPHENS ROAD	9501 E Shea Blvd	
Address: 3703 ST. STEPHENS ROAD City: State: ZIP:	Address: 9501 E Shea Blvd City: State: ZIP:	

## While we're at it, notice the **Referring field**. Take this field with a grain of salt; there often seems to be no rhyme or reason as to what, if anything, appears here.

🍖 Ne	extGen EHR: Ashleigh Quagmire MRN: 00000000776	2 DOB: 01/02/1957 (Female) AGE: 57 years 1	nonth - 02/20/2014 09:22 AM : "*USA ]	Inta 'e"
File	Edit Default View Tools Admin Utilities W	indow Help		
Logou	ut Save Clear Delete USA FAMILY MEDICINE 🝷	DUFFY, ROBERT LAMAR MD 🔄 🍰	bory Inbox PAQ Medications EPM Templ	ates Documents Images Orders Procedures Apps Close
Ashl	eigh Quagmire (F) DOB: 01/02/1957 (57	years) Weight: 150.20 lb (68.13 Kg)	Allergies: (3) Problems: (3)	Diagnoses: (18) Medications: (4) 💿
50 <sup>9</sup>	Address: 123 Toejam Trace Mobile, AL 36604 Contact: (251) 555-1234 (Home)	MRN: 00000007762 Er Insurance: MEDICAID OF ALABAMA NextMD: No	nergency Relation: Emergency Phone: Pharmacy 1: CAFFEYS PHARM	PCP: ATTENSON, TANGELA C Referring: Rendering: DUFFY, ROBERT LAMAR
0	Alerts OBGYN Details Patient I	ipid Clinic Data   Order Admin   🕈 Sticky Note	◆ Referring Provider   ◆ HIPAA   ◆ Adv	ance Directives 🛛 🗢 Screening Summary
4	02/20/2014 09:22 AM : "*USA Intake" ×			
> Nav	Specialty Visit Typ	e 🔻 Office Visit	🚯 ТОВ	⊘htn ⊘dm ⊘cad   🅸
rigatio	A Intake Histories	SOAP Finalize	Checkout	
S	Standing Orders   Adult Immunizations	Peds Immunizations   My Plan	Procedures   Order Management	]
	Care Guidelines Global Days		Panel Contro	l: 🕤 Toggle 💿 🔹 Cycle 🕒
	General			Θ
	• Established patient • O New patient   Histo	rian:		

Note the numbers next to **Allergies**, **Problems**, **Diagnoses**, & **Medications**. These indicate the number of entries on each list.

🍖 Ne	xtGen EHR: Ashleigh Quagmire MRN: 0000000077	52 DOB: 01/02/1957 (Female) AGE: 57 years 1	month - 02/20/2014 09:22 AM : \ USA Intake"	
File	Edit Default View Tools Admin Utilities V	Vindow Help		
Logou	t Save Clear Delete USA FAMILY MEDICINE	DUFFY, ROBERT LAMAR MD 🔹 🍰	Story Data Medications EPM Templates Opcuments Images Orders Providers Apps	Close
Ashl	eigh Quagmire (F) DOB: 01/02/1957 (57	years) Weight: 150.20 lb (68.13 Kg)	Allergies: (3) Problems: (3) Diagnoses: (18) Medications: (4)	
	Address: 123 Toejam Trace	MRN: 00000007762 Er	mergency Relation: PCP: ATKINSON, TANGELA C	
1	Mobile, AL 36604	Insurance: MEDICAID OF ALABAMA	Emergency Phone: Referring:	
20 <sup>9</sup>	Contact: (251) 555-1234 (Home)	NextMD: No	Pharmacy 1: CAFFEYS PHARM Rendering: DUFFY, ROBERT LAMAR	
0	Alerts OBGYN Details Patient	Lipid Clinic Data   Order Admin   & Sticky Note	Referring Provider + HIPAA + Advance Directives + Screening Summary	
4 /	02/20/2014 09:22 AM : "*USA Intake" ×			
z	Specialty  Family Practice Visit Ty	ne 💌 Office Visit		
lavig	Specially Pointy Pointy			
ation	Intake Histories	SOAP Finalize	Checkout	
	Standing Orders   Adult Immunizations	Peds Immunizations   My Plan	Procedures Order Management	
	Care Guidelines Global Days		Panel Control: 🕤 Toggle 💿 🔹 Cycle 🔹	
	General		$\odot$	
	Established nation     C New nation     I His	arian.		

And if you hover the mouse cursor over the number, you see the actual list. Here we've hovered over the Allergies (3), displaying the allergy list. So you no longer have to navigate to a different template to view allergies.



Date	Description	Onset/Sympt	Resolved	Туре	Comment
2/09/2014 10:49 PM	BEET	00/00/0000	00/00/0000	Base Ingre	
2/09/2014 10:49 PM 1/21/2014 02:45 PM		00/00/0000	00/00/0000	Ingredient	
	you are take	n to the fi	ull Alle	ergy N	Nodule,
	where you can	make or e	edit er	ntries.	
	where you can	n make or e	edit er	ntries.	
Include	where you can Resolved Allergies	No Unresolved	edit er	ntries.	
Include	where you can Resolved Allergies	■ make or e	edit er	ntries.	
Include Allergy: Location: USA FAM	where you can Resolved Allergies	■ make or e	edit er Allergies	ntries.	Clear
Allergy: ocation: USA FAMI	where you can Resolved Allergies	No Unresolved	edit er	itries.	Clear Delete
□ Include Allergy: Location: USA FAMI Provider: DUFFY, R	where you can Resolved Allergies	No Unresolved	edit er	ntries.	Clear Delete Add
Allergy: -ocation: USA FAMI Provider: DUFFY, R Recorder Dnset/Sym: 00/00/0000	where you can Resolved Allergies UY MEDICINE OBERT LAMAR MD ed Elsewhere Source:	Make or e	edit er	itries.	Clear Delete Add
Allergy: -ocation: USA FAMI Provider: DUFFY, R Duset/Sym: 00/00/0000 Resolved: 00/00/0000	where you can   Resolved Allergies   P   ILY MEDICINE   OBERT LAMAR MD     od Elsewhere   Source:   P   Reaction:   Allergy type:	Make or e	edit er	ntries.	Clear Delete Add Update
Allergy: Location: USA FAMI Provider: DUFFY, R Record Onset/Sym: 00/00/0000 Resolved: 00/00/0000	where you can Resolved Allergies UY MEDICINE OBERT LAMAR MD ed Elsewhere Source: Reaction: Allergy type:	Make or e	edit er		Clear Delete Add Update Interactions

Similarly, hovering the cursor over the <u>Medications number</u> displays the patient's med list without having to leave the template you're working on, which is a nice workflow improvement. And clicking on the number (4) will take you to the full <u>Medication Module</u>.

Ē	Weigh	nt: 150.20 lb (68.13 Kg)	Allergi	ies: (3)	Problems: (3)	Diagnoses: (18)	Medications: (4)	
M	Medication	1	SIG Description					
Insuran	bupropion	HCl XL 300 mg 24 hr tablet, ex	1 daily in AM					
NextN	fluticasone	50 mcg/actuation Nasal Spray	, Susp	2 sprays	each nostril daily f	for 1 wk, then 1 spra	y each nostril daily th	
NextN linic Data	lisinopril 20	) mg-hydrochlorothiazide 25 mg	1 daily					
	loratadine	10 mg tablet		1 daily as	s needed for allerg	ies		
SO	AP	Finalize	c	heckout				
nunizati	ons	My Plan   Pr	ocedures	10	Order Manageme	nt		

ł	-lovering over th shows you the Ch	e <b>Probl</b> Ironic P	<mark>ems r</mark> roble	n <mark>umber</mark> m List	while the <b>Dia</b>	hoveri I <b>gnose</b> s	ng over <mark>5 number</mark>
000 rica o	Allergies: (1) Problem Description Obesity Diabetes mellitus type 2	Problems: (3) Onservate 11/11/1111 11/11/1111	Diagnoses: (67 PCP: DL Referring: Rendering: DL	Definition (9)	gives yo diagnos previou	ou a lis ses mac s enco	t of all de at unters.
era	Essential hypertension	11/11/111		Allergies: (1)	Problems: (3)	Diagnoses: (67)	Medications: (9)
				Diagnosis Description		Encounter	
			n	Obesity		01/06/2014	I, RODERT LAMAR
				Diabetes Mellitus Type 2, Un	complicated	01/06/2014	(, ROBERT LAMAR
				Hypertension, NOS		01/06/2014	
				Diabetic Neuropathy		04/12/2012	
			_	Hypertension, Benign		04/12/2012	
				Low Back Pain		04/12/2012	
	Niete le sueven			Osteoarthritis, Generalized		04/12/2012	
	inore, nowever,	inere		Mixed Hyperlipidemia		04/12/2012	d at Data Pacaluad
	are some new t	wists in	1	Obesity		04/12/2012	
	die Some new i	vi313 ii	·	Diabetic Neuropathy		01/17/2012	
	how these lists	work.		Osteoarthritis, Generalized		01/17/2012	
				Hypertension, Benign		01/17/2012	_
	which well disc	uss iat	er.   -	Mixed Hyperlipidemia		01/17/2012	
			rce	Hernia of other specified site	es without mention	01/17/2012	
				Obesity		01/17/2012	
				Hernia of other specified site	es without mention	11/28/2011	
				Diabetes with neurological m	anifestations, type	11/28/2011	

Hypertension, NOS

Muscle Spasm

Cough

11/28/2011

11/28/2011

11/22/2011

#### Finally, note this little arrow button. You can use this to toggle the Info Bar from the full view... NextGen EHR: Ashleigh Quagmire MRN: 000000007762 DOB: 01/02/1957 (Female) AGE: 57 years 1 month - 02/20/2014 09:22 AM : "\*USA Intake" File Edit Default View Tools Admin Utilities Window Help E., X DUFFY, ROBERT LAMAR MD USA FAMILY MEDICINE PAQ Medications EPM Save Clear Delete Patient History Inbox Templates Documents Images Orders Prod Close Logout Ashleigh Quagmire (F) DOB: 01/02/1957 (57 years) Weight: 150.20 lb (68.13 Kg) Allergies: (3) Problems: (3) Diagnoses: (18) Medications: (4) Address: 123 Toejam Trace PCP: ATKINSON, TANGELA C ... MRN: 00000007762 **Emergency Relation:** Mobile, AL 36604 Insurance: MEDICAID OF ALABAMA **Emergency Phone:** Referring: Contact: (251) 555-1234 (Home) NextMD: No Pharmacy 1: CAFFEYS PHARM... Rendering: DUFFY, ROBERT LAMAR ... Alerts **OBGYN** Details Patient Lipid Clinic Data Order Admin... \* Sticky Note \* Referring Provider \* HIPAA \* Advance Directives \* Screening Summary 02/20/2014 09:22 AM : "\*USA Intake" X >> 0 DM TOB **ØHTN** 1 CAD Specialty V Family Practice Visit Type V Office Visit Navigation Intake Histories SOAP Finalize Checkout ...to this condensed view (& back again) to give you a little more screen real estate, as desired. NextGen EHR: Ashleigh Quagmire MRN: 000000007762 DOB: 01/02/1957 (Female) AGE: 57 years 1 mont /- 02/20/2014 09:22 AM : "\*USA Intake" Edit Default View Tools Admin Utilities File Window Help DUFFY, ROBERT LAMAR MD USA FAMILY MEDICINE Clear Inbox PAQ EPM Logout Medications Templates Documents Images Orders Procedures Apps Close Ashleigh Quagmire (F) DOB: 01/02/1957 (57 years) Weight: 150.20 lb (68.13 Kg) Allergies: (3) Problems: (3) Diagnoses: (18) Medications: (4) **OBGYN** Details Alerts Patient Lipid Clinic Data Order Admin... \* Sticky Note \* Referring Provider \* HIPAA \* Advance Directives \* Screening Summary 02/20/2014 09:22 AM : "\*USA Intake" X 4 >> Intake Histories SOAP Finalize Checkout 1 Standing Orders Adult Immunizations | Peds Immunizations My Plan Order Management Procedures

### **Collapsible Panels**

In an EHR, you'd like to be able to see as much information as possible, with as few clicks as possible, while also having a screen that is clean & not confusingly "busy." It is very difficult to simultaneously accommodate all those goals, especially taking into account the variety of screen sizes that may be used.

NextGen has now introduced the concept of "collapsible panels," which helps meet these goals, while also giving the user the ability to customize the desired view on the fly.

### Let's look at the **Histories Tab**. Notice that there's a lot of information here, & you can use the scrollbar to move up & down to view it all.

😝 TOB 🖉 HTN Ø DM Ø CAD	0 -
Specialty v Family Practice Visit Type v Office Visit	
Intake Histories SOAP Finalize Checkout	
Demographics         Order Management         Document Library         Chart Abstraction         )	
Care Guidelines Global Days History Review Panel Control: 💬 Toggle 🕘 🕈 Cycle   J	
Problem List 3	
Show chronic 🗌 Show my tracked problem 🗍 No active problems 🗌 Reviewe	ed a land a l
Last Addressed Problem Description Onset Date Chronic Secondary Status Provider Location Notes	
Allergic rhintis N N DUFY ROBERT USA FAMILY	
02/05/2014 Benjan essential hypertension Y N DUFFY, ROBERT USA FAMILY	
LAMAR MEDICINE	
	7
C Refresh Add Loit	
Medical/Surgical/Interim	) TE 02/20/2014 09:22 AM : "Histories" ×
No relevant past medical/surgical history History History	Diagnostic Studies
Disease/Disorder         Side         Onset Date         Management         Side         Date         Encounter Type         Outcome           Carpal tunnel syndrome         right         Carpal tunnel release         right         2001	Dicelar, C All C Specialty
Appendicitis 1970 Appendectomy to/]	Status Order Ordered Interpretation Result/Report Date Performed Completed Ordering Comments
	n i i
C Refresh Interim History Add Edit Remove	Add
Diagnostic Studies	Social
· · · · · · · · · · · · · · · · · · ·	
	(last updated 02/05/2014)
	History Review © Last documented U All
	Substances Encounter Date Tobacco Use Tobacco Type Smoking Status Usage Per Day Pack Years Date Quit Tobacco 102/20/2014 Yes Claarette Formers moker I Packs 01/01/1997
	Alcohol/Caffeine
	Statuses
	Occupation Encounter Date:Time 02/20/2014 09:22 AM 01/21/2014 02:45 PM
	Comment Passive Smoke Exposure No/Never No/Never
	Environmental
	(Confidential History) Add
	Family CC (
	No relevant family history Adopted - no family history known     History Ree
	Relationship         Family Member Name         Deceased         Age at Death         Condition         Onset Age         Cause of Death         Comments
	Mother Depression N

# Now you have several other alternatives to navigate & customize your view. Notice that each section is now a **panel**, giving you several display options.

show chronic show my	tracked probl	em						🗌 No activ	ve problems 🕅	Review
ast Addressed Problem Desc	cription		Onset Date	Chronic	Secondary	Status	Provider	Location	Notes	
Postmenopar	usal		01/29/2014	γ	N		DUFFY, RO	BERT USA FAM	IILY	
Allergic rhinif	tis			Ν	Ν		DUFFY, RO	BERT USA FAM	E IILY F	
2/05/2014 Benign essen	itial hypertensi	on		Y	Ν		DUFFY, RO LAMAR	BERT USA FAM MEDICIN	E	
							C	Refresh 🤇	Add	Edit
dical/Surgical/Interim										(
eurcal/surgical/interim									Hist	ory Revi
No relevant past medical/sur	gical history						Date Fr	a countar Tuna	Outcome	
No relevant past medical/sur sease/Disorder	rgical history Side	Onset Date	Management			Side	ourc c.	icounter type	Outcome	
No relevant past medical/sur sease/Disorder rpal tunnel syndrome	rgical history Side right	Onset Date	Management Carpal tunnel release			right	2001	icounter type	Outcome	
No relevant past medical/sur lisease/Disorder arpal tunnel syndrome	rgical history Side right	Onset Date	Management Carpal tunnel release			right	2001	icounter type	outcome	
No relevant past medical/sur isease/Disorder arpal tunnel syndrome ppendicitis	rgical history Side right	Onset Date	Management Carpal tunnel release Appendectomy			right	2001 to/}	icounter type	outcome	
No relevant past medical/sur isease/Disorder arpal tunnel syndrome ppendicitis	rgical history Side right	Onset Date	Management Carpal tunnel release Appendectomy			right	2001 to/}		Joacome	

Diad	inostic	Stu	die

02/20/2014 09:22 AM : "*H	listories" ×								
					😡 то	Ø HTN	ØDМ	Ø CAD	\$
Specialty V Family Pract	<del>۲</del>	isit Type 🔻 Off	lice Visit						
Intake	Not	e the	Panel Contr	ols at th	ne top				
C Durantin I C									
U Demographics   C	nder Managem	ent   Docum	enclibrary   Charl Abstraction	J.					
Care Guidelines Glo	bal Days	History Review			Panel Co	ontrol: 🕤 To	ggle 🕢 4	Cycle	e
Problem List 🕥								(	Э
Show chronic Show n	ny tracked prob	lem				🗌 No acti	e problems	Review	ved
Last Addressed Problem De	scription		Onset Date Chroni	c Secondary Status	Provider	Location	Note	s	
Postmenop	ausal		01/29/2014 Y	N	DUFFY, ROB	ERT USA FAN	ILY		
Allergic rhir	nitis		N	N	DUFFY, ROB	ERT USA FAN	ILY		
02/05/201	-		All and the All and the State		LAMAR	MEDICIN	E		
Une I	ogal	e but	ton lets you	1.4	LAMAR	MEDICIN	E		
			· · · · · · · · · · · · · · · · · · ·				-		
expan	IIn h	nanel	S AS VOU SPR	horo					
Chpui		punci	5, us you see	, ner e.					
					C R	efresh)	Add )	Edit	
Medical/Surgical/Interim								(	$\bullet$
No relevant past medical/s	urgical history							History Rev	view
Disease/Disorder	Side	Onset Date	Management	Side	Date End	ounter Type	Outcome		
Carpal tunnel syndrome	right		Carpal tunnel release	right	2001				
Appendicitis		1970	Appendectomy		to/}				
<ol> <li>Special and accurate an an analysis of an analysis</li> </ol>									
<b>I</b>									Þ
			(	C Refresh (Interin	n History) 🔼 A	dd 🔵 🔵	Edit	Remov	e
▲ Diagnostic Studies			(	C Refresh (Interin	n History) 🔿 A	dd 🔵 🤇	Edit	Remov	

Diag	nostic	Stuc	lies

## The other **Toggle Button** lets you collapse all panels, giving you this appearance.

Intake Note

02/20/2014 09:22 AM :	"*Histories" X				😲 ТОВ	Ø HTN	Ø dm	⊘ cad	0
Specialty V Family Pro	ractice Visit Type v Histories	Office Visit SOAP	Finalize	Checkout		_			
Demographics	Order Management   Do	cument Library   Ch	art Abstraction						
Care Guidelines	Global Days History Rev	view			Panel Con	trol: 🕤 Tog	gle 🕤	r Cycle J	
Medical/Surgical/Inter	im							e e	)
Diagnostic Studies	chi te							ē	)
Family							Q		)
Social								6	)

Each panel heading also has a **Toggle Button**, which gives you a quick way to open & close individual panels. For example, let's expand the Family History panel.

