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

Clinics using the **NextGen (NextMD) Patient Portal** can now view enrollment status here.
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.

Another nice convenience is always being able to see the patient’s weight, no matter what screen you’re on.
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.

**OBGYN Details** & the ability to update such things as gravidity & parity, can now be accessed here as well.
You can see at least the 1st part of the primary pharmacy's name.

You can also view the Rendering Provider for the encounter without having to right-click the encounter on the History Bar.
You can also view the **PCP**, though you may note that it is blank, or different from the PCP field we used on our older templates.
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.

To update the **PCP**, open the **Patient_Demographic** template, which can now be directly accessed via the **Patient** link.

(You may wish to use the History Bar to review a previous encounter to see the most recently-defined PCP.)
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.

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

<table>
<thead>
<tr>
<th>Medication Allergy</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEET</td>
<td>Heebee Geebies</td>
</tr>
<tr>
<td>CHLORAL HYDRATE</td>
<td>Speaks in tongues</td>
</tr>
<tr>
<td>CLARITHROMYCIN</td>
<td>Nausea</td>
</tr>
</tbody>
</table>

And if you **click** on the **(3)** instead of just **hovering** over it....
...you are taken to the full Allergy Module, where you can make or edit entries.
Similarly, hovering the cursor over the **Medications number** 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 **Medication Module**.
Hovering over the **Problems number** shows you the Chronic Problem List...

...while hovering over the **Diagnoses number** gives you a list of all diagnoses made at previous encounters.

Note, however, there are some new twists in how these lists work, which we’ll discuss later.
Finally, note this little **arrow button**. You can use this to toggle the **Info Bar** from the full view...

...to this condensed view (& back again) to give you a little more screen real estate, as desired.
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.
Now you have several other alternatives to navigate & customize your view. Notice that each section is now a panel, giving you several display options.
Note the Panel Controls at the top.

One Toggle Button lets you expand all panels, as you see here.
The other **Toggle Button** lets you collapse all panels, giving you this appearance.

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.

You could use the **Toggle Buttons** to re-open or re-close all panels.
You can also click on a Panel Heading & drag it up or down, to put the panels in the order you prefer.

For example, let’s say I don’t use Diagnostic Studies often, so I’ll drag that to the bottom, & I also want to see the Social History above the Family History. I’ll click & drag those headings...
Taking things a step further, let’s say I prefer to have the **Problem List & Social History** open, with the other panels closed. I’ll click those individual panel heading **Toggles**...
...leading to this appearance.
Another thing you can do is cycle through the panels, bringing them to the top & expanding them one at a time.

For example, I'll click Cycle Up...
...and now the **Medical/Surgical/Interim** history section is at the top.
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.

This combination of options gives you a lot of opportunities to speed up navigation, as well as customize the screen to your preference. And you don’t have to do anything ahead of time—just rearrange things as you go. You’ll find these options on many templates now.
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.

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.

**Recent Orders**

**Completed**

<table>
<thead>
<tr>
<th>Order</th>
<th>Status</th>
<th>Ordered</th>
<th>Comments</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose blood test</td>
<td>completed</td>
<td>04/19/2014</td>
<td>04/19/2014</td>
<td></td>
</tr>
<tr>
<td>Glucose, quantitative, blood (except reagent strip)</td>
<td>completed</td>
<td>12/02/2013</td>
<td>12/02/2013</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin A1c</td>
<td>completed</td>
<td>12/02/2013</td>
<td>12/02/2013</td>
<td></td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-2)</td>
<td>completed</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-2)</td>
<td>completed</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-2)</td>
<td>completed</td>
<td>12/02/2013</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>Strep test, rapid</td>
<td>completed</td>
<td>04/20/2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pending**

**Clinical Guidelines**

- Detailed document
- Reviewed, updated
- Reviewed, no change

**Last update/detailed doc:** / /
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.

NextGen has acknowledged the problem, which hopefully means they’re working on correcting 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.
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**.

This allows you to see most all information on the chart in the format of your choosing.

You can use the Summary Grid to select elements to view, or you can use the scrollbar to move down...
...and view each aspect of the patient's history in a panel.

And note you can configure the panels to your preference as we just illustrated above.
The tabs you see may vary by specialty & visit type.
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.
Care Guidelines also now gets its own link without being on the Tab Bar. Known by various names in the past, such as “Protocols” or “Recommended Care,” this template has great potential, but has been flawed to the point it has been unusable. We’re hopeful this has been improved, so stay tuned for further details after we’ve had time to review this more closely.
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 13th birthday.)

