Medical Clinic Workflow

7TH 2021 EDITION

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Learn by Doing

using the
ELECTRONIC HEALTH RECORD

MedTrak *Learning*

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edited by David Blaszak

Publications with integrated MedTrak usage include:

Published by ADePT Electronic Solutions, LLC — written by Rick Schanhals

Medical Clinic Workflow • 7th Edition (2021)

Billing and Reimbursement • 6th Edition (2019)

Medical Assisting - Clinical and Administrative • 2nd Edition (2019)

Care Pathways • 5th Edition (2020)

MedTrak eBook Processor (custom curriculum developer) • (2019)

Contents (January 2021)

Contents

Preface
What is this book about?

The goal of this book is to provide the health care student with the experience of using MedTrak's integrated electronic health record and practice management system to understand the medical clinic workflow process from scheduling an appointment through payment collections and refunds. With millions of patient visits processed, MedTrak's internet-based system is proven technology that enables the student to operate their own medical facility.

The student will do every step in the medical clinic workflow process including the clinical staff's use of a point-of-care electronic health record. In the future, medical clinic workflow will include new tools and systems for the clinicians, but the basic workflow will most likely remain the same. The administrative staff will still need to accurately identify the patient for scheduling and registration, the clinical staff will prepare the patient for the physician, the physician will analyze, treat, and advise the patient, the clinical staff will discharge the patient with the proper documentation and aftercare instructions, the administrative staff will complete the patient's medical records, and the billing staff will bill for the services and collect the money. This book addresses all of those steps in detail using MedTrak's fully integrated electronic health record and practice management system.

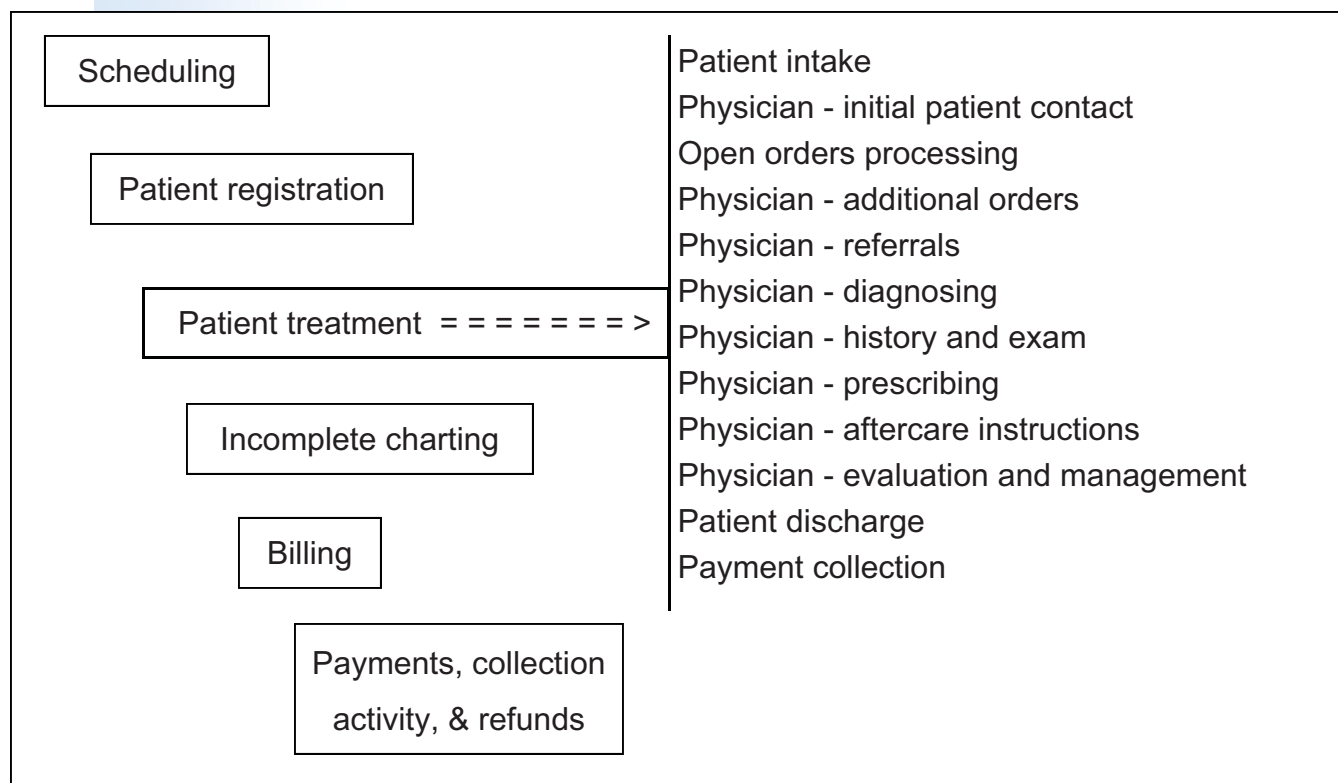Most of us have experienced a health care visit of some type. Our basic perspective is that of a patient. This book gives students the opportunity to experience the health care visit from the perspective of each member of the medical facility, including the physician. The flowchart below illustrates each of the steps described above.

Scheduling	Patient intake
Patient registration	Physician - initial patient contact
	Open orders processing
	Physician - additional orders
Patient treatment = = = = = = = = >	Physician - referrals
	Physician - diagnosing
	Physician - history and exam
Incomplete charting	Physician - prescribing
	Physician - aftercare instructions
Billing	Physician - evaluation and management
	Patient discharge
Payments, collection activity, & refunds	Payment collection

Curricular Features •••••••••••••••••••••••••••••••

Students and instructors alike state that MedTrak's integrated EHR and practice management system is "*easy to learn*", "*easy to use*", and provides a great tool for students to learn "*medical workflow*".

MedTrak is *easy to learn*	**MedTrak is** *easy to use*	**Students learn** *medical workflow*

Estimated Duration

- **Estimated duration** is the amount of time typically needed to complete the chapter.

Learning Outcomes

- **Learning outcomes** are directly related to the content and case studies covered in the chapter and will be demonstrated by the student through their work products and review activities.

Key Concepts

- **Key concepts** identify the major topics covered.

Self assessments

- **Self assessments** provide feedback to the students to correct any errors and grading for the instructors.

Instructor dashboard

- **Instructor dashboard** provides up to the second information regarding students' activity, progress, and grades.

Work Products

- **Work products** provide a way for the student to demonstrate their completion of the chapter.

Review Activities

- **Review activities** enable students to reinforce the material that they learned in each chapter.

Meaningful Use

- **Meaningful Use** connects the student's work with Meaningful Use objectives.

Note to Students •••••••••••••••••••••••••••••••

IMPORTANT

This book and associated MedTrak activities use a building block approach to learning the medical clinic workflow processes. Read carefully and do all of the steps and you will successfully complete the activities and understand the material covered in this book.

Self Assessment Functionality ••••••••••••••••••●

MedTrak provides each student with an assessment functionality to check their work before they turn in their assignments. This **Self Assessment** process compares the student's work to the expected input for each chapter and provides a report of the results of the comparison identifying any errors.

Self Assessment processing

The student activates the **Self Assessment** processing by entering a command on either the Patients screen, the Scheduling screen, the Clinic Status screen, or the Further Review Needed dashboard.

In addition to the identification of any errors made by the student, MedTrak provides a percentage grade for each chapter attempt.

Below is an example of how the student activates the **Self Assessment** for Chapter 3 - **Adding Patients**.

This is only an example.
Do NOT run the Self Assessment for Chapter 3 at this time.

Example of Self Assessment Process ••••••••●

1. **You should be on the Patients screen**

2. **Type SA03 in the Search or any command field**
   (**SA** stands for self assessment and **03** is the chapter #)

3. **Press the *ENTER* key**
   ("**Self Assessment sent to printer/queue…**" appears)

4. **Click the *View Prints* button**
   (The Available User Reports window opens)

5. **Find the Self Assessment report that you just printed**
   (If it does not appear, click the *Refresh* button)

6. **Review the Self Assessment report. If you have errors, fix them and run a new SA03 report.**

7. **You must have a 100% (error-free) report before continuing.**

In this **Self Assessment** example, the student made the following four errors when adding the three patients in Chapter 3 (shown below).

Self Assessment errors

Error correction Information

How To fix errors

```
PAGE - 1                    Self Assessment  -  Medical Clinic Workflow  -  Chapter 3
                                          Roger T Menton  (RTM)


After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT
    1. Start from Main Menu
    2. Click 'Patient Registration'
    3. Type SA03 and press ENTER
    4. Verify that top message says 'Self Assessment sent to printer/queue...'
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Patient: ANDERSON, CHARLES T.
    ERROR #1: Address line 2: ' 1234 S Main St ' should be ' 123 S Main St '
    ERROR #2: City: ' North Muskegone ' should be ' North Muskegon '
    ERROR #3: Zip: ' 49446 ' should be ' 49445 '
    ERROR #4: Marital Status: ' Single ' should be ' Married '

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
** You have 4 errors. **

Chapter 3 --- Attempt #1 score:  93%

    Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Fix errors by using HOW TO instructions and VIDEO links below.

After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT.

Note: You must achieve 100% on this chapter before proceeding to the next chapter.
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
HOW TO: Change Patient data
    Start at Main Menu
    Click 'Patient Registration'
    Search and place cursor next to the correct patient
    Click 'Change Patient' --- or type 'ch' and press ENTER
    Correct the data
        Note: Use correct uppercase and lowercase letters
```

After reviewing this report, the student went back into the patients' demographics and fixed the errors. It actually took two more tries. Then the student ran the **Self Assessment** report again to turn in (shown below).

Self Assessment no errors

Assessment Summary

Percentage grading

```
PAGE - 1                    Self Assessment  -  Medical Clinic Workflow  -  Chapter 3
                                          Roger T Menton  (RTM)


** No errors - OK to proceed. **

Chapter 3 --- Attempt #3 score:  100%

    Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
There is no reset for Chapter 3.
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
                        Assessment Summary

Chapter   Attempt 1   Attempt 2   Attempt 3   Attempt 4   Attempt 5     Average
-------   ---------   ---------   ---------   ---------   ---------     ---------
    3         93%         98%        100%                                 97%

                                            Running Score:      97%
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

*** END OF PRINT              -  Roger T Menton ***
```

ABHES - Accrediting Bureau of Health Education Schools

Competencies included in this book:

7 Basic Keyboarding / Computer Concepts

    a. Perform basic keyboarding skills

    b. Identify and properly utilize office machines, computerized systems and medical software such as:

        2) Apply computer application skills using variety of different electronic programs including both practice management software and EMR software.

8 Medical Office Business Procedures / Management

    a. Perform basic clerical functions

    b. Prepare and maintain medical records

    c. Schedule and manage appointments

    d. Apply concepts for office procedures

    i. Perform billing and collection procedures

    k. Perform accounts receivable procedures

    m. Post adjustments

    n. Process credit balance

    o. Process refunds

    p. Post non-sufficient funds (NSF)

    q. Post collection agency payments

    u. .Prepare and submit insurance claims

    w. Use manual or computerized bookkeeping systems

9   Medical Office Clinical Procedures

a. Obtain chief complaint, recording patient history

c. Take vital signs

g. Maintain medication and immunization records

CAAHEP - Commission on Accreditation of Allied Health Education Programs

Competencies included in this book:

I   Anatomy & Physiology

I.P.1   Measure and record:

    a.   blood pressure

    b.   temperature

    c.   pulse

    d.   respirations

    e.   height

    f.   weight

I.P.9   Assist provider with patient exam

VI   Administrative Functions

VI.P.1   Manage appointment schedules, using established priorities

VI.P.2   Schedule a patient procedure

VI.P.3   Create a patient medical record

VI.P.6   Utilize an EMR

VI.P.7   Input patient data utilizing a practice management system

VI.A.1   Display sensitivity when managing appointments

VII   Basic Practice Finances

VII.P.1   Perform accounts receivable procedures to patient accounts, including posting:

    a.   charges

    b.   payments

    c.   adjustments

VII.P.3   Obtain accurate patient billing information

VII.P.4   Inform patients of their financial obligations for services rendered

VII.A.1   Demonstrate professionalism when discussing a patient billing record

VII.A.2   Display sensitivity when requesting payment for services rendered

VIII Third Party Reimbursement

VIII.P.4   Complete an insurance claim form

IX   Procedural and Diagnostic Coding

IX.P.1   Perform procedural coding

IX.P.2   Perform diagnostic coding

IX.P.3   Utilize medical necessity guidelines

X   Legal Implications

X.P.2   Apply HIPAA rules in regards to:

    a.   privacy

X.P.3   Document patient care accurately in the medical record

Introduction

Medical Clinic Workflow
Revenue Cycle Management
Meaningful Use

1

Learning Outcomes

- A brief understanding of medical workflow systems and their complications
- Knowledge of the categories of medical workflow and their major processes
- Familiarity with MedTrak's rules based methodology for medical workflow
- A brief understanding of what revenue cycle management means
- Knowledge of the basic need for the federal government's Meaningful Use Act
- An understanding of the core and menu objectives included in Meaningful Use
- An understanding of the Quality Payment Program

Key Concepts

- Medical workflow
- Medical processes
- Rules-based methodology
- Revenue cycle management
- Computer assisted coding
- Computerized provider order entry

- Meaningful Use
- Certification for Meaningful Use
- Recovery Act (ARRA)
- Core Objectives for eligible professionals
- Menu Objectives for eligible professionals
- Clinical quality measures

Chapter 1
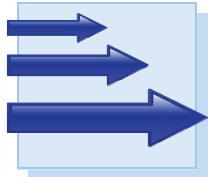
Medical Clinic Workflow
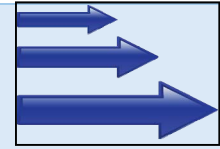
Medical workflow

Integrating the electronic medical record into the practice management system provides the basis for efficient **medical workflow**. When done in a logical and smooth flowing manner, this type of system enables clinicians to better care for their patients while lowering the cost of the patient's treatment. The result is improved patient care by integrating rules-based problem solving with evidence-based medical actions. This reduces patient treatment time, while producing accurate and timely billing.

Medical workflow efficiencies focus on:

- Supporting the collaboration of the medical staff.

- Improving communications both within the medical facility and with outside resources and agencies.

- Reducing or eliminating the paperwork where appropriate.

- Integrating evidence-based actions at every step of treatment while using rules-based problem solving.

Medical processes

Medical processes are like business and manufacturing processes that can be broken down into the detailed steps needed for completion. By performing these detailed medical steps the same way each time, the medical staff is able to diagnose and treat each patient in a consistent, thorough, and efficient manner. Medical workflow systems enable the clinicians to always complete every step in the patient's care without missing anything. It does not matter whether the clinician is experienced or new on the job, using a medical workflow system will help ensure that each patient's care is consistent with the standards set by the medical facility.

Medical workflow systems enable the clinical staff to know:

- What clinical process step (action) the patient needs next

- How long the patient has been waiting for the next step

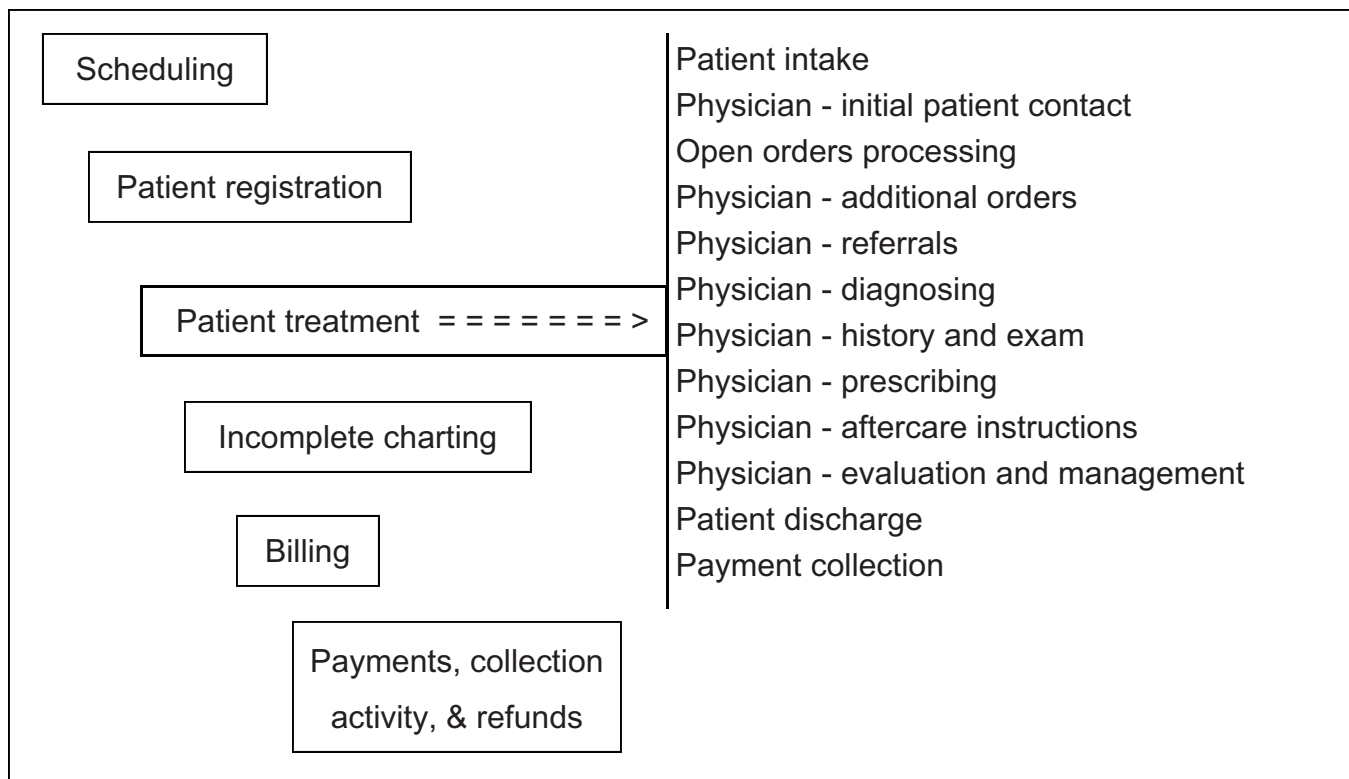- Who is responsible for performing the next step

Medical workflow systems also help to reduce the stress level in a medical facility by providing up-to-the-second patient tracking information for each patient in the medical facility. This information makes it easier for new employees to perform their job with the same consistency and efficiency as the experienced clinicians. This information also makes it easier for physicians and administration to manage the medical facility.

Responsibilities, skills, and medical knowledge in the health care setting clearly separate the medical disciplines into a hierarchical structure:

- The physician has direct responsibility for the patient's care.
- The nursing staff supports the physician by carrying out the physician's orders.
- The front desk personnel schedule, register, and collect payments.
- The administrative staff monitors patient charts and outside communications.
- The billing staff prepares and sends out bills and records payments.

Medical workflow is further complicated by the very nature of the patient's presenting problems. While some medical facilities see predominately one type of presenting problem, others see patients for everything from a drug screen collection, a sports physical, chronic asthma, a broken arm, a laceration of the foot, to a sore throat. Many of these patients are scheduled, but some are walk-ins without an appointment. The medical facility needs to efficiently treat each one of these types of patient encounters without missing a single necessary process. In order to do this, the facility needs to be able track each patient from registration through discharge. This tracking needs to include all physician orders for diagnostics and treatments. Additionally, the clinical staff needs to coordinate their actions to ensure that each step in the patient's care is done efficiently and in the proper order.

Major Categories of Clinical Workflow •••••••••●

Scheduling	Patient intake
	Physician - initial patient contact
Patient registration	Open orders processing
	Physician - additional orders
	Physician - referrals
Patient treatment = = = = = = = = >	Physician - diagnosing
	Physician - history and exam
	Physician - prescribing
Incomplete charting	Physician - aftercare instructions
	Physician - evaluation and management
Billing	Patient discharge
	Payment collection
Payments, collection activity, & refunds	

Chapter 1

Each one of these major categories can be broken down into processes that can be further broken down into the detailed steps that make up the processes.