### Now you can focus on the Family History.

02/20/2014 09:22	2 AM : "*Histories" ×										
							😝 тов	ØHTN	ØDМ	Ø CAD	•
Specialty v Far	mily Practice 1	/isit Type v 🛛	Office Visit								
👬 Intake	l Istor	ies	SOAP		Finalize	Checkout					
Demographic	s   Order Managen	ient   Docu	ment Library	Chart Abst	raction ]						
Care Guidelines	Global Days	History Revie	ew				Panel Cont	trol: 🕤 Tog	igle 🕘 🔮	Cycle	,
Problem List 🗐								7		(	•
Medical/Surgical	/Interim									(	•
Diagnostic Studi	5									(	•
Family								1	Q		9
No relevant famil	ly history 🗖 Adopted -	no family histo	ory known							History Rev	iew
Relationship	Family Member Name	Deceased	Age at Death	Condition		On	set Age Cau	se of Death	Commen	ts	
Mother				Depression							
											F
							Add		Edit	Remove	•
Social						<b>D</b>				(	9
	you o	could	use t	ne I	oggle	Buttons			$\subset$	Intake Not	te
	to re	-oper	or r	e-cio	se all	paneis.					

You can also click on a <b>Panel Headir</b> down, to put the panels in the order	ng & drag it up or r you prefer.
For example, let's say I don't use D Studies often, so I'll drag that to t also want to see the Social History Family History. I'll click & drag the	iagnostic he bottom, & I above the ose headings
02/20/2014 09:22 AM : "*Histories" ×	
Specialty Visit Type Visit Type Visit	🚯 TOB 🖉 HTN Ø DM Ø CAD 🛛 🏶
f Intake Histories SOAP Finalize Ch	eckout
Demographics   Order Management   Document Library   Chart Alestraction ]	
Care Guidelines Global Days History Review	Panel Control: 🕤 Toggle 🕥 🔹 Cycle 🕒
Problem List 🛐	$\odot$
Medical/Surgical/Interim	$\odot$
Diagnostic Studies	$\odot$
Family	
Social	$\odot$

Intake Note



02/20/2014 0	9:22 AM : "*Histories" X			_		_	_			
Specialty v	Family Practice Visit Type v	offlead	ling	<b>to</b>	this	appe	arance	<mark>0 h</mark> in 0	)DM ⊘CA	D
Inta	ake Histories	SOAP		Finalize		Checkout		_	_	
Demograp	ohics   Order Management   Doc	ument Library   C	hart Abstr	action ]						
are Guidelin	es Global Days History Rev	iew					Panel Contro	ol: 🕤 Toggle	Cycle	J
oblem List (	3									٢
Show chronic	c 🔲 Show my tracked problem						Г	No active pr	oblems 🕅 Revi	ewed
st Addressed	Problem Description	On	set Date	Chronic	Secondary	Status	Provider	Location	Notes	
	Postmenopausal	01/	29/2014	Y	N	62	DUFFY, ROBERT	USA FAMILY		3
	Allergic rhinitis			N	N		DUFFY, ROBERT	USA FAMILY MEDICINE		
/05/2014	Benign essential hypertension			Ŷ	N		DUFFY, ROBERT LAMAR	USA FAMILY MEDICINE		
										Þ
							C Refre	sh Ado	B Edi	t
edical/Surgi	ical/Interim									$\odot$
cial										۲
								(last update	ed 02/09/2014)	
b D								• Last doci	umented C A	

Substances	Encounter Date	Tobacco Use	Tobacco Type	Smoking Status	Usage Per Day	Pack Years	Date Quit
<ul> <li>Tobacco</li> </ul>	02/20/2014	Yes	Cigarette	Former smoker	1 Packs		01/01/1997
Alcohol/Caffeine							
Statuses							
Lifestyle							
Occupation	Encounter Date:Tin	ne 02/20	)/2014 09:22 AM	01/21/2014 02:45 PM			
Comment	Passive Smoke Expe	osure No/N	lever	No/Never			
DIET HISTORY							

Another thing you can do is cycle through th bringing them to the top & expanding them o	e panels, 🕬 🏻 🍝
	ne at a time.
Demographics       Order Management       Document Library       Chart Abstraction         Care Guidelines       Global Days       History Review       Panel Company	ontrol: 🕣 Toggle 🍝 🔹 Cycle 🕩
Problem List 🟐	70
🗌 Show chronic 🔲 Show my tracked problem	No active problems
Last Addressed Problem Description Onset Date Chronic Secondary Status Provider	Location Notes
Postmenopausal 01/29/2014 Y N DUFFY, ROB	ERT USA FAMILY
Allergic rhinitis N N DUFFY, ROB LAMAR	ERT USA FAMILY MEDICINE
02/05/2014 Benign essential hypertension Y N DUFFY, ROBILAMAR	efresh Add Edit
Medical/Surgical/Interim Social For example, I'll click Cycle	Up         ⊙
History Review	(last updated 02/09/2014) C Last documented C All 🕕
Substances Encounter Date Tobacco Use Tobacco Type Smoking Status Usage Per Day	Pack Years Date Quit
Tobacco       02/20/2014       Yes       Cigarette       Former smoker       1 Packs         Alcohol/Caffeine       Statuses       Lifestyle       Encounter Date:Time       02/20/2014 09:22 AM       01/21/2014 02:45 PM         Occupation       Comment       Diet History       Environmental       02/20/2014 09:22 AM       01/21/2014 02:45 PM	01/01/1997

charty + running ridette	e V	<b>/isit Type v</b> Off	ice Visit			• •	U U U	000
Intake	Histor	ies	SOAP Finaliz	ce Cheo	kout		_	
Demographics   Orc	der Managem	ient   Docum	ent Library   Chart Abstraction	1				
Guidelines Glob	al Days	History Review				Panel Control: 🕤	Toggle 🕥 🦸	Cycle 🔳
al/Surgical/Interim								۲
relevant past medical/sur	gical history							History Revie
e/Disorder	Side	Onset Date	Management	Side	Date	Encounter Typ	pe Outcome	
tunnel syndrome	right		Carpal tunnel release	right	2001			
			(	C Refresh Interio	n History)	Add	Edit	Remove
								$\odot$
!							<u> </u>	U U
			C	<b>G</b> Refresh	n History	Add	Edit	

## And here's a neat bonus: If you navigate away to the SOAP, Finalize, or any other tab, when you come back to Histories, it'll still look the way you left it.

Intake     Histories     SOAP     Finalize     Checkout       Demographics       Order Management   Document Library   Chart Abstraction ]       re Guidelines     Global Days     History Review     Panel Control: Image:	
Demographics       Order Management       Document Library       Chart Abstraction         re Guidelines       Global Days       History Review       Panel Control:        Toggle	
re Guidelines Global Days History Review Panel Control: 🕤 Toggle 🕢 🔹 Cycl ical/Surgical/Interim	la .+
ical/Surgical/Interim	
	٢
o relevant past medical/surgical history History	y Review
ase/Disorder Side Onset Date Management Side Date Encounter Type Outcome	
val tunnel syndrome right Carpal tunnel release right 2001	
ase/Disorder     Side     Onset Date     Management     Side     Date     Encounter Type     Outcome       Dat tunnel syndrome     right     Carpal tunnel release     right     2001       rendicitis     1970     Appendectomy     to/}	

Intake Note

Of course, to compensate for any improvement, NextGen always introduces a new flaw. Sometimes templates with collapsible panels don't display correctly. One example is the **Care Guidelines (Clinical Guidelines)** popup. Here we've opened it, but where is the top of the template? The scrollbar says we're at the top, but the appearance is as if we're scrolled down part of the way.

	Add
Clinical Guidelines	Q
C Detailed document C Reviewed, updated C Reviewed, no change Las update/detailed doc //	Diagnostics
Last Addressed: Category: Start Age: Prior Status: Stop Age: Prior Result: Interval: Prior Action: Hold Date:	
Status: Action:	Same as prior
Place order on Row Select  Due within:  Filter:  Filter:	
Guideline Status Due Action	

You can usually correct this by clicking one of the Toggle Buttons, or right-clicking on the template & selecting Panel Defaults. It also doesn't hurt to recite the Serenity Prayer.

### Now you can see the correct appearance of this template.

e Guidelines						
				(		Save & Close
Outstanding guidelines: 🕡				(	Panel Control: 🕤 Toggle	e 🕢 🕈 Cycle J
	Recent Orders					۲
		Completed	Pendi	ng		
		Filter: 180 Days	\$ L	ab/Radiology Ord	er Processing   Stan	ding Orders   Task
	View of All Orders	Order	Status	Ordered	Comments	Performed
	Labs	Glucose blood test	completed	04/19/2014		04/19/2014
	Diagnostics	Glucose; quantitative, blood (except reagent strip)	completed	12/02/2013		12/02/2013
	Office Services	Hemoglobin A1c	completed	12/02/2013		12/02/2013
	Procedures	Patient Health Questionnaire (PHQ-2)	completed	11		11
	Referrals	Patient Health Questionnaire (PHQ-2)	completed	11		11
		Patient Health Questionnaire (PHQ-2)	completed	12/02/2013		11
		Strep test, rapid	completed	04/20/2014		04/20/2014
asure status:						Þ
CQM Check		1			Add	d Edit
	Clinical Guidelines					$\odot$
	C Detailed document C Reviewed, updated C Reviewed, no change Last update/detailed doc: // PHQ   Clinical Guidelines History   & Risk Indicators Health Maintenance   Diagnostics					
	Last Addressed	Category			Start Age	
	Lust Autoressen	Prior Stature			Stan Age.	
		Prior Decult			Stop Age:	
		Prior Action:			Hold Date:	
		THU ACION			Tiola Date.	-
						Same as prior
	Statue: Adion					
Another particularly annoying example is on the Order\_Management template. It likes to display correctly the first time you look at it, then go mostly blank the next time you look at it. Clicking one or more of the Toggle Buttons will correct it.



While some templates seem very prone to this display error, it can happen to almost any template, especially the first time you open it during an encounter. So if you ever see a template with **Specialty** & **Visit Type** blank even when they're already been set, hit a toggle button to resolve it.

NextGen has acknowledged the problem, which hopefully means they're working on correcting it.

#### New Tabs and Sub-Tabs

You'll see some changes in the appearance of the Tabs, which allow navigation between our working templates.

### While nurses will still start on the **Intake Tab**, it is now recommended for Providers to start on the **Home Tab**.

	ne Page" X							
					😡 тов	Ø HTN	ØDМ	Ø CAD
Specialty <b>v</b> Family Practice	e Visit Type ▼	Office Visit						
Intake	Histories	SOAP	Finalize	Checkout				
Demographics Call/	Communication   Pro	vider Test Action   Ord	ler Management   Docu	ment Library Cha	rt Abstraction			
are Guideliner Globa	Daur				Panal Con		nle 🕢 4	Curle J
ire duidelines Gioba	n Days				Paner Con		lane	Cycle
lical Chart Summary		_	<b>1</b> • •		٢			$\odot$
	I his all	ows you	to see m	ost all ir	ntorr	nati	on c	n
			6	<b>C</b>		•		
	the cha	rt in the	e tormat	ot vour	choo	sinc	1.	
's			- Tor man	01 / 0 ui	01100		<i>.</i>	
ns								
blem List								
dications								
ergies						<b>-</b> -		
)S		u can us	e the Jul	mmary c	71'IQ	10		
ignostics				. '				
als	Se	lect eler	nents to	view or	VOU	can		
iscal Exams				,	/	••••		
ree Procedures		e the cri	rallhar ta	n move c	lown			
erraic	us	e me su	i unbui i t	inove c		• • •		
t Medical/Surgical History								
e meanany sangrear miseory								
nily History								
nily History								
nily History pacco Usage rice Labs								
nily History bacco Usage fice Labs nunizations								
nily History bacco Usage fice Labs nunizations nical Guidelines								
nily History bacco Usage rice Labs nunizations nical Guidelines ressment History								
nily History pacco Usage rice Labs nunizations nical Guidelines ressment History eening Tools								
nily History bacco Usage fice Labs munizations nical Guidelines sessment History eening Tools velopmental History								
mily History bacco Usage fice Labs munizations nical Guidelines sessment History reening Tools velopmental History mmunication History								



Ine i	abs you	Seen		ary Dy			Ιγα	VISI	<u>-                                    </u>	pe.		
02/20/2014 09:22 AM	M: "*USA SOAP" ×											
Specialty v Family	Practice Vis	sit Type 🔻 Office	Visit					\rm ЮВ	⊘htn	Ødм	⊘ CAD	
Intake	Historie		SOAP	Fina	lize	Che	ckout					
Standing Orders	Adult Immunizatio	ns   Peds Immur	nizations	My Plan	J.	Procedures	Order	Managemei	nt ]			
are Guidelines	Global Days							Panel Con	trol: 🕤 Tog	ggle 💿 🦸	Cycle 🥩	
son for Visit											Θ	)
oduction:										- ANA		
is 57 year old female	•											1
Do not launch HPI										♦ In	take Commer	its
asthma chest pain depression diabetes fatigue GERD headache hyperlipidemia	Reas	on for Visit	History	of Present Illness								

Most tabs will also offer quick links to other useful or related templates; these can also vary by specialty & visit type. Having these available should speed navigation & reduce the need to use the Navigation Bar.

Specialty V Family Practice	Visit Type V Office	e Visit				🕡 тов	Ø HTN	Ødм	⊘ CAD
Intake H	istories	SOAP	Finalize		Checkout				
Standing Orders   Adult Imm	inizations   Peds Immu	nizations	My Plan	Procedur	es   Ord	er Managemen	t ]	>	
are Guidelines Global Day						Panel Cont	rol: 🕤 <b>Tog</b>	ggle 🕘 🔹	Cycle 🥩
ason for Visit									$\odot$
								3	
roduction: 1is 57 year old female.									
Do not launch HPI								♦ Int	ake Comments
asthma chest pain depression diabetes fatigue GERD beadache	Reason for Visit	History o	of Present Illness						

hyperlipidemia	
hypertension	



### Social History Changes

There have been a few changes in the structure of the social history popups & related elements.

Mostly better. At least one...not so much.

On pediatric patients, tobacco history can now be viewed directly, instead of hidden several clicks deep. This should help remind our users to remember to record this on adolescents. (Documentation of tobacco/smoking status is a Meaningful Use requirement after the 13<sup>th</sup> birthday.)

01/30/2014 09:20 Al . : "	*Histories" X						
				C Refresh	Interim History	Add	Edit Remov
cial							(
tory Review Substances	Encounter Date	Tobacco Use	Tobacco Type	Smoking Status	Usage Per Day	(las • Last Pack Years	documented 01/30/2014) documented O All Date Quit
Relationships Home Environment Education Nutrition Comment Diet History Environmental	Encounter Date:T Passive Smoke Ex	ime 01/3 posure No/h	0/2014 09:20 AM lever				

To make or update entries, click Add.

Confidential History

Social History - Tobacco		
Tobacco		<u> </u>
Alcohol/Caffeine		Save & Close Panel Control:  Toggle
<ul> <li>Statuses</li> <li>Lifestyle</li> </ul>	Tobacco Use	$\odot$
<ul> <li>Occupation</li> <li>Comments</li> </ul>	Have you ever used tobacco? O No/never O Yes O Unknown * Exclusions	Reviewed Updated: 01/30/2014
Diet History     Environmental	Smoking Tobacco Use	Non-Smoking Tobacco Use
Pediatric Social History: Relationships Home Environment Education Nutrition/Elimination	Use daily:       Usage per day:       Years used:       Pack year:       Age started:       Age stopped:         Cigarette	Use daily:       Usage per day: used:       Years started:       Age stopped: stopped:         Chewing
	Historical Use	
		Click here to see tobacco history prior to 7.9.1
	Encounter Date Tobacco Type Usage Per Day Years Used Pack	Year Status Age Started Age Stopped
We sti docume genera rules. better	Il potentially have to deal with entation to address both sma I, thanks to the structure of But at least the two parts wo	th a little double- oking & tobacco use in the Meaningful Use ork together a little

cial History - Tobacco		
Tobacco Alcohol/Caffeine Statuses	Image: Save & Close     Image: Save & Close       Tobacco Use	Toggle 🕢 🔹 Cycle 🖌
Occupation     Comments     Diet History     Environmental	Have you ever used tobacco? ○ No/never ○ Yes ○ Unknown ◆ Exclusions	dated: 01/30/2014
Re Make What Section Next Close temple possib at the	note that there are more elements down bel you see on this initial screen, especially the ons that go into tobacco cessation efforts. A Gen made the dubious decision to put the <b>Sav</b> button at the bottom of this & other similar ates, setting you up to overlook it. Wheneve ole, we've added a copy of the <b>Save &amp; Close</b> b e top of the template as well, as you see here	ow Iso, /e & rd Age Stopped outton
	Efforts To Quit Tobacco	•
	Have you ever tried to quit using tobacco? O No/never O Yes O Unknown Tobacco type: Month: Day: Year: Longest tobacco free: Cessation method: Relapse rea Quit: Quit: Add	son:

# There is another quick way to review a subset of the social history by clicking the Screening Summary link on the Info Bar.

