

# September Release Notes – 09/29/2018

# **Feature Enhancements**

GEHRIMED has made several updates and added new features to meet ONC 2015 Certification requirements.

## Demographics

Edit Patient						0 🛛
Patient Information	Primary Emergency Contact Information	Primary Insurance	Secondary Insurance	Tertiary Insurance		
Patient Perso	onal Information	nt		Additional Ir	Information	
First Na	Ime MARY				SSN	
Middle Na	ime				Reveal SSN	
Last Na	PATIENT			Fac	acility EXAMPLE FACILITY [28704]	•
Previous Na	ime			Smoking Sta	Status Select smoking status	•
Su	ıffix			Smoking S Change	Status e Date	
D	09/11/1946	ŀ	lge: 72	Langu	juage Select a language 🔹	Declined
Gen	der Female			F	Race SEARCH FOR RACE	Declined
Mother's Maio Na	den			Ethn	nicity SEARCH FOR ETHNICITY	Declined
Contact Info	rmation			Ger	ender v	Other Declined
Addr	ress			Se: Orienta	exual viation	Other Declined
City	St	ate	Zip 2870	4 Admit E	Date 09/11/2018	
Phone 12	3-456-7890 N	1obile		Externa	nal ID	
	F	hone		Billing	ng ID	
Email				A	Alias	
Contact	t By			• Birth O	Drder	
					Can	cel Save Patient

GEHRIMED Patient Demographics have been updated with new and revised fields that enable the entry of more accurate patient information. Changes include:

- Addition of the Previous Name, Suffix, Gender Identity, Sexual Orientation, and Birth Order fields
- The Race and Ethnicity fields now function as searches, enabling a user to enter multiple results:



DOB	09/06/1946	Age: 72	Date		
Gender	Female	•	Language	Select a language	Declined
Mothoris			Race	SEARCH FOR RACE	Declined
Maiden Name				White × Irish (White) ×	
Contact Inform	ation				Declined
			Ethnicity	HISPAN	
Address			Gender	Dominican (Hispanic or Latino)	≜ er
			Identity	Ecuadorian (Hispanic or Latino)	lined
-1			Sexual	Gallego ( <b>Hispan</b> ic or Latino)	er
City	State	Zip 28704	Orientation	Guatemalan (Hispanic or Latino)	lined
Phone 123-456	5-7890 Mobile		Admit Data	Hispanic or Latino	
	Phone		Admit Date	Honduran (Hispanic or Latino)	
Email			External ID	La Raza ( <b>Hispan</b> ic or Latino)	
			Dilling ID	Latin American ( <b>Hispan</b> ic or Latino)	
Contact By		*	Billing ID	Mexican ( <b>Hispan</b> ic or Latino)	
			Alias	Mexican American ( <b>Hispan</b> ic or Latino)	)
				Mexican American Indian ( <b>Hispan</b> ic or	Latino)
				Mexicano ( <b>Hispan</b> ic or Latino)	
				Nicaraguan ( <b>Hispan</b> ic or Latino)	
				Not <b>Hispan</b> ic or Latino	
				Panamanian ( <b>Hispan</b> ic or Latino)	
				Paraguayan ( <b>Hispan</b> ic or Latino)	
				Peruvian ( <b>Hispan</b> ic or Latino)	ſm
				Puerto Rican ( <b>Hispan</b> ic or Latino)	0
				Salvadoran ( <b>Hispan</b> ic or Latino)	
				South American (Hispanic or Latino)	1 A A A A A A A A A A A A A A A A A A A
				South American Indian ( <b>Hispan</b> ic or La	itino)
				Spaniard ( <b>Hispan</b> ic or Latino)	Pauent

**NOTE:** The Race and Ethnicity search results are generated by aggregate data collected at the federal level.

#### Labs

Laboratory Order recording functionality in the Patient Details has been updated. Field information has not changed.

#### To add a Lab Order

1. Access the Labs tab of the Labs dropdown:



	F Ins Visi Last V Cont	Patient Facility urance ited By Visited DOB Gender tact By Status	EXAMPLE PATIENT EXAMPLE FACILITY Unknown Example Provider 09/05/1946 F Active			Eff	Floor Room Language Ethnicity Race Age Patient ID Ective Date	Not Hispanic o English (White) 72 2234668 09/06/2018	r Latino		Problem	List Mee Esse 1.9 Diat	dications ential hypoetes	Allergies pertension	•		Unknown 09/12/2018		2 0 0 0 0 0	*
Sele Show	ct smoking status	·	Encounters (1 ur	nsigned,	5 signed, 5	visits Y	-CDA• E	Edit Patient	Emergency	Contact	244 E11. 250.	40 Type 60 unsp	e 2 diab	etes mellitu	is with diabe	tic neuropathy,	09/10/2018		Q 0 0	
	Example Provider DOS: 09/15/2018 #3 EXAMPLE FACILITY	× 8074288	Example Provider DOS: 09/12/2018 EXAMPLE FACILIT	Y	#3074118 99305	Example DOS: 09 EXAMPI	Provider /10/2018 E FACILITY	#307344 9930	Example 1 8 DOS: 06/0 5 EXAMPLE	Pro D1/. FA	<b>T86.</b>	1 Chro	onic reje	ction of re	nal transplar	t	Unknown	•	0 Q	
	Created By: Example Provider	r S <sup>TTI</sup> (	Created By: Exam	ple Provi	der	Created	By: Example I	Provider	Created E	ay: I	\$92.9 825.	09A Uns 20 enco	pecified ounter fo	fracture of or closed fr	unspecified acture	foot, initial	03/01/2018		0 Q	Ŧ
Encoun	er Discharge History Inform	nation Fo	orward													m			Manag	ge
_							A	ctive Triage 💌	Active Note	es 🔻 Qua	lity Measu	ires 🔻 🛛 Sc	heduled \	Visits 👻 🛝	/itals Labs	Assessment	ts Procedures	Attach	ments	•
0	Test Name			¢	Test Number	¢ C	bservation	+ Observa Number	ntion \$	Request Date	ed 💠	Performe Date	ed 🔶	Status ¢	Result Status	Results +	Lab Facility Name			
2	Urinalysis yeast variants pa assisted method	anel - U	Irine by Computer		53263-0	1	23456	1234567		09/06/20	018	Unknown		1		Negative	Example Lab	0	Q X	
	Hemoglobin A1c in Blood				55454-3			6.6		09/13/20	018	Unknown		1		6.6		0	Q ×	
0	Urinalysis yeast variants pa assisted method	anel - U	Irine by Computer		123465					09/25/20	)18	Unknown		1				0	Q X	