Scheduling

Scheduling:

- ♦ Add an appointment for a new patient
- ♦ Schedule an appointment for an existing patient
- ♦ Change an appointment's time and/or day
- ♦ Block time for meetings, lunch, etc. on physician's schedule
- ♦ Add a note concerning the patient to an appointment

Patient Registration

Patient registration:

- ♦ Register a patient from the Scheduler
- ♦ Add a patient's demographic information
- ♦ Register a patient using the Patient Registration process
- ♦ Add a new patient
- ♦ Select an existing patient
- ♦ Select a company (if it is an occupational medicine case)
- ♦ Create a new case for the patient
- ♦ Select a patient's payers (for patient responsibility patients)
- ♦ Select the type of patient visit (primary care, orthopedic, rehab, etc.)
- ♦ Select the presenting problems to initiate the problem-focused medical workflow

Electronic Health Record

Patient treatment:

- ♦ Patient intake - answers clinical notes (brief history and vital signs)
- ♦ Physician - initial patient contact and places orders for diagnostics
- ♦ Order processing of open diagnostic orders
- ♦ Physician places orders for treatments (including referrals)
- ♦ Physician selects patient's diagnoses
- ♦ Physician documents patient's history
- ♦ Physician documents patient's physical examination (SOAP notes)
- ♦ Physician orders medications - both dispensed and prescription
- ♦ Physician selects patient's aftercare instructions
- ♦ Physician confirms level of service (evaluation and management)
- ♦ Clinical staff delivers paperwork to patient
- ♦ Administrative staff collects any payments due

Incomplete charting:

- Track patients waiting for physician to finish the history and exam
- Track patients waiting on lab results
- Track patients waiting on imaging results
- Track patients referred to specialists for treatment
- Track surgery authorization requests

Incomplete
charting

Bill for the encounter:

- Review encounters needing additional information
- Edit charges for the encounter
- Post charges to create the invoice
- Send bill electronically or by mail

Billing

Payment posting, collections, and refunds:

- Create payment batches
- Record payments
- Post payments and adjustments to invoices
- Monitor aged accounts receivable
- Record collection activities
- Process refunds

Payment posting,
collections, and
refunds

Rules-based methodology ●●●●●●●●●●●●●●●●●●●●●●●●●●●●

To achieve effective medical workflow, the processes need to be broken down into their individual steps using a **rules-based methodology**. MedTrak's medical rules-based methodology is comprised of a combination of **four basic components**:

Rules-based
methodology

1 Specialized dashboards designed to model medical workflow:

- Clinic status screen
- Incomplete visit screens (pending chart completion)
- Unbilled charges dashboard
- Accounts receivable dashboard
- Referrals dashboard
- Surgeries needing authorization dashboard

2 <u>Screen sequences that automatically step users through data capture:</u>

- ♦ Scheduling appointments
- ♦ Registration processing for private pay (group health) patients
- ♦ Registration processing for workers' compensation and employee health patients
- ♦ Payment processing

3 <u>Functionality attached to clinical objects to complete their characteristics</u>

- ♦ Attaching payers with subscriber information to patients
- ♦ Attaching worker's compensation insurance to companies
- ♦ Attaching initial injury drug screens and physical examinations to companies
- ♦ Attaching company contacts by responsibility to companies
- ♦ Building employee health rules for companies
- ♦ Building specific care rules for a patient
- ♦ Rates assigned by billing codes to specific procedures

4 <u>Orders that trigger sequences of questions to enable evidence-based action:</u>

- ♦ Imaging orders including x-rays, MRIs, and CT scans
- ♦ Laboratory orders including drug screens and blood tests
- ♦ Ancillary orders including hearing tests, eye tests, pulmonary function test
- ♦ Treatments for injuries including surface traumas and orthopedics
- ♦ Treatments for systems including HEENT, cardiology, and dermatology
- ♦ Follow-up treatments including dressing changes and suture removals
- ♦ Medication treatments including injections and vaccinations
- ♦ Referrals to outside specialists
- ♦ Dispense and prescribe medications
- ♦ Administrative orders including form completion and extra services
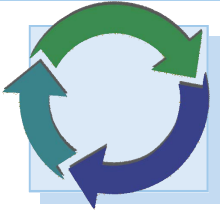
Revenue Cycle Management
Understanding the Revenue Cycle

Revenue cycle management in health care refers to the control of the patient's health care information from the time that they schedule an appointment until their account is paid in full. The health care facility needs to take the necessary steps to be sure that they get paid in a timely manner for the services that they furnish to the patient. Money keeps the health care facility in business. Every phase of the revenue cycle is critical, from scheduling to collecting the final payment.

> Revenue Cycle Management

> Major Steps in the Revenue Cycle

Management of revenue in health care is complicated by the fact that typically the patient does not pay out-of-pocket for services at the time that they are rendered. Services are delivered by a health care provider to the patient, but the bill is usually sent to a third party for payment.

To reduce the length of time for the revenue cycle for each patient, every step in the care and treatment of the patient must be captured at the point-of-care and in real-time. This means that everyone in the medical facility who cares or treats the patient needs to be sure that the information they enter into the patient's health record is accurate and timely. Every member of the health care team has to take responsibility for their part in the revenue cycle to help keep the medical facility financially viable.

Chapter 1

Importance of registration accuracy ⚫⚫⚫⚫⚫⚫⚫⚫⚫⚫

Patient recognition

The first step in the revenue cycle is patient recognition. This means accurately verifying the patient's name and address, phone numbers, and insurance information. If this first step is not done correctly, then the revenue cycle for the patient will be flawed from the beginning and the medical facility might never receive payment for the services rendered to the patient. This means that the scheduler initiates revenue cycle management for each patient and must record the correct billing address, insurance subscriber information, and social security number.

Eligibility verification

Before the visit, eligibility verification is also a best practice that all medical facilities should endeavor to attain. Knowing that a patient's insurance plan will cover the potential health care services that might be rendered eliminates the possibility that the insurance claim will be denied due to an eligibility issue. More than half of denied insurance claims are due to eligibility issues. This not only results in the medical facility not receiving payment for services rendered but also causes the medical facility to spend extra billing personnel time working on the insurance claim denials to get the rejected claims paid.

Importance of billing accuracy ⚫⚫⚫⚫⚫⚫⚫⚫⚫⚫

Computer assisted coding

Automating the charge posting process (**computer assisted coding - CAC**) to eliminate the need to use charge slips is an efficient way to accurately record the charges needed for billing. Using a point-of-care electronic health record (like MedTrak) that drives the charges directly from the clinical activity completely removes the need for a charge slip. For example, if the clinical staff orders an x-ray for the patient, the placing of the x-ray order in the

Computerized provider order entry

computerized provider order entry (CPOE) system automatically creates a charge for the x-ray with the correct CPT code. In like fashion, as the clinical staff records any other clinical activity that is billable, the electronic health record system automatically creates the appropriate charges with accurate CPT codes. This type of processing eliminates the need for manual charge posting. The initial billing activity then becomes one of editing billing information to ensure that the billing data is complete and reasonable.

Another aspect of automated charge posting by the electronic health record is that the charges will exactly match the clinical activity, thus ensuring that the bill is 100% in agreement with the services performed for the patient. Additionally, if the electronic health record is problem-focused then the most likely orders for the presenting problem will appear first for selection by the provider. For example, if the patient presents with a left ankle injury, the x-rays for the left lower extremity display for selection. This helps make the selections of orders by the providers more efficient and accurate to the patient's reasons for being seen at the medical facility.

Using electronic claim submission and electronic remittance payment posting are two more ways to achieve accurate and efficient billing. Automating both of these functions in addition to automatic charge posting saves billing department time that can then be used to follow up on unpaid bills.

You will learn more about automated charge posting using MedTrak's problem focused electronic health record as you complete the case studies in this book.

Charges must match the clinical activity

Electronic submission and remittance

Chapter 1

Chapter 1

Meaningful Use
What is it, and why is it important?

In a nutshell, **Meaningful Use** refers to a set of health care quality measures that physicians need to capture using a certified EHR system. These measures vary by patient volume and type of visit. By using an EHR, physicians will improve each individual patient's care, which will improve the overall health of our nation's population.

Improving Patient Care

There are many economic benefits derived from using an EHR that are dependent on the features of the EHR, but the most significant benefits derived from physicians using an EHR that is certified for *Meaningful Use* are in improving patient care as described on the U.S. Department of Health & Human Services website:

Improving Patient Care
With the help of health IT, health care providers will have:
- Accurate and complete information about a patient's health. That way they can give the best possible care, whether during a routine visit or a medical emergency.
- The ability to better coordinate the care they give. This is especially important if a patient has a serious medical condition.
- A way to securely share information with patients and their family caregivers over the Internet, for patients who opt for this convenience. This means patients and their families can more fully take part in decisions about their health care.
- Information to help doctors diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs.

[Source: http://healthit.hhs.gov]

Improving the Nation's Health

Improving patient care through the use of an EHR will improve our nation's overall health care system, one patient at a time. Shown here is another excerpt from the U.S. Department of Health & Human Services website, related to this goal:

Improving Our Nation's Health Care System
Widespread use of health IT can also:
- Make our health care system more efficient and reduce paperwork for patients and doctors.
- Expand access to affordable care.
- Build a healthier future for our nation.

[Source: http://healthit.hhs.gov]

Why was the Meaningful Use Act necessary? ••••●

Inconsistencies

Ever since multiple electronic health records came on the market many years ago, there have been issues with **inconsistencies** in functionality and data structure in addition to the **inability** of the systems to share their respective data. These issues continued to manifest over the ensuing years as more and more EHR systems were developed. Most EHR systems are "closed-systems", meaning that the data structures and programming code are proprietary to the company who developed them. This information is privately held by the inventors and is considered their "intellectual property". This "closed-system" approach leads to a lack of interoperability between the systems, thus making it difficult if not almost impossible for physicians to share clinical information.

Evolution

Early EHR systems typically **evolved** from a previously existing health care IT system. Some EHR systems were added to the front end of billing systems. Other EHR systems were modified versions of a lab or imaging system. Many of the early EHRs solved only part of the physician's need for a health care information.

Acquisition

Some systems **grew through acquisition** by purchasing other EHR companies that had needed functionality to build out their usability. For example, to add scheduling to their EHR, an EHR company would buy another company that specialized in scheduling systems. These companies then faced the daunting task of integrating disparate database structures and functionality that in many cases duplicated functionality that they already had.

Organic Growth

Some EHR systems (such as MedTrak) **grew organically** over time. Organic growth meant that they continued to add functions and features to their EHR using their own design and programming team. One of the advantages to having the same development team adding and modifying functionality is the consistency of the EHR look and feel. The major disadvantage to this type of development is that it takes a long time. Complicated systems like an EHR need to be built linearly with each part functioning in a similar fashion and connecting to the other parts seamlessly. EHR systems cannot be effectively built with separate teams simultaneously working on separate parts.

What did health care leaders do to fix this? ••••●

Early EHR Hurdles
Quick Review

• **Inconsistencies** in functionality

• **Inconsistencies** in data structure

• **Inability** to share system data

• **Acquisition** breeds disjointed systems

• **Organic growth** requires a long time

After a few years, it became apparent to some health care leaders that a new service was needed. With hundreds of EHR choices on the market, physicians and medical facilities needed help deciding what EHR they should be using. In 2004, a group of volunteer health care leaders formed the non-profit **CCHIT** (Certification Commission for Health Information Technology) to review and certify the functionality of EHR systems. Because CCHIT was the first organization of its kind, they developed the standard definition through a voluntary consensus-based process engaging diverse stakeholders for what an EHR should contain. CCHIT not only certified EHR functionality, but they also rated the usability of an EHR. What does usability mean? Just because an EHR contains certain functionality, like computerized provider order entry (CPOE), does not mean that it is easy to use the CPOE in the medical setting. Experience reveals that the easiest EHR systems to use are the ones that follow medical process workflow.

Over time, physicians came to have many choices for an EHR. For physicians who worked in a health care system controlled by a hospital or group of hospitals, a committee of users would choose the EHR system. If you worked in that health care system, you were obligated to use the chosen EHR system. However, this decision would be difficult because many of the hospital's current health care IT vendors would purport to have the best EHR system. To make things easy, the hospital might choose to stay with their current health care IT vendor and use their EHR. Other hospital systems looked outside their current vendors to seek an EHR. Some systems chose the "**single vendor**" method to reduce the amount of system integration work necessary. Other systems chose the "**best of breed**" method to be sure that every department in the health care system had the very best EHR functionality available for their particular needs. Both of these methods work. There is no one-size-fits-all EHR.

Physicians had been slow to adopt EHR systems for a number of reasons, including:
- **Resistance to change**
- **Cost of implementation**
- **Complexity of the implementation**
- **Concern for confidentiality of the patient's health care information**
- **Physicians view the patient's health care information as proprietary**

Electronic Health Records (EHR) Incentive Programs ••

Many health care and political leaders recognized how important it is for our nation to have improved health care, and they pushed hard for a **legal solution** to increase the adoption rate of EHR's. In 2009, the United States federal government decided to require physicians to use an electronic health record system in order to treat patients whose care is paid by Medicare or Medicaid (HITECH act). The following is taken from the government's website related to *Meaningful Use*:

> " *The American Recovery and Reinvestment Act of 2009 (Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified electronic health record (EHR) technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years.*
>
> [Source: http://healthit.hhs.gov]

The Recovery Act was signed into law on February 17, 2009.

This meant that to get physicians, who treat Medicare or Medicaid patients, to use an electronic health record, **the government would pay the physicians** for some of the cost of doing so. Over a five-year period of time, the government would pay a physician annually for using a system that was certified for *Meaningful Use*. It was the physician's responsibility to use EHR solutions that were certified for *Meaningful Use* in order to receive government money. Physicians would attest that they are using such systems, and then produce the required documentation to prove it.

The government will pay billions of dollars to practices nationwide.

Cash Incentives

Eligible physicians (EP) who met all required objectives could receive as much as **$44,000** over five years from Medicare, or **$63,750** over six years from Medicaid. Hospitals could receive millions of dollars for *Meaningful Use* under both Medicare and Medicaid. 2014 was the last year that an EP could begin to receive incentive payments.

Chapter 1
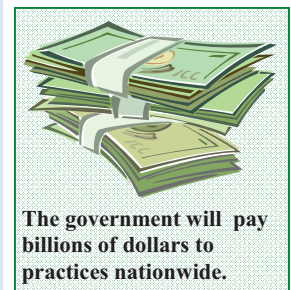
In 2011, the Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage Eligible Professionals (EPs), Eligible Hospitals, and Critical Access Hospitals (CAHs) to adopt, implement, upgrade (AIU), and demonstrate meaningful use of certified EHR technology (CEHRT).

The EHR Incentive Programs consist of three stages:

Stage 1

▶ **Stage 1** set the foundation for the EHR Incentive Programs by establishing requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information.

Stage 2

▶ **Stage 2** expanded upon the Stage 1 criteria with a focus on advancing clinical processes and ensuring that the meaningful use of EHRs supported the aims and priorities of the National Quality Strategy. Stage 2 criteria encouraged the use of certified electronic health record technology (CEHRT) for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.

Stage 3

▶ In October 2015, CMS released a final rule that modified Stage 2 to ease reporting requirements and align with other quality reporting programs. The final rule also established **Stage 3** in 2017 and beyond, which focuses on using CEHRT to improve health outcomes.

[Source: http://cms.gov]

Certified Electronic Health Record Technology · •●

Certified Electronic Health Record Technology (CEHRT)

Certified electronic health record technology (CEHRT) stores data in a structured format that allows providers to retrieve and share patient information. CEHRT assures users that the EHR contains the technology and security to help meet meaningful use standards. Certified systems provide users and patients with the confidence that the EHR is secure, can keep the data confidential, and can share the data with other systems.

To receive a Medicaid incentive payment or to avoid a Medicare payment adjustment, health care providers must use an EHR that is certified specifically for the EHR Incentive Programs.

Information Blocking Attestation - Providers participating in the Medicare and Medicaid EHR Incentive Programs must attest to three statements to demonstrate that they have not knowingly and willfully taken action to limit or restrict the compatibility or interoperability of their CEHRT. Collectively, these statements are referred to as the "prevention of information blocking attestation."

Ambulatory Objectives for Meaningful Use ••••••••••••••●

The Centers for Medicare & Medicaid Services (CMS) established the benchmark for an EHR to be certified for Meaningful Use by measuring their performance across the following core and menu objectives. The core objectives must be included in the CEHRT, while the only some of the menu objectives must be included.

Core Objectives (all are required):

1. Computerized provider order entry
2. ePrescribing
3. Record demographics
4. Record vital signs
5. Record smoking status
6. Clinical decision support
7. Electronic copy of health information
8. Clinical summaries
9. Protect electronic health information
10. Clinical lab test results
11. Generate list of patients
12. Reminders for follow-up care
13. Patient specific education
14. Medication reconciliation
15. Summary care record
16. Data to immunization registries
17. Secure electronic messaging

Menu Objectives (3 required):

1. Syndromic surveillance data
2. Electronic notes
3. Imaging results
4. Family health history
5. Report cancer cases
6. Report specific cases

[Source: https://questions.cms.gov]

In keeping with the workflow nature of this book, the core and menu objectives will be described as they occur in the patient workflow processing. Throughout the course of this book, you will encounter and fulfill some of these objectives; in these cases, examples are provided, illustrating the objectives you completed.

Quality Payment Program •••••••••••••••••••••••••••••••••••

The original monetary incentives for providers and hospitals were designed to get them to use certified electronic health record technology (CEHRT). Those incentives are now over. Now, the CMS incentives for providers and hospitals to provide better health care involve the payments for treatment of Medicare and Medicaid patients.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) provides new tools and resources to help providers give their patients the best possible care. The Quality Payment Program has two tracks for receiving payment for caring for Medicare patients:

> Advanced Alternative Payment Model (APM) or the
> Merit-based Incentive Payment System (MIPS)

The Advanced APM may earn providers an incentive payment. The MIPS program earns providers a performance-based payment adjustment.

A provider qualifies for the Quality Payment Program if he or she is in an Advanced APM or bills more than $30,000 in Medicare Part B allowed charges a year and provides care to more than 100 Medicare patients in a year. The provider must meet both minimums. For the MIPS program, a provider must also be a physician, or a physician's assistant, or a nurse practitioner, or a clinical nurse specialist, or a certified registered nurse anesthetist.

Clinical Quality Measures

The Quality Payment Program uses Clinical Quality Measures (CQM) to determine whether providers and hospitals receive incentive payments for treating Medicare and Medicaid patients. CQMs are tools that measure and track the quality of the health care services. These CQMs help ensure that the health care system is delivering effective and safe patient-centered care in a timely fashion.

CQMs include:

> Patient and family engagement
> Patient safety
> Care coordination
> Population / public health
> Efficient use of health care resources
> Clinical process / effectiveness

CQMs must be reported electronically (eCQM) and adhere to the CMS requirements. Every year the CMS makes updates to the eCQMs to reflect changes in:

> Evidence-based medicine
> Code sets
> Measure logic

Chapter 1 - Review Activities ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

Answer the following questions:

1. Clinical workflow efficiencies focus on which of the following?

    A.   Supporting the collaboration of the clinical staff
    B.   Improving communications
    C.   Automating paperwork
    D.   Fully integrating rules-based problem solving
    E.   All of the above

2. Clinical workflow processes enable the clinical staff to know which of the following?

    A.   The number of seats needed in the patient reception area
    B.   What clinical process step the patient needs next
    C.   Who is responsible for performing the next step
    D.   How long the patient has been waiting for the next step
    E.   All of the above

3. Who has direct responsibility for the patient's care?

    A.   Clinic administrator
    B.   Physician
    C.   Case manager
    D.   Nurse
    E.   All of the above

4. The front desk person's primary responsibilities might include?

    A.   Collecting copayments
    B.   Scheduling patients
    C.   Dispensing medications
    D.   Registering patients
    E.   All of the above

5. Clinical workflow is complicated by the nature of the patient's presenting problems.

    True
    False

6. Which of the following are a part of the health care revenue cycle?

    A. Billing review   E. Payment posting
    B. Copayment collection F. Registration
    C. Collection activity   G. Patient care
    D. Scheduling   H. All of the above

7. **Which of the following processes help increase the efficiency and accuracy of health care billing thus improving the results of the revenue cycle?**

   A.   Electronic claims submission

   B.   Electronic remittance posting

   C.   Point of care clinical processing

   D.   Automated charge posting

   E.   Automated insurance eligibility checking

   F.   Computer assisted coding

   G.   All of the above

8. **Which of the following was NOT an early EHR hurdle?**

   A.   Inconsistencies in functionality / data structure

   B.   Inability to share system data

   C.   Government regulations

   D.   Disjointed or lengthy EHR growth process

9. **The Meaningful Use incentives for adoption of an EHR apply only to medical facilities treating Medicare and Medicaid patients.**

   True
   False

10. **Which of these terms describes the set of Meaningful Use objectives, all of which are required for meaningful use?**

   A.   Core objectives

   B.   Menu objectives

   C.   Ambulatory objectives

   D.   Inpatient objectives

Logging into MedTrak

Learning Outcomes

- ► How to access MedTrak
- ► Using your browser
- ► Important checkpoints

Key Concepts

- ► Application service provider (ASP)
- ► Meaningful Use Objectives:

  Core #9 - Protect electronic health information

Logging into MedTrak

- ► MedTrak is an internet-based, fully integrated EHR (electronic health record) and practice management system that can be accessed anywhere there is an internet connection. While completing the exercises in this book, MedTrak is your **Application Services Provider (ASP)**, thus enabling you to use the same programs and database servers as other students.

- ► You do not need to install any software. Every time that you click a button in MedTrak, your work is saved.

- ► Write down your MedTrak username and password, and keep it somewhere safe. Protecting electronic health information through the use of unique names and passwords is part of Core Objective #9 of Meaningful Use.

- ► Log out of MedTrak by clicking the *Log Off* button.

Browsers and devices ••••••••••••••••••••••••••

Although MedTrak works with most modern browsers, it works best when run in Google Chrome.