🍖 Ne	extGen EHR: Ashleigh Quagmire MRN: 000000007	762 DOB: 01/02/1957 (Fema	le) AGE: 57 years 1 mo	nth - 02/20/2014 09:2	2 AM : "*U5/	A Intake"				
File	Edit Default View Tools Admin Utilities	Window Help								
Logo	ut Save Clear Delete USA FAMILY MEDICINE	DUFFY, ROBERT LAMAR	MD 👱 🍰 🧦	Dox PAQ Medicatio	ns EPM Ten	iplates Docume	nts Images	Orders Proce	enures Apps	Close
Ashl	eigh Quagmire (F) DOB: 01/02/1957 (	57 years) Weight:	150.20 lb (68.13 Kg)	Allergies: (3) Pro	blems: <b>(3)</b>	Diagnoses:	(18) Me	dications: (4	۲	
0 °°° > 関	Address: 123 Toejam Trace Mobile, AL 36604 Contact: (251) 555-1234 (Home)	MRN: 0000000 Insurance: MEDICA NextMD: No	007762 Emei ID OF ALABAMA Em	gency Relation: ergency Phone: Pharmacy 1: CAFFEY	S PHARM	PCP: Referring: Rendering:	ATKINSO DUFFY, R	N, TANGEL	A C IAR	
0	Alerts OBGYN Details Patient	Lipid Clinic Data Order Adm	nin   🌣 Sticky Note   💠	Referring Provider   + F	HIPAA   🛠 Ad	Ivance Direct	tives   � S	creening Sur	mmary	
4	02/20/2014 09:22 AM : "*USA Intake" ×									
Nav 🕺	Specialty Visit	<b>ype ▼</b> Office Visit			\rm ОВ	Ø HTN	Ødм	⊘ CAD	0	
igation	fi Intake Histories	SOAP	Finalize	Checkout						
	for a second second second	Le de clar	No. 1997			1				

#### In particular, this popup lets you document alcohol & tobacco history, which should generally be reviewed at every visit.

creening Summary				
Pain severity: 🕡  Assessment method: 🕡	Functional status: C No change C Change Are indicators of domest abuse present? C No C Yes	Lead risk	assessed 🐟 Lead Scien Form	Last updated: 06/09/2014 O Detailed documen Reviewed, update
Social History: Nutrition  Reviewed Type of diet:	Tobacco use 🕡 🗖 Reviewed 🗖 Tobacco cessation discussed Smoking status: Tobacco use: yes, cigarette	Required for MU Tobacco Usage	Alcohol use  Alcoh	
Caffeine use	Enc Date     Use     Type       06/01/2014     yes     Cigarette       06/01/2014     ves     Cigarette       100/01/2014     ves     Cigarette	Total Pk Yr	Drugs of abuse 🕡 🗖 Reviewed C No C Yes C Former Drug type(s): Frequency of use	: Quit □ Quit □
Counseling:		□ In th	clude confidential alcohol use and drug te social history document with patient p Couns	Quit I gs of abuse information in permission eling/Educational Factors
Marital status: M Race: White Or Caucasian				
Religion: Nazarene Screenings: Last PAP: //	Hearing screened:		Last mammogram: /	7
Additional info:	Additional info:		Additional info:	& Close Cancel



patient is a **former** smoker/tobacco user, the tobacco risk indicator at the top of the templates stays RED, rather than changing to the YELLOW icon they used to use to indicate a former smoker. So you can't tell at a glance the difference between a former & current smoker; you have to go to the Social History section to find that piece of information.

NextGen says they did this on purpose, to warn you about anyone who's ever used tobacco, since that conveys some risk even if they've quit. But didn't the YELLOW & RED icons tell us that, & more? Thanks for adding more clicks to our lives.

06	5/03/2014 04:28 PM : "*	*USA Histories 836"	×							
) 	Specialty V Family	Practice	Visit Type v Offic	e Visit				TOB (?) HTN	(?) DM	(?) CAD 🛛 🏶
ń.	Intake	Histo	ories	SOAP	Finalize	Che	ckout	1		
	Standing Orders	Adult Immuniza	itions   Peds Immu	unizations	Birth History	Procedures	Order N	Management   Doo	cument Librar	у ]
	Care Guidelines	Global Days	History Review	All History Rev in visit note un	iew details are to be review less user indicates otherwis	ed and included		Panel Control: 🕤 To	oggle 🕤 🕈	Cycle 🥩
P	roblem List 📵									۲
Е	Show chronic 🔲 Sł	how my tracked pro	oblem					🗖 No act	ive problems	Reviewed
v c 1	vill displ other ty obacco	lay for pes of usage	forme tobac popups	er sm co ab 5.)	okers. (l use, you'	For co Il need	mple d to 1	te stat review <sup>-</sup>	us of the	<b>-</b>
	- Me - destruction and a contraction and a contraction of the second second second second second second second							$\subset$	Add	Edit
N	ledical/Surgical/Int	erim								۲
Г	No relevant past med	lical/surgical histor	y		All History R	view details are to be re	viewed and include	ed in visit note unless user ind	cates otherwise	History Review
	Disease/Disorder	Side	Onset Date	Management		Side	Date	Encounter Type	Outcome	
				L A STK			2003			

### Prenatal Encounter Changes

The obstetrical prenatal visit workflow has been further streamlined & made more consistent with the current template appearance & behavior. These changes are mostly positive, & result in less of an "alternate universe" experience as you move into the prenatal templates.

But change is still change, so providers & nurses will need to familiarize themselves with the new workflow.



#### New Search Tools

One of the most hated aspects of NextGen has been the diagnosis search tools. We now have a *vastly* improved tool at our disposal.

While this will help us a lot when ICD 10 becomes effective (now slated to be 10/1/15), we get to reap the benefits of it now.

As before, the **Diagnosis Search** popup can be accessed from multiple locations. Similar to an Internet search engine, just click in the **Search Field** & type. You'll find you're generally successful using either medical or lay terms. You can also search for ICD 9 codes (or ICD 10 codes after 10/1/15).

All Diagnoses 📃 🚺	inical Description and ICD Code Billing Description	
Patient's Diagnoses 📃		
Patient's Chronic Diagno		
Favorites 📩	For this example, we'll type	
🦲 Favorite 1	have a little at the set of the large states in the	
Categories	Dronchitis, then click Search.	
5 Abnormal Tests/L	· · · ·	
5 Accucheck		
💁 Acute Otitis		
5 All FX		
💁 Arrhythmias		
5 Arthritis		
🔹 ASTHMA		
🛃 Asymptomatic		
🕵 Bleeding/Menstru 🚽		

Here you see a list of diagnoses that include the concept of bronchitis. At first it may seem long, haphazard, & intimidating, but there is a method to the madness. Going forward, the list will allegedly prioritize to the top a combination of diagnoses that have been used before on the patient, items on the Problem List, & diagnoses you've previously searched for & selected. So before long, you'll usually see your desired choice near the top of the list. Pretty cool.

All Diagnoses 📃 🔺	Clinical Description and ICD Code	Billing Description		
Patient's Diagnoses 🛛 🗕	Bronchitis w/ airway obstruction   491.20	OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT E		
Patient's Chronic Diagno	Bronchitis with airway obstruction   491.20	OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT B		
Favorites 1	Bronchitis due to chemical fumes   506.0	Bronchitis and pneumonitis due to fumes and va		
	Bronchitis due to chemical vapors   506.0	Bronchitis and pneumonitis due to fumes and va		
Categories	Bronchitis due to fumes and vapors   506.0	Bronchitis and pneumonitis due to fumes and va		
Accucheck	Bronchitis due to fumes AND/OR vapors   506.0	Bronchitis and pneumonitis due to fumes and va		
	Bronchitis due to fumes AND/OR vapours   506.0	Bronchitis and pneumonitis due to fumes and va		
🔬 All FX	Bronchitis and pneumonitis due to fumes and vapors   506.0	Bronchitis and pneumonitis due to fumes and va		
🚮 Arrhythmias	Acute bronchitis w/ obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronch		
🔹 Arthritis	Acute bronchitis with obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronch		
🚳 ASTHMA	Obstructive chronic bronchitis with acute bronchitis   491.22	Obstructive chronic bronchitis with acute bronch		
S Asymptomatic	Acute bronchitis w/ obstructive CB   491.22	Obstructive chronic bronchitis with acute bronch		
🛃 Bleeding/Menstru 🖕	Acute bronchitis with obstructive CB   491.22	Obstructive chronic bronchitis with acute bronch		

Take a moment to understand what this intelligent search result sorting means. While you still have your old **Favorites** & **Diagnosis Categories** from before, you may almost never need or want to use them.

Q bronchitis		) (Search
All Diagnoses	Clinical Description and ICD Code	Billing Description
Patient's Diagnoses -	Bronchitis w/ airway obstruction   491.20	OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EX
Patient's Chronic Diagno	Bronchitis with airway obstruction   491.20	OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EX
Favorites 📩	Bronchitis due to chemical fumes   506.0	Bronchitis and pneumonitis due to fumes and vap
E Favorite 1	Bronchitis due to chemical vapors   506.0	Bronchitis and pneumonitis due to fumes and vap
Categories	Bronchitis due to fumes and vapors   506.0	Bronchitis and pneumonitis due to fumes and vap
	Bronchitis due to fumes AND/OR vapors   506.0	Bronchitis and pneumonitis due to fumes and vap
Acute Otitis	Bronchitis due to fumes AND/OR vapours   506.0	Bronchitis and pneumonitis due to fumes and vap
式 All FX	Bronchitis and pneumonitis due to fumes and vapors   506.0	Bronchitis and pneumonitis due to fumes and vap
式 Arrhythmias	Acute bronchitis w/ obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronchi
Arthritis	Acute bronchitis with obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronchi
式 ASTHMA	Obstructive chronic bronchitis with acute bronchitis   491.22	Obstructive chronic bronchitis with acute bronchi
Asymptomatic		

Since the program purports to combine the patient's prior diagnoses & your own personal search habits to sort results, you should find your desired diagnosis near the top of the list. And the longer you use the program, the better it should get.

# But you may also have times where you'd like to see the results sorted alphabetically. Just click on the Column Header to sort this way.

bronchitis		) (Search
All Diagnoses 📃 🔺	Clinical Description and ICD Code	Billing Description
Patient's Diagnoses	Acute (sudden onset) inflammation of the air passages in th	Acute bronchitis
Patient's Chronic Diagno Favorites 📩 — Favorite 1	Acute bronchitis   466.0	Acute bronchitis
	Acute bronchitis w/ obstructive CB   491.22	Obstructive chronic bronchitis with acute bronc
	Acute bronchitis w/ obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronc
_ategories	Acute bronchitis with obstructive CB   491.22	Obstructive chronic bronchitis with acute bronc
	Acute bronchitis with obstructive chronic bronchitis   491.22	Obstructive chronic bronchitis with acute bronc
Acute Otitis	Acute exacerbation of chronic obstructive lung disease   4	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACU
All FX	Acute exacerbation of chronic obstructive pulmonary diseas	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACU
🚮 Arrhythmias	Acute exacerbation of COPD   491.21	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACU
Arthritis	Acute inflammation of the air passages in the lungs   466.0	Acute bronchitis
式 ASTHMA	Acute wheezy bronchitis   466.0	Acute bronchitis
S Asymptomatic	Asthma bronchitis   493.90	ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED
🛃 Bleeding/Menstru 🚽	Asthmatic bronchitis   493.90	ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED

Select

Cancel

Those who have saved Favorite diagnoses in the previous version of NextGen will find that these have been preserved through the update.

All Diagnoses 🔺	Clinical Description and ICD Code	Billing
Patient's Diagnoses	Abdominal pain, unspecified site   789.00	Abdom
Patient's Chronic Diagno	Abnormal weight gain   783.1	Abnor
Favorites 🟦	Abrasion or friction burn of other, multiple, and unspecified sites, without mention of infection   919.0	Abrasi
MyList – Importe	Accidental poisoning from second-hand tobacco smoke   E869.4	Secon
Abnormal Tests/I	Actinic keratosis   702.0	Actinic
Accucheck	Acute bronchitis   466.0	Acute
Acute Otitis	Acute conjunctivitis, unspecified   372.00	Acute
式 All FX	Acute cystitis   595.0	Acute
🚮 Arrhythmias	Acute gastritis, without mention of hemorrhage   535.00	Acute
<table-of-contents> Arthritis</table-of-contents>	Acute pharyngitis   462	Acute
🛃 ASTHMA	Acute posthemorrhagic anemia   285.1	Acute
S Asymptomatic	Acute sinusitis, unspecified   461.9	Acute
🛃 Bleeding/Menstru 🚽	Acute suppurative otitis media without spontaneous rupture of ear drum   382.00	Acute

## Click on + to add a new **Favorites folder**; you can name it whatever you like, to help you organize your commonly-used diagnoses.



Adding diagnoses to your folders is as simple as clicking & dragging them from search results or other folders.

Your favorite diag workflow on the A dropdown arrow to	noses disp dd Assess o select sp	lay conveniently <b>ment</b> popup. Υοι ecific folders, &	in your I can use the the <b>Filter</b> box
Diagnosis Description Hearing Loss	Code 389.9	Clinical Problems Clinical Problems Clinical Problems Description Essential hypertension	oblems Onset Date
URI, Acute	465.9	Carpal tunnel syndrome	02/02/2012
		Abnormal Labs	Code           789.00           790.29           790.6
Add Common Assessment   Diagnosis Code L Ngkbm	1 Diagnosis Favorite Mstr 1 Favorite Name	Abnormal pap amear NOS	795.09
Impression: All My L	ist - Imported		(Add/Update)
#     Dx (Code), Status, Side, Site       1     Hearing Loss (389.9)       2     URI, Acute (465.9)			
	efresh	0K Cancel	& Close Sort Remove

In your search results you may see a number of different synonyms for the same ICD 9 (or ICD 10) code, combining common variants of the terms used for these diagnoses in the database & the words you used to perform the search. This gives you more latitude to pick a simpler/clearer term than the verbose & confusing terms that are often used in formal definitions.

All Diagnoses 📃	Clinical Description and ICD Code	Billing Description	-
Patient's Diagnoses 📃	Colic   789.7	соцс	
Patient's Chronic Diagno	Colic of the kidney   788.0	Renal colic	
• Favorites 🏦	Colic of ureter   788.0	Renal colic	
Favorite 1	Colic of gallbladder w/ obstruction   474.21	Calculus of gallbladder without mention of cholecystitis, with ob	,
Categories     Absormal Tasts//	Colic of gallbladder with obstruction   574.21	Calculus of gallbladder without mention of cholecystitis, with ob	>
Accucheck	Concky abdominal pain   789.00	Abdominal pain, unspecified site	
Acute Otitis	Abdominal colic   789.7	соцс	
式 All FX	Infant colic   789.7	соцс	
🚮 Arrhythmias	Infantile colic   789.7	соцс	
🔹 Arthritis	Infantile colic - symptom   789.7	соцс	
🛃 ASTHMA	Intestinal colic   789.7	соцс	
S Asymptomatic	Nidney colic   788.0	Renal colic	
🔒 Bleeding/Menstru 🚽	Renal colic   788.0	Renal colic	-
*		Select Cancel	

68 rows returned

#### Q diabetes

/K	-	2	e.	~	h.	
್ರ	5	a	ι.	-	11	

×

Description	Fully Specified Name	Concept Id	
Diabetes	Diabetes mellitus	73211009	
Diabetes mellitus due to cystic fibrosis	Diabetes mellitus due to cystic fibrosis	427089005	
Diabetes insipidus - pituitary	Neurohypophyseal diabetes insipidus	45369008	
Diabetes mellitus autosomal dominant type II	Maturity onset diabetes of the young, type 2	237604008	
Diabetes mellitus due to insulin receptor antibodies	Diabetes mellitus due to insulin receptor anti	75682002	
Diabetes mellitus type II with ulcer	Type 2 diabetes mellitus with ulcer	190389009	
Diabetes mellitus without complication	Diabetes mellitus without complication	111552007	
DM - Diabetes mellitus	Diabetes mellitus	73211009	
Diabetes mellitus due to genetic defect in beta cell function	Diabetes mellitus due to genetic defect in bet	609568004	
DM induced by non-steroid drug	Diabetes mellitus induced by non-steroid drugs	408540003	
Marquardt-Loriaux syndrome	Diabetes mellitus AND insipidus with optic atr	70694009	
Diabetes: shared care program	Diabetes: shared care program	170775008	
Brittle type I diabetes mellitus	Brittle type 1 diabetes mellitus	290002008	

#### Results are limited to top 100. Consider refining search.

Select

Add to My Tracked Problems

(

Cancel

Here's another search tip. The less you enter, the longer the search will take, & the more results you will have to wade through. Spending a couple extra seconds typing (for example diabetes mellitus type 2 instead of diabetes) may speed you up in the long run. And here's encouraging thought: While everyone is understandably apprehensive about ICD 10, the improved diagnosis search tool is going to do *a lot* to ease this transition for you. On 10/1/15 this list will change from showing ICD 9 codes to showing ICD 10 codes—but otherwise will work exactly the same.

Q colic

Search

Cance

Select

All Diagnoses 📃 🔺	Clinical Description and ICD Code	Billing Description
Patient's Diagnoses	Colic   789.7	соцс
Patient's Chronic Diagno	Colic of the kidney   788.0	Renal colic
• Favorites 🏦	Colic of ureter   788.0	Renal colic
📋 Favorite 1	Colic of gallbladder w/ obstruction   574.21	Calculus of gallbladder without mention of cholecystitis, with ob
Categories	Colic of gallbladder with obstruction   574.21	Calculus of gallbladder without mention of cholecystitis, with ob
Abnormal Tests/L	Colicky abdominal pain   789.00	Abdominal pain, unspecified site
Acute Otitis	Abdominal colic   789.7	COLIC
All FX	Infant colic   789.7	соцс
🚮 Arrhythmias	Infantile colic   789.7	соцс
Arthritis	Infantile colic - symptom   789.7	соцс
式 ASTHMA	Intestinal colic   789.7	COLIC
🛃 Asymptomatic	Kidney colic   788.0	Renal colic
😼 Bleeding/Menstru 💽	Renal colic   788.0	Renal colic
	4	E E E E E E E E E E E E E E E E E E E

#### **Problem List Changes**

In prior versions of NextGen we have had a "Chronic Conditions" list on the Histories Tab. Going forward this will be the "Problem List," & it is integrated with the Problems Module.

This change is required to comply with Meaningful Use rules that mandate the Problem List is defined via SNOMED diagnosis codes. Providers will sometimes need to take some steps to move diagnoses from the old "Chronic Conditions" list to the new "Problem List." We've been accustomed to recording the **Chronic Conditions List** on the **Histories Tab**. As the name implies, these are chronic problems that are expected to persist, be they as serious as diabetes, or more mundane but continuous, like allergic rhinitis.