2. Select the <sup>O</sup> button to launch a Lab entry:

Patient Labs				0 🛛
Order Information Specimen In	formation			
Request Information				
Search		Performed Date	mm/dd/yyyy	
Test Name 📶		Test Report Date	mm/dd/yyyy	
Test Number 📶		Status 🔟	Active	•
Order Number		Notes		
Requested Date 📶	09/27/2018			
Requested By 📶	Example Provider •			
Lab Results				
Obs. Code Text 🔶	Obs. Code	Units 🗢 Abnormal Flag 🔶 Res. Status	♦ Result ♦ Facility ♦ Addr ♦ Addr2 ♦ 0	City ¢ St ¢
No lab results found.				
				Close Save

3. Order Information and Specimen Information details have remained the same – however, the Lab Results button will be inaccessible when creating a new Lab entry:



Patient Labs				0 🛛
Order Information Specimen In	formation			
Request Information				
Search		Performed Date	09/27/2018	
Test Name 📶	Hemoglobin M [Presence] in Blood	Test Report Date	mm/dd/yyyy	
Test Number 📶	53224-2	Status 🔟	Active	•
Order Number		Notes		
Requested Date 📶	09/27/2018			
Requested By 📶	Example Provider 🔻			
Lab Results				
Obs. Coc = Text 🗢	Obs. Code	Units	¢ Result ¢ Facility ¢ Addr ¢ Addr2 ¢	City \$ St \$
No lab results found.				
				Close Save

4. Click **Save** to complete the Lab entry:

	Patient Facility	EXAMPLE PATIENT		Floor		Proble	m List Medication	Allergies	•				0 🛛	3
	Visited By Last Visited	Example Provider 09/15/2018		Language Ethnicity No	ot Hispanic or Latino		Essential h	pertension			Unknown		0 Q	
	Gender Contact By	r F 7		Race En Age 72 Patient ID 22	glish (White) 34668	★ E 250	Diabetes	.104			09/12/2018		0 Q	
Sele	ct smoking status	: Active		C-CDA+ Edi	t Patient Emergency C	ontact	Hypothyro	idism			Unknown	₽	0 Q	I
Show	List	Encounters (1 unsigned	l, 5 signed, 5 vis	sits YTD)		E11 250	1.40 Type 2 dial 0.60 unspecifie	oetes mellitu:	s with diabetic	neuropathy,	09/10/2018		0 Q	I
÷	Example Provider 28 DOS: 09/15/2018 #307428 EXAMPLE FACILITY	Example Provider BOOS: 09/12/2018 EXAMPLE FACILITY	Ex #3074118 DC 99305 EX	ample Provider OS: 09/10/2018 (AMPLE FACILITY	Example P #3073448 DOS: 06/0 99305 EXAMPLE I		6.11 Chronic rej	ection of ren	al transplant		Unknown		<b>0</b> Q	l
	Created By: Example Provider	Created By: Example Prov	ider Cr	reated By: Example Pr	ovider Created By	r. I	909A Unspecifie 5.20 encounter	d fracture of for closed fra	unspecified foo acture	ot, initial	03/01/2018	l	<b>0</b> Q	
Encount	er Discharge History Information	Forward											Manage	1
_				Acti	ive Triage 🔻 🛛 Active Notes	🔹 🔍 Quality Meas	sures 💌 Scheduled	Visits 🔻 🗸 V	itals Labs 🔻	Assessment	s Procedures	Attachi	ments 💌	
0	Test Name	ŧ	Test Number	Observation	Observation Number $\Rightarrow$	Requested Date $\Rightarrow$	Performed Date	Status ¢	Result Status ‡	Results \$	Lab Facility Name 🔶			]
Ø	Urinalysis yeast variants panel - assisted method	Urine by Computer	53263-0	123456	1234567	09/06/2018	Unknown	1		Negative	Example Lab	0 (	ג <b>x</b>	
8	Hemoglobin A1c in Blood		55454-3		6.6	09/13/2018	Unknown	1		6.6		0	2 ×	
2	Urinalysis yeast variants panel - assisted method	Urine by Computer	123465			09/25/2018	Unknown	1				0 (	λ <b>x</b>	
	Hemoglobin M [Presence] in Blo	ood	53224-2			09/27/2018	09/27/2018	1				0 (	2 ×	