Chrome, Internet Explorer, and Mozilla Firefox are recommended.

Not all of MedTrak's functionality may work as designed when using other browsers, such as Internet Explorer, Mozilla Firefox, Safari, and Opera.

Other major browsers will work with MedTrak, but functionality may differ.

The use of mobile devices is discouraged. Traditional computers are recommended, due to efficiency of data entry, cursor precision, and internet connectivity.

Mobile devices can access MedTrak, but it is best to use a computer.

Using your browser with MedTrak ••••••••••••••

When you access your virtual clinic in MedTrak, you should not use your browser buttons for navigation. In order to move from one part of the system to another, you will use MedTrak's internal links and buttons.

Back button *Favorites & Bookmarks* *Refresh button*

Please do not use your browser's navigation functions in MedTrak.

Keys to successful completion of this book •••••

Follow the directions

This book has successfully guided tens of thousands of students in the completion of realistic, hands-on EHR exercises. If you follow the directions carefully, you will complete these exercises with ease.

Complete each step

However, keep in mind that MedTrak uses a building block approach to the exercises in this book. Many of the later exercises are dependent upon successful completion of the exercises that preceded them. Every step is important. Read carefully, and be sure to complete each step in the order presented.

Chapter 2

Important Checkpoints by Chapter •••••••••••••••••●

Chapter 5 - Attaching Payers to a Patient   Be sure to use the patient, Mr. Anderson, that you added in Chapter 3 and attach all three payers in the correct order. Also, be sure that the copayment for Blue Cross / Blue Shield of Michigan is $25.00.

Chapter 6 - Patient Scheduling
Be sure to remember that appointments can only be added to a staff member.

Chapter 7 - Patient Registration
Be sure to select **..Patient Responsibility** on the Company: Select screen.
Be sure to select a left ankle muscles, joints, and bones presenting problem.

Chapter 10 - Physician - Initial Contact   Be sure to order a three-view left ankle x-ray and an instant ice pack.

Chapter 11 - Open Orders Processing
Be sure to say yes that an x-ray overread is needed.

Chapter 20 - Patient Discharge
Be sure to select a medium lace-up left ankle brace.
Be sure that the Visit Charges total $454.50.

Chapter 22 - Pending - Results
Be sure to watch for several steps where the Reviewed By question should not be answered at that time.

Chapter 25 - Printing Bills
Be sure to write down your invoice number.

Chapter 27 - Accounts Receivable
Be sure to only balance bill the Blue Cross / Blue Shield of Michigan invoice once.

Appendix - Additional Case Studies
Be sure to read each case study carefully. You will be required to create some of your own data in order to complete each case study.

Chapter 2

Meaningful Use—Core Objective #9
Protect Electronic Health Information

Access Control

Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.

You did this!

You signed into MedTrak using a unique sign-on that MedTrak then tracked and recorded during your clinical processing. Your access level was set to be that of a physician with global password authority, thus giving you access to all functionality in MedTrak.

Why is this needed?

To properly secure health care information, EHR's need to be set up with access control and authority level processing.

IMPORTANT

Providing your password to another person, thus enabling access to medical records under your name, is a violation of HIPAA and could result in your dismissal from your health care job and significant fines to your employer.

Adding Patients

Estimated Duration
45 Minutes

Learning Outcomes

▸ How to add a new patient to the patient database in MedTrak

Key Concepts

▸ Audit log
▸ Meaningful Use Objectives:

Core #3 - Record demographics

Core #6 - Clinical decision support

Core #9 - Protect electronic health
information

Adding a Patient ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

After logging into MedTrak, the MedTrak Main Menu appears (shown below).

Patient Registration button →

To add a patient to the patient database, the administrative assistant clicks the *Patient Registration* button. The Patients screen (shown below) appears.

Add Patient button →
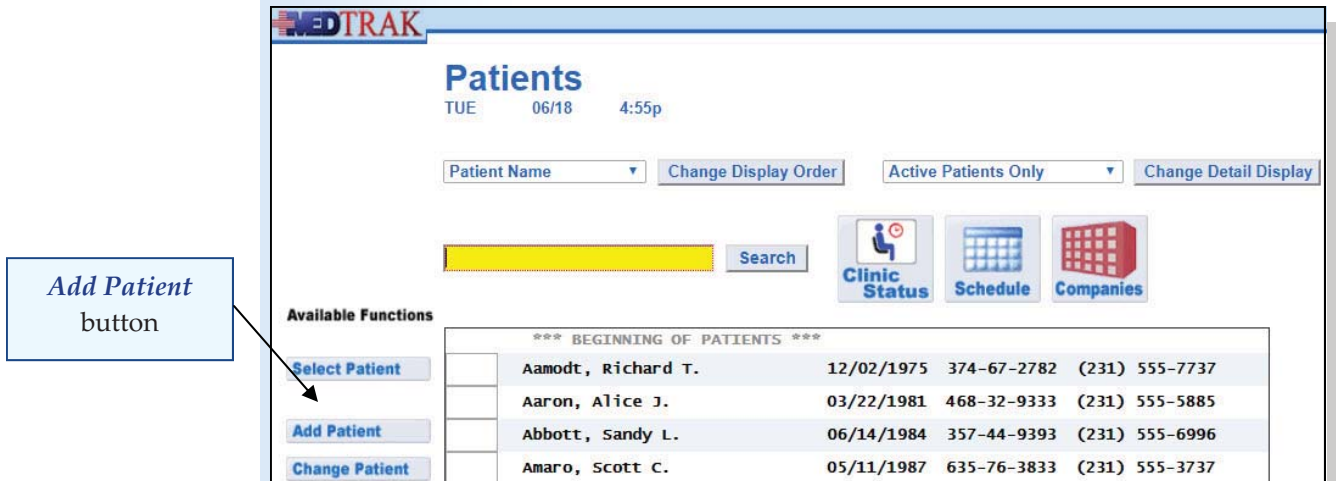
This screen type is called a list processor. List processor screens in MedTrak present the contents of a database of records. In this case, the Patients list processor presents the database of patients.

For this example, the administrative assistant is going to add Charles T. Anderson to the patient database using the information found on Mr. Anderson's patient registration form located at the end of this chapter.

To add a new patient to the patient database, the administrative assistant clicks the *Add Patient* button. The next screen to appear is the <u>Patient: Add by SSN</u> screen.

After entering Mr. Anderson's social number **255-65-6376** (shown on the right), the administrative assistant clicks the *Submit* button.

Some patients will not provide their social security number, and some patients do not have one. If the social security number is unavailable, the administrative assistant enters **999-99-9999** in this field.

Mr. Anderson's social security number

The next screen to appear is the <u>Patient: Add</u> demographic screen (shown below). If the social security number is already in the patient database, the patient's demographic information is shown for review. Otherwise, only the social security number is pre-populated. In this example, Mr. Anderson is not in the patient database so only his social security number is on the screen.

Social security number pre-populated

Chapter 3

On the <u>Patient: Add</u> demographics screen, red asterisks appear next to the fields that are required. If a required field is not completed, a message appears in **red** below the date and time at the top of the screen and the cursor is placed next to the field that needs information.

Required fields on the screen include the ones for recording demographics which complies with Core Objective #3 of **Meaningful Use**:

> | Required fields for Meaningful Use |
> | --- |

- Date of birth (Birthdate on the MedTrak screen)
- Gender
- Preferred language
- Race
- Ethnicity

The administrative assistant types the information from Mr. Anderson's patient registration form on the <u>Patient: Add</u> screen (shown below) using appropriate punctuation and capitalization. For example, when entering a street name, the administrative assistant enters "258 West Olive Street" instead of "258 west olive street" or "258 WEST OLIVE STREET."

> | Mr. Anderson's demographic information |
> | --- |

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When finished, the administrative assistant clicks the *Submit* button. The next screen to appear is the Company: Select screen (shown below).

No company selection at this time

If simply adding a new patient, company selection is not necessary. The administrative assistant clicks the *Exit Screen* button to return to the Patients screen (shown below). Mr. Anderson's name now appears in the list.

Mr. Anderson is now in the patient database

Chapter 3

Remember, this book uses a building block approach. All of these steps must be completed carefully, and in the correct order. Please read carefully and complete every step in the correct order.

IMPORTANT

1. **Sign into MedTrak**
   (You should be on the MedTrak Main Menu)

2. **Click the *Patient Registration* button**
   (You should be on the Patients screen)

3. **Click the *Add Patient* button**
   (You should be on the Patient: Add by SSN screen)

Do These Steps
<==== 3.01

Do These Steps
3.02 ====>

1. Type **255 65 6376** in the SSN fields

2. Click the *Submit* button
   (You should be on the <u>Patient; Add</u> screen)

3. Enter **Charles T. Anderson's** patient demographic data
   (His registration form is at the end of this chapter)

4. Review his demographic data

5. Click the *Submit* button
   (You should be on the <u>Company: Select</u> screen)

6. Click the *Exit Screen* button
   (You should be back on the <u>Patients</u> screen)
   (Mr. Anderson is now in your patient database)

7. Add **Paula M. Carrey** to the patient database using the same steps as you did for Mr. Anderson
   (Her social security number is **354 23 5310**)
   (Her registration form is at the end of this chapter)

8. Add **Frank P. Ellis** to the patient database using the same steps as you did for Mr. Anderson and Ms. Carrey
   (His social security number is **915 66 8043**)
   (His registration form is at the end of this chapter)

Self Assessment •••●

Do These Steps
3.03 ====>

1. You should be on the <u>Patients</u> screen

2. Type **SA03** in the Search or any command field
   (**SA** stands for self assessment and **03** is the chapter #)

3. Press the *ENTER* key
   ("Self Assessment sent to printer/queue…" appears)

4. Click the *View Prints* button
   (The <u>Available User Reports</u> window opens)

5. Find the **Self Assessment** report that you just printed
   (If it does not appear, click the *Refresh* button)

6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA03** report.

7. You must have a 100% (error-free) report before continuing.

Patient Log ●●●

MedTrak records all user actions related to any additions, corrections, and deletions of the patient's demographic information in a <u>Patient Log</u>. This patient demographics **audit log** enables users to review who made what changes to the patient's demographics, what changes were made, and when they were made. Recording this health care data in an audit log is part of Core Objective #9 of Meaningful Use.

Audit log

To view the <u>Patient Log</u> for the first patient added, Mr. Anderson, the administrative assistant accesses the patient database by clicking the *Patient Registration* button on the <u>MedTrak Main Menu</u>.

On the <u>Patients</u> screen (shown below), the administrative assistant places the cursor in the command field next to Mr. Anderson and clicks the *More Functions* button.

Cursor next to Anderson

More Functions... button

The next screen to appear is the <u>Command Help</u> screen (shown on the next page) for the <u>Patients</u> screen.

Commonly used functionality is available using the buttons on the left side of the screen. All functionality for the MedTrak screen that you are on is available by clicking the *More Functions...* button. The <u>Patient Log</u> functionality is not commonly used, therefore it does not have a button.

Chapter 3

Audit log
command "**log**"

On the <u>Command Help</u> screen for the <u>Patients</u> screen, the administrative assistant selects the *Log* command either by clicking the checkbox next to it or by clicking the *Log* command itself (it is a web link button).

The <u>Patient Log</u> for Mr. Anderson appears (shown below). This screen displays the audit log record for the addition of Mr. Anderson's patient record.
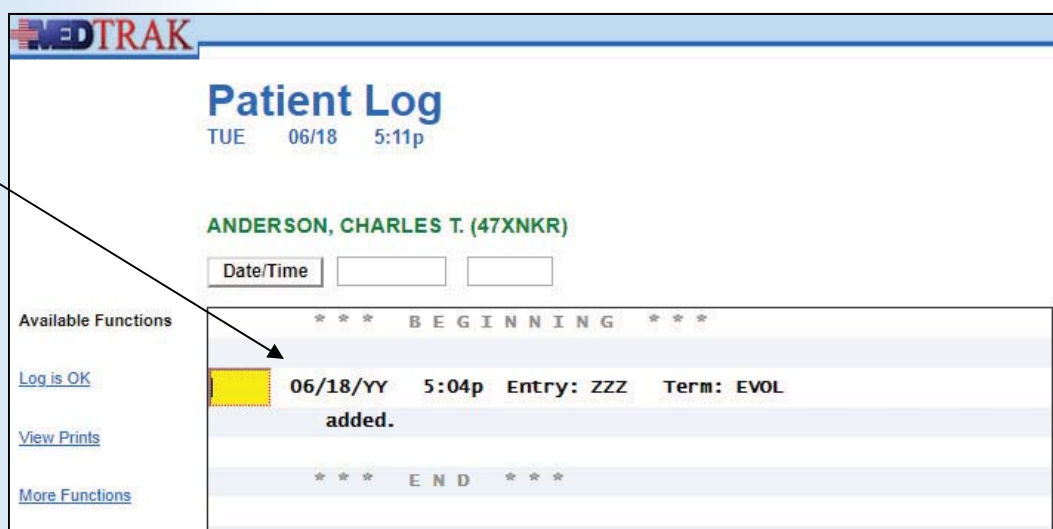
Audit log record
for Anderson's
addition to the
patient database

As you can see on this screen, Mr. Anderson's patient demographics record was added by ZZZ at 5:04p on June 18th.

<table>
<tr><td>

1. Click the *Patient Registration* button on <u>Main Menu</u>
    (You should be on the <u>Patients</u> screen)

2. **Place the cursor in the command field for Anderson**

3. **Click the *More Functions...* button**
    (You should be on the <u>Command Help</u> screen)

4. **Click the checkbox for the *Log* command**
    (You should be on the <u>Patient Log</u> for Anderson)

</td><td>

Do These Steps
<==== 3.04

</td></tr>
</table>

Printing the Patient's Demographic Log   •••••••●

So far, you have learned two ways to activate functionality on a list processor type screen in MedTrak. Clicking a function button located on the left side of the screen is the first way. Clicking the *More Functions...* button and selecting the functionality from the <u>Command Help</u> screen is the second way. Now you will learn a third way. The third way to activate functionality on a list processor screen in MedTrak is to type the command in the command field next to the selected record and press the *ENTER* key.

For the three patients that you added to the patient database, you will need to produce a print of the <u>Patient Log</u> for each patient to turn in for your assignment. To print the patient log for Mr. Anderson, on the <u>Patient Log</u> screen (shown below), type the print command "**pr**" in the command field next to the "**added**" log record and press the *ENTER* key.

Print Command "**pr**"

After pressing the *ENTER* key, the <u>Patient Log</u> screen refreshes with the message "**Report sent to printer/queue - use View Prints link…**" at the top of the screen in green. This means that your report, in PDF format, is now in your <u>Available User Reports</u> queue and ready for you to send to a printer or to save on your computer.

Chapter 3

To view your report, click the *Exit Screen* button on the <u>Patient Log</u>. The next screen to appear is the <u>Patients</u> screen (shown below).

View Prints button

On the <u>Patients</u> screen, click the *View Prints* button. This will open up the <u>Available User Reports</u> screen (shown below) in another window.

<u>Patient Log</u> print for Anderson

View Report button

For this example, the only print that is currently available is the <u>Patient Log</u> report for Mr. Anderson. With the cursor in command field next to this report, click the *View Report* button. The PDF formatted print (shown below) will open up in another window for you to either print or save.

<u>Patient Log</u> PDF for Anderson

```
=============================================================================
PAGE - 1                         Patient Log                         06/18/YY
                      ANDERSON, CHARLES T. (47XNKR)                      5:14p
=============================================================================
06/18/YY   5:04p  Entry: ZZZ   Term: EVOL
     added.

*** END OF PRINT  06/18/YY  5:14p  -  Healthcare Student ***
```

From the <u>PDF</u> window, you may print a physical copy if you have a printer attached to your computer, or you may save a copy to your hard drive or memory stick.

After printing or saving your patient log, close the <u>PDF</u> window, then close the <u>Available User Reports</u> window.

1. **Be sure that you are still on Anderson's <u>Patient Log</u>**

2. **Place the cursor next to the "added" log record**

3. **Type the print command "pr"**

4. **Press the *ENTER* key**
    (The <u>Patient Log</u> screen refreshes)
    ("Report sent to printer/queue - use View Prints link…"
        message appears)

5. **Your report, as a PDF, will be available shortly**

6. **Click the *Exit Screen* button**
    (You should be back on the <u>Patients</u> screen)

7. **Click the *View Prints* button**
    (The <u>Available User Reports</u> window opens)

8. **Find your report (If it does not appear, click the *Refresh*
        button)**

9. **Place the cursor next to the <u>Log</u> print**

10. **Click the *View Print* button**
    (The <u>Patient Log</u> PDF opens in another window)

11. **Print the report or save / download it to your computer**

12. **Close the <u>PDF</u> window**

13. **Close the <u>Available User Reports</u> window**
    (You should be back on the <u>Patients</u> screen)

14. **Using this same process, print Ms. Carrey's log**

15. **Using this same process, print Mr. Ellis' log**

Do These Steps
<==== 3.05

Chapter 3

Meaningful Use—Core Objective #3
Record Demographics

Record demographics including preferred language, gender, race, ethnicity, and date of birth.

Demographics

You did this!

For each new patient, you recorded the patient's demographic information including their date of birth, gender, preferred language, race, and ethnicity.

Why is this needed?

For the United States to be able to improve health care across the nation, health care IT needs to provide accurate and timely data that is searchable using the required demographics in this objective. Farming health care data across preferred language, gender, race, ethnicity, and date of birth will produce valuable information that will aid in determining where the government should direct funds for improving our population's health.

Meaningful Use—Core Objective #9
Protect Electronic Health Information

1. **Record actions.**
   Record actions related to electronic health information in accordance with the standard specified in 170.210 b.
2. **Generate audit log.**
   Enable a user to generate an audit log for a specified period and to sort entries in the audit log according to any of the elements specified in the standard at 170.210 b.

Audit log

You did this!

All of your actions were recorded, while processing your data in MedTrak's visit log and other user logs including billing.

Why is this needed?

To properly secure health care information, EHR's need to be set up with the ability to review who did what and when. This logging and auditing process enables health care systems to efficiently investigate breaches in health care information security, but also deters some breaches because the users are aware of the logging activity.

Chapter 3

Meaningful Use—Core Objective #6
Clinical Decision Support

1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

2, Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

You did this!

You recorded the gender of the patient. Using the gender recorded during registration, MedTrak automatically includes or excludes questions for the clinical notes, orders, and provider's checklist. For example, for x-rays, the question related to possible pregnancy only appears for female patients.

Gender

You did this!

You recorded the age of the patient (based on their date of birth). Using the age recorded during registration, MedTrak automatically includes or excludes questions for the clinical notes, orders, and provider's checklist. For example, the blood pressure questions in the vital signs only appear for patients who are at least 5 years old.

Date of Birth

Why are these needed?

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number	**255 - 65 - 6376**

Name & Address

Prefix (Mr., Mrs., Ms.)	**Mr.**
First name	**Charles**
Middle initial	**T**
Last name	**Anderson**
Suffix (Jr. Sr. II, III)	
Address line 2	**123 South Main Street**
Address line 3	
Address line 4	
City	**North Muskegon**
State	**MI**
Zip	**49445**

Other Information

Home phone	**(231) 555-7537**
Alternate phone	**(231) 555-9010**
Work phone	**(231) 555-4552**
Date of birth	**12/02/1975**
Gender	**Male**
Marital Status	**Married**
Preferred language	**English**
Race	**White**
Ethnicity	**Not Hispanic or Latino**

Medical Care Offices

Patient Registration Form

Social Security Number	**354 - 23 - 5310**

Name & Address

Prefix (Mr., Mrs., Ms.)	**Ms.**
First name	**Paula**
Middle initial	**M**
Last name	**Carrey**
Suffix (Jr. Sr. II, III)	
Address line 2	**1421 Wilson Ave**
Address line 3	
Address line 4	
City	**North Muskegon**
State	**MI**
Zip	**49445**

Other Information

Home phone	**(231) 555-6885**
Alternate phone	**(231) 555-7715**
Work phone	**(231) 555-9189**
Date of birth	**03/05/1966**
Gender	**Female**
Marital Status	**Single**
Preferred language	**English**
Race	**White**
Ethnicity	**Not Hispanic or Latino**

Chapter 3

Medical Care Offices

Patient Registration Form

Social Security Number   **915 - 66 - 8043**

Name & Address

Prefix (Mr., Mrs., Ms.)   **Mr.**

First name   **Frank**

Middle initial   **P**

Last name   **Ellis**

Suffix (Jr. Sr. II, III)

Address line 2   **106 E Pearl St**

Address line 3

Address line 4

City   **North Muskegon**

State   **MI**

Zip   **49445**

Other Information

Home phone   **(231) 555-1391**

Alternate phone   **(231) 555-0039**

Work phone   **(231) 555-1401**

Date of birth   **02/09/1954**

Gender   **Male**

Marital Status   **Divorced**

Preferred language   **English**

Race   **Black**

Ethnicity   **Not Hispanic or Latino**

Chapter 3 - Review Activities   •••••••••••••••••••••••••••••••••••••••●

Answer the following questions:

1. **All patients have a social security number and provide it.**

   True

   False

2. **Which of the following patient demographic fields is NOT required for Meaningful Use?**

   A.   Ethnicity
   B.   Race
   C.   Gender
   D.   Patient name
   E.   Preferred language
   F.   Date of birth

3. **In your own words, state why you think that it is important for the government to track patient demographics for health care purposes.**

4. **In your own words, state why you think that it is important for EHR systems to keep audit logs.**

5. **MedTrak keeps which of the following patient information in a log?**

   A.   When a patient is registered.
   B.   When patient demographics are changed.
   C.   Who registered a patient.
   D.   Who changed a patient's demographic information.
   E.   All of the above

Chapter 3

```
===============================================================================
PAGE - 1                          Patient Log                          06/18/YY
                        ANDERSON, CHARLES T. (47XNKR)                      5:14p
===============================================================================

06/18/YY   5:04p  Entry: ZZZ   Term: EVOL
    added.

*** END OF PRINT  06/18/YY  5:14p  -  Healthcare Student ***
```

```
===============================================================================
PAGE - 1                          Patient Log                          06/18/YY
                        CARREY, PAULA M. (47XNKS)                          5:31p
===============================================================================

06/18/YY   5:29p  Entry: ZZZ   Term: EVOL
    added.

*** END OF PRINT  06/18/YY  5:31p  -  Healthcare Student ***
```

```
===============================================================================
PAGE - 1                          Patient Log                          06/18/YY
                        ELLIS, FRANK P. (47XNKT)                           5:32p
===============================================================================

06/18/YY   5:31p  Entry: ZZZ   Term: EVOL
    added.

*** END OF PRINT  06/18/YY  5:32p  -  Healthcare Student ***
```

Helpful Tips and Navigation

Learning Outcomes

► How to identify the common elements on a MedTrak screen
► How to use the function keys
► How to use the tab key
► How to select an item in a list
► How to select a command from the Help screen
► How to enter a command
► How to use multiple commands on the same screen
► How to search
► How to use selection boxes

Key Concepts

► User Guide
► Common elements
► Function keys
► Basic navigation
► Selecting items
► Entering commands
► Searching
► Selection boxes

MedTrak's Online User Guide ················●

This chapter utilizes the **User Guide** on the <u>MedTrak Main Menu</u>. Because you will reference the **User Guide** throughout the exercises in this chapter, keep it open on your desktop (it is in its own window).