01/08/2014 03:39 PM : "*USA Histories" ×	٩	Patient History 🛛 📮 🗙
Patient Name: DOB: DOB: Gender: F Age	⊘ TOB 😝 HTN 😝 DM ⊘ CAD   Configure	Pa Rew Ca
Specialty: Family Practice Visit type: Of ce Visit	Alerts	01/08/2014 03:3
		*USA Hist
Intake Histories Jummary	SQAP Guidelines Finalize Checkout	□ ■ 04/20/2012 10:4
antake motores permitary	Sont Guidelines Finance Checkout	Ky Medication
OBGYN Detail 🐟 Sticky Note   🔶 eferring Provider   🌣 Hil	IPAA     Advance Directives     Screening Summary	Procedure ⊕ 03/22/2012 09:
		▲ 01/10/2012 03:4
Chronic Conditions	Medical/Surgical/Interim	⊕
	No relevant past medical/surgical history     D Reviewed	12/29/2011 11:2
Problem Comments	Disease Date Year Management	· · · · · · · · · · · · · · · · · · ·
CKD 3a eGFR 55 9/8/13		09/14/2011 01:2
Disketer Ture 2.00 read		
manifestations		
Goiter, unspecified L>R; 1.3 cm nodule on Ldeclined Bx		Custom
Gout		
		👘 🗖 😪
Add	Interim History Add Edit Remove	× × ×
		<u> </u>
	Id template Chronic	
•		
	onditions list	

ne Nex	xtGen EHR: Bessemer Quagmire MRN: 000900044691 DOB: 01/02/1957 (Female) AGE: 57 years 5 months - 06/03/2014 04:28 PM : "*USA Histories 836"	
Eile Logout Besse	The Chronic Conditions List has now been replace Problem List. To add to a diagnosis click Add.	ed by the
Ø	Alerts         OBGYN Details         Patient         Lipid Clinic Data         Order Admin         Sticky Note         Referring Provider         HIPAA         Advance Directives         Screening Summary	
₫	06/03/2014 04:28 PM : "*USA Histories 836" x	Patient History 7 ×
Navigation	Specialty * Family Practice Visit Type * Office Visit     Intake Histories   SOAP   Finalize Checkout   Standing Orders Adult Immunizations     Birth History Procedures   Order remagement Document Library Care Guidelines Global Days History Review All History Review details are to be reviewed and included In visit note unless user indicates otherwise Problem List    Problem List Show chronic Show my tracked problem Side Notes Addtl Diabetes melifus type 2    All regior rhintitis Essential hypertension	Patien         Image: Categ           New         Lock         Search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search           Image: Control of the search         Image: Control of the search         Image: Control of the search
	Add Edit	
-	Medical/Surgical/Interim	
	No relevant past medical/surgical history Disease/Disorder Side Onset Date This is the same as opening the Problems Module.	
		il

Refresh ()Pr	eferences Show	All Statuses 👻	Show My Tr	acked Problems Only 🔲 Show	/ Chroni <mark>c</mark> Pr	oblems Only			
Concept Id	4	Description	4	Fully Specified Name	4 /	Chronic +	Secondary Condition	Problem Status / +P	Last Add
- Active									
+ Allergic rh	initis								
🛨 Benign es	sential hypert	ension							

The **Problems Module** opens. Note there are 2 tabs here: 1) Here we're focused on the **Problem List**; as the name states, this is the patient's (chronic) **Problem List**. 2) The **Billing ICD List** is the **Today's Assessment List** the diagnoses you're addressing & billing for today.

Yes, it is a little co	onfusing	to have	a "Problem" Li	st
on the <b>"Problems"</b>	Module.	Sigh	It is what it is	S.

Concept Id: 61582004

Description: Allergic rhinitis

Fully Specified Name: Allergic rhinitis

Also, on laptops & other computers with small screens you'll need to scroll up & down, expand/collapse sections, etc, to see everything.

Refresh OPrefe	rences Show All Statuses 🔹 🗖	Show My Track	ed Problems Only 🗖 Show	Chronic Pr	oblems Only		
Concept Id	-     Description	-10	Fully Specified Name	4 /	Chronic 🕫	Secondary Condition	Problem St
Active							
- Allergic rhin	itis						
61582004	Allergic rhinitis	Allergic	rhinitis				Active
🖃 Benign esser	itial hypertension						
1201005	Benign essential hypertension	Benign	essential hypertension				Active
1201003							
- Postmenopa	usal state						

This **Problem List** is defined via SNOMED codes. Think of these as diagnosis concepts that are useful in a <u>Problem</u> <u>List</u> setting (in contrast to <u>Today's Diagnoses</u> on each encounter, which are meant to be highly-specific ICD-9 or ICD-10 codes).

a to billing ICD List	id to My Tracked Problems Remo	ove from My Tracked P	oblems		
Accept	Cancel				
Concept Id:	1201005				
Description:	Benign essential hypertension	n	Fully Specified N	Name: Benign essential hyper	tension
Onset Date:	02/20/2014	Resolved Date:	02/20/2014	Last Addressed:  2/5/2014	_
Resolved By:		Resolved Reason:			
Problem Status:	Active	Clinical Status:	•		
Chronic:	Recorded Elsewhere:	Source:	EHR		
Secondary Condition:					
Provider:	ROBERT LAMAR DUFFY,	Location:	USA FAMILY MEDICINE		

	🙀 Problem	IS							<u> </u>
	Problem L	ist Billing ICE	D List						
	CA Defresh		CRS Show All Statuses	- D Show M		Show Chronic D	roblems Only		
	Car	e and Tal e	Description		Fully Specified New	- / p	Channia D	Canadama Canaditian	Durklass St
	Con	cept Ia 🤸	Description	1	Fully Specified Nam	e / +	Chronic +	Secondary Condition	n 🗝 Problem St
	- Active								
		82004	Alleraic rhinitic		Meroic rhinitic				Active
	-I Ren	ian accontia	Allergic minus		anergie minitus			L_	Active
	120	1005	Benion essential hypertensio	n (	Senion essential hypertension		~	-	Active
	-I Pos	tmenopausa	al state						
	764	98008	Postmenopausal		Postmenopausal state			Г	Active
									1
details for each diagnosis.			Ma dia	ore de agnos	etails fo is are vi	or th sible	e se e be	lecteo low.	d
	Add Pro	blem   Re-Coo	de 🛛 👶 Resolve 🔹 Set Chronic	🗙 Delete 🛛 🥑 Reso	ources 👻 View/Add Notes 🛛 🕅	w History Reco	ncile		
	Add to Billin	ng ICD List A	Add to My Tracked Problems Remo	ove from My Tracked P	roblems				
	Acc	ept	Cancel		K				
		Concept Id:	1201005						
		Description	Panion acceptial humatancia		Eully Specified N	James Realize a	econtial humort		
	_	Description.	penign essential hypertension	•	runy specified r	vanie. Ibenign e	ssential hypert	ension	
		Onset Date:	02/20/2014	Resolved Date:	02/20/2014	Last Addressed:	2/5/2014		
		Resolved By:		Resolved Reason:			1		
	Dr	ablem Stature	Antin T	Clinical Status					
	Ph	ci :		clinical status:					
	Seconda	Chronic:	Recorded Elsewhere:	Source:	JEHR				
	Jeconda	Provider		Location					
		Troviden		Location.					
		Side:	<b></b>	Site:					
	1								Þ

Refresh 🙆 Prefer	ences Show All St	atuses	- 🗆 Show M	My Tracked Problems C	nly 🗆 Show	Chronic Pr	oblems Only			
Concept Id		Description	4	Fully Specif	fied Name	4	Chronic +	Secondary	/ Condition	+ Prob
Active										
Allergic rhini	tis									
61582004	Allergic rhin	tis		Allergic rhinitis						Active
Benign essen	tial hypertensi	on								
1201005	Benign esser	itial hypertension	ı	Benign essential hyper	tension					Active
- Postmenopa	ısal state									
76498008	Postmenopa	usal		Postmenopausal state						Active
	To c Prot	idd o olem	a new List	diagn click	osis Adc	to Pr	the obl	e em.		
	To c Prot	idd o olem	a new List,	diagn click	osis Adc	to Pr	the obl	e em.		
Add Problem Re-	To c Prot	idd o blem	a new List,	diagn click	Adc	ory Recor	the obl	em.		
Add Problem Re-	To c Prot	ddd o olem	List,	sources - View/Add No Problems	Adc	to Pr	the obl	em.		
Add Problem Re- to Billing ICD List Accept	To c Prot	dd a blem •   Set Chronic   d Problems Rema	x new List,	sources •   View/Add Na Problems	Adc	to Pr	the obl	em.		
Add Problem Re- to Billing ICD List Accept	To c Prot	add a blem :   Set Chronic   d Problems Rema	x new List,	sources - View/Add Na Problems	osis Adc	ory   Recor	the obl	em.		
Add Problem   Re- to Billing ICD List Accept Concept	To c Prot	add a blem : Set Chronic   d Problems Rema	x new List,	diagn click	osis Adc	ory Recor	the obl cie	em.		
Add Problem   Re- to Billing ICD List Accept   Concept   Descriptio	To contraction of the second s	add a blem : Set Chronic   d Problems Remainder tial hypertension	x new List,	diagn click	osis Adc	ory   Recor	the obl cile	em.		
Add Problem Re- to Billing ICD List Accept Concept I Descriptio	Code Cancel	dd o blem Set Chronic   d Problems Remo tial hypertension	C New List,	sources • View/Add No Problems Fully Sp	osis Adc	ory Recor	the oble	ension		
Add Problem Re- to Billing ICD List Accept Concept J Descriptio Onset Da Recolved F	To concel	tial hypertension	C New List,	diagn click	osis Adc	ory   Recor	the oblection	ension		
Add Problem Re- to Billing ICD List Accept Concept I Description Onset Dat Resolved E Problem Stat	To c Prot	tial hypertension	Clinical Statues	sources - View/Add Ne Problems Fully Sp	osis Adc	ory Recor	the oble	ension		
Add Problem Re- to Billing ICD List Accept Concept I Description Onset Dar Resolved E Problem Statu Chron	To c Prot	ddd o blem Set Chronic   Problems Remo tial hypertension 4	Clinical Statuss	sources - View/Add Ne Problems	osis Adc otes View Hist becified Name:	ory Recor	the oble	ension		
Add Problem Re- to Billing ICD List Accept Description Onset Dar Resolved B Problem Statu Chron scondary Condition	To concel	tial hypertension	Clinical Status Source	sources - View/Add Ne Problems = 02/20/2014 = = = EHR	osis Adc	ory   Recor	the oble	ension		
Add Problem Re- to Billing ICD List Accept Concept I Description Onset Da Resolved E Problem Statu Chron econdary Condition Provid	To c Prot	d d d d d e Set Chronic d d Problems Remo tial hypertension 4	Clinical Status:	sources - View/Add Ne Problems	osis Adc otes View Hist oecified Name: Last	ory Recor	the oble	ension		
## The diagnosis search window we saw earlier appears. Here I've typed "osteoarthritis knee" & clicked Search, revealing these results.

Description	Fully Specified Name	Concent Id
)steoarthritis knee	Osteoarthritis of knee	239873007
nee osteoarthritis	Osteoarthritis of knee	239873007
steoarthritis knees	Osteoarthritis of knee	239873007
DA - Osteoarthritis of knee	Osteoarthritis of knee	239873007
Osteoarthritis of knee	Osteoarthritis of knee	239873007
Osteoarthritis of the knee	Osteoarthritis of knee	239873007
· · · · · · · · · · · · · · · · · · ·		

Note that you'll see several wordings of the same diagnosis, giving you some latitude as to how you'd like the diagnosis to appear. I'll select Osteoarthritis of knee by double-clicking it.

🕵 Problems							
Problem List Bill	ing ICD List					e 1	
🕲 Refresh 💿 Pr	eferences Show All Statuses	✓ □ Show My Tracked Pr	Osteo	arthri	tis of	t kne	e now
Concept Id	+ Description	Fi	ly Specified Name	7 🕂 Chronic 🕂	Secondary Conditio	on 🗢 Problem Stat	
- Active			abbear	's on t	ne Pr	oblen	1 LIST.
🖃 Allergic r	ninitis						
61582004	Allergic rhinitis	Allergic rhini			Π	Active	
_ Benign es	sential hypertension						
1201005	Benign essential hypertension	on Benign assen	tial hypertension			Active	
_ Osteoarth	ritis of knee						
23987300	Osteoarthritis of knee	Osteoarthritis	of knee			Active	
- Postmeno	pausal state						
76498008	Postmenopausal	Postmenopau	ısal state			Active	

Notice the details below. In particular, note that you can now clear the **Onset Date box**, for times when you don't know or don't care about the date of onset. This prevents the erroneous entry of today's date as the date of onset that was imposed on us in the past.

dd to Billing ICD List Ad	dd to My Tracked Problems Rem	ove from My Tracked P	roblems				
Accept	Cancel						
Concept Id:	239873007						
Description:	Osteoarthritic of knee		Fully S	opecified Name:	Osteoarthritis of k	nee	
Oncet Date:	02/20/2014	Resolved Date:	02/20/2014	▼ Last A	ddressed:		
Resolved By:		Resolved Reason:				_	
Problem Status:	Active	Clinical Status:		•			
Chronic:	Recorded Elsewhere:	Source:	EHR				
Secondary Condition:							
Provider:	ROBERT LAMAR DUFFY,	Location:	USA FAMILY MEDI				
Side:	-	Site:					

Problem List Billing ICD List					
Refresh OPreferences Show	All Statuses 🔹 🔽 Sho	ow My Tracked Problems Only 🔲 Sh	ow Chronic Problems Only		
Concept Id +	Description	+ Fully Specified Name	/ + Chronic +	Secondary Condition +	Problem Sta

There are a lot of other details, some of which are a little confusing, or unnecessary. One of these is the "Chronic" concept. Since this is a Problem List, it seems intuitive that these diagnoses are inherently chronic. But you can specifically define this by clicking the Set Chronic button, or checking the Chronic checkbox.

Add Problem PerCoo	la 🛛 🦰 Pasolya 🗍 Sat Chronic	V Delete	nurrae - View/Add Notae View History   Deconcile
d to Billing ICD List	dd to My Tracked Problems	move from My Tracked P	
· · · 1		nore nonriy nacica i	( when w
Accept	Cancel		
Concept Id:	239873007		
Description:	Osteparthritis of knee		
distant Participa	Joseoardinus or knee		Fully Specified Name: Osteoarthritis of knee
	Osteoartinitis et knee		Fully Specified Name: Osteoarthritis of knee
Onset Date:	02/27/2014	Resolved Date:	Fully Specified Name: Osteoarthritis of knee
Onset Date: Resolved By:	02/2/2014	Resolved Date: Resolved Reason:	Fully Specified Name: Osteoarthritis of knee
Onset Date: Resolved By: Problem Status:		Resolved Date: Resolved Reason: Clinical Status:	Fully Specified Name:     Osteoarthritis of knee       02/20/2014     Image: Constraint of the second seco
Onset Date: Resolved By: Problem Status: Chronic:	O2/2/2014      Auto     Recorded Elsewhere:	Resolved Date: Resolved Reason: Clinical Status: Source:	Fully Specified Name: Osteoarthritis of knee
Onset Date: Resolved By: Problem Status: Chronic: iecondary Condition:	C3C03RUIRD3 KICE 02/27/2014 ▼ Active ▼ Recorded Elsewhere: 0	Resolved Date: Resolved Reason: Clinical Status: Source:	Fully Specified Name:     Osteoarthritis of knee       02/20/2014     Image: Specified Name:       Image: Specified Name:     Image
Onset Date: Resolved By: Problem Status: Chronic: Secondary Condition: Provider:	O2/27/2014     ✓     Recorded Elsewhere:     ROBERT LAMAR DUFFY, ▼	Resolved Date: Resolved Reason: Clinical Status: Source: Location:	Fully Specified Name:     Osteoarthritis of knee       02/20/2014     Last Addressed:       EHR       USA FAMILY MEDICINE

🙀 Problems								
Problem List Billing	ICD List							
🚱 Refresh 💿 Prefer	rences Show	All Statuses 👻	Show My Tr	acked Problems Only 🗖 Show	Chronic Pr	oblems Only		
Concept Id	4	Description	4	Fully Specified Name	4	Chronic 🗗	Secondary Condition	+ Problem Sta
_ Active								
🖃 Allergic rhini	itis							
61582004	Allergic	rhinitis	Aller	gic rhinitis				Active
🖃 Benign essen	ntial hypert	ension						
1201005	Benign	essential hypertension	Beni	gn essential hypertension				Active
🖃 Osteoarthriti	is of knee							

When would you want to add something to the Problem List but *not* define it as chronic? An example given is a bout of otitis media that has been refractory & has required several visits, yet you expect to eventually resolve.

I'm not sure why you'd bother to add something like that to the Problem List in the first place.

Concept Id:	239873007		
Description:	Osteoarthritis of knee		Fully Specified Name: Osteoarthritis of knee
Onset Date:	02/20/2014	Resolved Date:	02/20/2014 Last Addressed:
Resolved By:		Resolved Reason:	
Problem Status:	Active	Clinical Status:	×
Chronic:	Recorded Elsewhere:	Source:	EHR
Secondary Condition:			
Provider:	ROBERT LAMAR DUFFY,	Location:	USA FAMILY MEDICINE
Side:	Bilateral	Site:	
1			•

Problems							
oblem List   Billing ICD Li	st						
Refresh 💿 Preferences	Show All Statuses	- 🗆 Show M	y Tracked Problems Only 💭 Sho	ow Chronic Probl	ems Only		
Concept Id 🗕 🕂	Description	4	Fully Specified Name	/ += CI	hronic +	Secondary Condition	+ Problem Stat
ctive							
Allergic rhinitis							
61582004 4	Allergic rhinitis	F	Allergic rhinitis	I			Active
1201005	Senign essential hypertension	n I E	Benign essential hypertension			Г	Active
Osteoarthritis of k	mee						
239873007 0	Osteoarthritis of knee	C	Osteoarthritis of knee				Active
Postmenopausal s	tate						
76498008 F	<sup>o</sup> ostmenopausal	Į F	Postmenopausal state				Active
e is (	hronic,	& ad	<mark>ded that</mark>	it is	; bi	latera	d.
	Chronic,	. & ad	ded that	it is	; bi	latera	ı <b>l</b> .
Id Problem   Re-Code	Chronic,	★ ad	ded that	<b>it is</b> listory   Recondle	; bi	latera	J.
dd Problem   Re-Code to Billing ICD List   Add Accept Ca	Chronic	★ ad	ded that	it is listory   Reconcile		latera	
I Problem   Re-Code Billing ICD List   Add Accept   Ca Concept Id: 2	Chronic	★ ad	ded that	istory Reconcile	rec	latera	dditio
Problem   Re-Code 3illing ICD List   Add Accept Ca Concept Id: 2 Description: C	Resolve Set Orronic to My Tracked Problems Remo incel 39873007 Dsteoarthrijds of knee	★ Delete @ Resc ove from My Tracked P	ded that	istory   Recondle	rec	latera	dditio
Problem   Re-Code Billing ICD List   Add Accept Ca Concept Id: 2 Description: C	Chronic	★ Delete → Delete → Delete → Resolved Delete	ded that	istory Reconcile	rec	latera ord ac e diag	dditio nosis
Problem   Re-Code Silling ICD List   Add Accept Ca Concept Id: 2 Description: C Onset Date: 1 Recolved Pure	Chronic Resolve Set Gronic to My Tracked Problems Remo Incel 39873007 Disteoarthrig's of knee 02/78/2014	Contractions of the second sec	ded that	istory Reconcile	rec th	latera ord ac e diag	dditio nosis
Problem   Re-Code Silling ICD List   Add Accept Ca Concept Id: [2 Description: [C Onset Date: [ Resolved By: [ Problem Statue: []	Resolve Set Gironic to My Tracked Problems Remo incel	★ Delete ★ Delete ★ Delete ★ Delete ★ Delete ★ Resolved Pater Resolved Pater Resolved Reason	ded that	istory Reconcile	rec th	latera ord ac e diag Notes	dditio nosis
Problem   Re-Code Billing ICD List   Add Accept Ca Concept Id: 2 Description: C Onset Date: 1 Resolved By: 1 Problem Status: 4	Chronic Resolve Set Gronic to My Tracked Problems Remo incel 39873007 Disteoarthritis of knee	Clinical Statu	ded that	istory Reconcile	rec th	latera ord ac e diag Notes	dditio nosis
d Problem   Re-Code Billing ICD List   Add Accept   Ca Concept Id: 2 Description: C Onset Date: F Resolved By: Problem Status: A Chronic: F undary Condition: T	Resolve Set Gironic to My Tracked Problems Remo incel 39873007 Disteoarthritis of knee	Clinical Statu Source:	ded that	istory Reconcile	rec th	latera ord ac e diag Notes	dditio nosis
dd Problem   Re-Code o Billing ICD List   Add Accept   Ca Concept Id: 2 Description: C Onset Date: 1 Resolved By: 2 Problem Status: 4 Chronic: 4 ondary Condition: 7 Provider: 4	Chronic	& add	ded that	istory Reconcile	rec th	latera ord ac e diag Notes	dditio nosis