5. To add Lab Results and Performing Organization information, select the *button* associated with an existing Lab entry to display the Lab details:



Patient Labs		0 🗙
Order Information Specimen In	Information	
Request Information		
Search	Performed Date 09/27/2018	
Test Name 📶	Hemoglobin M [Presence] in Blood Test Report Date mm/dd/yyyy	
Test Number 🔟	53224-2 Status 🔟 Active	
Order Number	Notes	
Requested Date 🔟	09/27/2018	
Requested By 🔟	Example Provider	
Lab Results		
Obs. Code Text +	Obs. Code	St ¢
No lab results found.		
		e Save

6. The for Lab Results will be active. Select it launch the Patient Lab Results window:

Patient Lab Results			×
Result Informat	ion	Performing Organization Information	
Observation		Organization	
Observation Number		Address	
Normal Range			
Result Unit		County/Parish	
Abnormal Flag	Select Abnormal Flag	City	
Result Status	Select Result Status	▼ State	
Result Val	ue	Zip	
	¥	Country	
		Close Save	

7. Enter the Lab Results information and select **Save** to add the Lab result:



Patient	ient Labs														<b>?</b> 🗙	
Order I	nformation Specimer	n Information														
Reque	est Information															
	Search						Performed Date 09/27/2018									
	Test Name 📶	Hemoglobin	emoglobin M [Presence] in Blood				Test Report Date m			nm/do	d/уууу					
	Test Number 📶	53224-2	224-2				Status 🔟 Active					T				
	Order Number						Notes									
F	Requested Date 📶	09/27/2018	09/27/2018													
	Requested By 📶	Example Pro	vider			T										
Lab R	esults															
0	Obs. Code Text 🔶	Obs. Code 🗢	Status 🗢	Obs. Date 🗢	Ref # 🜩	Units 🗢	Abnormal Flag	♦ Res. Status ♦	Resul	t ¢	Facility 🗢	Addr 🗢	Addr2 \$	City \$	St	Þ
		123456	1	Unknown		ml	L	F	0.5		Example	1234 Notreal St	Suite 1	Asheville	NC	×
														Clos	se	Save

#### Implantable Device List

GEHRIMED providers may now add Implantable Devices to patients' details, associating devices using the specific Unique Device Identifier to locate exact device information.

The Implantable Devices list is located on the Labs tab of the patient details:

Patient EXAMPLE PATIENT Facility EXAMPLE FACILITY	Floor	Problem List	Medications Allergies -		<b>2</b> ×
Insurance Unknown Visited By Example Provider Last Visited 09/15/2018	Room Language Ethnicity Not Hispanic or Latino	★ E11.9 250.00	Diabetes .104	09/12/2018	
DOB 09/06/1946 Gender F Contact By	Race English (White) Age 72 Patient ID 2234668	E11.40 T 250.60 m	ype 2 diabetes mellitus with diabetic europathy, unspecified <b>.318</b>	09/10/2018	
Select smoking status	Effective Date 09/06/2018 C-CDA Edit Patient Emergency Contact	592.909A U 825.20 e	Inspecified fracture of unspecified foot, initial ncounter for closed fracture	03/01/2018	
Show List Encounters (1 unsigned, 5 signe	d, 5 visits YTD)	★ R53.83 780.79	atigue	09/12/2018	<ul> <li>■</li> <li>●</li> <li>Q</li> </ul>
Example Provider     Example Provider     DOS: 09/15/2018 #3074288     DOS: 09/12/2018     EXAMPLE FACILITY     EXAMPLE FACILITY	Example Provider #3074118 DOS: 09/10/2018 #307344 → 99305 EXAMPLE FACILITY 9930	G44.221 339.12	hronic tension-type headache, intractable	Unknown	
Created By: Example Provider Created By: Example Provide	Jer Created By: Example Provider	R53.81 780.79	Aalaise	09/10/2018	<ul> <li>■</li> <li>●</li> <li>Q</li> </ul>
Encounter Discharge History Information Forward				(	Manage
	Active Triage  Active Notes  Quality Measures	Scheduled \	/isits ▼ Vitals Labs ▼ Assessments Pr	ocedures Attac	hments 🔻
Entered On     Current Facility	Ssue     Disposition		Provider Labs		¢
No triage items found.			Imaging mu		
			Immunizations		
			Implantable Devices		

To add an implantable device:

1. Access the Implantable Device list:



	Patient EXAMPLE PATIENT Facility EXAMPLE FACILITY	Floor	Problem List	Medications Allergies -		8	×
	Insurance Unknown Visited By Example Provider Last Visited 09/15/2018	Room Language Ethnicity Not Hispanic or Latino	★ E11.9 250.00	Diabetes .104	09/12/2018	ĥ	<b>0</b> Q
	DOB 09/06/1946 Gender F Contact By	Race English (White) Age 72 Patient ID 2234668	E11.40 250.60	Type 2 diabetes mellitus with diabetic neuropathy, unspecified 318	09/10/2018	₽	0 Q
Select smoking star	Status Active	Effective Date 09/06/2018 C-CDA Edit Patient Emergency Contact	592.909A 825.20	Unspecified fracture of unspecified foot, initia encounter for closed fracture	03/01/2018		0 Q
Show List	Encounters (1 unsigned, 5 sign	ned, 5 visits YTD)	★ R53.83 780.79	Fatigue	09/12/2018	Ē	0 Q
Example Provider     DOS: 09/15/2018     EXAMPLE FACILIT	r X Example Provider #3074288 DOS: 09/12/2018 TY EXAMPLE FACILITY	Example Provider #3074118 DOS: 09/10/2018 #307344 → 99305 EXAMPLE FACILITY 9930	G44.221 339.12	Chronic tension-type headache, intractable	Unknown		<b>8</b> Q
Created By: Exam	ple Provider Created By: Example Pro	vider Created By: Example Provider	R53.81 780.79	Malaise	09/10/2018	₽	0 Q
Encounter Discharge Hi	story Information Forward					Mar	nage
	Active Tria	age 🔹 🛛 Active Notes 👻 Quality Measures 💌 Sched	duled Visits 🕶 🛛 Vit	tals Implantable Devices  Assessments Pi	rocedures Atta	chmer	nts 🔻
0	Unique Device Identifier			Device Description	Status	\$	
View Details	(01)10884521062856(11)141231(17)1507	07(10)A213B1(21)1234		Polyester suture	Inactive		
View Details	(01)10884521062856(11)141231(17)1507	07(10)A213B1(21)1234		Polyester suture	Active		×

2. Select the <sup>O</sup> button to launch the Add Patient Implantable Device list window:

				Allergies 🔻				
	Insurance Unknown Visited By Example Provider	★ E11.9	Diabetes 610	04				•
	Add Patient Implantable Device				<b>2</b>			0
	Unique Device Identifier			Search				Q
Select smoking statu	Lot Number							
Show List	Serial Number							0
	Expiration Date							0
EXAMPLE FACILITY	Manufactured Date							Q
	Device Identifier							
Encounter Discharge Hist	Device Description							
	Brand Name				ed			5 🔻
0	Version Model Number				ta	tus	¢	
View Details	Company Name				1a			
View Details	MRI Safety Status				ct			×
	Labeled Contains Natural Rubber							
				Cancel	Save			
		 	_		_			

3. Enter the Unique Device Identifier and select **Search** to populate the device details:



					gies 🔻		
			<b>★</b> E11.9	Diabetes 104		09/12/2018	0
	Add Patient Implantable Device				0 🖬	09/10/2018	
	Unique Device Identifier	(01)10884521062856(1)	1)1/1231(17)150707(10)421381	21)1234	Search Again	0371072010	
Select smoking state	Lot Number	A213B1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			03/01/2018	
Show List	Serial Number	1234				09/12/2018	
Example Provider	Expiration Date	2015-07-07					
COS: 09/15/2018 EXAMPLE FACILITY	Manufactured Date	2014-12-31				Unknown	
Created By: Examp	Device Identifier	10884521062856				09/10/2018	
	Device Description	Polvester suture					
Encounter Discharge Hist	Brand Name	Ti-Cron				edures Atta	chments 🔻
	Version Model Number	88863380-82				tatus	-
View Details	Company Name	Covidien LP				active	
View Details	MRI Safety Status	Labeling does not contain N	MRI Safety Information			ctive	×
	Labeled Contains Natural Rubber	false					
	Latex				, 		
					Cancel Save		

**Note:** The only information that the user enters is the Unique Device Identifier. All other information is populated from the FDA's Global Unique Device Identification Database and may not be modified.

4. Select **Save** to record the device to the patient's details

#### To inactivate an Implantable Device:

1. Select the button to launch the Inactivate Implantable Device window:



	Patient Facility	EXAMPLE PATIENT EXAMPLE FACILITY	/ Floor	Problem List	Medications	ergies 💌		8	
				★ E11.9 250.00					0 Q
				E11.40 250.60					0 Q
Select smoking state	Status us v		Effective Date 09/06/2018 C-CDA Edit Patient Emergency Contact	592.909A 825.20					0 Q
Show List			ned, 5 signed, 5 visits YTD)	★ R53.83					0
		Example Pro DOS: 09/12/ EXAMPLE FA Created By:	Inactivate Implantable Device Briefly explain why you are inactivating this implantable device entry).	e: (eg. explant, e	xpired or error	pe headache, intractable			с 0 0
Encounter Discharge Hist	tory Information	Forward	This device was entered in error.		li li	evices * Assessments Pr			Q age nts ▼
•	Unique Devi	ce Identifier		_		ption ÷	Status	¢	
View Details		062856(11)1412		Cancel	Inactivate	re			
View Details			31(17)150707(10)A213B1(21)1234		Polyester sut				×

- 2. Enter the reason for inactivation and click Inactivate
- 3. The device's status changes in the patient details, and the reason for inactivation displays on the device details:

	Patient EXAMPLE PATIENT Facility EXAMPLE FACILITY	Floor	Problem List	Medications Allergies -			<b>2</b> ×
	Insurance Unknown Visited By Example Provider Last Visited 09/15/2018	Room Language Ethnicity Not Hispanic or Latino	★ E11.9 250.00	Diabetes .104	09/12,	/2018	<b>0</b> Q
	DOB 09/06/1946 Gender F Contact By	Race English (White) Age 72 Patient ID 2234668	E11.40 250.60	Type 2 diabetes mellitus with diabe neuropathy, unspecified .318	tic 09/10,	/2018	<b>0</b> Q
Select smoking sta	tus •	C-CDA Edit Patient Emergency Cont	sect \$92.909A 825.20	Unspecified fracture of unspecified encounter for closed fracture	foot, initial 03/01,	/2018	
Show List	Encounters (1 unsigned, 5 sig	ned, 5 visits YTD)	★ R53.83 780.79	Fatigue	09/12	/2018	0 Q
Example Provider DOS: 09/15/2018 EXAMPLE FACILIT	r X Example Provider #3074288 DOS: 09/12/2018 TY EXAMPLE FACILITY	Example Provider #3074118 DOS: 09/10/2018 #307344 99305 EXAMPLE FACILITY 9930	→ G44.221 339.12	Chronic tension-type headache, int	ractable Unk	nown	<b>0</b>
Created By: Exam	ple Provider Created By: Example Pro	ovider Created By: Example Provider	R53.81	Malaise	09/10,	/2018	<b>0</b>
						M	anage
choomer ofscharge m	Active Tr	iage ▼ Active Notes ▼ Quality Measures ▼ S	cheduled Visits 👻 Vi	tals Implantable Devices 👻 Assess	ments Procedures	Attachm	ients 🔻
0	Unique Device Identifier			Device Description	¢ Status	¢	
View Details	(01)10884521062856(11)141231(17)150	707(10)A213B1(21)1234		Polyester suture	Inactive		
View Details	(01)10884521062856(11)141231(17)150	707(10)A213B1(21)1234		Polyester suture	Active		×



		Floor		
	Patient Implantable Device Details			
	Unique Device Identifier	(01)10884521062856(11)141231(17)150707(10)A213B1(21)1234	09/12/2018	
	Lot Number	A213B1	- 0	2
Select smoking status	Serial Number	1234	Unknown	
Show List	Expiration Date	2015-07-07	09/10/2018	
Example Provider	Manufactured Date	2014-12-31		5
EXAMPLE FACILITY     Constant Res Exercise	Device Identifier	10884521062856	C	2
	Device Description	Polyester suture	03/01/2018	
Encounter Discharge Histor	Brand Name	Ti-Cron	Ma	
Concourte Longer Longe	Version Model Number	88863380-82	cedures Attachme	nts 🔻
0	Company Name	Covidien LP	tatus 🔶	
View Details (	MRI Safety Status	Labeling does not contain MRI Safety Information	hactive	
View Details (	Labeled Contains Natural Rubber Latex	false	ctive	×
	Reason for Inactive	This device was inadvertently added to the incorrect patient.		
		Cancel	Save	

## Patient Generated Health Data

Patients may now send health data to GEHRIMED Providers via the GEHRIMED Patient Portal, in the form of attached files and links to files stored online. GEHRIMED providers may then attach that information directly to patients' details.

#### Attachments

1. Access a patient's email in GEHRIMED Messaging:

View Message	2 🗙
Example Representative	
To: La Example Provider	
C::	
Subject: RE: Encounter #3074148	
Attachments: Example Activities.csv*	
Encounters: #3074148	
Patients: EXAMPLE PATIENT	

Attached is my patient generated health data

Close

2. Select the attachment dropdown to display the Save options:



Messages									<b>0</b> 🛛
Inbox		From	\$	Subject	\$	Sent			•
Drafts		Example Representative		Patient Generated Health Data		9/13/2	018 8:02:0	2 AM	
Sent		Example Representative		RE: Encounter #3074148		9/12/2	018 4:17:3	0 PM	
Trash									
Example Repr To: Example Subject: Patien Attachments: Exa Patients: EXA	resentati Provider It Genera xample Activ View	ted Health Data itities.csv			Mark Unread	Reply	Reply All	9/13/2 Forward	018 8:02:02 AM Move to Trash
Attached is my	Downloa Save to P Save Pati	d atient Attachments for patient ent Generated Health Data to	EXAMPLE PAT Patient Attachr	IENT ments for patient EXAMPLE PATIENT					
							Hide Pr	eview	New Message

- 3. Select one of the following:
  - a. Save to Patient Attachments for patient [PATIENT NAME] to save the file as the Attachment Type 'Patient'.
  - b. Save to Patient Generated Health Data to Patient Attachments for patient [PATIENT NAME] to save the file as the Attachment Type 'Patient Generated Health Data'.