Do These Steps
4.01 ====>

1. Sign into **MedTrak**
   (You should be on the <u>MedTrak Main Menu</u>)

2. **Click the *User Guide* button**
   (The **User Guide** will open in a new window)

3. **Move the User Guide aside to keep it accessible**

4. **In the MedTrak window:**
   Click the *Patient Registration* button
   (You should be on the <u>Patients</u> screen)

Section 1 - Common Screen Elements ·······●

Do These Steps
4.02 ====>

1. **In the User Guide window:**
   Read **Section 1 - Common Elements**

2. **In the MedTrak window:**
   Review the different elements on the <u>Patients</u> screen

Section 2 - Function Keys ···············●

Do These Steps
4.03 ====>

1. **In the User Guide window:**
   Read **Section 2 - Function Keys**

2. **In the MedTrak window:**
   Try the different function keys on the <u>Patients</u> screen

Section 3 - Basic Navigation •••••••••••••••••••

<table>
<tr><td>

1. In the **User Guide** window:
    Read **Section 3 - Basic Navigation**

2. In the **MedTrak** window:
    Press the *Tab* key to move the cursor down the screen

3. Hold the *Shift* key down and press the *Tab* key to
    move the cursor up the screen

</td><td>

Do These Steps
<==== 4.04

</td></tr>
</table>

Section 3.1 - Selecting Items •••••••••••••••••

<table>
<tr><td>

1. Place the cursor in the command field next to a patient

2. Press the *ENTER* key

3. On the next screen, click the *Exit Screen* button (*F3* key)

4. Type an "**x**" and press the *ENTER* key

5. On the next screen, click the *Exit Screen* button (*F3* key)

6. Click the *Select Patient* button under **Available Functions**
    on the left side of the screen

7. On the next screen, click the *Exit Screen* button (*F3* key)

</td><td>

Do These Steps
<==== 4.05

</td></tr>
</table>

Section 3.2 - Entering Commands •••••••••••

<table>
<tr><td>

1. Place the cursor in the command field next to a patient

2. Click the *Change Patient* button under
    Available Functions on the left side of the screen

3. On the next screen, click the *Exit Screen* button (*F3* key)

</td><td>

Do These Steps
<==== 4.06

</td></tr>
</table>

Chapter 4

Do These Steps 4.07 ====>	1. Place the cursor in the command field next to a patient
	2. Type the *Change* command - "ch"
	3. Press the *ENTER* key
	4. On the next screen, click the *Exit Screen* button (*F3* key)

Do These Steps 4.08 ====>	1. Place the cursor in the command field next to a patient
	2. Click the *More Functions...* button under **Available Functions** on the left side of the screen (*F1* key)
	3. Click the *Change* checkbox
	4. On the next screen, click the *Exit Screen* button (*F3* key)

Do These Steps 4.09 ====>	1. Place the cursor in the command field next to a patient
	2. Click the *More Functions...* button under **Available Functions** on the left side of the screen (*F1* key)
	3. Click the *Change* web link button
	4. On the next screen, click the *Exit Screen* button (*F3* key)

Multiple Commands on a Screen •••••••••••••●

Manual entry offers an additional benefit of being able to run several commands on records consecutively. To change three patient's records using the change command, type **ch** in three command fields (shown on the next page) and press the *ENTER* key. Use the *Tab* key to move to the next field. The change program processes three times in a row - once for each selected record, thus saving time.

You can navigate nearly every screen without taking your hands away from the keyboard.

Chapter 4

Patients
THU   06/20   2:32p

| Patient Name ▼ | Change Display Order | Active Patients Only ▼ | Change Detail Display |

[Search]   Clinic Status   Schedule   Companies

Available Functions

*** BEGINNING OF PATIENTS ***

		Name	DOB	SSN	Phone
Select Patient		Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
		Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Add Patient	ch	Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Change Patient		Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Patient Notes		Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537
Appointments	ch	Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Payers		Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
Schedule		Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
	ch	Carrey, Paula M.	03/05/1966	354-23-5310	(231) 555-6885
View Prints		Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
		Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
More Functions...		Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772
		Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548
		Dolley, Phillip R.	11/17/1985	943-73-9822	(231) 555-3773

1. On the <u>Patients</u> screen, type the "ch" command next to three patients

2. Press the *ENTER* key

3. When the 1st patient screen appears, click the *Exit Screen* button (*F3* key)

4. When the 2nd patient screen appears, click the *Exit Screen* button (*F3* key)

5. When the 3rd patient screen appears, click the *Exit Screen* button (*F3* key)

Do These Steps
<==== 4.10

Section 4 - Selection Boxes • • • • • • • • • • • • • • • • • ●

1. In the **User Guide** window:
   Read **Section 4 - Selection Boxes**
   (You will use selections boxes during patient registration and clinical processing.)

Do These Steps
<==== 4.11

Chapter 4

Searching ●

Do These Steps 4.12 ====>	1. In the **User Guide** window:
	   Read **Section 7 - Searching**
	
	2. In the **MedTrak** window:
	   Practice searching for some patient names

Browsers and Devices ●

Do These Steps 4.13 ====>	1. In the **User Guide** window: Read **Section 8 - Browsers and Devices**

Self Assessment ●

There is no **Self Assessment** report for this chapter.

Chapter 4

Attaching Payers to a Patient

Learning Outcomes

- ► A brief understanding of the different types of payers
- ► How to add a payer to a patient
- ► How to add multiple payers to a patient
- ► How to add a guarantor to a patient
- ► How to prioritize the payer order—primary, secondary, tertiary, and quaternary
- ► How to add insurance subscriber and policy information

Key Concepts

- ► Patient responsibility
- ► Financial classes
- ► Subscriber
- ► Primary payer
- ► Secondary payer
- ► Tertiary payer
- ► Quaternary payer

Attaching Payers to a Patient

Patient responsibility

For **patient responsibility** patients (either the patient or guarantor or their health insurance company will be paying for their medical services), MedTrak allows up to four simultaneous payers to be associated with the patient.

Payers are categorized by **financial class**. These financial classes (to name just a few) include the following:

Financial class

- Self pay

- Guarantor

- Commercial insurance

- Medicare

- Medicaid

- Tricare (formerly known as Champus)

Health care organizations track their financial information by the individual payers and by the financial class of the payer. It is important to the financial viability of the health care organization that the mix of patients that visit their facilities are in the financial classes based on their budget projections. Just like an airline company that needs to sell a certain portion of their seats to the last minute travelers at a higher rate than the passengers who book their seats well in advance, a health care organization needs to meet their budget based on the mix of patients by financial class.

Some financial classes of patients pay for their medical services at a higher rate than do other financial classes. The rates paid by Medicare and Medicaid are based on national payer tables that vary by geographic location and are typically the lowest rates. The rates paid by commercial insurance carriers vary from one company to another and are higher rates than paid by the government. Usually the highest rates for medical care are for self pay and guarantor patients. A guaranteed patient is under the age of 18 or incapable of paying for their own medical care, and the guarantor is the person who takes responsibility for paying for the patient's care.

In this chapter, the administrative assistant will attach three payers to the first patient added into MedTrak in Chapter 3, Mr. Charles T. Anderson. Mr. Anderson's primary insurance carrier is Blue Cross / Blue Shield of Michigan and he is the subscriber. Mr. Anderson's secondary insurance is with Nationwide Insurance and his wife is the subscriber. Mr. Anderson will personally pay for all charges not covered by the primary and secondary insurance carriers, so the tertiary payer is self pay.

Chapter 5

Locating the Patient ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

From the MedTrak Main Menu, the administrative assistant clicks the *Patient Registration* button. The Patients screen appears. To locate a patient, the administrative assistant types the last name in the search field and clicks the *Search* button. If there are a number of patients with the same last name, the administrative assistant puts a comma at the end of the last name then a space, and then types the first name before clicking the Search button. Even though Mr. Anderson's patient record appears on the first screen, the administrative assistant types "**Anderson**" in the search field (shown below).

Anderson typed in the **Search** Field

Search button

Then the administrative assistant clicks the *Search* button. The Patients screen refreshes with Anderson at the top of the list of patients (shown below).

Patient list reset to Anderson

Payers button

To attach the three payers to Mr. Anderson, the administrative assistant places the cursor in the command field next to Mr. Anderson and clicks the *Payers* button. Because Mr. Anderson does not have any payers attached yet, the next screen to appear is the Entity / Payers: Select screen (shown on the next page).

This screen displays all of the authorized payers for the entity that owns the health care facility.

Mr. Anderson's primary insurance is with Blue Cross / Blue Shield of Michigan. To attach this insurance to Mr. Anderson, the administrative assistant places the cursor in the command field next to **Blue Cross / Blue Shield of Michigan** and clicks the *Select Payer* button. For payers other than Self Pay and Guarantor, the next screen to appear is the Patient / Payer: Add screen (shown below).

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The administrative assistant enters the subscriber and insurance policy information on this screen. If the subscriber is the patient, the administrative assistant types "**self**" in the **Relationship** field and then places the cursor in the **Policy Effective** date field. To select a subscriber relationship other than **Self**, the administrative assistant clicks the *Relationships* button. Any subscriber relationship other than **Self** will require the subscriber demographics of last name, first name, middle initial, date of birth (**Birth date** on the MedTrak screen), and gender of the subscriber. For Mr. Anderson's Blue Cross / Blue Shield of Michigan insurance, he is the subscriber, so the administrative assistant types "**self**" in the **Relationship** field.

The following describes the remaining fields on this screen:

- **Effective date** is when coverage begins.

- **Termination date** is when coverage ends.

- **ID number** is the individual subscriber's contract number assigned by the payer and appears on the front of their insurance card.

- **Group name** is the name of the subscriber's insurance group.

- **Group number** is the number assigned by the insurance company to the subscriber's group.

- **Plan type** identifies the type of insurance purchased by the group. In this example, Mr. Anderson's Blue Cross / Blue Shield of Michigan insurance plan type is PPO. PPO stands for preferred provider organization and is the most common type of managed care insurance. The managed care company contracts with a network of physicians to provide services at a discounted rate. If the subscriber chooses to see a provider that is not part of the managed care network, the subscriber will be responsible for the portion of the fees that are higher than the contracted rate of the network. The plan type might also be a number and would be indicated on the front of the subscriber's insurance card.

- **Coinsurance %** (percent) is the percentage of the charges that the subscriber must pay for the services. The patient's coinsurance percentage typically applies to the doctor's portion of the charges for the office visit.

- **Copayment** is the amount that the subscriber must pay for each office visit. The copayment is applied to the charge for the provider's time to see the patient.

- **Note** is used to record any special notes about the copayment amount.

Chapter 5

For this example, the administrative assistant enters Mr. Anderson's Blue Cross / Blue Shield of Michigan subscriber and policy information as follows:

Subscriber

Relationship	self	(indicating that the patient is the subscriber)

(Skip the remaining subscriber fields because MedTrak knows the patient's name, birth date, and gender.)

Policy

Effective date	01/01/10
Termination date	(leave blank)
ID number	3976392893
Group name	Acme Manufacturing
Group number	73932
Plan type	ppo
Coinsurance %	(leave blank)
Copayment	25
Note	(leave blank)

After entering this information on the Patient / Payer: Add screen (shown below), the administrative assistant clicks the *Submit* button.

Mr. Anderson's **Blue Cross / Blue Shield of Michigan** information

Submit button

Chapter 5

1. **Sign into MedTrak**
   (You should be on the MedTrak Main Menu)

2. **Click the *Patient Registration* button**
   (You should be on the Patients screen)

3. **Type Anderson in the Search field**

4. **Click the *Search* button**
   (The Patients screen refreshes set to Anderson)

5. **Place the cursor next to Anderson**

6. **Click the *Payers* button**
   (You should be on the Entity / Payers: Select screen)

7. **Place the cursor next to Blue Cross / Blue Shield of Michigan**

8. **Click the *Select Payer* button**
   (You should be on the Patient / Payer: Add screen for Mr. Anderson's Blue Cross / Blue Shield of Michigan policy)

9. **Type his subscriber policy information using the information on the previous page**

10. **Click the *Submit* button**
    (You should be back on the Entity / Payer: Select)
    (The "**Payer attached to patient…**" message appears at the top)

Do These Steps
<==== 5.01

Attaching a Secondary Payer • • • • • • • • • • • • • • • • • • • ●

MedTrak returns to the Entity Payers: Select screen (shown below) with the message "**Payer attached to patient...**".

Payer attached message

Chapter 5

As previously indicated, Mr. Anderson's secondary insurance is with Nationwide Insurance and his wife is the subscriber. His wife's name is Susan K. Anderson, and she was born on January 16, 1980. She works for National Forestry Products, Inc. Her subscriber and policy information is as follows:

Subscriber

Relationship	spouse
Last name	Anderson
First name	Susan
Middle initial	K
Birth date	01/16/1980
Gender	Female

Policy

Effective date	03/01/10
Termination date	(leave blank)
ID number	87497933
Group name	National Forestry Products, Inc.
Group number	48749
Plan type	ppo
Coinsurance %	(leave blank)
Copayment	20
Note	(leave blank)

To add Nationwide Insurance as Mr. Anderson's secondary payer, the administrative assistant types "**Nationwide**" in the **Search** field and clicks the *Search* button. MedTrak refreshes the Entity / Payer: Select screen (shown below) reset to Nationwide Insurance.

Payers set to **Nationwide Insurance**

Select Payer button

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Chapter 5

Then the administrative assistant places the cursor in the command field next to Nationwide Insurance and clicks the *Select Payer* button. The Patient / Payer: Add screen appears for Mr. Anderson's Nationwide Insurance information. The administrative assistant clicks the *Relationships* button and selects **Spouse** as the relationship. Then the administrative assistant enters the rest of the subscriber and policy information as shown on the Patient / Payer: Add screen (shown below) and clicks the *Submit* button.

Mrs. Anderson's **Nationwide Insurance** information

Submit button

1. **Type Nationwide in the Search field**
   (You should still be on the Entity / Payer: Select)

2. **Click the *Search* button**
   (The Entity / Payers: Select resets to Nationwide)

3. **Place the cursor next to Nationwide Insurance**

4. **Click the *Select Payer* button**
   (You should be on the Patient / Payer: Add screen)

5. **Type his wife's subscriber policy information using the information on the previous page**

6. **Click the *Submit* button**
   (You should be back on the Entity / Payer: Select)
   (The payer attached message appears at the top)

Attaching a Tertiary Payer

MedTrak returns to the <u>Entity Payers: Select</u> screen with the message at the top "**Payer attached to patient...**".

As previously indicated, Mr. Anderson will personally pay for all charges not covered by the primary and secondary insurance carriers, so the tertiary payer is **SELF PAY**. The administrative assistant places the cursor in the command field next to **SELF PAY** and clicks the *Select Payer* button. The Entity / Payers screen refreshes with the message "**SELF PAY attached to ANDERSON, CHARLES T...**" at the top of the screen (shown below).

SELF PAY attached message

Do These Steps 5.03 ====>

1. **Place the cursor next to SELF PAY**

2. **Click the *Select Payer* button**
   (The <u>Entity Payers: Select</u> screen refreshes)
   (The message "**SELF PAY attached to ANDERSON, CHARLES T...**" appears)

After attaching the payers, the administrative assistant clicks the *Exit Screen* button. The <u>Patient / Payers</u> screen (shown below) appears displaying the three payers attached to Mr. Anderson.

Mr. Anderson's payers

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If the payers are not the right ones or they are not in the right order, the administrative assistant will use the buttons on the left side of the screen to correct them. There must always be a primary payer. Secondary, tertiary, and quaternary payers are optional. If there is more than one payer, then the payers must be ordered in the primary, secondary, tertiary, and quaternary order based on who is responsible for paying the claim first, second, third, and fourth.

After reviewing the payers, the administrative assistant clicks the *Exit Screen* button to return to the list of patients on the Patients screen.

Guarantors ●●

For patients under the age of 18, there must be a guarantor attached to the patient, even if there is a group health plan. The guarantor is responsible for paying the balance of any charges not covered by the insurance company.

This example does not involve a guarantor, but if it did, the administrative assistant would select the **GUARANTOR** option on the Entity / Payer: Select screen. The next screen to appear would be the listing of patients. On this screen, the administrative assistant would locate the guarantor using the **Search** function. If the guarantor was not in the patient list, then the administrative assistant would add the guarantor just like adding a new patient.

1. **You should be on the Entity / Payers: Select screen**
2. **Click the *Exit Screen* button** (You should be on the Patient / Payers screen)
3. **Review your payers to be sure that they are the correct payers, and that they are in the correct order** (Make any corrections as needed)
4. **Click the *Exit Screen* button** (You should be on the Patients screen)

Do These Steps
<==== 5.04

Self Assessment ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

MedTrak provides you with an assessment functionality to check your work before you turn in your assignments to your instructor. This **Self Assessment** process compares your work to the expected data input and provides a report of the results of the comparison identifying any errors.

On the following page are instructions for how to do an assessment check of the work you did in this chapter. Be sure to correct any errors before proceeding.

Chapter 5

Do These Steps 5.05 ====>	1. You should be on the <u>Patients</u> screen
	2. Type **SA05** in the Search or any command field (**SA** stands for self assessment and **05** is the chapter #)
	3. Press the *ENTER* key ("**Self Assessment sent to printer/queue…**" appears)
	4. Click the *View Prints* button (The <u>Available User Reports</u> window opens)
	5. Find the **Self Assessment** report that you just printed (If it does not appear, click the *Refresh* button)
	6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA05** report.
	7. You must have a 100% (error-free) report before continuing.