	🙀 Problems	;									
	Problem List	Billing ICD	List								
	🚱 Refresh 🤇	) Preference	es Show All Sta	ituses	- 🗆 Show M	ly Tracked Problems C	only 🗖 Sho	w Chronic Pro	oblems Only	6	
	Conce	pt Id 🛛 🕂		Description	4	Fully Specif	fied Name	/ + <b>Þ</b>	Chronic 🕫	Secondary Condition	+ Problem Stat
	- Active										
		ic rhinitis	Allowstandstate			All sector de la factoria					Antin
	-  Benig	n essential	Allergic minit	15 .n	l	Allergic minitis		L			Active
	12010	05	Benign essent	tial hypertension		Benign essential hyper	tension				Active
	- Osteo	arthritis of	f knee								
	23987	3007	Osteoarthritis	of knee		Osteoarthritis of knee					Active
	_ Postm	nenopausa	l state								
	76498	008	Postmenopau	ısal		Postmenopausal state					Active
Back	on .pt t	the	omr	bler	n Lis the	t, we'l entrv	I Cl	ICK			
1000	<b>P</b> · · ·					Citry	•				
	🔁 Add Proble	em Re-Cod	e 🛛 🛃 Resolve	Set Chronic	🗙 Delete 🛛 🥑 Res	sources 👻   View/Add No	otes   View Hi	istory Recon	icile		
	Add to Billing	CD List   Ad	ld to My Tracked	Problems Remo	ve from My Tracked	Problems					
	Accep	it	Cancel								
	0	Concept Id:	239873007								
	ſ	Description:	Osteoarthritis	of knee		Fully Sp	pecified Name	e: Osteoarth	ritis of knee		
									ŕ		
	0	Onset Date:	02/20/2014	4	Resolved Date:	02/20/2014	Las	st Addressed:			
	Re	esolved By:			Resolved Reason:	-					
	Probl	lem Status:	Active	<u> </u>	Clinical Status:						
	Secondary	Chronic:	Recorded	Elsewhere:	Source:	EHR					
	Secondary	Provider	ROBERT LAM		Location						
		e l	ROBERT LAW		Location.					1	
		Side:	Jonateral		Site:						
	•										Þ

roblem List   Billing ICL	List							
Refresh 💿 Preference	es Show All Statuses	- 🗆 Show My	Tracked Problems Only	Show Chronic Pro	oblems Only			
Concept Id 😽	Description	4	Fully Specified Name	e ⁄+Þ	Chronic + S	econdary Condition	+ Problem Stat	
Active								
🖃 Allergic rhinitis								
61582004	Allergic rhinitis	All	ergic rhinitis				Active	
🖃 Benign essentia	I hypertension					_		
1201005	Benign essential hypertension	Be	nign essential hypertension				Active	
Osteoarthritis o 230873007	f knee Osteoarthritis of knee	0	teoarthritic of knee		-	_	Active	
-I Postmenonaus:	al state	03	teoartinitis of knee		_		Active	
76498008	Postmenopausal	Po	stmenopausal state			Γ	Active	
		1		I.		-		
	in you r	lo ion	ger con	sider	r II a	n ac i	ive	
	problen	n. Se the	lect a p n Accer	orobl	em,	rnen	CIICK	
Add Problem   Re-Coo Add to Billing ICD List Accept	Resolve Set Chronic A Resolve Chronic Cancel	n. Se	ces • View/Add Notes Vie blems	orobl ot.	em, "	rnen		
Add Problem   Re-Coo Add to Billing ICD List Accept Concept Id:	Resolve Set Chronic Set to My Tracked Problems Remove	n. Se	ces - View/Add Notes Vie blems	orobl ot.	em, "	rnen		
Add Problem   Re-Coc Add to Billing ICD List Accept Concept Id: Description:	Resolve Set Chronic Resolve Set Chronic d to My Tracked Problems Remove Cancel 239873007 Osteoarthritis of knee	n. Se	Lect a p n Accep rces • View/Add Notes Vie blems Fully Specified N	orobl ot. ew History   Recon	em, -	rnen		
Add Problem   Re-Coo Add to Billing ICD List Accept Concept Id: Description:	Resolve Set Chronic Set Chroni	n. Se	Lect a p n Accep rces • View/Add Notes Vie blems Fully Specified N	ew History   Recon	em, "	rnen		
Add Problem   Re-Coc Add to Billing ICD List Accept Concept Id: Description: Onset Date:	Resolve Set Chronic Set Chroni	n. Se , the Celete @ Resou from My Tracked Pro	Lect a p n Accep rces • View/Add Notes Vie blems Fully Specified N	orobl ot. ew History   Recon Jame:   Osteoarth Last Addressed:	em, -	rnen		
Add Problem   Re-Cor Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By:	Resolve Set Chronic > a Resolve Set Chronic > a to My Tracked Problems Remove Cancel 239873007 Osteoarthritis of knee	n. Se , the , the Resolved Date: [ Resolved Reason: [	Lect a p n Accep rces • View/Add Notes Vie blems Fully Specified N	Drobl Dt. ew History   Recon Jame: Osteoarth Last Addressed:	em, -	rnen		
Add Problem   Re-Coo Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By: Problem Status:	Resolve Set Chronic Set to My Tracked Problems Remove Cancel 239873007 Osteoarthritis of knee	n. Se , the , the Resolved Date: Resolved Date: Resolved Reason: Clinical Status:	Lect a p n Accep rces • View/Add Notes Vie blems Fully Specified N 02/20/2014	orobl ot. ew History   Recon Name:   Osteoarth Last Addressed:	em, -	rnen		
Add Problem   Re-Coc Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By: Problem Status: Chronic:	ie Resolve Set Chronic a to My Tracked Problems Remove Cancel 239873007 Osteoarthritis of knee 02/20/2014 Active Recorded Elsewhere:	n. Se , the , the , the Resolved Date: [ Resolved Date: [ Resolved Reason: [ Clinical Status: [ Source: [	Lect a p n Acceptor rces • View/Add Notes Vie blems Fully Specified N	orobl ot. ew History   Recon	em, -	rnen		
Add Problem   Re-Cor Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By: Problem Status: Chronic: Secondary Condition:	Active	n. Se , the , the Celete @ Resou from My Tracked Pro from My Tracked Pro Resolved Date: [ Resolved Reason: [ Clinical Status: [ Source: [	ces • View/Add Notes Vie blems Fully Specified N 02/20/2014	NODI Not. ew History   Recon Name:   Osteoarth Last Addressed:	em, -	rnen		
Add Problem   Re-Coc Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By: Problem Status: Chronic: Secondary Condition: Provider:	problen         Resolve         Set Chronic         A to My Tracked Problems         Remove         Cancel         239873007         Osteoarthritis of knee         02/20/2014         Image: Problem of the set	n. Se , the , the , the , the , the , cosource , cosource , clinical Status: Source: , fi Location:	Lect a p n Acceptor rces • View/Add Notes Vie blems Fully Specified N 02/20/2014	orobl ot. ew History   Recon Name:   Osteoarth Last Addressed:	em, -	rnen		
Add Problem   Re-Coc Add to Billing ICD List Accept Concept Id: Description: Onset Date: Resolved By: Problem Status: Chronic: Secondary Condition: Provider: Side:	be Resolve Set Chronic de Resolve Set Chronic de to My Tracked Problems Remove Cancel 239873007 Osteoarthritis of knee 02/20/2014 Recorded Elsewhere: ROBERT LAMAR DUFFY, Bilateral	n. Se , the , the , the Resolved Date: [ Resolved Date: [ Resolved Reason: [ Clinical Status: [ Source: [ Location: [ Site: [	Lect a p n Acceptor rces • View/Add Notes Vie blems Fully Specified N 02/20/2014	orobl ot. ew History   Recon Jame:   Osteoarth Last Addressed:	em, *	rnen 		

# Notice you now have both an **Active** & **Resolved** section on the list, which can be expanded or contracted as desired.

Problem List Billing ICD List	
Refresh 💿 Preferences Show All Statuses	C Show My Tracked Problems Only     Show Chronic Problems Only
Concept Id 😐 Desc	cription + Fully Specified Name / + Chronic + Secondary Condition + Problem St
- Active	
⊒ Allergic rhinitis	
61582004 Allergic rhinitis	Allergic rhinitis 🛛 🗖 Active
Henign essential hypertension     Henign essential state	When you're done adding diagnoses,
	click the X in the unner right corner
Osteoarthritis of knee	chek me x in me upper right corner
239873007 Osteoarthritis of knee	to close the Problem Module (T'll
	•
	undo this "necolve" step to proceed
	undo this "resolve" step to proceed
	undo this "resolve" step to proceed
	undo this "resolve" step to proceed with the demonstration.)
	undo this "resolve" step to proceed with the demonstration.)
4	undo this "resolve" step to proceed with the demonstration.)
Add Problem   Re-Code    Resolve   Set C	undo this "resolve" step to proceed with the demonstration.)
Add Problem   Re-Code   Add to My Tracked Problem	undo this "resolve" step to proceed with the demonstration.)
Add Problem   Re-Code   Resolve   Set C Add to Billing ICD List   Add to My Tracked Problem	undo this "resolve" step to proceed with the demonstration.) Chronic \> Delete \@Resources - View/Add Notes \View History \Reconcile ns Remove from My Tracked Problems
Add Problem   Re-Code   Add Problem   Set C Add to Billing ICD List   Add to My Tracked Problem     Accept Cancel	undo this "resolve" step to proceed with the demonstration.) Chronic X Delete Resources • View/Add Notes View History Reconcile ms Remove from My Tracked Problems
Add Problem       Re-Code       Resolve       Set C         Add to Billing ICD List       Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007	undo this "resolve" step to proceed with the demonstration.) Chronic \> Delete @Resources - View/Add Notes View History Reconcile ms Remove from My Tracked Problems
Add Problem       Re-Code       Resolve       Set C         Add to Billing ICD List       Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007         Description:       Osteoarthritis of kneed	undo this "resolve" step to proceed with the demonstration.)         chronic       > Delet       @ Resources • View/Add Notes       View History       Reconcile         chronic       > Delet       @ Resources • View/Add Notes       View History       Reconcile         ns       Remove from My Tracked Problems       Fully Specified Name:       Osteoarthritis of knee
Add Problem       Re-Code       Resolve       Set C         Add to Billing ICD List       Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007         Description:       Osteoarthritis of kneed	undo this "resolve" step to proceed with the demonstration.)         Chronic \> Delete @ Resources \ View/Add Notes \ View History   Reconcile         ns Remove from My Tracked Problems         e       Fully Specified Name: Osteoarthritis of knee
Add Problem       Re-Code       Resolve       Set C         Add to Billing ICD List       Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007         Description:       Osteoarthritis of knee         Onset Date:       02/23/2014	undo this "resolve" step to proceed   with the demonstration.)   Chronic  Delete  Resources  View/Add Notes  View History  Reconcile Remove from My Tracked Problems   e   Fully Specified Name: Osteoarthritis of knee   Resolved Date:  02/23/2014  Last Addressed:
Add Problem       Re-Code       Resolve       Set C         Add to Billing ICD List       Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007         Description:       Osteoarthritis of knee         Onset Date:       02/23/2014         Resolved By:       rlduffy	undo this "resolve" step to proceed with the demonstration.)         Chronic Delete Resources View/Add Notes View History Reconcile ns Remove from My Tracked Problems         e       Fully Specified Name: Osteoarthritis of knee         e       Fully Specified Name: Osteoarthritis of knee         e       Resolved Date: 02/23/2014         Chronic Resource Reason:       Last Addressed:
Image: Add Problem   Re-Code   Resolve   Set C         Add to Billing ICD List   Add to My Tracked Problem         Accept       Cancel         Concept Id:       239873007         Description:       Osteoarthritis of kneed         Onset Date:       02/23/2014         Resolved By:       rlduffy         Problem Status:       Resolved	undo this "resolve" step to proceed   with the demonstration.)   Chronic Delete Resources View/Add Notes View History Reconcile rs Remove from My Tracked Problems   e   Fully Specified Name: Osteoarthritis of knee   Resolved Date: 02/23/2014   Last Addressed:   Resolved Reason:

# Back on the History Tab, Osteoarthritis of knee displays on the Problem List.



But what about List" on the old	things I added to the templates before the	"Chronic Condition NextGen upgrade?
They're still her	re in one form or anoth	ner
Specialty V Family Practice Visit		TOB O HTN Ø DM Ø CAD
Intake Histories	SOAP Finalize	Checkout
Standing Orders   Adult Immunization	s   Peds Immunizations   Birth History   Procedu	res   Order Management   Document Library ]
Care Guidelines Global Days Hi	story Review All History Review details are to be reviewed and including in visit note unless user indicates otherwise	ded Panel Control: 🕤 Toggle 🕢 🔹 Cycle 🔹
roblem List 📵		0
Show chronic 🔲 Show my tracked problem	n 🕕 Mapping Required	🔲 No active problems 🔲 Reviewed
Problem Description	Side Notes	Addti
Benign essential hypertension Androgen deficiency Diabetes mellitus type II Dyslipidemia	Mapped from KBM Chronic Conditions table	on 04/19/2014 by Robert Duffy. The mapped diagnosis code 1
Erectile dysfunction	MD. Onset date 12/02/2013.	. Duny, with responsible provider KOBERT LAWAR DOT T
Peripheral neuropathy	Bilateral Both hands, S/P surgery for carpal tunnel & g	gamekeeper's thumb. Followed by Workman's Comp 1
If we're lucky, or "map" over, c	about 75% of these wi automatically. For thos	Il convert, se, you'll see Add Edit
somerning like	ine <b>Dysipideniid</b> entry	nere.

verbose for5/31/2014diagnosis tSpeciaadd a new cI ast commelast commeStantthat displayCare GuidelinesGlobal Days	r most p hen clic one, as v nt, so y ys & get	beople's taste k Edit to upc ve saw above our shorter i ts used in you	e. You can select the late that comment, or . It only displays the note will be the one ur visit note.	CAD rcle J
roblem List 📵				e
Show chronic 🔲 Show my tracked probl	em 🕕 Mapping Reqr	uired	🔽 No active problems 🔲 R	Reviewe
roblem Description	Side	Notes		Add
verweight				
enign essential hypertension				
ndrogen deficiency				
Valataa mallitua tura II				
nabeles mellitus type li		Mapped from KBM Chronic Conditio	ns table on 04/19/2014 by Robert Duffy. The mapped diagnosis code	e 1
yslipidemia		was Hyperlipidemia,272.4, added w	Robert L. Duffy , with responsible provider ROBERT LAMAR DUFFY	
vslipidemia rectile dysfunction		was Hyperlipidemia,272.4, added MD. Onset date 12/02/2013.	Robert L. Duffy , with responsible provider ROBERT LAMAR DUFFY	
vslipidemia rectile dysfunction eripheral neuropathy	Bilateral	was Hyperlipidemia, 272.4, added MD. Onset date 12/02/2013. Both hands, S/P surgery for carpal tu doctors.	nnel & gamekeeper's thumb. Followed by Workman's Comp	1
Dyslipidemia Erectile dysfunction Peripheral neuropathy Rotator cuff impingement syndrome	Bilateral Right	was Hyperlipidemia,272.4, added w MD. Onset date 12/02/2013. Both hands, S/P surgery for carpal tu doctors. Followed by Workman's Comp doctor	nnel & gamekeeper's thumb. Followed by Workman's Comp	1

### If the system couldn't automatically map something on the previous **Chronic Condition List**, you'll see a **Mapping Required** notice. Click on that.

le J
۲
eviewed
Addtl
1

# The mapping popup appears, with unmapped items from the old Chronic Conditions List at the top, & the new Problem List at the bottom.

To begin, we'll select Erectile dysfunction. There is no entry on the bottom list already that corresponds to it, so next click Map to New Problem.