	Patient EXAMPLE PATIENT Facility EXAMPLE FACILITY	Floor	Problem List	Medications Allergies -			8	×
	Insurance Unknown Visited By Example Provider Last Visited 09/15/2018	Room Language Ethnicity Not Hispanic or Latino	★ E11.9 250.00	Diabetes .104		9/12/2018	₿	<b>8</b> Q
	DOB 09/06/1946 Gender F Contact By	Race English (White) Age 72 Patient ID 2234668	E11.40 250.60	Type 2 diabetes mellitus with diab neuropathy, unspecified 318	oetic 🗧	9/10/2018	₽	<b>0</b> Q
Select smoking sta	Status Active	Effective Date 09/06/2018 C-CDA Edit Patient Emergency Cont	s92.909A 825.20	Unspecified fracture of unspecifie encounter for closed fracture	d foot, initial 📘	3/01/2018	Ð	<b>0</b> Q
Show List	Encounters (1 unsigned, 5 s	igned, 5 visits YTD)	★ R53.83 780.79	Fatigue		9/12/2018	₽	<b>0</b> Q
Example Provide     DOS: 09/15/201     EXAMPLE FACILI	er X Example Provider 18 #3074288 DOS: 09/12/2018 ITY EXAMPLE FACILITY	Example Provider #3074118 DOS: 09/10/2018 #307344 99305 EXAMPLE FACILITY 9930	→ G44.221 339.12	Chronic tension-type headache, ir	ntractable	Unknown	₽	<b>0</b> Q
Created By: Exa	mple Provider Created By: Example	Provider Created By: Example Provider	R53.81 780.79	Malaise		9/10/2018		<b>0</b> Q
Encounter Discharge H	History Information Forward						Man	nage
	Active	Triage  Active Notes  Quality Measures  S	cheduled Visits 🕶 🛛 Vit	als Implantable Devices - Asses	ssments Proced	ures Atta	chmen	nts 🔻
0	Unique Device Identifier			Device Description	¢ Sta	tus	¢	
View Details	(01)10884521062856(11)141231(17)15	0707(10)A213B1(21)1234		Polyester suture	Ina	tive		
View Details	(01)10884521062856(11)141231(17)15	0707(10)A213B1(21)1234		Polyester suture	Act	ive		×

#### Links

1. Access a patient's email in GEHRIMED Messaging:



Messages			0 🔽
Inbox	From \$	Subject \$	Sent 🗸
Drafts	Example Representative	An example link	9/19/2018 10:04:05 AM
Sent	Example Representative	Patient Generated Health Data	9/13/2018 8:02:02 AM
Trash	Example Representative	RE: Encounter #3074148	9/12/2018 4:17:30 PM
Example Representat	tive		9/19/2018 10:04:05 AM
Subject: An example lin	ak	Mai	rk Unread Reply Reply All Forward Move to Trash
Patients: EXAMPLE PATIEN	π		
The following website links	to my patient generated health data:		
https://example.com/			
Thanks,			
E. Rep			
			Hide Preview New Message
a.	Click the link to launch a n	ew page:	
🔈 Example Domain			- 🗆 X
	<b>Example Dc</b> This domain is establishe may use this domain in e More information	omain ed to be used for illustrative examples in documents. You xamples without prior coordination or asking for permission	

- 2. Copy the link.
- 3. Access the Patient Details select the **Active Note** tab:

GEHF	RIMED	(p)8	16 28.348.288	Biltmoi 88   (f) १	re Ave, Suite 30 328.475.4575	00 Asheville www.gEH	e, NC 28 IRiMed	8801 .con
Patient Facility Insurance Visited By Last Visited DOB Gender Contact By Status	EXAMPLE PATIENT EXAMPLE FACILITY Unknown Example Provider 09/02/12018 09/06/1946 F Active	Floor Room Language Ethnicity Not Hispan Race English (Wh Age 72 Patient ID 2234668 Effective Date 09/06/2018 C-CDA+ Edit Patient	ic or Latino ite) Emergency Contact	Problem List	Medications Allergies  Diabetes  Diabetes  Diabetes mellitus with  neuropathy, unspecified  Dispecified fracture of unspec	diabetic ified foot, initial	09/10/2018 09/10/2018 03/01/2018	
Show List E Example Provider DOS: 09/12/2018 #30741 EXAMPLE FACILITY Created By: Example Provider	ncounters (1 unsigned, 4 signed, 4 Example Provider 18 DOS: 09/10/2018 #3073 EXAMPLE FACILITY 99 Created By: Example Provider	visits YTD) Example Provider DOS: 06/01/2018 EXAMPLE FACILITY Created By: Example Pro	#3074148 99305 9vider	★ R53.83 (780.79) G44.221 339.12 R53.81 (780.79)	Fatigue Chronic tension-type headach Malaise	e, intractable	Unknown Unknown 09/10/2018	
Encounter Discharge History Information	Forward tink to Ty	Active Triage  Active N Active	otes  Quality Measu	rres ▼ Schedu ♦ Start [	ed Visits  Vitals Labs	Assessments Proce	dures Attach	Manage iments 👻
No active notes found.								

4. Select the Obutton to add a new note. Select the note type "Patient Health Information (External Link)":

						Allergies 🔻				
	Insura Visited Last Visi			★ E11.9 250.00						<b>0</b> Q
	Gen Contact		Race English (White)	E11.40	Type 2 diabet	es mellitus wit				0 Q
Colort empli	Sta	Create Patient Note				re of unsp				0
Select smokin		Start Date	09/27/2018							6
Show List		End Date	10/27/2018							
€ DOS: 09/1		Note Type	Patient Health Information (Ext	ornal Link) 1		rpe heada				0 Q
Created By			- adent real monitoring of (Exa	cindi cinky						0
	· < ~	Note	A link to a patient's generated h information	nealth						
Encounter Discharg	e History Informa					nu				
					<i>li</i>	Labs 🔻	Assessments	Procedures Atta	chmer	ts 🔻
0	Note	Link	https://example.com/			r	¢ Start Da	te 🗢 End D	ate	\$
• • ×						le Provide				
© 🕑 🗙					6	ile Provide				
				C	ancel Save					