Do These Steps 5.06 ====>	1. Be sure that the cursor is next to **Mr. Anderson**
	2. Type the **log** command
	3. Press the *ENTER* key
	4. Place the cursor next to any log record
	5. Type the print command **pr**
	6. Press the *ENTER* key (The <u>Patient Log</u> screen refreshes) ("**Report sent to printer/queue - use View Prints link…**" message appears)
	7. Click the *Exit Screen* button (You should back be on the <u>Patients</u> screen)
	8. Click the *View Prints* button (The <u>Available User Reports</u> window opens)
	9. Find your report (If it does not appear, click *Refresh*)
	10. Print the report or save / download it to your computer (Your report might not look exactly like the sample at the end of this chapter)
	11. Close the <u>PDF</u> and the <u>Available User Reports</u> windows (You should be back on the <u>Patients</u> screen)
	12. Click the *Exit Screen* button (You should be on the <u>MedTrak Main Menu</u>)

Chapter 5

Chapter 5 - Review Activities ●●●●●●●●●●●●●●●●●●●●●●●●●●●

Answer the following questions:

1. **Charges for services provided to patient responsibility patients are paid by which of the following?**

    A.   Health insurance companies
    B.   Medicare and Medicaid
    C.   Guarantors
    D.   Patients
    E.   All of the above

2. **Which of the following are considered financial classes?**

    A.   Students
    B.   Commercial insurance companies
    C.   Guarantors
    D.   Tricare
    E.   All of the above

3. **The financial viability of the health care organization depends on which of the following?**

    A.   Mix of patients by financial class
    B.   Volume of patients
    C.   Type of patient visits (presenting problems)
    D.   Time of day that the patients arrive for treatment
    E.   All of the above

4. **Which of the following patients usually pay the highest rate for their medical services?**

    A.   Self pay
    B.   Commercial insurance companies
    C.   Guarantors
    D.   Tricare
    E.   All of the above

5. **A guarantor is needed for patients under the age of?**

    A.   21
    B.   18
    C.   12

Chapter 5

```
==============================================================================
PAGE - 1                          Patient Log                        06/20/YY
                           ANDERSON, CHARLES T. (47XNKR)                  3:46p
==============================================================================

06/20/YY   3:43p  Entry: ZZZ    Term: EVOL
   Payer 'SELF PAY' added.

06/20/YY   3:43p  Entry: ZZZ    Term: EVOL
   Payer 'COMM INS - Nationwide Insurance (03/01/10-?)' added.

06/20/YY   3:34p  Entry: ZZZ    Term: EVOL
   Payer 'COMM INS - Blue Cross / Blue Shield of Michigan
   (01/01/10-?)' added.

06/18/YY   5:04p  Entry: ZZZ    Term: EVOL
   added.

*** END OF PRINT  06/20/YY  3:46p  -  Healthcare Student ***
```

Scheduling

Scheduling

Patient registration

Patient treatment = = = = = = = >

Incomplete charting

Billing

Payments, collection
activity, & refunds

Patient intake
Physician - initial patient contact
Open orders processing
Physician - additional orders
Physician - referrals
Physician - diagnosing
Physician - history and exam
Physician - prescribing
Physician - aftercare instructions
Physician - evaluation and management
Patient discharge
Payment collection

Key Concepts

- ▶ Providers
- ▶ Primary care
- ▶ Family doctor

- ▶ Urgent care
- ▶ Employee health
- ▶ Workers' compensation

Chapter 6

Scheduling ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

Medical facilities use a scheduling system to help control their patient flow. Providers plan their days based on seeing a certain number of patients, returning phone calls, or meeting with patients outside of the office. The medical facility does not want a waiting room full of unhappy patients who are facing long waiting times due to overbooking, nor does the medical facility want providers to be without any patients to treat. Using a scheduling system can help effectively avoid both of these issues. For the purposes of this book, the term **providers** refers to physicians, physician's assistants, nurse practitioners, chiropractors, rehab therapists, and radiologists. In other words, any health care professional who schedules appointments with patients is a provider.

Providers

Depending on their type of medical practice, a medical facility will set up their schedule according to the availability of the providers to see patients. Some physicians will only be available to see patients in the office when they are not visiting patients in the hospital, in a care facility, or in surgery.

Your medical office in MedTrak has one division with three providers (two physicians and a physician's assistant) who see patients for primary care, urgent care, employee health, and workers' compensation.

Primary care

Family doctor

- **Primary care** physicians are commonly referred to as your "**family doctor**" and are concerned with your health over a period of time. In addition to taking care of patients for their everyday health care needs, these physicians handle the management of chronic illnesses such as heart disease, diabetes and high blood pressure.

Urgent care

- **Urgent care** is for the immediate health issues that occur on a daily basis and can be resolved in one or two office visits such as colds, bladder infections, and cuts. Urgent care treatment is typically done at an urgent care clinic or in the emergency department of a hospital.

Employee health

- **Employee health** includes the review and preventative care for the employees of companies through the use of pre-employment examinations, annual physicals, drug testing, TB testing, and immunizations such as vaccinations and flu shots.

Worker's compensation

- **Workers' compensation** physicians work with injured employees who are hurt on the job whether it is musculoskeletal injury or an exposure to heat or a chemical. These physicians are contracted by the employer to provide this care.

The three providers who work in your medical office are:

- Dr. Ann R. Stimson is an MD who mainly treats primary care and urgent care patients.

- Dr. James R. Carver is also an MD who mainly treats urgent care, employee health and workers' compensation patients.

- Michael O. Newbury is a physician's assistant who works with both of the doctor's patients, and therefore sees patients for primary care, urgent care, employee health, and workers' compensation patients.

Below is the schedule for your medical office and the three providers:

	Mon	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Medical Office	8-5	8-5	8-5	8-5	8-5	9-1
Stimson	9-5	9-5	9-12	9-5	9-5	
Carver	9-5	9-5	9-5	9-12	9-5	
Newbury	8-5	8-5	8-5	8-5	8-12	9-1

The scheduling staff accesses the MedTrak Scheduling module from the MedTrak Main Menu by clicking the *Scheduler* button. The Scheduling screen will appear (shown below). This screen displays the location's schedule for the days of the week (and the business hours of each day) that the location is open. Each scheduling line will be based on the time increment that the location uses for scheduling each appointment. Your medical office schedules appointments in 15 minute time increments. Use the *Page Down* and *Page Up* buttons to view the whole day that the medical office is open.

Location button

Calendar button

Do These Steps
6.01 ====>

1. **Sign into MedTrak**
   (You should be on the <u>MedTrak Main Menu</u>)

2. **Click the *Scheduler* button**
   (You should be on the <u>Scheduling</u> screen)

Setting to a Specific Date in the Schedule ••••••●

The <u>Scheduling</u> screen allows the staff to reset the schedule to any day that the medical office is open. There are several ways the scheduling staff changes the date on the <u>Scheduling</u> screen:

- To move one day at a time, the scheduling staff clicks the *Previous Day* button to move back in time and clicks the *Next Day* button to move forward in time.

- To set directly to a date, the scheduling staff manually types the date in the date field (mm/dd/yy) at the top of the <u>Scheduling</u> screen and presses the *ENTER* key.

- To use the monthly calendar to set to a date, the scheduling staff clicks the *Calendar* button located between the *Previous Day* and *Next Day* buttons. The next screen to appear is the <u>Calendar</u> screen set to the current month (shown below). The current day of the month is bright blue with a grey background.

Current day
is bright blue
with a grey
background
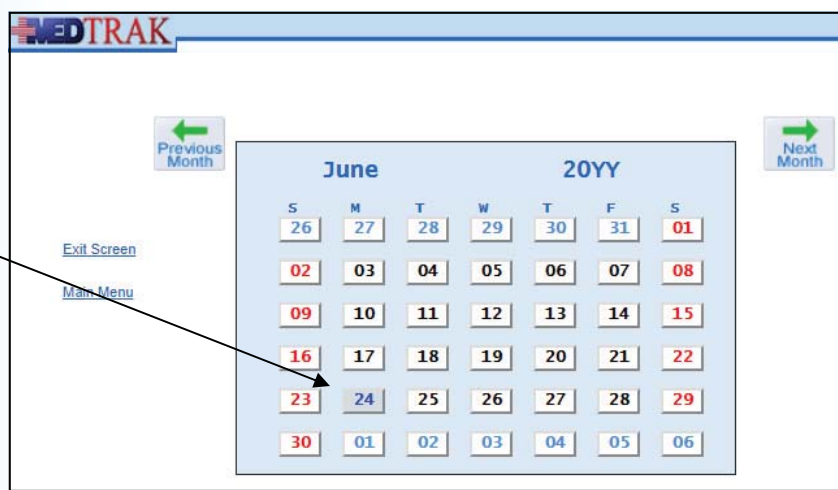
To set to a date on the monthly calendar, the scheduling staff changes the month using the *Previous Month* and *Next Month* buttons. On the specific month, the scheduling staff clicks the day button to set to that date.

1. **Click the** *Previous Day* **button**
    (The Scheduling screen resets to the previous day
    that the medical facility was open)

2. **Click the** *Next Day* **button**
    (The Scheduling screen resets back to today)

3. **Type next Monday's date in the date field (mm/dd/yy)**

4. **Press the** *ENTER* **key**
    (The Scheduling screen resets to next Monday)

5. **Click the** *Calendar* **button**
    (The Calendar screen appears for the current month
    of next Monday)

6. **Click the** *Date* **button for today's date**
    (It is bright blue with a gray background)
    (The Scheduling screen resets to the current date)

Do These Steps
<==== 6.02

Setting to a Provider's Schedule • • • • • • • • • • • • • ●

To access the medical facility's location structure, the scheduling staff clicks the *Location* button at the top of the Scheduling screen. The Location / Division: Select screen appears (shown below).

The MedTrak scheduling system uses a three-level hierarchical structure.

1. The first level ("Medical Office") is the **location level**. This level is used to define a physical location, usually the name of the medical facility.

2. The second level ("MEDICAL") is the **division level**, and defines the departments within the medical facility. Your medical office only has one division. Some medical facilities have multiple divisions such as medical, orthopedics, and rehab services.

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Chapter 6

3. The third level (for example "CARVER, JAMES R") is the **staff level**, where the physicians, specialists, and other providers appear.

To select a division or provider schedule, the scheduling staff clicks the division or provider name button, or clicks the checkbox next to their name. MedTrak resets the <u>Scheduling</u> screen to the selected division or provider.

The scheduling staff clicks Dr. Carver's name. The <u>Scheduling</u> screen resets displaying Dr. Carver's schedule for the current date (shown below).

<u>Scheduling</u> screen set to Dr. Carver's schedule

Do These Steps 6.03 ====>

1. **Click the *Location* button**
   (You should be on <u>Location/Division: Select</u> screen)

2. **Select Dr. Carver's name**
   (The <u>Scheduling</u> screen resets to Dr. Carver's schedule)

Blocking Out Time at the Location Level •••••••●

To block out time at the location level for a one hour office meeting for next Monday morning at 8:00a, the scheduling staff first resets the <u>Scheduling</u> screen to the location level.

Observe that the *Location* button now reads *Staff* because the <u>Scheduling</u> screen is now set to a staff level. To reset the <u>Scheduling</u> screen to the location level, the scheduling staff clicks the *Staff* button at the top of the screen. On the <u>Location/Division: Select</u> screen the staff clicks on **ZZZ Medical Care**. The scheduling staff then clicks the *Calendar* button to navigate to the following Monday. The <u>Scheduling</u> screen resets to next Monday's schedule (shown on the next page).

Scheduling
screen set to
location level

The scheduling staff places the cursor in the command field next to **8:00a** and clicks the *Block Out Time* button. The <u>Block Out Time</u> screen appears (shown below).

Beginning
time set

On the <u>Block Out Time</u> screen, the scheduling staff types the ending time "**9:00a**" in the **Time-End** field and types "**Office meeting**" in the **Reason** field (shown below)

Ending time
and reason
filled in

The scheduling staff then clicks the *Submit* button to set the block. MedTrak automatically returns to the <u>Scheduling</u> screen displaying the blocked time (shown below).

Scheduling screen showing blocked time

Do These Steps 6.04 ====>

1. Click the *Staff* button
   (You should be on <u>Location/Division: Select</u> screen)

2. Select **Medical Care** (the initials will be your initials)
   (You should be on the <u>Scheduling</u> screen at the location level)

3. Set the day to next **Monday** using the **Calendar**

4. Be sure that the cursor is in the **8:00a** command field

5. Click the *Block Out Time* button
   (You should be on the <u>Block Out Time</u> screen)

6. Type **9:00a** in the **Time-End** field

7. Type **Office meeting** in the **Reason** field

8. Click the *Submit* button
   (The <u>Scheduling</u> screen appears showing the block)

There are several things to observe on this screen in addition to the block that now appears for the 8:00a – 9:00a time range. The word "***B*L*O*C*K*E*D*********" appears in red in the first column with the reason for the block in the second column. The third column indicates that this block is "at this level". This means that this block is at the location level and includes all of the divisions and providers at this medical facility.

To show that this block is also at the staff level, click the *Location* button at the top of the <u>Scheduling</u> screen and select Michael Newbury on the <u>Location / Division: Select</u> screen. The <u>Scheduling</u> screen for Michael Newbury appears with the same block showing (shown below).

<u>Scheduling</u> screen set to staff level

Block set at location level

Also, note that the third column indicates that the block for the office meeting was set at the location level. Because of MedTrak's three-tiered hierarchical structure, when time ranges are blocked at a higher tier, the lower tiers automatically inherit the block. The third column always indicates at which level the block was set.

---

1. **Click the *Location* button**
   (You should be on the Location/Division: Select)

2. **Select Michael Newbury**
   (You should be on Newbury's <u>Scheduling</u> screen)
   (The block for the Office meeting appears)
   (The *Location* button now reads **Staff**)
   (The blocked time range now reads "**at location level**")

Do These Steps
<==== 6.05

Clearing Blocked Time in the Schedule •••••••●

Sometimes blocks of time ranges need to be removed or cleared because they are no longer needed or were made in error.

The scheduling staff must clear blocked time at the level that the block was made. For example, if the office meeting set for next Monday is cancelled, the scheduling staff must clear the block at the location level. If the scheduling staff clicks the *Clear Block* button on a lower level on the Scheduling screen than the block was made, the block will not be cleared, and a message will appear at the top of the screen. The Scheduling screen is currently set to Michael Newbury's schedule not the location's schedule (shown below). A message will appear at the top of the Scheduling screen indicating the level of the block.

Block cannot be cleared at the staff level

In this example, the scheduling staff must clear the block at the location level where it was made on the Scheduling screen. To reset to the location level, scheduling staff clicks the *Staff* button and selects **ZZZ Medical Care** on the Location/Division: Select screen.

To clear the blocked time for the office meeting, the scheduling staff places the cursor in any one of the time frames for the block and clicks the *Clear Block* button. The next screen to appear is the Clear Blocked Time screen (shown below). All of the fields on this screen are closed because they reflect the blocking of the time range that is already in affect.

Block for Office meeting

To confirm the clearing of the block, the scheduling staff clicks the *Submit* button. MedTrak automatically returns to the <u>Scheduling</u> screen showing the schedule is now clear (shown below). The message "**Block cleared…**" appears at the top of the screen.

Block is cleared

1. **Be sure that you are on Michael Newbury's schedule showing the Office meeting block**

2. **Place the cursor in the 8:00a command field**

3. **Click the *Clear Block* button**
   (The "**Block at location level.**" message appears)
   (You must be on the **Location** level to
   clear this block)

4. **Click the *Staff* button**
   (You should be on <u>Location/Division: Select</u> screen)

5. **Select Medical Care (the initials will be your initials)**
   (You should be on the <u>Scheduling</u> screen at the
   location level)

6. **Be sure that the cursor is in the 8:00a command field**

7. **Click the *Clear Block* button**
   (You should be on the <u>Clear Blocked Time</u> screen)

8. **Click the *Submit* button**
   (You should be back on the <u>Scheduling</u> screen)
   (The "**Block cleared…**" message appears)
   (The block no longer appears on the schedule)

Blocking Out Time at the Staff Level ••••••••••••

To further explain how the block time feature works in MedTrak, the scheduling staff will set a block for Dr. Carver for next Monday from 9:00a to 12:00p. He will be unavailable during that time range. To set this block, the scheduling staff navigates to Dr. Carver's schedule for next Monday and places the cursor in the **9:00a** time command field on the <u>Scheduling</u> screen (shown below).

> Scheduling screen set to Dr. Carver's schedule

The scheduling staff clicks the *Block Out Time* button. The next screen to appear is the <u>Block Out Time</u> screen. On this screen, the scheduling staff types the ending time of "**12:00p**" and the reason for the block as "**Unavailable**" (shown below).

> Dr. Carver is unavailable from 9:00a to 12:00p

Then the scheduling staff clicks the *Submit* button.

The <u>Scheduling</u> screen refreshes displaying the block (shown below).

Block set for
Dr. Carver

This block was set at Dr. Carver's staff level, so the other two staff members' schedules are not affected. To double check that this is the case, the scheduling staff clicks the *Staff* button and selects Dr. Stimson to display her <u>Scheduling</u> screen. The block for Dr. Carver does not appear on her schedule. The scheduling staff clicks the *Exit Screen* button to return to the <u>MedTrak Main Menu</u>.

Do These Steps
<==== 6.07

1. **Click the *Location* button**
   (You should be on <u>Location/Division: Select</u> screen)

2. **Select Dr. Carver**
   (You should be on Dr. Carver's <u>Scheduling</u> screen)

3. **Confirm that you are set to next Monday's schedule**

4. **Place the cursor in the 9:00a command field**

5. **Click the *Block Out Time* button**
   (You should be on the <u>Block Out Time</u> screen)

6. **Type 12:00p in the Time-End field**

7. **Type Unavailable in the Reason field**

8. **Click the *Submit* button**
   (The block should appear on the <u>Scheduling</u> screen)

9. **Click the *Staff* button**
   (You should be on <u>Location/Division: Select</u> screen)

10. **Select Dr. Stimson**
    (Observe that the block does not appear)

11. **Click the *Exit Screen* button**
    (You should be back on the <u>MedTrak Main Menu</u>)

Blocking time in MedTrak works from the higher level tiers to the lower level tiers. If the scheduling staff blocks a time range at the location level, the block will affect every division and provider at the location. If the scheduling staff blocks a time range at a division level, the block will affect that division and each provider who works in that division. If the scheduling staff blocks a time range at the staff level, the block only affects that provider.

Do These Steps 6.08 ====>	1. **Click the *Scheduler* button** (You should be on location's <u>Scheduling</u> screen) 2. **Set the day to next Monday** 3. **Block out time for "Lunch" from 12:00p to 1:00p for Monday through Friday (for all five days)** 4. **Be sure to do each day of the week, Monday through Friday**

Do These Steps 6.09 ====>	1. **Set the day to next Monday** 2. **Block out time for "Walk-in patients" from 8:00a to 9:00a for Monday through Friday (for all five days)** 3. **Set the day to the Saturday after next Monday** 4. **Block out time for "Walk-in patients" for Saturday from 9:00a to 1:00p**

Do These Steps 6.10 ====>	1. **Click the *Location* button at the top of the screen** 2. **Select Dr Stimson** (You should be on Stimson's <u>Scheduling</u> screen) 3. **Set the day to next Wednesday** 4. **Block out time for "Hospital rounds" for Dr. Stimson for Wednesday from 9:00a to 12:00p**

Do These Steps 6.11 ====>	1. **Click the *Staff* button at the top of the screen** 2. **Select Dr Carver** (You should be on Carver's <u>Scheduling</u> screen) 3. **Set the day to next Tuesday** 4. **Block out time for "Unavailable" for Dr. Carver for Tuesday from 9:00a to 12:00p**

Scheduling Existing Patient Appointments • • • •●

To schedule existing patients for appointments, the scheduling staff sets to the appropriate provider's schedule, selects the appointment date and time, and clicks the *Add Appt* button. For example, Mr. Cliff B. Chadwick calls in to schedule an appointment with Dr. Stimson because Mr. Chadwick has not felt well for about a week. Dr. Stimson is currently treating him for high blood pressure and diabetes. The scheduling staff arranges for Mr. Chadwick to be seen next Monday afternoon at 2:00p.

To set up this appointment, the scheduling staff switches the Scheduling screen to Dr. Stimson and then sets the day to next Monday afternoon (shown below).

Then the scheduling staff places the cursor in the **2:00p** time command field and clicks the *Add Appt* button.

Cursor at 2:00p time command field

Selecting the Patient to Schedule • • • • • • • • • • • • •●

The next screen to appear is the Patient: Select screen for locating the patient's name (shown on the next page). Because this is an existing patient of Dr. Stimson's, the scheduling staff can use the **Search** field to locate the patient.

Using the search function to set up this appointment is not necessary because Mr. Chadwick's name appears on the first Patient: Select screen. The scheduling staff places the cursor in the command field next to Mr. Chadwick.

Chapter 6

Cursor next to Chadwick

MEDTRAK

Patient: Select
MON   06/24   2:15p

ⓘ Select a patient...

[   ] [Search]

Available Functions

*** BEGINNING OF PATIENTS ***

	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
	Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
	Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
	Carrey, Paula M.	03/05/1966	354-23-5310	(231) 555-6885
	Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
	Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
	Cooper, Janice R.	01/04/1978	373-82-6383	(231) 555-2773

Page Up   Page Down

Exit Screen

Then the scheduling staff clicks the *Select* button.

Do These Steps 6.12 ====>

1. From the <u>MedTrak Main Menu</u>
2. Click the *Scheduler* button
3. Set the day to next **Monday**
4. Click the *Location* button
5. Select **Dr Stimson**
   (You should be on Stimson's <u>Scheduling</u> screen)
6. Place the cursor in the **2:00p** time command field
7. Click the *Add Appt* button
   (You should be on the <u>Patient: Select</u> screen)
8. Place the cursor in the command field for **Chadwick**
9. Click the *Select* button
   (You should be on the <u>Company: Select</u> screen)

Selecting the Patient / Company • • • • • • • • • • • • • •●

MedTrak is designed to handle patient responsibility cases (self pay, guarantor, group health, Medicare, Medicaid, etc.) where the patient is responsible for payment of services through their group health coverage or out of their own pocket, and occupational medicine cases (worker's compensation and employee health) where the employer is responsible for payment of services through the employer's worker's compensation insurance or the employer's checkbook.