To make or update entries, click Add.
Likewise, on the Social History popup, you have more direct access to tobacco history, & all the other adult & pediatric social history components.
We still potentially have to deal with a little double-documentation to address both smoking & tobacco use in general, thanks to the structure of the Meaningful Use rules. But at least the two parts work together a little better.
Make note that there are more elements down below what you see on this initial screen, especially the sections that go into tobacco cessation efforts. Also, NextGen made the dubious decision to put the **Save & Close** button at the bottom of this & other similar templates, setting you up to overlook it. Whenever possible, we’ve added a copy of the **Save & Close** button at the top of the template as well, as you see here.
There is another quick way to review a subset of the social history by clicking the **Screening Summary** link on the **Info Bar**.
In particular, this popup lets you document alcohol & tobacco history, which should generally be reviewed at every visit.
But here’s an annoying setback. If you’ve indicated the 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.
To restore this lost functionality, we’ve added a notice that will display for former smokers. (For complete status of other types of tobacco abuse, you’ll need to review the tobacco usage popups.)
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.
Some items, such as obstetrical risk factors, will be on popups instead of directly on templates. Most of the elements of past medical, social, & family history are better shared with the obstetrical histories, while “line items” unique to the ACOG prenatal workflow are preserved. There appears to be an effort to get lab results back to the prenatal templates, though behavior is still spotty; available information suggests this is still a work in progress.

You’ll now see tabs in the same format as the rest of the program, instead of “jumping into” prenatal templates. The “Green Checkbox, Red X” concept that many users found distasteful has been abandoned.
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).

For this example, we’ll type **bronchitis**, then click **Search**.
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.

<table>
<thead>
<tr>
<th>Clinical Description and ICD Code</th>
<th>Billing Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis w/ airway obstruction</td>
<td>OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EXTRAVASATION</td>
</tr>
<tr>
<td>Bronchitis with airway obstruction</td>
<td>OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EXTRAVASATION</td>
</tr>
<tr>
<td>Bronchitis due to chemical fumes</td>
<td>Bronchitis and pneumonitis due to fumes and vap</td>
</tr>
<tr>
<td>Bronchitis due to chemical vapors</td>
<td>Bronchitis and pneumonitis due to fumes and vap</td>
</tr>
<tr>
<td>Bronchitis due to fumes and vapors</td>
<td>Bronchitis and pneumonitis due to fumes and vap</td>
</tr>
<tr>
<td>Bronchitis due to fumes AND/OR vapors</td>
<td>Bronchitis and pneumonitis due to fumes and vap</td>
</tr>
<tr>
<td>Bronchitis and pneumonitis due to fumes and vapors</td>
<td>Bronchitis and pneumonitis due to fumes and vap</td>
</tr>
<tr>
<td>Acute bronchitis w/ obstructive chronic bronchitis</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
<tr>
<td>Acute bronchitis with obstructive chronic bronchitis</td>
<td>Obstructive chronic bronchitis with acute bronchittis</td>
</tr>
<tr>
<td>Obstructive chronic bronchitis w/ acute bronchitis</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
<tr>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
<tr>
<td>Acute bronchitis w/ obstructive CB</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
<tr>
<td>Acute bronchitis with obstructive CB</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
<tr>
<td>Acute bronchitis with obstructive CB</td>
<td>Obstructive chronic bronchitis with acute bronchitis</td>
</tr>
</tbody>
</table>

96 rows returned
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.

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.
Those who have saved Favorite diagnoses in the previous version of NextGen will find that these have been preserved through the update.
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 diagnoses display conveniently in your workflow on the **Add Assessment** popup. You can use the dropdown arrow to select specific folders, & the **Filter** box to narrow down the list.
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.
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.
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, whether they are as serious as diabetes, or more mundane but continuous, like allergic rhinitis.
The Chronic Conditions List has now been replaced by the Problem List. To add to a diagnosis click Add. This is the same as opening the Problems Module.
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 confusing to have a “Problem” List on the “Problems” Module. Sigh.... It is what it is.

Also, on laptops & other computers with small screens you’ll need to scroll up & down, expand/collapse sections, etc, to see everything.
This Problem List is defined via SNOMED codes. Think of these as diagnosis concepts that are useful in a Problem List setting (in contrast to Today’s Diagnoses on each encounter, which are meant to be highly-specific ICD-9 or ICD-10 codes).
You can expand the rows to see details for each diagnosis.

More details for the selected diagnosis are visible below.
To add a new diagnosis to the Problem List, click **Add Problem**.
The diagnosis search window we saw earlier appears. Here I’ve typed “osteoarthritis knee” & clicked Search, revealing these results.

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.
Osteoarthritis of knee now appears on the Problem List.

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.
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.
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.
Anyway, here I’ve noted that Osteoarthritis of knee is Chronic, & added that it is bilateral.

You can also record additional details about the diagnosis. Click View/Add Notes.
In the ensuing popup, click Add Note.

Type your entry, then click OK.
In the future, you could add additional notes, update a note, or delete a note. When done, click Close.
Back on the Problem List, we'll click Accept to complete the entry.
Note that you can also “resolve” a diagnosis, if you no longer consider it an active problem. Select a problem, then click Resolve, then Accept.
Notice you now have both an **Active** & **Resolved** section on the list, which can be expanded or contracted as desired.

When you’re done adding diagnoses, click the X in the upper right corner to close the **Problem Module**. (I'll undo this “resolve” step to proceed with the demonstration.)
Back on the History Tab, Osteoarthritis of knee displays on the Problem List. The Problem Count has increased to 4, & is also reflected on the Info Bar.
If we’re lucky, about 75% of these will convert, or “map” over, automatically. For those, you’ll see something like the **Dyslipidemia** entry here.