Mapping Chronic Conditions					
Chronic Conditions from Previous KBM Show	r. Not mapped				
Description	Code SNOME	Description	SNOMED Code	e Disp	
Diabetes type 2	250.00				
Testosterone deficiency	257.2				
Peripheral neuropathy both hands	356.8			S/P ¢ gam	
Hypertension, benign essential	401.9			surd	
Erectile dystunction	607.84			- <b>) )</b>	es, one would hope
				5	omething this
					traightforward
		(Map to Existing Problem)	(Map to New Problem) (Resolve	Conditio	TraightTorward
linical Problems				И	yould map over
SNOMED Description	Onset Date	Notes			
Dyslipidemia	01/01/1900	Mapped from KBM Chronic Condi mapped diagnosis code was Hype responsible provider ROBERT LAM	tions table on 04/19/2014 by Robert Duffy rlipidemia,272.4, added by Robert L. Duffy IAR DUFFY MD. Onset date 12/02/2013.	, with	utomatically: I'm
Peripheral neuropathy	03/10/2014	Both hands, S/P surgery for carpal Workman's Comp doctors.	I tunnel & gamekeeper's thumb. Followed	d by	
Rotator cuff impingement syndrome	01/01/1900	Mapped from KBM Chronic Condi mapped diagnosis code was Rota	tions table on 04/19/2014 by Robert Duffy tor cuff tear/impingement R,Rotator cuff	. The	ust using it as an
		ROBERT LAMAR DUFFY MD. Onsei	t date 11/11/1111; Right side; To be addre	ssed by	
		Worker's comp doctors.		e	example.
				Close	

## Search for the diagnosis & select the one you prefer.

		~	
Q Erectile dysfunction		Search	
Description	Fully Specified Name	Concept Id	<b></b>
Erectile dysfunction	Impotence	397803000	
Erectile dysfunction associated w/ type 2 DM	Erectile dysfunction associated with type 2 dia	428007007	
Erectile dysfunction associated with type 2 DM	Erectile dysfunction associated with type 2 dia	428007007	
Erectile dysfunction associated with type two DM	Erectile dysfunction associated with type 2 dia	428007007	
Erectile dysfunction associated w/ type II DM	Erectile dysfunction associated with type 2 dia	428007007	
ED associated w/ type 2 diabetes mellitus	Erectile dysfunction associated with type 2 dia	428007007	
ED associated w/ type 2 DM	Erectile dysfunction associated with type 2 dia	428007007	
ED associated w/ type II diabetes mellitus	Erectile dysfunction associated with type 2 dia	428007007	
ED associated w/ type II DM	Erectile dysfunction associated with type 2 dia	428007007	
ED associated with type 2 diabetes mellitus	Erectile dysfunction associated with type 2 dia	428007007	
ED associated with type 2 DM	Erectile dysfunction associated with type 2 dia	428007007	
ED associated with type two diabetes mellitus	Erectile dystunction associated with type 2 dia	428007007	
ED associated with type two DM	Erectile dysfunction associated with type 2 dia	428007007	-

26 rows returned



Cancel

14

## Erectile dysfunction has now moved to the bottom list. Continue through the remaining unmapped diagnoses.



# The new **Problem List** now displays on the **Histories Tab**. You can click View Mappings if you want to review the old & new lists again, or click Edit to buff the Notes, as previously discussed

Intak	e Histories	so	AP Fin:	alize	Checkout		
Standing Ord	lers   Adult Immunizations	Peds Immunizati	ons   Birth History	Proced	ures   Order	Management Document Library	]
Care Guidelines	Global Days Histor	y Review All Hi in visi	story Feview details are to b t note unless user indicates o	e reviewed and inclu otherwise	ıded	Panel Control: 🕤 Toggle 🕢 🔹	Cycle d
Problem List 🕘							e
Show chronic	Show my tracked problem	View Mapping	s			🗌 No active problems 📘	Review
Problem Description	on	Side	Notes				Ad
- 3enign essential hy	pertension						
Androgen deficienc			Manned from KBM Chro	vic Conditions tabl	a on 06/09/2014 by	Pohert Duffy The manned diagnosis co	da 1
And ogen dendend	-7		was Testosterone deficier DUFFY MD. Onset date 0	nc, 257.2, added by 7/19/2012.	Robert L. Duffy , v	vith responsible provider ROBERT LAMA	R
Diabetes mellitus ty	pe II		Mapped from KBM Chron was Diabetes type 2, Diab LAMAR DUFFY MD. Onse	ic Conditions table etes type 2,250.00, t date 07/09/2012	e on 06/09/2014 by added by Robert L	Robert Duffy. The mapped diagnosis co . Duffy , with responsible provider ROBE	de 1 ERT
Dyslipidemia			Mapped from KBM Chron was Hyperlipidemia,272.4 MD. Onset date 12/02/20	nic Conditions table , added by Robert )13.	L. Doffy , with resp	Robert Duffy. The mapped diagnosis co onsible provider ROBERT LAMAR DUFFY	de 1
Erectile dysfunction	1		Mapped from KBM Chron was Erectile dysfunction, ROBERT LAMAR DUFFY M	ic Conditions table Erectile dysfunction D. Onset date 06/3	e on 06/09/2014 by n,607.84, addee by 14/2012.	Robert Duffy. The mapped diagnosis co Robert L. Duffy , with responsible provid	de 1 der
Peripheral neuropat	thy	Bilateral	Mapped from KBM Chron was Peripheral neuropath Duffy, with responsible p gamekeeper's surgeries-V	nic Conditions table hy both hands,Peri provider ROBERT L/ W/C MD.	e on 06/09/2014 by pheral neuropathy AMAR DUFFY MD. (	Robert Duffy. The mapped diagnosis co both hands,356.8, added by Robert L. Onset dat, 11/11/1111; S/P carpal tunne	de 2 1&
Rotator cuff imping	ement syndrome	Right	Followed by Workman's	Comp doctors.			1
Essential hypertens	sion		Mapped from KBM Chron was Hypertension, benig responsible provider ROE	nic Conditions tabl n essential, Hyperte BERT LAMAR DUFFY	e on 06/09/2014 by ension, benign esse / MD. Onset date 0	Robert Duffy. The mapped diagnosis co ential,401.9, added by Robert L. Duffy , w 7/09/2012.	de 1 vith

## You can easily add new diagnoses to the **Problem List** in your workflow on the **Add Assessment** popup. Click Mark diagnosis as chronic & Add assessment to Clinical problems, then click Add/Update.

ssessments       My Plan       A/P Details       Labs       Diagnostics       Referrals       Office Procedures       Cosign Ore         oday's Concerns/Reason for Visit: <th>sessments</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	sessments								
coday's Concerns/Reason for Visit:         (Select a row from any grid to add to Today's Assessments)       Add Assessments on 1-cl/         Billing Diagnosis History       Show Chronic only         Diagnosis Description       Codd         Diabetes Wellitus, Type 2, Uncomplicated       250.00         Diabetes Vellitus, Type 2, Uncomplicated       250.01         Diabetes Vellitus, Yupe 2, Uncomplicated       250.01         Hyperijolemia       607.84         Hyperijolemia       272.4         Hyperijolemia       257.2         Influenza Vancine       720.52         I hud Scriperion       Code         Add Common Assessment   Diagnosis Code Linkup         Dx description:       Benign essential		My Plan	A/P Details	Labs	Diagnostics	Referrals	Office Procedures	Cosign	Orde
(Select a row from any grid to add to Today's Assessments)       ✓ Add Assessments       ✓ Add Assessments on 1-clic.         Billing Diagnosis History       Show Chronic only       Show Chronic © Show My Tracked problems       No active problems         Diagnosis Description       Code       Show Chronic © Show My Tracked problems       No active problems         Diabetes Mellius Type 2, Uncomplicated       250.01       Overweight       Bengin essential hypertension       Add Assessments         Diabetes Mellius, Juvenic, Controled       225.01       Diabetes Mellius, Juvenic, Controled       Proceeding essential hypertension       Androgen deficiency         Diabetes Mellius, Juvenic, Controled       272.61       Proceeding essential hypertension       Proceeding essential hypertension         Hyperingidemia       272.7       Hitter:       Proceeding essential hypertension       Proceeding essential hypertension         Inducer Vokasi       273.2       Hyperingidemia       272.2       Proceeding essential hypertension       Proceeding essential hyperingidemia       Proceeding essential hyperingidemia       Proceeding essential hypering essent	lay's Concerns/Reaso	on for Visit:							1
Celect a row from any grid to add to Today's Assessments)       Add Assessments on 1-div       Clinical Problems       View Mappings         Billing Diagnosis History       Show Chronic only       Show Chronic only       Show Chronic only       No active problems       No active problems         Diagnosis Description       604       Output       Show Chronic       Show Chronic       No active problems       No active problems         Diabetes Mellius Type 2, Uncomplicated       250.01       Output Section       Output Section       Output Section         Disorders of bursae and tendons in shoulder region, unspecified       726.10       Diabetes Mellius Type 2       Image Section       Diabetes Mellius Type 1       With Section         Hyperfinidemia       272.4       Hyperfinidemia       272.4       My Favorites Favorites Category. All       Filter.         Hyperfinidemia       272.2       Minemal glucose       790.02       AcFib         Abdominal glucose       790.02       Abormal glucose       790.02       Abormal glucose       790.02         Add Common Assessment   Diagnosis Code Li ukup       Mit tacked problems       My favorites       Side:       Side:       Side:       Side:       Side:       Side:       Add/Updat         Mark diagnosis as chronic Add assessment to:       Cininical problems       My tracked problems									
Celect a row from any grid to add to Today's Assessments)       Add Assessments on 1-clic.       Clinical Problems       View Mappings         Billing Diagnosis History       Show Chronic only       Show My Tracked problems       No active problems         Diagnosis Description       Codd       Show My Tracked problems       No active problems         Diagnosis Description       Codd       Show Chronic       Overweight         Diabetes Mellitus, Type 2, Uncomplicated       50.00       Diabetes Mellitus, Type 2, Uncomplicated       Doorders of bursae and tendons in shoulder region, unspecified       726.10         Diabetes Mellitus, Type 2, Uncomplicated       607.84       Wy Favorites Favorites Category: All       Filter:       Important Androgen deficiency         Diabetes Mellitus Type 2, Uncomplication       607.84       My Favorites Category: All       Filter:       Important Androgen deficiency         Diabetes Mellitus, Type 2, Uncomplication       607.84       My Favorites Category: All       Important Androgen deficiency         Hyperioniania, Other       780.52       Trait       Add Common Assessment   Diagnosis Code   Ackup         Add Common Assessment   Diagnosis Code   Ackup       Differential Dx:       Side:       Site:       Site:         Mark diagnosis as chronic Add assessment to:       Clinical problems       My favorites       Add/Updat         day's Asse									
Billing Diagnosis History Show Chronic only       Show Chronic Show My Tracked problems       No active problems         Diagnosis Description       Codd       Onset Date       Onset Date         Benign essential hypertension       40.1       Diadetes Mellitus Type 2, Uncomplicated       250.01         Diadetes Mellitus Type 2, Uncomplicated       250.01       Diadetes Mellitus Type 2, Uncomplicated       260.01         Diadetes Mellitus Type 2, Uncomplicated       726.00       Diadetes Mellitus type 1       With the complex of the co	Select a row from any	grid to add to Today's	s Assessments) 🔽 Add Asse	ssments on 1-click	Clinical Problems	View Mappings			
Diagnosis Description       Code         Benign essential hypertension       40/1         Diabetes Mellitus Type 2, Uncomplicated       50.00         Diabetes Mellitus, Juvenile, Controlled       250.01         Disorders of bursae and tendons in shoulder region, unspecified       726.10         Elevated B/P W/o Dx Of HTN       796.2         Erectile Dysfunction       607.84         Hyperiphidemia       272.4         Hyperiphidemia       277.2         Hyperiphidemia       277.2         Infuenza Vaccine       V04.81         Insomnia, Other       780.52         Lind Screenion       V77.61         Add Common Assessment   Diagnosis Code   Jokup       V77.61         Add Common Assessment   Diagnosis Code   Jokup       My tracked problems       My favorites         Mark diagnosis as chronic Add assessment to: V Clinical problems       My tracked problems       My favorites         Mark diagnosis as chronic Add assessment to: V Clinical problems       My tracked problems       My favorites         Differential Dx       Add/Updat         Adays Assessments       Differential Dx       Add/Updat	Billing Diagnosis His	tory 🔲 Show Chro	nic only		Show Chronic 🔲	Show My Tracked prob	lems 🗌 No	active prob	olems
Beingn essential hypertension       447.1         Diabetes Mellitus Type 2, Uncomplicated       50.00         Diabetes Mellitus, Juvenile, Controlled       250.01         Disorders of bursae and tendons in shoulder region, unspecified       726.10         Elevated B/P W/o Dx Of HTN       796.2         Erectile Dysfunction       607.84         Hyperfension, NOS       401.9         Hyperfension, NOS       401.9         Hypognadism, Male       257.2         Influenza Vaccine       V04.81         Insomia, Other       780.52         Unid Screenine       790.5         Add Common Assessment   Diagnosis Code Lockup         Dx description:       Benign essential hypertension         Code:       401.1         Status:       Side:         Side:       Site:         Impression       Code:         401.1       Status:         Side:       Site:         Add Common Assessment   Diagnosis Code Lockup         Dx description:       My favorites         Mark diagnosis as chronic. Add assessment to:       Clinical problems         My fraverites       My favorites         Dx (Code), Status, Side, Site       Impression/Differential Dx         Pactor sectal burserada	Diagnosis Descriptio	on		Cod	Description		0	nset Date	
Diabetes Mellitus Type 2, Uncomplicated       50.00         Diabetes Mellitus, Juvenile, Controlled       250.01         Disorders of bursae and tendons in shoulder region, unspecified       726.10         Elevated B/P W/o Dx Of HTN       796.2         Erectile Dysfunction       607.84         Hyperipidemia       272.4         Hyperipidemia       272.4         Hyperipidemia       272.4         Influenza Vaccine       V04.81         Influenza Vaccine       V04.81         Indi Cher       780.52         Linid Screenine       V07.91         Add Common Assessment   Diagnosis Code Lockup         Dx description:       Benign essential hypertential Dx         Mark diagnosis as chronic Add assessment to:       Clinical problems         My favorites       My favorites         Did conting Add assessment to:       Clinical problems         My favorites       My favorites	Benion essential hyp	ertension		42 1	Overweight				
Diabetes Mellitus, Juvenile, Controlled 250.01   Disorders of bursae and tendons in shoulder region, unspecified 726.10   Elevated B/P W/D DX Of HTN 796.2   Erectile Dysfunction 607.84   Hyperlipidenia 272.4   Hyperlipidenia 272.4   Hyperlipidenia 273.2   Infuenza Vaccine V04.81   Insonnia, Other V04.81   Lindl Screenino V77.91   Diadetes mellitus (Juce Plant	Diabetes Mellitus Typ	e 2. Uncomplicated		50.00	Benign essential hyper	tension			
Disorders of bursae and tendons in shoulder region, unspecified 726.10 Elevated B/P W/o Dx Of HTN 796.2 Erectile Dysfunction 607.84 Hypertension, NOS Hypertension, NOS 401.9 Hypognadism, Male 257.2 Influenza Vaccine V04.81 Insomia, Other 789.00 Lind Screenine Xore 1 Diagnosis Code Lokup Dx description: Benign essential hypertension Code: 401.1 Status: Side: Site: My favorites Side: Site: My favorites Side: Site: My favorites Side: Site: Differential Dx My favorites Site: Dx (Code), Status, Side, Site Dx (Code), Status, Side, Site	Diabetes Mellitus, Juv	venile. Controlled		250.01	Androgen deficiency				
Elevated B/P W/o Dx Of HTN 796.2   Erectile Dysfunction 607.84   Hyperlpidemia 272.4   Hyperlpidemia 272.4   Hyperlpidemia 277.2   Influenza Vaccine V04.81   Insomnia, Other 780.52   Linid Screeninn V77.91   Add Common Assessment   Diagnosis Code Lokup   Dx description: Benign essential hypertension   Code: 401.1   Status: Side:   Side: Site:   Add/Updat Tays Assessments   Dx (Code), Status, Side, Site	Disorders of bursae	and tendons in should	der region, unspecified	726.10	Diabetes mellitus type I	Î.			-
Erectile Dysfunction 607.84   Hyperlipidemia 272.4   Hypertension, NOS 401.9   Hypogonadism, Male 257.2   Influenza Vaccine V04.81   Insomnia, Other 789.00   Junid Screening V07.91     Add Common Assessment   Diagnosis Code Lokup   Dx description: Benign essential hypertension   Code: 401.1 Status: Side: Site: Add/Update Site Dx (Code), Status, Side, Site Dx	Elevated B/P W/o Dx	Of HTN		796.2	1	2			
Hyperlipidemia       272.4         Hyperlipidemia       272.4         Hyperlipidemia       401.9         Hypogonadism, Male       257.2         Influenza Vaccine       V04.81         Insomnia, Other       V04.81         Linkit Screenina       V77.91         Addominal pain       789.00         Abnormal glucose       790.29         Abnormal Labs       790.6         Dx description:       Benign essential hypertension       Code:         Imenentian       Code       401.1       Status:         Side:       Side:       Site:         Imenentian       Differential Dx:       Add/Updat         Mark diagnosis as chronic/ Add assessment to:       Clinical problems       My tracked problems       My favorites         Dx (Code), Status, Side, Site       Impression/Differential Dx         Dx (Code), Status, Side, Site       Impression/Differential Dx	Erectile Dysfunction			607.84	My Favorites Favorite	s Category: All	Filter:		
Hypertension, NOS 401.9   Hypertension, NOS 401.9   Hypertension, Nos 401.9   Hypertension, Male 257.2   Influenza Vaccine V04.81   Insomnia, Other 780.52   Linid Screening V77.91   Add Common Assessment   Diagnosis Code Lockup   Dx description: Benign essential hypertension   Code: 401.1   Status, Side, Site Impression/Differential Dx   Add/Update   tay's Assessments	Hyperlipidemia			272.4	<b>I5</b>				-
Hypogonadism, Male 257.2   Influenza Vaccine V04.81   Insomnia, Other 780.52   Linid Screeninn 780.52   V77 91 Abormal glucose   Add Common Assessment   Diagnosis Code Loskup   Dx description: Benign essential hypertension Code: 401.1 Status: Side: Side: Side: Side: Add/Update Side: Side: Add/Update Side: Sid	Hypertension, NOS			401.9	Description		C	ode	-
Influenza Vaccine V04.81   Insomnia, Other 780.52   Linid Screening V77.91   Addominal glucose Abnormal Labs 790.6  700.7  Abnormal Labs 790.6  Code: 401.1 Status: Side: Site: Add/Updat Side: Site: Add/Updat Status's Assessments Dx (Code), Status, Side, Site Status Side Status Side Site Status Sta	Hypogonadism, Male	6		257.2	A-Fib		42	27.31	
Insomnia, Other 780.52   Linid Screening 790.6   Add Common Assessment   Diagnosis Code Lokup   Dx description: Benign essential hypertension   Code: 401.1   Status: Side:   Side: Site:   Add/Update   Mark diagnosis as chronic LAdd assessment to:   Clinical problems   My tracked problems   My favorites   Add/Update   Bay's Assessments	Influenza Vaccine			V04.81	Abdominal pain		78	39.00	_
Linit Screening V77 91     Add Common Assessment   Diagnosis Code Lokup     Dx description:     Benign essential hypertension   Code:   401.1   Status:    Side:    Side:  Side:    Side:    Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:  Side:     Side:   Side:    Side:    Side:  Side:    Side:    Side:     Side:   Side:    Side:    Side:  Side:    Side:  Side:  Side:	Insomnia, Other			780.52	Abnormal glucose		/5	90.29	
Add Common Assessment   Diagnosis Code Lokup Dx description: Benign essential hypertension Dx description: Benign essential hypertension Differential Dx: Differential Dx: My tracked problems My tracked problems My favorites Add/Updat Dx (Code), Status, Side, Site Dx (Code), Status, Status, Status, S	Linid Screening			V77.91	<ul> <li>Abnormal Labs</li> </ul>		/5	90.6	-
Dx (Code), Status, Side, Site Impression/Differential Dx	Add Common Assessi	ment   Diagnosis Co	ode Lookup						
Benjan escential hypertension (401.1)	Add Common Assessi Dx description: Beni Impression Mark diagnosis as lay's Assessments	ment   Diagnosis Co ign essential hyperte s chronic, Add asse	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status:	es	ide: Site:	Add/U	pdate
	Add Common Assession Dx description: Beni Impression Mark diagnosis as Iay's Assessments Dx (Code) Status	ment   Diagnosis Co ign essential hyperte s chronic, Add asse Side, Site	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status:	es	ide: Site:	(Add/U	pdate
	Add Common Assession Dx description: Beni Impression Mark diagnosis as fay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic, Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	blems My track	e: 401.1 Status: Differential Dx: de problems My favorit	es	ide: Site:	Add/U	pdat
	Add Common Assessi Dx description: Beni Impression: Mark diagnosis as Jay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic, Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	blems My track	e: 401.1 Status: Differential Dx: ed problems My favorit	es	ide: Site:	Add/U	pdat
	Add Common Assessi Dx description: Beni Impression: Mark diagnosis as Jay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic/ Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status: Differential Dx: ed problems  My favorit	es	ide: Site:	Add/U	pdate
	Add Common Assession Dx description: Beni Impression Mark diagnosis as fay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status: Differential Dx: ed problems My favorit	es	ide: Site:	Add/U	pdate
	Add Common Assessi Dx description: Beni Impression Mark diagnosis as Jay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status:	es	ide: Site:	Add/U	pdate
	Add Common Assessi Dx description: Beni Impression Mark diagnosis as fay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 <u>Clinical pro</u>	Cod	e: 401.1 Status: Differential Dx: My favorit	es	ide: Site:	Add/U	pdate
	Add Common Assessi Dx description: Beni Impression ✓ Mark diagnosis as fay's Assessments Dx (Code), Status, S Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 Clinical pro	Cod	e: 401.1 Status:	es	ide: Site:	Add/U	pdate
	Add Common Assessi Dx description: Beni Impression ✓ Mark diagnosis as fay's Assessments Dx (Code), Status, : Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 Clinical pro	Cod	e: 401.1 Status:	es	ide: Site:	Add/U	pdate
	Add Common Assessi Dx description: Beni Impression ✓ Mark diagnosis as fay's Assessments Dx (Code), Status, : Benign essential h	ment   Diagnosis Co ign essential hyperte s chronic   Add asse Side, Site hypertension (401.1)	ssment to: 🔽 Clinical pro	Cod	e: 401.1 Status: Differential Dx: My favorit	es		Add/U	pdate