In this example, Mr. Chadwick has a patient responsibility relationship due to his existing high blood pressure and diabetes conditions. His health insurance is with Medicare.

When the scheduling staff clicks the *Select* button on the Patient: Select screen for Mr. Chadwick, the Company: Select screen appears (shown below).

Patient Responsibility

The scheduling staff places the cursor in the command field next to "**..Patient Responsibility**" and clicks the *Select* button.

> 1. **Place the cursor next to ..Patient Responsibility**
> 2. **Click the *Select* button**
>   (You should be on the Patient / Payers: Confirm screen)

Do These Steps
<==== 6.13

Confirming the Patient's Payers

The next screen to appear is Mr. Chadwick's Patient / Payers: Confirm screen (shown below).

Medicare coverage

Displayed on this screen is his insurance coverage with Medicare. When asked by the scheduling staff, Mr. Chadwick indicates that he still has Medicare insurance coverage. The scheduling staff reminds Mr. Chadwick to bring his insurance card with him to his appointment.

The scheduling staff then clicks the *Confirm Payers* button.

Do These Steps
6.14 ====>

1. **Confirm that Mr. Chadwick still has Medicare insurance coverage**

2. **Click the *Confirm Payers* button**
   (You should be on Scheduling: Add Appointment)

Appointment Scheduling

The next screen to appear is the Scheduling: Add Appointment screen. On this screen, the scheduling staff types the reason for the appointment "**does not feel well**" and sets the length of time for the appointment to be "**30**" minutes. Dr. Stimson likes her return visit appointments for existing patients to be 30 minutes. Because Mr. Chadwick has Medicare insurance, the Authorization Number from the insurance company is not required (shown below).

Reason and **Length** filled in

After entering the reason for the appointment and the length of time needed, the scheduling staff clicks the *Submit* button

---

	Do These Steps
1. Type **does not feel well** in the **Reason** field	<==== 6.15
2. Type **30** in the **Length** field	
3. Click the *Submit* button	
(You should be on the <u>Appointment Note: Add</u> screen)	

Appointment Note ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

The next screen to appear is the <u>Appointment Note: Add</u> screen. On this screen, the scheduling staff can input any special notes about the appointment for the clinical staff to read. In this example, the scheduling staff types "**Patient indicates that he has not felt well for over a week.**" (shown below).

After entering the appointment note, the scheduling staff clicks the *Submit Note* button. MedTrak returns to the <u>Scheduling</u> screen for Dr. Stimson (shown on the next page).

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MEDTRAK

Scheduling

MON   06/24   2:23p

ⓘ Appointment added...

Location: ZZZ Medical Care

STIMSON, ANN R (347908)   [Staff]

06/24/YY   MON   (mm/dd/yy)

[Previous Day] [Calendar] [Next Day]   [Clinic Status] [Patients] [Companies]

Available Functions

[Select Time]

[Patient Showed]

[Add Appt]

[Change Appt]

[Cancel Appt]

[Exit Screen]

[Main Menu]

Screen ID: Scheduler
UI: SCHDLP1

```
                *** BEGINNING ***
        9:00a  ---------------  ---------------  ---------------
        9:15a  ---------------  ---------------  ---------------
        9:30a  ---------------  ---------------  ---------------
        9:45a  ---------------  ---------------  ---------------
       10:00a
        1:00p  ---------------  ---------------  ---------------
        1:15p  ---------------  ---------------  ---------------
        1:30p  ---------------  ---------------  ---------------
        1:45p  ---------------  ---------------  ---------------
        2:00p *CHADWICK, CLIFF B.   DOES NOT FEEL WELL   Medicare
        2:15p *CHADWICK, CLIFF B.   DOES NOT FEEL WELL   Medicare
        2:30p  ---------------  ---------------  ---------------
        2:45p  ---------------  ---------------  ---------------
```

Chadwick appointment

Do These Steps 6.16 ====>

1. Type **Patient indicates that he has not felt well for over a week.** in the **Appointment Note** field

2. Click the *Submit Note* button
   (You should be on <u>Scheduling</u> screen)
   (Mr. Chadwick should have an appointment)
   (There should be an asterisk in front of his name)

3. Click the *Main Menu* button
   (You should be back on the <u>MedTrak Main Menu</u>)

Scheduling a Second Appointment •••••••••••●

Susan S Robertson calls to make an appointment with Dr. Stimson. Ms. Robertson is being treated by Dr. Stimson for arthritis in her upper back. She would like an appointment for her annual physical for next Monday afternoon. She indicates that she still has health insurance coverage with Blue Cross / Blue Shield of Michigan.

After reviewing Dr. Stimson's schedule for Monday, the scheduling staff sets up an appointment at 3:00p for Ms. Robertson.

1. Click the *Scheduler* button on the <u>MedTrak Main Menu</u>

2. Set the day to next **Monday**

3. Click the *Location* button
   (You should be on <u>Location/Division: Select</u> screen)

4. Select **Dr. Stimson**
   (You should be on Dr. Stimson's Monday schedule)

5. Place the cursor in the **3:00p** time command field

6. Click the *Add Appt* button
   (You should be on the <u>Patient: Select</u> screen)

7. Search for **Ms. Robertson** in the patient database

8. Place the cursor next to **Robertson, Susan S**

9. Click the *Select* button
   (You should be on the <u>Company: Select</u> screen)

10. Place the cursor next to **..Patient Responsibility**

11. Click the *Select* button
    (You should be on the <u>Patient / Payers: Confirm</u> screen)

12. Ms. Robertson still has **Blue Cross / Blue Shield of Michigan** insurance coverage

13. Click the *Confirm Payers* button
    (You should be on <u>Scheduling: Add Appointment</u>)

14. Type **Annual physical** in the **Reason** field

15. Type **30** in the **Length** field

16. Click the *Submit* button
    (You should be on <u>Appointment Note</u> screen)

17. There is no appointment note for this patient

18. Click the *Exit Screen* button
    (You should be on <u>Scheduling</u> screen)
    (Ms. Robertson's appointment appears)
    (There is no asterisk indicating a note)

19. Click the *Main Menu* button
    (You should be back on the <u>MedTrak Main Menu</u>)

Do These Steps
<==== 6.17

Chapter 6

Scheduling New Patient Appointments •••••••●

To schedule new patients for appointments, the scheduling staff sets to the appropriate provider's schedule, selects the appointment date and time, and clicks the *Add Appt* button. For example, Ms. Mary G. Harding calls in to schedule an appointment because she hurt her lower back when she picked up one of her children the previous week. She is a new patient to the medical office and would like an appointment for next Tuesday afternoon because she has a babysitter lined up for then. The scheduling staff will arrange for her to be seen by Dr. Carver next Tuesday afternoon at 1:30p.

To set up this appointment, the scheduling staff sets the day on the Scheduling screen to next Tuesday afternoon and then switches the Scheduling screen to Dr. Carver (shown below).

Dr. Carver's schedule

Then the scheduling staff places the cursor in the **1:30p** command field and clicks the *Add Appt* button.

Selecting the Patient to Schedule •••••••••••●

The next screen to appear is the Patient: Select screen for locating the patient's name (shown below).

Add Patient button

Because Ms. Harding is a new patient, the scheduling staff clicks the *Add Patient* button.

---

1. **Click the *Scheduler* button on the <u>MedTrak Main Menu</u>**

2. **Set the day to next Tuesday**

3. **Click the *Location* button**
   (You should be on <u>Location/Division: Select</u> screen)

4. **Select Dr. Carver**
   (You should be on Dr. Carver's Tuesday schedule)

5. **Place the cursor in the 1:30p time command field**

6. **Click the *Add Appt* button**
   (You should be on the <u>Patient: Select</u> screen)

7. **Click the *Add Patient* button**
   (You should be on the <u>Partial Patient Add</u> screen)

Do These Steps
<==== 6.18

Adding New Patient Demographics ●●●●●●●●●●●●

The next screen to appear is the <u>Partial Patient Add</u> screen. When scheduling an appointment for a new patient, the only patient demographic information needed is the patient's name and phone numbers. Full demographic information will be collected at the front desk during registration when the patient arrives for their initial visit.

The scheduling staff types Ms. Harding name in last name, then a comma, then first name, and then middle initial order. Then the scheduling staff types Ms. Harding's phone numbers (shown below).

Name and phone numbers

The scheduling staff then clicks the *Submit* button to set up her partial patient record in the patient database.

Do These Steps 6.19 ====>	1. **Type Harding, Mary G in the Name field** (It must be in last name then comma then space then first name then space then middle initial order) 2. **Type 231 555 3773 in the Home Phone field** 3. **Type 231 555 0798 in the Alternate Phone field** 4. **Click the *Submit* button** (You should be on the Company: Select screen)

Selecting the Patient / Company •••••••••••••••••●

The next screen to appear is the Company: Select screen (shown below). In this example, Ms. Harding's Blue Cross / Blue Shield of Michigan insurance will be billed for the services rendered. So, the scheduling staff places the cursor in the command field next to "**..Patient Responsibility**".

Patient Responsibility

Then the scheduling staff clicks the *Select* button.

Do These Steps 6.20 ====>	1. **Place the cursor next to ..Patient Responsibility** 2. **Click the *Select* button** (You should be on Entity / Payers: Select screen)

Selecting the Patient's Payers •••••••••••••••••••

Because Ms. Harding is a new patient who is responsible for payment of the services, the next screen to appear is the Entity / Payers: Select screen.

This screen displays all of the authorized payers for the entity that owns the medical office. This screen will not appear if this is a worker's compensation or employee health case because the employer is responsible for paying for those types of visits.

Ms. Harding has Blue Cross / Blue Shield of Michigan as her group health insurance coverage. The scheduling staff places the cursor next to Blue Cross / Blue Shield of Michigan and clicks the *Select Payer* button.

The Entity / Payers: Select screen refreshes with the "**Blue Cross / Blue Shield of Michigan attached (as incomplete)…**" message at the top (shown below). For scheduling an appointment for a new patient, the only insurance information needed is the name of the insurance company. The front desk person will record the rest of Ms. Harding's demographic information including her subscriber and policy data for Blue Cross / Blue Shield of Michigan when Ms. Harding arrives for her appointment.

Message after selecting Blue Cross / Blue Shield of Michigan

Because this is Ms. Harding's only health insurance coverage, the scheduling staff clicks the *Exit Screen* button. The next screen to appear is the Patient / Payers: Confirm screen showing that Ms. Harding's primary insurance coverage is with Blue Cross / Blue Shield of Michigan (shown below).

Payer information is incomplete

After reviewing this for accuracy, the scheduling staff clicks the *Confirm Payers* button.

<table>
<tr><td>

**Do These Steps
6.21 ====>**

</td><td>

1. **Place the cursor next to Blue Cross / Blue Shield of Michigan**

2. **Click the *Select Payer* button**
   (You should still be on the <u>Entity / Payers: Select)</u>
   (The message "**Blue Cross / Blue Shield of Michigan attached (as incomplete)…**" should appear)

3. **Click the *Exit Screen* button**
   (You should be on the <u>Patient / Payers: Confirm</u> screen)
   (Blue Cross / Blue Shield of Michigan appears)

4. **Click the *Confirm Payers* button**
   (You should be on the
   <u>Scheduling: Add Appointment</u> screen)

</td></tr>
</table>

Appointment Scheduling ●

The next screen to appear is the <u>Scheduling: Add Appointment</u> screen. On this screen, the scheduling staff types the reason for the appointment "**Lower back pain**" and sets the length of time for the appointment to be "**30**" minutes. Dr. Carver likes his musculoskeletal initial visit appointments for new patients to be 30 minutes. Because Blue Cross / Blue Shield of Michigan does not require prior authorization for treatment, the **Authorization Number** is not required (shown below).

Reason and **Length** filled in

After entering the reason for the appointment and the length of time needed, the scheduling staff clicks the *Submit* button.

> 1. Type **Lower back pain** in the **Reason** field
> 2. Type **30** in the **Length** field
> 3. Click the *Submit* button
>   (You should be on the <u>Appointment Note</u> screen)

Appointment Note ●

The next screen to appear is the <u>Appointment Note</u> screen. On this screen, the scheduling staff can input any special notes about the appointment for the clinical staff to read. In this example, the scheduling staff types "**Patient indicates that she hurt her lower back when lifting one of her children last week.**" (shown below).

Appointment Note

After entering the appointment note, the scheduling staff clicks the *Submit Note* button.

MedTrak returns to the <u>Scheduling</u> screen for Dr. Carver (shown on the next page). Ms. Harding's appointment appears on the screen. The asterisk in front of Ms. Harding's name indicates that there is a note attached to her appointment.

Harding appointment

Do These Steps 6.23 ====>

1. Type **Patient indicates that she hurt her lower back when lifting one of her children last week.** in the **Appointment Note** field

2. Click the *Submit Note* button
   (You should be on <u>Scheduling</u> screen)
   (Ms. Harding should have an appointment)
   (There should be an asterisk in front of her name)

3. Click the *Main Menu* button
   (You should be back on the <u>MedTrak Main Menu</u>)

Scheduling a Second New Patient •••••••••••●

Michael T. Newcombe calls to make an appointment with Dr. Carver for next Wednesday morning. Mr. Newcombe has developed a rash on his right arm that he would like examined. He does not have any health insurance and will personally pay for the charges.

After reviewing Dr. Carver's schedule for Wednesday, the scheduling staff sets up an appointment at 10:00a for Mr. Newcombe.

1. Click the *Scheduler* button on the <u>MedTrak Main Menu</u>
    (You should be on <u>Scheduling</u> screen)

2. Set the day to next **Wednesday**

3. Click the *Location* button
    (You should be on <u>Location/Division: Select</u> screen)

4. Select **Dr. Carver**
    (You should be on Carver's Wednesday schedule)

5. Place the cursor in the **10:00a** time command field

6. Click the *Add Appt* button
    (You should be on the <u>Patient: Select</u> screen)

7. Note: You will add **Michael Newcombe** as a new patient

8. Click the *Add Patient* button
    (You should be on the <u>Partial Patient Add</u> screen)

9. Type **Newcombe, Michael T** in the **Name** field

10. Type **231 555 6378** in the **Home Phone** field

11. Type **231 555 9584** in the **Alternate Phone** field

12. Click the *Submit* button
    (You should be on the <u>Company: Select</u> screen)

13. Place the cursor next to **..Patient Responsibility**

14. Click the *Select* button
    (You should be on the <u>Entity / Payers: Select</u> screen)

15. Place the cursor next to **SELF PAY**

16. Click the *Select Payer* button
    (The message "**SELF PAY attached to
    Newcombe, Michael T...**" should appear)

17. Click the *Exit Screen* button
    (You should be on the <u>Patient / Payers: Confirm</u> screen)
    (SELF PAY should be the primary payer)

18. Click the *Confirm Payers* button
    (You should be on <u>Scheduling: Add Appointment</u>)

19. Type **Rash on right arm** in the **Reason** field

20. Type **30** in the **Length** field

21. Click the *Submit* button
    (You should be on <u>Appointment Note</u> screen)
    (There is no note for this appointment)

Do These Steps
<==== 6.24

> **Do These Steps**
> **6.25 ====>**

1. **Click the *Exit Screen* button**
   (You should be on <u>Scheduling</u> screen)
   (Mr. Newcombe's appointment appears)
   (There is no asterisk indicating an appointment note)

2. **Click the *Main Menu* button**
   (You should be back on the MedTrak Main Menu)

Moving an Appointment to a New Time • • • • • • •●

Cliff B. Chadwick calls to see if he can move his appointment for Monday with Dr. Stimson from 2:00p in the afternoon to some time in the morning. The scheduling staff sets to Dr. Stimson's schedule for next Monday morning to see if this is possible (shown below).

10:00a is available

After checking the schedule, the scheduling staff tells Mr. Chadwick that Dr. Stimson could see him at 10:00a on Monday, if that works for him. He indicates that it will work. The scheduling staff resets Dr. Stimson's schedule to Monday afternoon by scrolling down the screen (shown below). Mr. Chadwick's appointment appears on this screen.

To move Mr. Chadwick's appointment, the scheduling staff places the cursor in the command field next to his **2:00p** appointment and clicks the *Move Appt* button (shown below). The <u>Scheduling</u> screen refreshes with the message "**Move CHADWICK, CLIFF B. TO…**".

First step of the move

The scheduling staff then scrolls back up to reset the <u>Scheduling</u> screen for Dr. Stimson to the morning, places the cursor in the **10:00a** time command field, and clicks the *To Here* button.

The next screen to appear is the <u>Scheduling: Move Appointment</u> screen for Mr. Chadwick's appointment (shown below).

Move appointment from and to parameters

The scheduling staff reviews the information on this screen and then clicks the *Submit* button to move the appointment. The next screen to appear is the <u>Scheduling</u> screen showing Mr. Chadwick's appointment is now at 10:00a on Monday morning. (shown on the next page). The message at the top indicates that the move was completed successfully.

MEDTRAK

Scheduling

MON 06/24 2:59p

ⓘ Move completed successfully...

Location: ZZZ Medical Care
STIMSON, ANN R (347908)   [Staff]
[06/24/YY] MON (mm/dd/yy)

[Previous Day] [Calendar] [Next Day]   [Clinic Status] [Patients] [Companies]

Appointment moved to 10:00a

Available Functions   *** BEGINNING ***

| Select Time |
| Patient Showed |
| Add Appt |
| Change Appt |
| Cancel Appt |
| Block Out Time |
| Clear Block |

	9:00a	-------------------	-------------------	-------------------
	9:15a	-------------------	-------------------	-------------------
	9:30a	-------------------	-------------------	-------------------
	9:45a	-------------------	-------------------	-------------------
	10:00a	*CHADWICK, CLIFF B.	DOES NOT FEEL WELL	Medicare
	10:15a	*CHADWICK, CLIFF B.	DOES NOT FEEL WELL	Medicare

Do These Steps 6.26 ====>

1. Click the *Scheduler* button on the <u>MedTrak Main Menu</u>

2. Set the day to next **Monday**

3. Click the *Location* button
    (You should be on <u>Location/Division: Select</u> screen)

4. Select **Dr. Stimson**
    (You should be on Stimson's Monday schedule)

5. Place the cursor in the **2:00p** time command field next to Mr. Chadwick's appointment

6. Click the *Move Appt* button
    (The <u>Scheduling screen</u> refreshes with the message "**Move CHADWICK, CLIFF B. to…**"

7. Place the cursor in the **10:00a** time command field

8. Click the *To Here* button
    (You should be on <u>Scheduling: Move Appointment</u>)
    (Review the move information for accuracy)

9. Click the *Submit* button
    (The <u>Scheduling screen</u> refreshes with the message "**Move completed successfully…**")
    (Mr. Chadwick's appointment should be at 10:00a)

10. Click the *Main Menu* button
    (You should be back on the <u>MedTrak Main Menu</u>)

Cancelling an Appointment ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●●

Mary G. Harding calls the clinic because she needs to cancel the appointment that she made to see Dr. Carver for her lower back. Her back is starting to feel a little better, and her baby sitter is not available now on Tuesday afternoon. The scheduling staff chooses to cancel her appointment by accessing it from the patient database. The scheduling staff clicks the *Patient Registration* button from the MedTrak Main Menu. On the Patients screen the scheduling staff types **Harding** in the **Search** field (shown below).

Harding in the **Search** field

Then the scheduling staff clicks the *Search* button. The Patients screen resets with Harding at the top of the list. The scheduling staff places the cursor in the command field next to Harding and clicks the *Appointments* button. The next screen to appear is the Appointments screen for Ms. Harding (shown below).

Lower back appointment

Cancel appointment button

To cancel this appointment, the scheduling staff places the cursor in the command field next to her appointment and clicks the *Cancel* button. The Scheduling: Cancel Appointment screen appears for this appointment. The scheduling staff types "**Patient's back is feeling better**" in the **Cancel Reason** field (shown on next page).

Scheduling:
Cancel
Appointment
screen

Then the scheduling staff clicks the *Submit* button. The Appointments screen for Ms. Harding refreshes showing that her appointment was successfully cancelled (show below). The word "***CANCEL**" appears next to the time.