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Side</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benign essential hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Androgen deficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td></td>
<td>Mapped from KBM Chronic Conditions table on 04/19/2014 by Robert Duffy. The mapped diagnosis code was Hyperlipidemia,272.4, added by Robert L. Duffy, with responsible provider ROBERT LAMAR DUFFY MD. Onset date 12/02/2013.</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>Bilateral</td>
<td>Both hands, S/P surgery for carpal tunnel &amp; gamekeeper’s thumb. Followed by Workman’s Comp doctors.</td>
</tr>
<tr>
<td>Tarsal tunnel syndrome</td>
<td>Right</td>
<td>Tarsal tunnel syndrome, S/P surgery performed by Workman’s Comp doctors.</td>
</tr>
</tbody>
</table>
The comments are probably a bit awkward & verbose for most people's taste. You can select the diagnosis then click Edit to update that comment, or add a new one, as we saw above. It only displays the last comment, so your shorter note will be the one that displays & gets used in your visit note.

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Side</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td></td>
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<td>Bilateral</td>
<td>Both hands, S/P surgery for carpal tunnel &amp; gamekeeper's thumb. Followed by Workman's Comp doctors.</td>
</tr>
<tr>
<td>Rotator cuff impingement syndrome</td>
<td>Right</td>
<td>Followed by Workman's Comp doctors.</td>
</tr>
</tbody>
</table>
If the system couldn’t automatically map something on the previous **Chronic Condition List**, you’ll see a **Mapping Required** notice. Click on that.

There will be some judgment calls here, so this step would best be done by the provider, preferably the PCP.
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**.

Yes, one would hope something this straightforward would map over automatically; I'm just using it as an example.
Search for the diagnosis & select the one you prefer.
Erectile dysfunction has now moved to the bottom list. Continue through the remaining unmapped diagnoses. Note you can also click Resolve Condition if it is something that you don’t think merits inclusion on the Problem List. Over time some extraneous or outdated entries may have accumulated, so this is a good opportunity to clean them up. When done click Close.
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.
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**.
I implore you to have faith. This probably looks more complicated the first time you see it in this lesson than it will after you’ve clicked through it a couple times yourself. The improved diagnosis search alone is worth the cost of the changes we’re living through, & will help us a great deal when ICD-10 kicks in.
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.
The tab formerly known as Plan Detail is now called A/P Details. And instead of having just one field to use for each diagnosis, now you have four, which you can mix & match as desired.
You can enter an “English language” differential diagnosis, rather than having to go on another code search.

Impression/Comments would be a good place to put a rewording of a diagnosis. E.G., if the diagnosis read Varicella zoster, you could enter AKA shingles.
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.

You can expand on that in “doctor language” here. This appears in your visit note, but not in the Patient Plan.

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.
Your old “Plan” My Phrases will appear on the picklist for both Patient Details & Provider Details.

Over time, you’ll probably want to use Manage My Phrases to further customize those two lists.
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.
But that still doesn’t mean the SIG Builder is your best option. Often it is easier just to type your instructions.

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.

Legend drugs can be ERx'd, but Schedule III, IV, & V drugs can't (with our current technology). They can, however, be faxed. This used to mean you'd have to select your controlled substances & fax or print them, then select 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.)

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....

Many of these options are also available when you save Medication Favorites.
You see a variety of recommended weight-based doses.

Or, if preferred, you can calculate a dose using weight. Click Calculator.
You have numerous options to calculate dosage.

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

(Clinics using the Patient Portal can also send materials that way instead of printing them.)
Miscellaneous Notes

Here are a few other things—good & bad—that didn’t fit in to one of the topics above.
Sometimes it seems like templates open more slowly than they used to; we've actually had problems with this since the EHR update installed March 2014.

Problems like this are multifactorial, & the EHR Team is working on improving program speed. In the meantime, you may find that a new template opens very slowly the first time you open it after the update, but more quickly after that.
You can often click column heading on grids throughout NextGen to sort in an ascending or descending order by that column. For instance, wouldn’t it be nice to have this Problem List in alphabetical order? Unfortunately, this has quit working in several places on the latest update. We believe this is a programming flaw, & have reported it to NextGen.
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.

We also hope to eventually be able to shorten these lists to remove unneeded entries & speed navigation.
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. Unfortunately, this has been crippled in this update.
We've reported this to NextGen, but the response was not particularly sympathetic or helpful. As a workaround, we suggest using the Other Studies, See Description selection on the Other Diagnostic Studies list.

It would probably be best if the referrals clerks in each 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.

Instead, we recommend that everyone just use the Telephone Template; our version of this after the update will be called USA Phone & Clinic Memos.
Pick the subheading of choice; when in doubt just use Clinic Memos / Other Notes. Regardless of your choice, the grid & any related document will be populated in chronological order.

And always remember to click Generate Document after every entry!
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