Achleigh Quagmire (E) DOP: 01/02/1057 (57 years)	Patient History Inbo	ox PAQ Medications EPM Te	mplates Documents Image	) 🛄 🧊 🖼 s Orders Procedures Ap
Uob. 01/02/1937 (57 years)	Weight: 150.20 lb (68.13 Kg) All	ergies: (3) Problems: (4)	Diagnoses: (18) N	ledications: (4) 💽
Address: 123 Toejam Trace MRN: Mobile, AL 36604 Insurance: Contact: (251) 555-1234 (Home) NextMD:	Emergency Emergency Emergency Emergency Emergency Emergency Emergency Emergency	Relation: y Phone: armacy 1: CAFFEYS PHARM	PCP: <b>ATKINS</b> Referring: Rendering: <b>DUFFY</b> ,	ON, TANGELA C ROBERT LAMAR
OBGYN Details     Patient Lipid Clinic Data (	Order Admin   * Sticky Note   * Referr	ing Provider   💠 HIPAA   💠 A	dvance Directives   🔅	Screening Summary
02/20/2014 09:22 AM : "*Histories" ×				I
Specialty Visit Type Visit Type Office Visit		😲 тов	⊘htn ⊘dm	⊘ cad   🏶 -
A Intake Histories SOAF	P Finalize	Checkout		
Demographics   Order Management   Document Library	y Chart Abstraction			
Care Guidelines Global Days History Review		Panel Cont	trol: 🕤 Toggle 🕢	🐔 Cycle J
Problem List				$\odot$
Show chronic Show my tracked problem I Mapping Required	d	-	No active problem	s 🗖 Reviewed
Postmenopausal	01/29/2014 Y N	DUFFY, ROBER	T USA FAMILY	8
I implore you to have complicated the first it will after you've clic yourself. The improve the cost of the change	faith. This p time you see cked through ed diagnosis s es we're living	robably lo it in this l it a couple earch alor through,	oks mo lesson 1 e times ne is wo & will 1	re thai orth nelp

# Expanded Plan Section & My Phrase Usage

You have a wider variety of ways to construct your plans, & more opportunities to use My Phrases for them.

sessment Plan Detail	5						2
Assessments	My Plan	A/P Details	Labs	Diagnostics	Referrals	Office Procedures	Cosign Orders
Today's Assessments: # Description	(Select an assessment a	The tab	former	y known	as Plan	<b>Detail</b> is	n Expanded View 🛈
1 COPD 2 Mixed Hyperlipic 2 Acute bronchitic	demia	now calle	d A/P	Details.	And ins	tead of	
5 Acute bronchitis		having ju diagnosis mix & mo	ist one t 5, now ye atch as e	field to u ou have f desired.	ise for e Four, wh	each ich you c	an
Selected Assessment:	Acute bronchitis				Add	Edit Sort	DX Remove
Impression/Comment	s: Sort By: 💿 Summa	ary O Phrase My Phrases	Manage My Phrases	Differential Diagnos	i <b>is:</b> Sort By: 🖲 Summ	ary C Phrase My Phrases	Manage My Phrases
(Only the first 215 chara	cters will be displayed i	n the Diagnosis Module.)			Priedmonia. Origoniy	tobacco abuse.	
Plan Details				Previou	is Patient Details   Pres	vious Provider Details   & F	dealth Promotion Plan
Patient Details: * Exclu	sort B usions 🙋 My Ph	y: 💿 Summary 🛛 Phras rases   Common Phrases	e   Manage My Phrases	Provider Details:	Sort My F	By: C Summary C Phrases   Common Phrases	ase   Manage My Phrase
I think you're having a thought of as a flare-u you've quit smoking. vaporizer/steamy show needed for cough. Re cough/shortness of bu may return earlier if fe	a minor bout of brond up of your chronic lur Azithromycin 5 day co vers, etc. Guaifenesir echeck if getting high reath, or not resolving eeling better sooner, o	chitis, but this could also b ng disease. It's great that ourse. Acetaminophen, flu n DM (generic over-the-cou /protracted fever, worsenin g in 10-14 days. Work note cough is improving, and te	e <b>()</b> A rest, nter) as ng e for 3 days; mperature has $\checkmark$	Patient reports quitt sure about that. An last year, so I suspec w/ this course of an having her get a CXI	ting smoking, but smell od I see an escalating nu ct the COPD is coming h tibiotics, plan recheck v R after she leaves the of	ed strongly of smoke today umber of Dxs of "bronchitis nome to roost. After we've w/ spirometry at that time. I ffice.	/, so I'm not " etc in the cleared her up I'm also
Today's Orders:			10 <del></del>	, (Provider details will n	ot print on the patient pl	an.)	
							*
(Follow Up) 💠 C	ounseling Details				Q	uick Task Save & C	lose Cancel

A

Assessment Plan Deta	ails		w				×
Assessments	My Plan	A/P Details	Labs	Diagnostics	Referrals	Office Procedures	Cosign Orders
#       Description         1       COPD         2       Mixed Hyperlip         3       Acute bronching	s: (Select an Internet and Inte	oression/ a rewore gnosis re A shingle	Comme ding of ad Vario s.	nts would a diagnos cella zost	d be a g sis. E.G. ter, you	ood place , if the could en	to ter
I Selected Assessment Impression/Comme	Acute bronchitis	ry C Phrase My Phrases	:   Manage My Phrases	Differential Diagnos	Add is: Sort By:  Summ Pneumonia. Ongoing	Edit Sort I ary O Phrase My Phrases a tobacco abuse?	DX Remove   Manage My Phrases
(Only the first 215 cha Plan Details Patient Details I thin thou you'v vapor need coug may r diago Today sortes	can ente uage" di nosis, ro	the Diagnosis Module.) er an "Er fferenti ather the ther coc	nglish al an havin de searc	Previou Previder Details: Patient reports quitt sure about that. An last ear, so I suspec w/ tils course of an having her get a CXF g (Provider details will me h.	us Patient Details   Pre Son My ting smoking, but smel d I see an escalating n ct the COPD is coming l tibiotics, plan recheck y R after she leaves the o tot print on the patient pl	vious Provider Details   + H t By:  Summary  Phrases Phrases   Common Phrases led strongly of smoke today umber of Dxs of "bronchits" nome to roost. After we've o w/ spirometry at that time. I ffice.	lealth Promotion Plan ise   Manage My Phrases ; so I'm not etc in the cleared her up I'm also
(Follow Up) 🔹	Counseling Details					uick Task Save & C	lose Cancel

Sometimes you want to say things to patients differently from what you'd typically put in a visit note. You can do that in this section; these are the details that appear in the **Patient Plan** document that is generated for patients after the visit.

Assessment/Plan Expanded View 🛈 Code Status 496 You can expand on that in "doctor language" here. This appears in your visit note, but not in the Patient Plan.

Referrals

Office Procedures

(Only the first 215 characters will be displayed in the Diagnosis Module.)

Plan Details

C.

Patient Details: \* Exclusion

Sort By: 
Summary 
O Phrase My Phrases | Common Phrases | Manage My Phrases

I think you're having a minor bout of bronchitis, but this could also be thought of as a flare-up of your chronic lung disease. It's great that you've guit smoking. Azithromycin 5 day course. Acetaminophen, fluids, rest, vaporizer/steamy showers, etc. Guaifenesin DM (generic over-the-counter) as needed for cough. Recheck if getting high/protracted fever, worsening bortness of breath or not resolving in 10.14 da

Previous Patient Details | Previous Provider Details 🔄 Health Promotion Plan

Provider Details:

Diagnostics

Sort By; O Summary O Phrase ases | Common Phrases | Manage My Phrases

Patient reports quitting smoking, but smelled strongly of smoke today, so I'm not sure about that. And I see an escalating number of Dxs of "bronchitis" etc in the last year, so I suspect the COPD is coming home to roost. After we've cleared her up w/ this course of antibiotics, plan recheck w/ spirometry at that time. I'm also having her get a CXR after she leaves the office.

Many providers will feel more comfortable having this separation, so that you don't have to worry as much about the patient seeing a confusing or frightening term in the Patient Plan.

ses

Cosign Orders

Assessment Plan Deta	nils						×
Assessments	My Plan	A/P Details	Labs	Diagnostics	Referrals	Office Procedures	Cosign Orders
Today's Assessments	s: (Select an assessment and	d enter the details below.)				Assessment/Plan	Expanded View 🔘
#         Description           1         COPD           2         Mixed Hyperlip           3         Acute bronchit	pidemia tis	Your old will appe both Pat Provider	"Plan" ar on ient [ Deta	My Phra the pickli <b>Details</b> & <b>ils</b> .	ses st for	ode Status 96 72.2 66.0	
J Selected Assessment	: Acute bronchitis				Add	Edit Sort D	X Remove
Impression/Commen	nts: Sort By:	y C Phrase My Phrases   14	anage My Phrases	Differential Diagnosi COPD exacerbation. Previou	s: Sort By:  Summai Pneumonia. Ongoing t s Patient Details   Previ	ous Provider Details   * He	Manage My Phrases
Patient Details: * Ex I think you're having thought of as a flare you've quit smoking vaporizer/steamy sho needed for cough. cough/shortness of may return earlier if	clusions My Phra g a minor bout of bronch e-up of your chronic lung Azithromycin 5 day cou owers, etc. Guaifenesin Recheck if getting high/j breath, or not resolving feeling better sooner, co	ises   Common Phrases   M itis, but this could also be g disease. It's great that urse. Acetaminophen, fluids, r DM (generic over-the-counter) protracted fever, worsening in 10-14 days. Work note for bugh is improving, and temper	est, as 3 days; ature has	Provider Details: Patient reports quitti sure about that. And last year, so I suspect w/ this course of ant having her get a CXR	My Ph My Ph Ing smoking, but smelle d I see an escalating nur t the COPD is coming ho tibiotics, plan recheck w, after she leaves the off	d strongly of smoke today, mass   Common Phrases   d strongly of smoke today, mber of Dxs of "bronchitis" ome to roost. After we've cl / spirometry at that time. I' ice.	Manage My Phrases so I'm not etc in the eared her up m also
Today's Orders:	Counseling Details	Over tim use <b>Mana</b> customiz	e, you <b>ige M</b> e thos	'll probab <b>y Phrase</b> Se two lis	oly want s to fur ts.	to ther ick Task	ose Cancel

# **Medications Module**

While the Medications Module will remain largely familiar to you, there are a few welcome improvements.

## The SIG Builder is generally less cumbersome.

🔂 Pres	scribe I	New in	Print 📗	Send 🥼 Renew	· • • • •	interaction	is 🔸 🎒 Stop 🔸	Resource	es 🔻 Dose Rang	e X Delete	Eligibility	Medication History
terb	inafi	ne 250 i	mg tab	let								
Sig:	take	1	table	et by oral route	1 💼	time eve	ery day Remove	<u>Siq</u> <u>Edit Siq</u>	÷			
Qua	antity:	0	•	Units: Tablet		▼ F	Refills: 0 💌		se As Written		Accept	Cancel
	Start:	01/19	)/2014 💌	Stop: 01/1	9/2014	- Dur	ation: 📃 📕	Prescrib	bed Elsewhere S	ource:		
Comm	ients:	This field Any addi added us	l is for non tional clini sing the 'A	clinical comments ical instructions for Additional Instructio	to the pha this presc ns' segme	amacist. viption sho ent of the S	uld be Sig Builder	PRN Problem: Add	Re 	eason:		•
Pro	vider:	DUFFY,	ROBERT	LAMAR MD								
Loc	ation:	USA Fam	nily Medici	ne			<b>•</b>					
terb Sig:	inafin Sig:	take 1 tab	g tablet	I route every day								
Gui		Character (	count: 38	l I						Clea	ar Sig 📉 Ren	nove Sig from List
Comm		Admin	Quantity	Unit of Measure	Interval	Interval Uni	Additional Text					
Pro Loc Formula Last R		apply chew infuse inhale inject insert instill place spray take wash	1 2 3 4 5 6 7 8 9 10 15	tablet millidrer mutually defined not specified pack packet pint suppository syringe tablespoon tablet ▼	1 2 3 4 5 6 7 8 9 10 15 ▼	day ○ times ⊙ every minute hour moming evening bedtime day week month						
		Show I	Route 🗖	Show Duration	Quantity	as Range	🗐 Interval as Ra	nge 🔲 Durat	tion as Range		Done	e Cancel

# But that still doesn't mean the SIG Builder is your best option. Often it is easier just to type your instructions.

	ing tabl							
iig: 1 dail	y till gone							
Charao	cter count:	17					Clear Sig 🛛 🗙	Remove Sig from
Admin	Quant	Unit of Measure	Interval	Interval Unit	Additional Text			
apply	1	milliliter	1	🔎 times				
infuse	2	million units mutually defined	2	C every				
inhale	4	not specified	4	minute				
insert		pack	5	morning				
instill	- 1	pint	7 -	evening				
place	8	suppository	8	dav.				
take	10	tablespoop	10	week				

Notice that you now get a character count, to help you avoid creating SIGs over 140 characters (which can't be ERx'd).

# Notice another small workflow enhancement: The button that used to toggle between ERx or Fax now just says Send.

🚮 Prescribe I	New 🙀 Print 🙀 Send 🍓 Renew 👻 Interactions 🔹 🍔 Stop 🔹 🌍 Resources 🔹 Dose Range 🛛 🔀 Delete 📓 Eligibility 📑 Medication History 🙀 Reconci
<mark>terbinafi</mark> Sig: 1 daily	ne 250 mg tablet y till gone <u>Remove Sig</u> <u>Edit Sig</u>
Quantity:	28 Units: Tablet Refills: 0 🔽 Dispense As Written Accept Cancel
Start:	▼ 01/17/2014 ▼ Stop: ▼ 02/13/2014 ▼ Duration: 28  □ Prescribed Elsewhere Source:
Comments:	This field is for nonclinical comments to the pharmacist.         Any additional clinical instructions for this prescription should be         added using the 'Additional Instructions' segment of the Sig Builder.
Provider:	DUFFY, ROBERT LAMAR MD
Location:	USA Family Medicine
E Leg dru hou you sel	gend drugs can be ERx'd, but Schedule III, IV, & V ugs can't (with our current technology). They can, wever, be faxed. This used to mean you'd have to select ur controlled substances & fax or print them, then ect your non-controlled substances & ERx them.

Now you can select all of the drugs you need to dispense &
click Send, & the program will fax those that have to be
faxed, while ERx'ing the others. (Schedule II drugs can
only be printed.)

terbinafi Sig: 1 daily	ne 250 mg tablet y till gone <u>Remove Sig</u> <u>Edit Sig</u>	V Resources V Dose Range	CDelete	Eligibility	Redication History	Reconcile
Quantity: Start:	28         ✓         Units:         Tablet         ✓         Refills:         0         ✓           ✓         01/17/2014         Stop:         ✓         02/13/2014         Duration:         28	Dispense As Written		Accept	Cancel	
Comments:	This field is for nonclinical comments to the pharmacist. Any additional clinical instructions for this prescription should be added using the 'Additional Instructions' segment of the Sig Builder.	Problem: Add			•	
Provider:	DUFFY, ROBERT LAMAR MD	1				
Location:	USA Family Medicine					
Not Formulary Dat	te: <u>Add Note</u> ta:					
Last Renewe	ed: Times Renewed: Full History	Dispense	History	Additional F	Prescription Detail	

Another small bonus: If you create a SIG over 140 characters, it can't be ERxd—but it *can* be faxed, so the system should handle this for you as well.

There are also some improvements in pediatric med dosing, including the option to see suggested dosing, or calculate dosing, on a per-kg basis. To do this, either click the visible SIG, or click Add Sig....

Prescribe I <u>amoxicil</u> Sig: <u>Add S</u>	New Print Send Renew • PInteractions • Stop •	🥡 Resources → Dose Range   🔀 Delete	Eligibility Medication History Reconcile
Quantity: Start:	0       Image: Units: Unspecified       Refills: 0         Image: O2/15/2014       Stop: 02/15/2014       Duration:          Image: Distribution of the pharmacist       Duration:        Image: Distribution of the pharmacist	Dispense As Written     Prescribed Elsewhere Source:     PRN     Reason:	Accept Cancel
Comments:	Any additional clinical instructions for this prescription should be added using the 'Additional Instructions' segment of the Sig Builder.	Problem:	
Provider:	DUFFY, ROBERT LAMAR MD		
Location:	USA Family Medicine		
Not	te: Add Note		
Formulary Dat	ta:		
Last Renewe	ed: Times Renewed: Full History	Dispense History	Additional Prescription Detail

### Many of these options are also available when you save Medication Favorites.

## You see a variety of recommended weight-based doses.

Prescribe New	🖗 Print 🙀 Send 🥼 Renew 👻 🖉 Interactions 🔹 🗍 Stop 👻 🕢 Resources 👻 Dose Range	X Delete
Dispensable Sig:	Ca	alculator
Common Sigs	Select "Times per Day" to filter sigs:	
	All Once 2 Times 3 Times 4 Times	
Sigs: 90 days t	to 13 years	
A	moxicillin Suspension 45 mg/kg (not to exceed 1 gram) orally every 12 hours	
A	moxicillin Suspension 6.67 mg/kg orally every 8 hours	
A	moxicillin Suspension 13.3 mg/kg orally every 8 hours	
A	moxicillin Suspension 20 mg/kg orally every 12 hours	
A	moxicillin Suspension 25 mg/kg orally every 12 hours	-
	Done	Cancel

Or, if preferred, you can calculate a dose using weight. Click Calculator.