Do These Steps
6.27 ====>

1. Click the *Patient Registration* button on the **MedTrak Main Menu**
(You should be on Patients screen)

2. Type **Harding** in the **Search** field

3. Click the *Search* button
(The Patients screen refreshes set to Harding)

4. **Place the cursor next to Harding**

5. Click the *Appointments* button
(You should be on the Appointments for Harding)

6. **Be sure that the cursor is next to her appointment**

7. Click the *Cancel* button
(Should be on Scheduling: Cancel Appointment)

1. Type **Patient's back is feeling better** in the
   Cancel Reason field

2. Click the *Submit* button
   (You should be back on the <u>Appointments</u> screen)
   (The appointment is now cancelled)

3. Note: MedTrak keeps an audit log of appointments

4. Type **log** next to the appointment

5. Press the *ENTER* key
   (You should be on the <u>Appointment Log</u>)
   (Review the log entries for the appointment)

6. Click the *Exit Screen* button
   (You should be back on the <u>Appointments</u> screen)

7. Click the *Exit Screen* button again
   (You should be back on the <u>Patients</u> screen)

8. Review Dr. Carver's schedule for next Tuesday to
   confirm that Ms. Harding's 1:30p appointment
   is not there.

Self Assessment ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

1. On either the <u>Scheduling</u> screen or the <u>Patients</u> screen

2. Type **SA06** in any command field
   (**SA** stands for self assessment and **06** is the chapter #)

3. Press the *ENTER* key
   (**"Self Assessment sent to printer/queue…"** appears)

4. Click the *View Prints* button
   (The <u>Available User Reports</u> window opens)

5. Find the **Self Assessment** report that you just printed
   (If it does not appear, click the *Refresh* button)

6. Review the **Self Assessment** report. If you have errors,
   fix them and run a new **SA06** report.

7. You must have a 100% (error-free) report before
   continuing.

Printing Schedules

After blocking the time in the schedule and making the appointments for the existing patients and new patients, the scheduling staff was asked to print the schedule for next week for the medical office. To do so, the scheduling staff sets the scheduling screen to Monday of next week at the location level.

Then the scheduling staff types the print command **pr** in any one of the time command fields on the <u>Scheduling</u> screen (shown below).

Print
Command
pr

Then the scheduling staff presses the *ENTER* key. The next screen to appear is the <u>Scheduled Visits</u> print screen (shown below).

Starting and
ending dates
for this report

After entering the date range, the scheduling staff clicks the *Print* button.

The <u>Scheduled Visits</u> print screen refreshes with a "**Report sent to printer/ queue - use View Prints link…**" message at the top.

If the scheduling staff needed to print another date range for the medical office, they would do so at this time.

This was the only date range that they needed, so the scheduling staff clicks the *Exit Screen* button to return to the Scheduling screen for the location.

1. **Note: Print the schedule for your location** 2. **Click the *Scheduler* button on the MedTrak Main Menu** 3. **Set the date to next Monday** 4. **Type pr in any of the time command fields** 5. **Press the *ENTER* key** (You should be on the Scheduled Visits screen) 6. **Change the Through date to next Saturday** 7. **Click the *Print* button** ("**Report sent to printer/queue - use View Prints link…**" message appears) 8. **Click the *Exit Screen* button** (You should be on the location Scheduling screen)

Do These Steps
<==== 6.30

1. **Note: Print the schedule for Dr. Stimson** 2. **You should already be on the Scheduling screen at the location level** 3. **Be sure that the day is still set to next Monday** 4. **Click the *Location* button** 5. **Select Dr. Stimson** (You should be on Stimson's Scheduling screen) 6. **Type pr in any of the time command fields** 7. **Press the *ENTER* key** (You should be on the Scheduled Visits screen) 8. **Change the Through date to next Friday** 9. **Click the *Print* button** ("**Report sent to printer/queue - use View Prints link…**" message appears) 10. **Click the *Exit Screen* button** (You should be on Stimson's Scheduling screen)

Do These Steps
<==== 6.31

Chapter 6

Do These Steps 6.32 ====>	

1. **Note: Print the schedule for Dr. Carver**

2. **You should already be on the <u>Scheduling</u> screen at the staff level**

3. **Be sure that the day is still set to next Monday**

4. **Click the *Staff* button**

5. **Select Dr. Carver**
   (You should be on Carver's <u>Scheduling</u> screen)

6. **Type pr in any of the time command fields**

7. **Press the *ENTER* key**
   (You should be on the <u>Scheduled Visits</u> screen)

8. **Change the Through date to next Friday**

9. **Click the *Print* button**
   ("**Report sent to printer/queue - use View Prints link…**"
   message appears)

10. **Click the *Exit Screen* button**
    (You should be on Carver's <u>Scheduling</u> screen)

Do These Steps 6.33 ====>	

1. **You should already be on the <u>Scheduling</u> screen**

2. **To view your print queue, click the *View Prints* button**
   (This will open another window displaying your
   PDF print queue called <u>Available User Reports</u>)

3. **Find your report (If it does not appear, click the *Refresh*
   button)**

4. **Place the cursor next to the print that you want**

5. **Click the *View Report* button**
   (The PDF will open in another window)

6. **Print the report or save / download it to your computer**

7. **Do this process for all three schedule prints**

8. **Close the PDF window for each print**

9. **Close the <u>Available User Reports</u> window**
   (You should be back on the <u>Scheduling</u> screen)

Chapter 6 - Review Activities ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

Answer the following questions:

1. **Medical facilities use scheduling systems to help reduce patient waiting times.**

> True
> False

2. **Which of the following are responsibilities of the scheduling staff?**

> A. Setting up new appointments
> B. Placing patients in exam rooms
> C. Changing appointment dates and times
> D. Blocking time out of the schedule for meetings and lunch
> E. All of the above

3. **In your own words, state how an accurate and up-to-date scheduling system affects the operation of a medical facility.**

4. **What is the minimum amount of patient information necessary to schedule an appointment? Select all that apply.**

> A. Patient's name
> B. Patient's phone number
> C. Patient's address including street, city, state and zip code
> D. Patient's social security number, if they have one
> E. Patient's primary payer
> F. Reason for the appointment
> G. Length of the appointment
> H. All of the above

5. **Appointments must be set up on a provider's schedule, not to the location.**

> True
> False

Schedule Print for the medical facility

```
PAGE - 1                              ZZZ Medical Care Schedule                        07/03/YY
                                       06/24/YY - 06/29/YY                               1:03p


06/24/YY Monday
  8:00a -  9:00a   *** BLOCKED              Walk-in patients
 10:00a - 10:30a   CHADWICK, CLIFF B.       DOES NOT FEEL WELL          No Show  (231) 555-4894
 12:00p -  1:00p   *** BLOCKED              Lunch
  3:00p -  3:30p   ROBERTSON, SUSAN S.      ANNUAL PHYSICAL             No Show  (231) 555-9389

06/25/YY Tuesday
  8:00a -  9:00a   *** BLOCKED              Walk-in patients
 12:00p -  1:00p   *** BLOCKED              Lunch

06/26/YY Wednesday
  8:00a -  9:00a   *** BLOCKED              Walk-in patients
 10:00a - 10:30a   NEWCOMBE, MICHAEL T      RASH ON RIGHT ARM           No Show  (231) 555-6378
 12:00p -  1:00p   *** BLOCKED              Lunch

06/27/YY Thursday
  8:00a -  9:00a   *** BLOCKED              Walk-in patients
 12:00p -  1:00p   *** BLOCKED              Lunch

06/28/YY Friday
  8:00a -  9:00a   *** BLOCKED              Walk-in patients
 12:00p -  1:00p   *** BLOCKED              Lunch

06/29/YY Saturday
  9:00a -  1:00p   *** BLOCKED              Walk-in patients

*** END OF PRINT  07/03/YY  1:03p  -  Healthcare Student ***
```

Schedule Print for Dr. Stimson

```
PAGE - 1                        ZZZ Medical Care / STIMSON, ANN R Schedule              07/03/YY
                                       06/24/YY - 06/28/YY                               1:04p


06/24/YY Monday
 10:00a - 10:30a   CHADWICK, CLIFF B.       DOES NOT FEEL WELL          No Show  (231) 555-4894
 12:00p -  1:00p   *** BLOCKED              Lunch
  3:00p -  3:30p   ROBERTSON, SUSAN S.      ANNUAL PHYSICAL             No Show  (231) 555-9389

06/25/YY Tuesday
 12:00p -  1:00p   *** BLOCKED              Lunch

06/26/YY Wednesday
  9:00a - 12:00p   *** BLOCKED              Hospital rounds
 12:00p -  1:00p   *** BLOCKED              Lunch

06/27/YY Thursday
 12:00p -  1:00p   *** BLOCKED              Lunch

06/28/YY Friday
 12:00p -  1:00p   *** BLOCKED              Lunch

*** END OF PRINT  07/03/YY  1:04p  -  Healthcare Student ***
```

Schedule Print for Dr. Carver

```
PAGE - 1                        ZZZ Medical Care / CARVER, JAMES R Schedule             07/03/YY
                                       06/24/YY - 06/28/YY                               1:04p


06/24/YY Monday
  9:00a - 12:00p   *** BLOCKED              Unavailable
 12:00p -  1:00p   *** BLOCKED              Lunch

06/25/YY Tuesday
  9:00a - 12:00p   *** BLOCKED              Unavailable
 12:00p -  1:00p   *** BLOCKED              Lunch

06/26/YY Wednesday
 10:00a - 10:30a   NEWCOMBE, MICHAEL T      RASH ON RIGHT ARM           No Show  (231) 555-6378
 12:00p -  1:00p   *** BLOCKED              Lunch

06/27/YY Thursday
 12:00p -  1:00p   *** BLOCKED              Lunch

06/28/YY Friday
 12:00p -  1:00p   *** BLOCKED              Lunch

*** END OF PRINT  07/03/YY  1:04p  -  Healthcare Student ***
```

Patient Registration

7

Estimated Duration
45 Minutes

Scheduling	Patient intake
Patient registration	Physician - initial patient contact
	Open orders processing
	Physician - additional orders
Patient treatment = = = = = = = >	Physician - referrals
	Physician - diagnosing
	Physician - history and exam
	Physician - prescribing
Incomplete charting	Physician - aftercare instructions
	Physician - evaluation and management
Billing	Patient discharge
	Payment collection
Payments, collection activity, & refunds	

Key Concepts

- ► Scheduled patients
- ► Walk-in patients
- ► Disciplines of medicine
- ► Problem-focused EHR system
- ► Clinical decision support (CDS)
- ► Blended checklists
- ► Meaningful Use Objectives:
    Core #6 - Clinical decision support

- ► Multiple presenting problems
- ► Add a new patient
- ► Established patient
- ► Patient responsibility
- ► Occupational medicine
- ► Payer responsibility relationship

Patient Registration ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

When a patient arrives at the front desk of a health care facility for registration, the front desk person typically asks who the person is and if they have an appointment. Additionally, they will ask them to sign the check-in register. The mix of scheduled patients versus walk-in patients (those that do not have an appointment) ranges from 100% scheduled and 0% walk-in's to 0% scheduled and 100% walk-in's. Your medical office accepts walk-in patients and has set aside a special time in each day to accommodate them.

When registering a scheduled patient, the front desk person will "mark" on the schedule that the patient showed for their appointment and then register them for their visit.

In this chapter, you will use 2 different processes to register a patient in MedTrak:

Scheduled patients

1. For patients who have scheduled appointments (**scheduled patients**), you will access the **Scheduling** module from the MedTrak Main Menu by clicking the *Scheduler* button.

Walk-in patients

2. For patients who do not have an appointment (**walk-in patients**), you will access the **Patient Registration** module from the MedTrak Main Menu by clicking the *Patient Registration* button.

Registering a Patient from the Scheduler ●●●●●●

If the patient has an appointment, MedTrak enables the front desk person to register a patient directly from the **Scheduler**. When the front desk person clicks the *Scheduler* button from the MedTrak Main Menu, the Scheduling screen automatically sets to the location view for that day's schedule.

For this example, the front desk person will register Michael T. Newcombe for his visit to see Dr. Carver. Mr. Newcombe has shown up for his appointment and completed the appropriate paperwork including the medical office's registration form, consent to treat form, release of information form, and HIPAA Privacy Act policy.

Mr. Newcombe's appointment with Dr. Carver is for next Wednesday morning at 10:00a. For the purposes of this example, the Scheduling screen needs to be set to next Wednesday (shown on the next page).

```
MEDTRAK
Scheduling
MON   07/08   10:51a


ZZZ Medical Care    [ Location ]
06/26/YY   WED    (mm/dd/yy)


 ←          ▦          →
Previous   Calendar   Next          Clinic
  Day                 Day           Status   Patients   Companies

Available Functions            *** BEGINNING ***
Select Time        ▯    8:00a *B*L*O*C*K*E*D******* Walk-in patients    at this level
Patient Showed     □    8:15a *B*L*O*C*K*E*D******* Walk-in patients    at this level
Add Appt           □    8:30a *B*L*O*C*K*E*D******* Walk-in patients    at this level
Change Appt        □    8:45a *B*L*O*C*K*E*D******* Walk-in patients    at this level
Cancel Appt        □    9:00a --------------------- --------------------- ---------------------
Block Out Time     □    9:15a --------------------- --------------------- ---------------------
Clear Block        □    9:30a --------------------- --------------------- ---------------------
Move Appt          □    9:45a --------------------- --------------------- ---------------------
To Here            □
Column View        □   10:00a NEWCOMBE, MICHAEL T   RASH ON RIGHT ARM    SELF PAY
```

1. **Click the *Scheduler* button on the <u>MedTrak Main Menu</u>**
   (You should be on <u>Scheduling</u> screen)

2. **Set the day to next Wednesday**
   (You should be on the <u>Scheduling</u> screen showing the **Newcombe** appointment)

If you do NOT see Mr. Newcombe's appointment:

1. **Click the *Patients* button at the top of the screen.**

2. **Search for Newcombe and place the cursor next to him**

3. **Click the *Appointments* button**
   (You should be on Newcombe's <u>Appointments</u> screen)

4. **Click the *Schedule* button**
   (You should be on the <u>Scheduling</u> screen showing the **Newcombe** appointment)

With the cursor in the command field next to Mr. Newcombe's appointment, the front desk person clicks the *Patient Showed* button.

The <u>Patient: Add</u> demographics screen appears. Because Mr. Newcombe is a new patient, the only demographic information recorded by the scheduling staff when he made his appointment was his name, phone numbers, and primary payer (for Patient Responsibility patients).

On the <u>Patient: Add</u> screen, the front desk person enters Mr. Newcombe's demographic information found on his patient registration form (shown on page after his patient demographics form).

Medical Care Offices

Patient Registration Form

Social Security Number	**541 - 62- 5241**

Name & Address

Prefix (Mr., Mrs., Ms.)	**Mr.**
First name	**Michael**
Middle initial	**T**
Last name	**Newcombe**
Suffix (Jr. Sr. II, III)	
Address line 2	**1535 Sunset Drive**
Address line 3	
Address line 4	
City	**North Muskegon**
State	**MI**
Zip	**49445**

Other Information

Home phone	**(231) 555-6378**
Alternate phone	**(231) 555-9584**
Work phone	
Date of birth	**11/16/1981**
Gender	**Male**
Marital Status	**Married**
Preferred language	**English**
Race	**Black**
Ethnicity	**Not Hispanic or Latino**

Patient: Add
THU 07/11 11:21a

Password ****** Initials ZZZ

Exit Screen

Main Menu

Social Security Number * 541 – 62 – 5241

Name & Address
Prefix (Mr., Mrs., Ms.)   Mr. ▼
First   * Michael
Middle   T
Last   * Newcombe
Suffix (Jr., Sr., II, III)
Address line 2   * 1535 Sunview Drive
Address line 3
Address line 4
City   * North Muskegon
State   * MI
Zip   * 49445

Other Information
Home Phone   231 – 555 – 6378
Alternate Phone   231 – 555 – 9584
Work Phone   – – ext
Birthdate   * 11/16/1981 (mm/dd/ccyy)
Gender   * M ▼
Marital Status   Married ▼
Preferred Language   * English ▼
Race   * Black or African American ▼
Ethnicity   * Not Hispanic or Latino ▼
Employee Number
Medical Record Number:

Submit

* Indicates required field.

Newcombe demographics

Chapter 7

---

1. **Place the cursor in Michael Newcombe's 10:00a time command field**

2. **Click the *Patient Showed* button**
   (You should be on the Patient: Add screen)

3. **Type in Michael Newcombe's patient demographics from his patient registration form found on the previous page)**

Do These Steps
<==== 7.02

Creating a New Case ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

The front desk person clicks the *Submit* button to add Mr. Newcombe to the patient database.

The next screen to appear is the New Case screen. Again, because Mr. Newcombe is a new patient, there are no existing cases for him. On this screen, the front desk person records his reason for seeing Dr. Carver as "**Rash on right arm**" (shown below).

Reason for seeing Dr. Carver

Do These Steps 7.03 ====>

1. **Click the *Submit* button on the Patient: Add screen**
   (You should be on the New Case screen)

2. **Type Rash on right arm in the Complaint field**

Confirming the Patient's Payers ●●●●●●●●●●●●●●●●

After completing this screen, the front desk person clicks the *Submit* button.

The next screen to appear is the Patient / Payers: Confirm screen for Mr. Newcombe (shown on the next page).

When he called to make his appointment, he indicated that he did not have health insurance and would personally be paying for the charges. If he did have health insurance, the front desk person would scan his photo identification and health insurance card and attach them to his record in MedTrak. In this example, Mr. Newcombe is the payer so the front desk person only scans his photo identification.

The Patient / Payers: Confirm screen shows "**SELF PAY**" as the primary payer (shown below). After verifying that Mr. Newcombe will be paying for the charges, the front desk person clicks the *Confirm Payers* button.

1. **Click the *Submit* button on the New Case screen**
   (You should be on Patient / Payers: Confirm screen)
   (**Self Pay** should be the only payer)

2. **Click the *Confirm Payers* button**
   (You should be on Visit Add screen

Do These Steps
<==== 7.04

Adding the Visit •••••••••••••••••••••••••••••⬤

The next screen to appear is the Visit Add screen. MedTrak is designed to support a variety of disciplines of medicine including:

- Primary care
- Urgent care
- Occupational medicine (workers' comp and employee health)
- Orthopedics
- Rehab services (physical therapy and occupational therapy)
- Emergency room
- Chiropractics

Chapter 7

Mr. Newcombe is at the medical office to see Dr. Carver about the rash on his arm. Therefore, his visit will be with a doctor. The front desk person selects **Doctor** from the **Type of Visit** drop-down list on the <u>Visit Add</u> screen (shown below). The payment information will be recorded when Mr. Madison's visit is done, and he knows the total of his charges.

Then the front desk person clicks the *Submit* button to add the visit.

Doctor Visit

**Do These Steps
7.05 ====>**

1. The **Reason for Visit** will be pre-populated with the case complaint recorded by the front desk

2. Select **Doctor** from the **Type of Visit** drop-down list

3. Click the *Submit* button
(You should be on the <u>Clinical Note Add</u> screen for presenting problems)

Selecting the Presenting Problem ••••••••••••●

Problem-focused EHR system

The next screen to appear is the <u>Clinical Note Add</u> screen. MedTrak is a **problem-focused EHR system**. As such, the front desk person selects from a list of presenting problems the reason(s) that the patient is visiting the clinic. For this visit, Mr. Newcombe is here to see the doctor for a rash on his right arm.

MedTrak is designed to create blended checklists of history and exam questions for the clinical staff and the doctor of the presenting problems from head to toe. When a patient has multiple presenting problems, the front desk person selects all of them. The Clinical Note and Doctor's Checklist contain suggested questions about those presenting problems in one list of questions, starting at the head and working down to the toes.

Additionally, MedTrak displays the most likely orders for the types of presenting problems on the initial order entry screens (CPOE – Computerized Provider Order Entry) for the physician to select. This saves the physician valuable time in searching for orders to place for the patient.

In this example, there is one presenting problem, so the lists will only contain questions related to a rash. If there had been presenting problems for a sore throat, lower back pain, and right knee pain, the Clinical Note and Doctor's Checklist would contain questions starting with the head, then the lower back, and finally the right knee.   Both the problem-focused checklists and most likely orders for CPOE facilitate clinical decision support (CDS), which is Core Objective #6 of Meaningful Use.

> Clinical decision support (CDS)

The front desk person clicks the checkbox for **Rash** (shown below).

> **Rash** selected

Then the front desk person clicks the *Submit* button. The Clinical Note Add screen refreshes with the message "**Rash selected…**" at the top (shown on the next page).

Message field

Mr. Newcombe only has one presenting problem, so the front desk person clicks the *Exit Screen* button to return to the Scheduling screen (shown below).

MedTrak marks scheduled patients who have been registered for their appointments with an equal sign (=) in front of their name. Mr. Newcombe now has an equal sign (=) in front of his name indicating that he showed up for his appointment.

Equal sign indicating he showed for his appointment

Do These Steps 7.06 ====>

1. **Click the checkbox for Rash**

2. **Click the *Submit* button**
   (The Clinical Note Add screen refreshes with the "**Rash selected…**" message at the top)

3. **Click the *Exit Screen* button**
   (You should be back on the Scheduling screen)
   (There is now an equal sign in front of Newcombe indicating that he showed for his appointment)

4. **Click the *Main Menu* button**
   (You should be back on the MedTrak Main Menu)

Registering Patients Using Patient Registration •●

If the patient does not have an appointment (walk-in patient), MedTrak enables the front desk person to register the patient by clicking the *Patient Registration* button from the MedTrak Main Menu. The next screen to appear is the Patients screen representing the patient database.

In this example, the front desk person will register Mr. Charles T. Anderson. Mr. Anderson is the patient that you added in **Chapter 3** and attached payers to in **Chapter 5**.

Mr. Anderson has arrived at the office having suffered an ankle injury while walking down some stairs at home. He does not have an appointment. Dr. Carver sees patients for urgent care, so Mr. Anderson will be treated by Dr. Carver. Because Mr. Anderson appears on the first Patients database screen, the front desk person does not have to search for him in the patient database.