5. Enter the note information and select **Save** to add the link to the patient's details:

	GEHR	RIMED	м	(#	o)828	16 3.348.288	Biltmo 38   (f)	ore Av 828.4	e, Sι 175.4	iite 3 1575	800 As   www	heville, v.gEHR	NC 2 liMea	288 d.co	01 5m
Select smokin Show List Example Pr DCS: 09/15 EXAMPLE Created By	Patient Facility Insurance Visited By Last Visited DOB Gender Contact By Status g status g status covider v/2018 #30742 ACILITY Example Provider	EXAMPLE PATIENT EXAMPLE FACILITY Unknown Example Provider 09/05/1946 F Active counters (1 unsigned, 5 s Example Provider DGS: 09/12/2018 EXAMPLE FACILITY Created By: Example I	La Pa Effecti c-CDA+ igned, 5 visits V1 #3074118 99305 Provider	Floor Room nguage thnicity Not 1 Race Engl Age 72 tient ID 2234 ev Date 09/04 Edit Patien TD) Example Provic DOS: 03/10/20 Example Provic Created By: Ex	Hispanic or sh (White) 668 5/2018 t Emer 18 LITY Imple Prov	Latino rgency Contact ≇307344 9930 ider	Problem List * E11.9 250.00 E11.40 250.60 \$92.909A 825.20 * R53.83 780.79 G44.221 339.12 R53.81 780.79	Medication Diabetes Type 2 di neuropat Unspecifi encounte Fatigue Chronic t Malaise	ns Alla abetes n hy, unsp ed fractu r for clos ension-t	ergies	ith diabetic 318 specified foc rre lache, intract	t, initial 09 09 09 09 09 09 09 09	12/2018 10/2018 101/2018 112/2018 Jnknown		<b>2</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>9</b> <b>4</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b>
Encounter Discharge	History Information	Forward	Active Tria	ge 🔻 Active	Notes 👻	Quality Measures	▼ Schedul	ed Visits 🔻	Vitals	Labs 👻	Assessmen	ts	es Attac	Mana hment	ge s 🔻
0	Note	\$	Link	¢	Туре			¢	Autho	or	¢ Sta	rt Date 🛛 🖨	End Da	ite	¢
© Z ×	Link to patient's hea	alth information	https://example	a.com/	Patient H	ealth Information	(External Lin	k)	Examp	ole Provid	der 09/	14/2018	10/14/2	2018	

# **Clinical Decision Support**

GEHRIMEDS Clinical Decision Support (CDS) options may now be configured on a user by user basis.

## To Configure CDS for a GEHRIMED user:

1. Access the Manage Users window:

Edit User	rs Geriat	ric Practice Ma	nagement / GP	M Documentat	ion		T		00			
Q Se	Q Search											
		User Name	Last Name	First Name	Phone Number	User Type	Security Level	Status	Last Password Change			
Edit CD	Edit CDS Disable eprovider Provider Example 123-456-7890 Clinician User Last login 09/21/2018 at 11:09 AM 9/11/2018											
					1	Per Page 10	<b>v</b>		Total: 1			
Show (	Show disabled users Create New User											

 Select the CDS button for the user for which you want to configure Clinical Decision Support. The Clinical Decision Support window is displayed:



Edit Users GPM Documentation / GPM Documentation						l	0 Z X	
		Pe	er Page 10				Total: 1	
	Clinical Decision Support	Configuration				3		
	CDS Rule					+		
	CDS: Atrial Fibrillation Pu	lse						
	CDS: Diabetes Diagnosis	From Glucose Testing						
	CDS: Influenza Vaccine a	nd Egg Allergies						
	CDS: Metformin Medicat	CDS: Metformin Medication and BMI						
	CDS: Warfarin Medicatio	n						
	CDS: Yearly Mammogram	15						
					Save Close			

3. Choose the CDS prompts to activate for the user by selecting the associated checkboxes. Select **Save** to commit your changes.

# Transition of Care

New options have been added for Transition of Care, when creating an encounter, that enable your provider to more accurately identify how transition of care occurred:

Patient EX Facility EX	AN AN Create Encounter		0 🖬	0 🗙
Insurance U Visited By Ex Last Visited 00 DOB 00 Gender E	kr nn Patient 102 C	EXAMPLE PATIENT reate New Patient	Advanced Search	09/12/2018 C
Contact By Status Ar Select smoking status	Billing Provider	Provider, Example	More	ncounter 03/01/2018
Show List	Scheduled Visit	None	Create New Visit	09/12/2018
Example Provider DOS: 09/15/2018 #3074288 EXAMPLE FACILITY	Do Visit Type	Select Visit Type		Unknown
Created By: Example Provider	Date of Service	09/27/2018	Today	09/10/2018
Encounter Discharge History Information Forw	Facility	EXAMPLE FACILITY (31)		Manage
	Encounter Template	Follow Up [GPM]		nts Procedures Attachments 🔻
Note       Ink to patient's health in	Transition of Care 🔟	No transition occurred. No transition occurred.	Y	ate         € End Date         \$           10/14/2018         10/14/2018         10/14/2018         10/14/2018
		Transition occurred. Electronic Summary of Care received an Transition occurred. Electronic Summary of Care not incorpo Transition occurred. Electronic Summary of Care not incorpo Transition occurred. Electronic Summary of Care not availabl Transition occurred. Electronic Summary of Care not availabl	d incorporated. rated. Manual reconciliation performed rated. Manual reconciliation not performe e. Manual reconciliation performed. e. Manual reconciliation not performed.	k <del>∂</del> med.
			Cancel Create Encounter	



**NOTE:** You must select a patient for the associated fields to display when selecting a Transition of Care option.

No transition occurred.