#### You have numerous options to calculate dosage.

2 0 0 2 0 2			
Base Order :			K
Dose :	90	mg/kg/dz	Reset
Frequency :	2 times per day 💌	mg mg/day	_Clear Al
	-	mcg/day	
Age:	23 months 10 days	mg/kg mg/kg/day	
Weight :	10.886 kg	mcg/kg	
Strength:	400 mg/5 mL	ineg/itg/dby	
	SIG: 6		Max. daily dose not checked -
			able to calculate ironi PDB data.
	Hound +/- units:(	-1/2 • -1/4 • Exact •	+1/4 C +1/2

In this example, we've requested 90 mg/kg/day, divided BID, & allowed it to round off to the nearest  $\frac{1}{4}$  mL.

# Context-Sensitive Patient Education & Provider Decision Support

Wouldn't it be nice if you didn't have to step so far out of your workflow to find patient education material? Or to get advice on how to manage the problem you're looking at in the EHR?

Meaningful Use & Patient-Centered Medical Home initiatives require this type of functionality, & this NextGen update makes strides to serve these needs.

# Here in the **Problems Module** I've highlighted **Osteoarthritis**, then clicked the **Resources dropdown box**.

roblem List Dillin	gicolist							
🕲 Refresh 💿 Pref	erences						Patie	ent Age: 54 years
ICD Code	+ Description	4	Chronic +	Status +	Severity +	Date of Onset ⊽ +	Date Diagnosed 中	Date Resolve
477.9	Allergic Rhinitis			Well Controlled				
- 12/23/201	2 1:55:00 PM							
530.81	GERD							
- 12/22/201	2 12:52:10 PM							
465.9	URI, Acute							
564.00	Constipation, unspecified							
- 12/13/201	2 11:50:13 AM							
462	Pharyngitis, Acute					12/13/2012		
- 12/12/201	2 9:13:23 AM							
477.9	Allergic Rhinitis			Chronic		12/01/1959		
715.09	Osteoarthritis, Generalized							
465.9	URI, Acute							
<li>1</li>								
🔁 Add ICD 🛛 🛃 Re	cur 🛛 🔏 Resolve 🗍 Set Chronic 🗍 🗙 Delete	Deck 20	Interaction	👽 Resources 👻 [ [ 🔂 S	end to Problem List	Reconcile		
Accept	Cancel			Internal Patient E	Education			
				External Patient I	Education			

#### You see similar functionality in the Medications Module.



Additionally, most anywhere in the program where you see a list of meds or diagnoses, you can right-click on an item & access these same resources.
The appearance varies a bit depending upon the context, but in general there are patient education & decision support references available internally (i.e., within NextGen) & externally (typically, via Internet links). And we can configure many of these external links to meet the needs of our practice.



For Patient Education, you'll see a revamped search tool & browser. In this example, I right-clicked on the diagnosis of GERD in the patient's Problem Module, selected Resources Internal Patient Education, & it brought up this list of likely topics.

Patient Education Browser							
rch Criteria Gastroesophageal reflux disease		🝷 🔎 Search	English   Ter	rm   Age: [45 - 64 Years]   Male 👻			
arch Results - Found 6 Documents							
Title V	Categories	Document Type	Source	Cpt Codes	ICD9 Codes	Age	Gender
arrett's Esophagus: After Your Visit	Gastrointestinal	AfterVisit	Healthwise		530.85, 530.81	Adult (19 to 44 years), Early adult (19 to 24 years), Early senior adult (65 to 7	Female, Male
astroesophageal Reflux Disease (GERD): After	Gastrointestinal	AfterVisit	Healthwise		530.81	Adult (19 to 44 years), Early adult (19 to 24 years), Early senior adult (65 to 7	Female, Male
ssen Fundoplication: Before Your Surgery	Gastrointestinal, Pre- and Post-Op	PI-Pre-Op	Healthwise	43280, 43281, 43282, 43325, 43327, 43328, 4	530.81	Adult (19 to 44 years), Early adult (19 to 24 years), Early senior adult (65 to 7	Female, Male
arning About Nissen Fundoplication Surgery	Gastrointestinal	AfterVisit	Healthwise	43280, 43281, 43282, 43325, 43327, 43328, 4	530.81	Adult (19 to 44 years), Early senior adult (65 to 79 years), Later senior adult (8	Female, Male
ophageal Spasm: After Your Visit	Gastrointestinal	AfterVisit	Healthwise		530.0, 530.5, 530.81	Adult (19 to 44 years), Early adult (19 to 24 years), Early senior adult (65 to 7	Female, Male
issen Fundoplication: What to Expect at Home	Gastrointestinal, Pre- and Post-Op	PI-Post-Op	Healthwise	43280, 43281, 43282, 43324, 43325, 43326, 9	530.81	Adult (19 to 44 years), Early adult (19 to 24 years), Early senior adult (65 to 7	Female, Male

Gastroesophageal Reflux Disease (GERD): After Your Visit

Dental and Oral Health

- Dermatology Diabetes and Endocrinology (Ŧ) Ear ÷ Forms and Consents ÷ Gastrointestinal
- ÷ Genetics ÷ Hematology
- ÷. Immunology

Language English

Alleraies Asthma Cardiovascular

- 🗎 Infectious Disease
- a Labs
- Mental Health and Psychology
- > Nephrology
- Ð Neurology
- Nose and Throat ÷
- Nutrition and Exercise ÷ OB/Gyn ÷
- Oncology ÷
- Ophthalmology
- Orthopedics and Rheumatology
- Pain Management
- Pediatrics Pre- and Postnatal Care Pre- and Post-Op

#### Index

#### English | Spanish

#### Gastroesophageal Reflux Disease (GERD): After Your Visit Your Care Instructions

Gastroesophageal reflux disease (GERD) is the backward flow of stomach acid into the esophagus. The esophagus is the tube that leads from your throat to your stomach. A one-way valve prevents the stomach acid from moving up into this tube. When you have GERD, this valve does not close tightly enough.

If you have mild GERD symptoms including heartburn, you may be able to control the problem with antacids or over-the-counter medicine. Changing your diet, losing weight, and making other lifestyle changes can also help reduce symptoms.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### How can you care for yourself at home?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Your doctor may recommend over-the-counter medicine, For mild or occasional indigestion, antacids, such as Tums, Gaviscon, Mylanta. or Maalox, may help. Your doctor also may recommend over-the-counter acid reducers, such as Pepcid AC, Tagamet HB, Zantac 75, or Prilosec. Read and follow all instructions on the label. If you use these medicines often, talk with your doctor.



# Note the options at the top. You can change your search criteria & re-perform the search.



You can also filter results to a specific age range or gender, & you can choose an alternate language for the materials.

### Also, you can now save a copy of the Patient Education materials to the patient's chart; not being able to preserve a copy on the encounter was a major frustration to us in the past.

gestion, antacids, such as Tums, Gaviscon, Mylanta, cers, such as Pepcid AC, Tagamet HB, Zantac 75, or iften, talk with your doctor.

e can make GERD symptoms worse in some people. If your symptoms are worse after you eat a better.

quitting, talk to your doctor about stop-smoking programs and medicines. These can increase

outting the frame on blocks or placing a foam wedge under the head of your mattress. (Adding



## Miscellaneous Notes

Here are a few other things—good & bad that didn't fit in to one of the topics above.



Speciality & Family Practic	LIST IN alphabetical order	
Intake Hist	ories SOAP Finalize Che	ckout
Standing Orders   dult Immuniz	ations   Peds Immunizations   Birth History   Procedures	Order Management Document Library
are Guidelines Global Days	History Review All History Review details are to be reviewed and included in visit note unless user indicates otherwise	Panel Control: 🕤 Toggle 🕢 🔹 Cycle 🕩
blem List 🚯		
Show chronic Show my tracked p	oblem (1) Mapping Required	No active problems
nign essential hypertension drogen deficiency ibetes mellitus type II		
slipidemia	Mapped from KBM Chronic Conditions table on 04 was Hyperlipidemia,272.4, added by Robert L. Duff MD. Onset date 12/02/2013.	/19/2014 by Robert Duffy. The mapped diagnosis code 1 y , with responsible provider ROBERT LAMAR DUFFY
ctile dysfunction		

We now have more control over Visit Type, so that each specialty is not just stuck with whatever NextGen provides. For example, in Family Practice we can now do nursing home or well child visits without awkward workarounds.

05/31/2	014 06:00 PM : "*USA Intake 836" ×			
Spe	cialty v Family Practice Visit Type v	Office Visit		
î î	Intake Histories	SOAP	Finalize	
	lgkbm Udp Visit Types		×	
Car	Visit Type Medical Clearance, Visit Medicare Breventive	)		We also hope to
Gene	No-Show Nurse Visit Nursing Facility, Annual			eventually be able
Reasc	Nursing Facility, Initial Nursing Facility, Subsequent OB Prenatal			lists to remove
Do	OB Prenatal - Initial Office Visit Patient Communication			unneeded entries &
a b c	Physician Supervision (patient not present) Post-Operative / isit Preventive Medicine			speed navigation.
c c d	Preventive Medicine Courseling Preventive Medicine-GYN Tobacco Dessation			
e fe	Refresh	OK	Cancel	
h'				

There are a dozen places in NextGen where vital signs display, but it always seemed like they were different in every spot. We also had problems getting an assortment of vitals to display that were simultaneously easy to read, complete, age-appropriate, & met the requests of numerous users.

Vital Signs

\*

Time	Wt lbs	Ht in	Head circ in	Wt kg	Ht cm	Head circ cm	TempF	TempC	Pulse	Resp	O-sat	BP	Wt%	Ht%	Head%	Comments
8:18 AM	16.30	25.50	16.50	7.394	64.77	41.91	98.5	36.9	94	20	10	69/40	79	77	74	54

We've spent a great deal of time tweaking these displays, so hopefully within age groups you'll see a similar display everywhere. Also, in visit notes for specialties that use the APSO format you'll see an easily-readable vital sign summary near the top of the note, with a more detailed listing of vital signs further down in the body of the note, that will keep less-commonly used measurements from being left out.

## In the past, we have employed a function that allowed us to order more than one test with one click. This came in particularly handy for two tests: Cardiolite Stress Tests & Nerve Conduction Studies.

1 C	Dyslipidemia	6164		Colorectal cancer screet	aning	×	/0.51	Add Econoping Accessment		
C	Deceneration of cervical intervertebral di-	722.4	C					add screening Assessment		
Or	SpGetSimListing			<b>X</b>				-	_	
(W)	Decementaria				medica	ation module t	to check	for potential drug interactions		
bet	Analysis of dual chamber pacemaker system Analysis of single chamber pacemaker system			93731 93734				♦ MRI/MRA Questions		
All	Analyze/reprogram dual chamber pacemaker			93732	nograph	ny 💌		MRI Body/Extremity 💌		
H	Analyze/reprogram single chamber pacemaker			93735	ar Medic	cine 💌		MRA (Vascular MRI) 🔹		
	Cardiovascular stress test, complete			93015				MRI Head/Spine 🔻		
	Depoler color flow velocity mapping (Depoler Cele	-ray Body	_	Ultras	sound Of	BGYN -		Cardiology Studies 👻		
Me	dication	<b>T</b> U 1/0 .:								
flut	icasone 50 mcg/actuation	i Head/Spir	ne		sound va	ascular 🗾		GI Studies		
na:	sal spray, suspension	T Body/Extr	remitie	es 🔻 Ultras	ound Bo	ody 🔻		Other Diagnostic		
Sin	SpGetSimListing			×						
Qty							dinier: Pi	osition: Orientation:	Schedu	le this:
1.1		Lode			, Kea		I		1	
	Needle EMIs 4 evtrmtu w/ or w/o paraspinal	95854	-		mber:			Authorization required:		Place Order
_	Nerve Conduction Velocity Tests	NLV						C Yes C No 💊 Ord	er Module F	rocessing
0.11	Nerve conductn test ea nerve motor w/F-wave	95903						• ora	cr module r	Freed
Dia	Nerve conductn test ea nerve motor w/o F-wave	e 95900								Expand
Sta	tus	чьчни	_	Authorization	Da	ate Completed	Diagnos	is	Code	Comments

Unfortunately, this has been crippled in this update.

Save and Close

Cancel

Dia	We've repor particularly suggest usir	ted this to Ne> sympathetic or g the Other St	ktGen, but tl helpful. As rudies, See C	he r a w Desc	esponse was not orkaround, we ription selection
	on the Othe	r Diagnostic St	udies list.		R62.51
		ervice Item Mstr		×	
	Selected diagnosis: Failure to thrive	Description	Service Item Id		Add Edit Remove
1000	Orders When ordering studies requiring contras	Kidney image w/vasc flow/func, singl w/opharm Needle EMG,1 extrmty,w/ or w/o paraspinal Needle EMG,2 extrmty,w/ or w/o paraspinal	78707 95860 95861	25 /	before selecting the order below.  ↔ M//MRA Questions
	Allergy V EGG	Needle EMG,3 extrmty,w/ or w/o paraspinal Needle EMG,4 extrmty,w/ or w/o paraspinal	95863 95864	e	+ MRI Body/Extremity + MRA (Vascular MRI)

<u></u>	Service Item Mstr		×	
Selected diagnosis: Failure to thrive			Add	Edit Remove
Orders	Description	Service Item Id		
orders	Kidney image w/vasc flow/func, singl w/opharm	/8/0/		
When ordering studies requiring contras	Needle EMG, Lextrmty, w/ or w/o paraspinal	95860	s before selecting the order belo	w. ♦ M/4/MRA Questions
	Needle EMG,2 extrmty,w/ or w/o paraspinal	33861 05000	+ MRI Body/Extremit	i i i i i i i i i i i i i i i i i i i
Allergy	Needle EMG, 3 extrmty, w/ or w/o paraspinal	33863 GEOC4	+ MDA O/accular MDI	
EGG	Nerve conducts test as herve motor w/o E-wave	959004 95900	e + MRA (Vascular MR	
	Nerve conductin test ea nerve sensorii	95904	+ MRI Head/Spine	
	Other Studies, See Description	99999	YN + Cardiology Studi s	
	Puncture/drain peritoneal cavity	49080	Jular + CI Studies	
	Puncture/drain peritoneal cavity, repeat	49081	diar + Grstdules	
	Sigmoidoscopy, diagnostic	45330	y Other Diagnostic S	tudies
Currently pregnant 🕕 🔿 No 🧔 ۱	Spirometry (Breathing Capacity Test)	94010		
Obr. Diagnostic study	Upper GI endoscopy/EGD w/dilation gastric	43245	Addifiant Positions Orig	antation. Timeframe
Qty. Diagnostic study.	Voiding x-ray exam, urethra/bladder, S&I	74455	Houmer, Position, On	intation. intertaine.
1	X-ray exam, colon, air/barium contrast	74280		
Billing Diagnosis: 🔲 Do not add	X-ray exam, colon, barium contrast	74270	n required:	
Eailure to thrive (child)	X-ray exam, urinary tract, retrograde	74420	Processing	
randre to trinve (crind)	X-ray upper GI tract w/o KUB, air contrast	74246	Tes Tes	
				Place Order
Diagnostic Studies Ordered This Vi	Refresh	OK Cance		Fiace Order
Status Order -		zation Date Completed Diag	10515	Code Comments
IT WOULD Dro	Dadiv de dest it	the reterra	is cierks in e	zacn

office were made aware of the necessary CPT codes for these tests, which are typically: CGXT: 93015 & 78452 NCV: 95900, 95903, & 95904 Finally, in the past we have asked that users utilize the Provider Test Action template to comment upon test results. While that still works, we've had an ongoing problem with it, in that the provider often starts documentation on Provider Test Action, while the nurse concludes it on the Telephone Template. This makes it hard to follow the line of conversation, to the detriment of all involved.

HERNIA QUAGMIRE (F) DOB: 01/02/2014 (5 Address: 555 DriveBy Drive MOBILE, AL 36604 Contact: Alerth History Patient	months 7 days) Weight: 17.64 lb (8.00 Kg) MRN: 000900044680 Insurance: Medicaid of Alabama NextMD: No Lipid Clinic Data Order Admin 💠 Sticky Not	Allergies: (1) Problems: (1) Emergency Relation: Emergency Phone: Pharmacy 1: te	Diagnoses: (8) Medications: (0) PCP: DUFFY, ROBERT LAMAR Referring: Rendering: DUFFY, ROBERT LAMAR Advance Directives \$ Creening Summary
06/01/2014 01:26 PM : "USA Phone & Clinic Memory       >>       Specialty ▼ Family Practice       Y       A       Intake       Histories	s 836" × ype v Office Visit SOAP Finalize	⊘ TOB Checkout	© HTN ⊘ DM ⊘ CAD   ♥
Care Guidelines Global Days & Commer	nts (Patient Contact Info) (View Scheduled A Generate document after every entry C	ppointments) (Telephone Call Summa Panel Co Generate Document)	nry) PCP: ROBERT DUFFY
Communication: Clinic Memos / Other Notes Medica	tion Management Test Result Reques	st Forms/Records	۲

Instead, we recommend that everyone just use the Telephone Template; our version of this after the update will be called **USA Phone & Clinic Memos**.

C Refresh )

Remove

Pick the subher Memos / Other any related door	ading of choid <mark>• Notes</mark> . Reg cument will be	ce; when in ardless of e populate	n doubt your ch d in chr	just u ioice, onoloc	se <mark>Clir</mark> the gr gical or	nic Pid & Pider.
HERNIA QUAGMIRE (F) DOB: 01/0 Address: 555 DriveBy Drive MOBILE, AL 36604 Contact: Alerts Birth History 05/01/2014 01:26 PM : "USA Phone 4 C	02/2014 (5 months 7 days) Weig MRN: 00090 Insurance: Medic NextMD: No Patient Lipid Clinic Data Order A	ht: 17.64 lb (8.00 Kg) 00044680 Emerg aid of Alabama Emer dmin   & Sticky Note   & R	Allergies: (1) Probl ency Relation: rgency Phone: Pharmacy 1: teferring Provider   & HI	lems: (1) Diag Rei Ren PAA � Advanc	noses: (8) Mea PCP: DUFFY, Re ferring: dering: DUFFY, Re e Directives   & Sa	dications: (0) OBERT LAMAR OBERT LAMAR treening Summar
Specialty V Family Practice	Visit Type V Office Visit istories SOAP Comments Patient Contact Info	Finalize	Checkout nents) (Telephone Call enerate Document)	⊘ тов ⊘ I Summary) Panel Control:	HTN ØDM PCP: ROBERT DUI Toggle 🕤 🗲	CAD
Communication: Clinic Memos / Other Notes Medical Question Communications: Display: Date Contact Time Comments	Medication Management Referral Request	Test Result Request Billing Question to patient due to inability to co	Forms/Records Outhoing Call Instact Note By Note To	Tasked To	Reason	⊙ ate

## This concludes the NextGen EHR 5.8 KBM 8.3 update demonstration.

## I just got lost in thought. It wasn't familiar territory.

R. Lamar Duffy, M.D. Associate Professor University of South Alabama College of Medicine Department of Family Medicine