No additional action necessary.

Transition occurred. Electronic Summary of Care received and incorporated.

Select this option to associate the reconciled information with the encounter.

Transition of Care	Transition occurred. Electronic Summary of Care received and incorporated.
Reconciliation 🔟	Select Reconciliation
	Select Reconciliation
	DateImported: 09/27/2018 8:55:50 AM by Example Provider DateProcessed: 09/27/2018 4:56:21 AM by Example Provider
	Cancel Create Encounter

Transition occurred. Electronic Summary of Care not incorporated. Manual reconciliation performed.

No additional action necessary.

Transition occurred. Electronic Summary of Care not incorporated. Manual reconciliation not performed.

No additional action necessary.

Transition occurred. Electronic Summary of Care not available. Manual reconciliation not performed.



Providers must select checkboxes to attest that they have requested and searched for a summary of care but have not received or located it.

Transition occurred. Electronic Summary of Care not available. Manual reconciliation not performed.



Dockory/5/2016 #30/4244 EXAMPLE FACILITY Created By: Example Provider      Discharge History Information #      Note      Note      X Link to patient's health	<ul> <li>And And And And And And And And And And</li></ul>	Procedures Attachments   Date   Find Date
	v	
_	Cancel Create Encounter	

Providers must select checkboxes to attest that they have requested and searched for a summary of care but have not received or located it.

## Advanced Search

Providers may now use the Advanced Search to create a scheduled CCDA export based upon Advance Search criteria.

Additionally, the advanced search now includes the "Last Encounter Within" criteria under the "Patient" and "Encounter" categories:

#### Scheduling CCDAs Export

To schedule deliveries in the Advance Search:

1. Access the Advanced Search and choose search criteria to display results:

Searcl	<b>1</b> :	Encounter 🗸	Facility 🗸	is EXAMPLE F	ACILITY -	Add								<b>2</b> ×
Sear F	Search criteria: Facility is <i>EXAMPLE FACILITY</i> X Remove All Search Criteria Print Results Export Results Export CCDAs Schedule CCDAs Export Results: 7													
		Encounter ID	First Name	Middle Name	Last Name	Patient ID	Date of Birth	Date of S	Service	Seen	Ву	Facility	Primary CPT	Patient Status
View	•	3073448 📕	EXAMPLE		PATIENT	2234668	9/6/1946	9/10/201	8	Examp	ole Provider	EXAMPLE FACILITY	99305	Active
View	-	3074118 📕	EXAMPLE		PATIENT	2234668	9/6/1946	9/12/201	8	Examp	ole Provider	EXAMPLE FACILITY	99305	Active
View	•	3074128	EXAMPLE		PATIENT	2234668	9/6/1946	1/1/2018		Examp	ole Provider	EXAMPLE FACILITY	99305	Active
View	•	3074138 📕	EXAMPLE		PATIENT	2234668	9/6/1946	3/1/2018		Examp	ole Provider	EXAMPLE FACILITY	99305	Active
View	•	3074148 📕	EXAMPLE		PATIENT	2234668	9/6/1946	6/1/2018		Examp	ole Provider	EXAMPLE FACILITY	99305	Active
Edit		3074288	EXAMPLE		PATIENT	2234668	9/6/1946	9/15/201	8	Examp	ole Provider	EXAMPLE FACILITY		Active
Edit		3073698	MARY		PATIENT	2235188	9/11/1946	9/11/201	8	Examp	ole Provider	EXAMPLE FACILITY		Active
Per Page 10 Total: 7														
									2					
New	Patie	ent Print												Close

2. Select the Schedule CCDAs Export button to launch the Export CCDAs window:



Search: Patient +	First Name <del>+</del>	Is • Enter a text value	Add			0 ×
Search criteria:		Export CCDAs		0 🖬	Schedule CCD	
Last Encounter V	Nithin 30 days	W3725/2016 A First Name	15 Mary & Burkeline (exclose concentration		Res	ults: 1
	First Name	Delivery Date	Choose either specific delivery date or recurrence type		iince Visit	
Details New Encounter	MARY	Delivery Date	mm/dd/yyyy			
		Recurrence Type	Choose relative delivery time	T		Total: 1
		Please enter a password below	. This password will be used to encrypt the file.			
		Password				
		View CCDA scheduled delive	ries	Save Delivery Close		
New Patient Print						

- 3. Choose a Delivery Date OR a Recurrence Type.
- 4. Enter a password to encrypt the delivered export.
- 5. Select **Save Delivery** to complete the entry.

#### View CCDA scheduled deliveries

Providers can view any active scheduled deliveries by selecting the **View CCDA scheduled deliveries** button on the Export CCDAs window. Upon the selection the Scheduled Deliveries window is displayed:

Scheduled Deliveries				
Delivery	Search Criteria	\$		
Biweekly	Last Encounter Within 30 Days	×		
Weekly	Last Encounter Within 30 Days, First Name Is Mary	×		
09/26/2018	Facility Is EXAMPLE FACILITY	×		
		Close		

You may delete active deliveries by selecting the associated 🗮 button.

~end of document~