For established patients whose demographics are already in the patient database, the front desk person will want to verify the patient's demographic information and make any necessary changes.

Cursor set next to Mr. Anderson

To review the patient's demographic information, the front desk person places the cursor next to Mr. Anderson and clicks the *Change Patient* button.

The Patient demographics screen appears (shown on the next page).

Chapter 7

Mr. Anderson's Patient Demographics

If there are changes, the front desk person makes the changes and clicks on the *Submit* button to record the changes and return to the Patients database screen. If there are no changes, the front desk person clicks the *Exit Screen* button to return to the Patients database screen.

To start the patient registration process for Mr. Anderson, the front desk person clicks the *Select Patient* button with the cursor in the command field next to

Do These Steps
7.07 ====>

1. **Click *Patient Registration* on the MedTrak Main Menu**
   (You should be on the Patients screen)

2. **Place the cursor next to Anderson**

3. **Click the *Change Patient* button**
   (You should be on the Patient: Change screen)
   (Review his demographic information)

4. **Click the *Exit Screen* button**
   (You should be back on the Patients screen with the cursor next to Anderson)

5. **Click the *Select Patient* button**
   (You should be on the Company: Select screen)

Selecting the Patient's Company ●●●●●●●●●●●●●●●●●●●

MedTrak is designed to manage patient responsibility cases (self pay, guarantor, group health, Medicare, Medicaid, etc.) where patients are responsible for payment of services through their group health coverage or out of their own pocket, and occupational medicine cases (worker's compensation and employee health) where employers are responsible for payment of services through their workers' compensation insurance or their employer's checkbook.

Because this is a new patient, there are no existing **Patient / Company** relationships. Therefore, after entering and/or verifying the patient's demographic information, the next screen to appear is the Company: Select screen (shown below).

Place the cursor next to **..Patient Responsibility**

In this example, Mr. Anderson is responsible for the payment of services through the payer relationships that were attached to his patient record in Chapter 5, so the front desk person places the cursor next to the "**..Patient Responsibility**" selection and clicks the *Select Company* button.

Creating the New Case ●●●●●●●●●●●●●●●●●●●●●●●●●

Because this is a new patient, the next screen to appear is the New Case screen. Mr. Anderson is at the clinic because he has left ankle pain.

The front desk person types **Left ankle pain** in the **Complaint** field and skips the other fields on the New Case screen (shown below).

Complaint entered

<table>
<tr><td>

Do These Steps
7.08 ====>

</td><td>

1. **Place the cursor next to ..Patient Responsibility**

2. **Click the *Select Company* button**
   (You should be on the <u>New Case</u> screen)
   (**..Patient Responsibility** MUST BE AT THE TOP)

3. **Type Left ankle pain in the Complaint field**

</td></tr>
</table>

After entering the left ankle complaint, the front desk person clicks the *Submit* button.

Selecting the Patient Payer • • • • • • • • • • • • • • • • • •●

The front desk person scans Mr. Anderson's insurance cards and driver's license, and will attach the scanned information to the case in MedTrak immediately after registering the patient.

Because Mr. Anderson's payers were attached to him in Chapter 5, the next screen to appear is the <u>Patient / Payers: Confirm</u> screen (shown below).

Mr. Anderson's payers

This screen displays all of the payers that were previously attached to Mr. Anderson. The front desk person reviews the payers by checking them with the insurance card information provided by the patient.

Mr. Anderson's primary insurance carrier is Blue Cross / Blue Shield of Michigan which requires him to pay a $25.00 copayment at the time of service. His wife's Nationwide Insurance policy will be billed after Blue Cross makes a payment for his visit. Nationwide Insurance requires a $20.00 copayment. Any charges not paid by Blue Cross or Nationwide will then be billed to Mr. Anderson, personally.

If Mr. Anderson's payers are accurate, the front desk person clicks the *Confirm Payers* button. Remember, the payer order is the order that the payers will be billed. The primary payer will be the first one to receive the bill for the encounter, the secondary payer will be balance billed the remainder of the bill not paid by the primary payer, and so on.

If the payer's subscriber and policy information is not accurate to the insurance card information, the front desk person corrects the information by adding, changing, deleting, or changing the payer order.

Do These Steps
<==== 7.09

Chapter 7

1. **Click the *Submit* button on the <u>New Case</u> screen**
    (You should be on <u>Patient / Payers: Confirm</u> screen)

2. **Review that the primary payer is Blue Cross / Blue Shield of Michigan and requires a $25.00 copayment**

3. **Review that the secondary payer is Nationwide Insurance and requires a $20.00 copayment**

4. **Review that the tertiary payer is Self Pay**

5. **There should not be any coinsurance percentages for any of the payers**

IMPORTANT

For you to be able to complete all of the billing steps correctly, Mr. Anderson's payers must be as described above.

In this example, the payer information for Mr. Anderson is accurate, so the front desk person clicks the *Confirm Payers* button to continue with registration.

Adding the Visit (Encounter) •••••••••••••••••••●
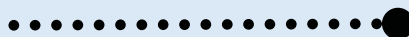
The next screen to appear is the <u>Visit Add</u> screen. The front desk person reviews that **Left ankle pain** is the reason for this visit. MedTrak pre-populated the **Reason for Visit** field based on the information in the case record. If the reason for the visit is different, the front desk person would make the correction. The front desk person then selects **Doctor** on the **Type of Visit** drop-down list.

Mr. Anderson's primary payer, Blue Cross / Blue Shield of Michigan, requires a $25.00 copayment to be paid for each doctor visit. Because the copayment from Mr. Anderson is needed, MedTrak requires the front desk person to enter an amount collected (or a note about the payment collection) to complete this screen. In this example, the front desk person enters the note "**will collect at discharge**" (shown below).

Left ankle pain

Doctor is the **Type of Visit**

Payment Note must be entered if no payment information entered

Do These Steps 7.10 ====>

1. **Click the *Confirm Payers* button**
   (You should be on the Visit Add screen)

2. **The Reason for Visit was pre-populated by MedTrak from the case record**

3. **Select Doctor on the Type of Visit drop-down list**

4. **Type will collect at discharge in the Payment Information / Note field**

After entering the payment note, the front desk person clicks the *Submit* button.

Selecting the Presenting Problem •••••••••••••●

The next screen to appear is the Clinical Note Add screen.

As you learned earlier in this chapter, MedTrak is a problem-focused system. The front desk person selects the reasons that the patient is visiting the medical office from a list of presenting problems. For this visit, Mr. Anderson is here to see the doctor for left ankle pain.

The front desk person clicks the checkbox for **Injury-Bones/Jts** on the <u>Clinical Note Add</u> screen (shown below).

Injury Bones / Joints selected

Then the front desk person clicks the *Submit* button.

The next screen to appear is the <u>Clinical Note Add</u> by body part selection screen for an injury to the bones or joints. The front desk person selects the affected body part(s) for the injury on this screen. In this example, the front desk person clicks the checkbox for **Ankle - Lt** as the body part (shown below).

Ankle - Lt selected

Then the front desk person clicks the *Submit* button. The <u>Clinical Note Add</u> screen refreshes with the message "**Ankle - Lt Injury-Bones/Jts selected…**" appearing at the top of the screen (shown below).

Left ankle note selected message

Chapter 7

After selecting the body part(s) affected, the front desk person clicks the *Exit Screen* button to return to the Clinical Note Add screen for presenting problems to select the next one, if there are any (shown below).

| To select another presenting problem |

MedTrak allows the front desk person to select all of the presenting problems and affected body parts at the same time (in parallel) or one at a time (in series). It just depends on the preference of the front desk person.

In this example, Mr. Anderson's only presenting problem is left ankle pain. The front desk person clicks the *Exit Screen* button on the Clinical Note Add screen to return to the Patients screen to register the next patient (shown below). MedTrak automatically printed the clinical notes, that is why the "**Report sent to printer/queue - use View Prints link…**" message appears at the top of the screen.

| Clinical Notes sent to the printer/queue |

For efficient clinical operations, the front desk person needs to be able to register scheduled patients and walk-in patients with minimal effort.

1. **Click the *Submit* button on the <u>Visit Add</u> screen**
   (You should be on the <u>Clinical Note Add</u> screen by presenting problem)

2. **Click the checkbox for Injury-Bones/Jts**

3. **Click the *Submit* button**
   (You should be on the <u>Clinical Note Add</u> screen by body part)

4. **Click the checkbox for Ankle - Lt**

5. **Click the *Submit* button**
   (The <u>Clinical Note Add</u> screen refreshes with the "**Ankle-Lt Injury-Bones/Jts selected…**" message)

6. **Click the *Exit Screen* button**
   (You should be back on the <u>Clinical Note Add</u> screen by presenting problem)

7. **Click the *Exit Screen* button again**
   (You should be back on the <u>Patients</u> screen)
   ("**Report sent to printer/queue - use View Prints link…**" message appears)
   (Mr. Anderson's **Clinical Notes** are now in your PDF queue)

IMPORTANT

For you to be able to complete all of the clinical staff steps correctly, Mr. Anderson's presenting problem must be a muscle, joint, or bone problem of the left ankle.

Your patient is now on the <u>Clinic Status</u> screen that is used by the medical staff (physicians, clinical staff, lab, x-ray, therapy, and administration) to control the workflow of the registered patients through the medical office.

Chapter 7

Printing the Clinical Notes ●

Upon completion of the patient registration process, MedTrak automatically prints the clinical notes for the clinical staff. See an example of Mr. Anderson's clinical notes at the end of this chapter.

The clinical staff can place these notes on a clipboard to use as a reminder of the questions that they should be asking the patient regarding the patient's presenting problems.

For the two patients that you registered in this chapter, your instructor might ask you to produce prints of the clinical notes to turn in for your assignment. These prints are located in your View Prints PDF queue.

Self Assessment ●

Do These Steps
7.12 ====>

1. **You should be on the Patients screen**

2. **Type SA07 in the Search or any command field**
    (**SA** stands for self assessment and **07** is the chapter #)

3. **Press the ENTER key**
    (**"Self Assessment sent to printer/queue…"** appears)

4. **Click the View Prints button**
    (The Available User Reports window opens)

5. **Find the Self Assessment report that you just printed**
    (If it does not appear, click the Refresh button)

6. **Review the Self Assessment report. If you have errors, fix them and run a new SA07 report.**

7. **You must have a 100% (error-free) report before continuing.**

Meaningful Use—Core Objective #6

Clinical Decision Support

1. **Implementation**

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

2. **Notification**

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

You did this!

You selected a presenting problem for your patient of left ankle muscles / joints and bones. This selection initiated MedTrak's clinical decision support rules base. Based on your selection, MedTrak created a clinical note (list of questions) specifically focused on a left ankle injury. Additionally, MedTrak set the provider's **CPOE** to focus on just those orders that they would most likely order for a presenting problem of the left ankle.

Presenting problem

Why is this needed?

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.

Chapter 7 - Review Activities •••••••••••••••••••••••••••••●

Answer the following questions:

1. **The front desk staff only registers scheduled patients.**

       True
       False

2. **Which of the following are responsibilities of the front desk staff?**

    A.   Scanning the patient's insurance and identification information.
    B.   Taking the patient's vital signs.
    C.   Recording the presenting problem(s) identified by the patient.
    D.   Collecting copayment and coinsurance payments if requested to do so.
    E.   All of the above

3. **In your own words, state how important patient registration is to the operation of a medical facility.**

Chapter 7

PATIENT RESPONSIBILITY - NEW

Clinical Notes
NEWCOMBE, MICHAEL T. (47XNOS)
Age: 37Y   Birthdate: 11/16/1981   Gender: M   SSN: 541-62-5241
RASH ON RIGHT ARM (699527-9990)   DOS: 07/08/YY 11:02a

Patient Contact   ORDERS
Mr. Michael T. Newcombe   None.
Home Phone: (231) 555-6378
---   ---
Payer:
  Primary
    SELF PAY

Clinical Notes
  CURRENT PROBLEM
    CHIEF COMPLAINT: RASH ON RIGHT ARM
    HISTORY CHIEF COMPLAINT:
      Symptoms:
      Onset:
      Treatment to Date:
    Pain scale:
  PATIENT HISTORY
    MEDICATIONS
      Prescription Meds:
      Immunosuppressive Meds:
      Over-the-counter substances:
      Clinic Prescriptions:
    ALLERGIES
      Medication Allergies:
        If yes, type of allergic reaction:
      Food Allergies:
      Respiratory Allergies:
      Jewelry, Nickel, Metal Allergy:
    PAST MEDICAL HISTORY
      Significant condition:
    SKIN
      Rashes, eruptions:
    RESPIRATORY
  BODY STATISTICS
    Height:
    Weight:
    BMI (body mass index):
  VITAL SIGNS
    Blood Pressure
      Systolic:
      Diastolic:
    Pulse:
    Respirations:
    Temperature:
  NURSING OBSERVATIONS
    Notes:

Date Printed: 07/08/YY 11:48a   ZZZ Medical Care - Healthcare Student   Date of Service: 07/08/YY
PAGE - 1   Clinical Notes

Chapter 7

```
                          PATIENT RESPONSIBILITY - NEW
              _____

                                   Clinical Notes
                              ANDERSON, CHARLES T. (47XNKR)
                   Age: 43Y  Birthdate: 12/02/1975  Gender: M   SSN: 255-65-6376
                         LEFT ANKLE PAIN (699528-9990)   DOS: 07/08/YY 11:22a
              _____


Patient Contact                                 NURSING OBSERVATIONS
Mr. Charles T. Anderson                            Notes:
Home Phone: (231) 555-7537                       ----------------------------------------------
-----------------------------------------------  ORDERS
Payer:                                             None.
  Primary                                        ----------------------------------------------
    Blue Cross / Blue Shield of Michigan
  Secondary
    Nationwide Insurance
  Tertiary
    SELF PAY
-----------------------------------------------
Clinical Notes
  CURRENT PROBLEM
    CHIEF COMPLAINT:   LEFT ANKLE PAIN
    HISTORY CHIEF COMPLAINT:
      History of Injury:
      Symptoms:
    Pain scale:
  PATIENT HISTORY
    MEDICATIONS
      Prescription Meds:
      Over-the-counter substances:
      Clinic Prescriptions:
    ALLERGIES
      Medication Allergies:
        If yes, type of allergic reaction:
    PAST MEDICAL HISTORY
      Significant condition:
    PAST SURGICAL HISTORY
      Lower extremity surgery:
    PREVIOUS INJURIES
      Ankle injury:
    MUSCULOSKELETAL HISTORY
      Arthritis, joint problem:
      Muscle pain stiffness:
      Tendinitis:
  BODY STATISTICS
    Height:
    Weight:
    BMI (body mass index):
  VITAL SIGNS
    Blood Pressure
      Systolic:
      Diastolic:
    Pulse:
    Respirations:
    Temperature:


Date Printed: 07/08/YY 11:48a       ZZZ Medical Care  -  Healthcare Student      Date of Service: 07/08/YY
PAGE - 1                                        Clinical Notes
```

Clinic Status Screen

8

Estimated Duration
15 Minutes

Scheduling	Patient intake
Patient registration	Physician - initial patient contact
	Open orders processing
Patient treatment = = = = = = >	Physician - additional orders
	Physician - referrals
	Physician - diagnosing
Incomplete charting	Physician - history and exam
	Physician - prescribing
Billing	Physician - aftercare instructions
	Physician - evaluation and management
Payments, collection activity, & refunds	Patient discharge
	Payment collection

Key Concept

► Real-time workflow

Clinic Status Screen Overview

Real-time workflow

The <u>Clinic Status</u> screen (shown below) displays a **real-time workflow** view of the medical facility. Each member of the clinical staff uses this screen to access their portion of the documentation screens for the clinical care of the patient.

Registered patients, both scheduled and walk-in, appear on this screen with the medical workflow status of **Room** indicating they are in the reception area waiting to be placed into an examination room.

Clinic Status screen

At the top of the screen is the location or division name. By clicking the *Location / Division* button, the user can switch the view of the location from viewing the whole location and all of its divisions to just viewing one division. In this example, the <u>Clinic Status</u> screen is set to the Medical division.

Also, the initial view of the <u>Clinic Status</u> screen displays the names of the patients that are currently in the medical facility in the **NAME / REASON** column.

Toggling Between Patient Names and Reasons

Users can toggle the <u>Clinic Status</u> screen between displaying the patients' names to displaying their ages with reasons for visits by clicking the *Name / Reason* button (*F6* key). The <u>Clinic Status</u> screen (shown on the next page) now displays the patient's ages with reasons for the visits.

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Showing ages
and reasons
for visits

To reset the screen back to displaying the patient names, click the *Name / Reason* button (*F6* key) again.

Notes about special formatting for the **NAME / REASON** field:

Indicator	Meaning	Example
=	Patient registered for a scheduled appointment.	=45Y-RT INDEX LACER
physician initials	Physician scheduled to see the patient or who saw the patient at the last visit.	=BLP-33Y-PE-AA BLP-30Y-RT KNEE PAIN
*	Notes are attached to the patient.	*25Y-BASIC PHYSICAL
RV	This is a return visit (follow-up).	RV-BLP-25Y-LEFT LEG

Patient Orders

To the right of the **NAME / REASON** column on the <u>Clinic Status</u> screen is the **ORDER** column, which displays the status of the patient's orders for the current visit. If the column displays:

(blank)	The patient does not have any orders.
Open	Open orders are present.
Done	There are no remaining open orders.

Order status column

Medical Workflow Status

To the right of the **ORDER** column is the **STATUS** column which displays the next step in the medical workflow for each patient. The medical workflow statuses are:

Room	Waiting to be placed into an exam / treatment room. Currently in the reception area.
Ans CN	Waiting for the clinical staff to answer the clinical notes.
Prt CL	Waiting for the clinical staff to put the chart in the rack (or print the doctor's checklist).
Call	Waiting for the provider to call the company before seeing the patient (*work comp only*).
Rack	Waiting for the provider to pick up the chart and examine the patient.
Examine	The provider is currently examining the patient.
Disch	The patient has all the necessary paperwork, and is ready to be discharged.
Done	The patient is done and has returned to the front desk to pay (*patient responsibility only*)
Blank	The patient currently has open orders that were placed by the provider.

Medical workflow status column

Chapter 8

Waiting Times by Discipline

To the right of the **STATUS** column on the Clinic Status screen are columns displaying the patient waiting times in minutes for each discipline. The discipline waiting time columns are::

The discipline waiting times are color coded as follows:

DR	Waiting for the provider.
TC	Waiting for the clinical staff.
CL	Waiting for the front desk person / clerical staff.
XR	Waiting for an x-ray.
LB	Waiting for lab.
RS	Waiting for rehab services.

Green	15 minutes or less.
Yellow	16 to 30 minutes.
Red	31 minutes or more.

Patient waiting times

Patient waiting times by discipline

Chapter 8

Current Clinicians Seeing the Patient • • • • • • • ●

To the right of the patient waiting time columns by discipline on the <u>Clinic Status</u> screen are columns displaying the current clinical staff and provider to see the patient at this visit.

- **TEC** - current clinical staff

- **DOC** - current provider

Current clinicians

Current clinical staff and provider

Total elapsed time for the patient's visit

Total Elapsed Time for the Patient's Visit • • • • • ●

The last column on the right contains the total elapsed time for the patient's visit from the time that the patient was registered at the front desk. The total waiting times are color coded as follows:

Total elapsed time

Green	30 minutes or less.
Yellow	31 to 60 minutes.
Red	61 minutes or more.

Self Assessment • ●

There is no **Self Assessment** report for this chapter.

Patient Intake

Estimated Duration
30 Minutes

Scheduling	**Patient intake**
Patient registration	Physician - initial patient contact
	Open orders processing
Patient treatment = = = = = = >	Physician - additional orders
	Physician - referrals
Incomplete charting	Physician - diagnosing
	Physician - history and exam
Billing	Physician - prescribing
	Physician - aftercare instructions
Payments, collection activity, & refunds	Physician - evaluation and management
	Patient discharge
	Payment collection

Key Concepts

- Reason(s) for seeing the physician
- Medical history
- Medications
- Allergies
- Body statistics
- Vital signs
- Meaningful Use Objectives:
    Core #4 - Calculate body mass
    Core #6 - Clinical decision support

- Answer field
- Expanded answer
- Standard answer
- Triggers
- Stored responses
- Normal answers

Patient Intake ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

After registration, the patient waits in the reception area for the clinical staff to place them into an examination room and ask them some health-related questions prior to the physician seeing them.

In many clinical situations, these health-related questions include:

Reason(s) for seeing the physician

- **Reason(s) for seeing the physician** / chief complaint(s)

- **History** of the chief complaint(s)

- **Symptoms**

Medical history

- Previous **medical history** including similar injuries or illnesses

Medications

- Current **medications** and over-the-counter medication information

Allergies

- **Allergies** including medication allergies

Body statistics

- **Body statistics** of height and weight

Vital signs

- **Vital signs** - including blood pressure, heart rate, respiration, and temperature

Nursing observations

- Other **nursing observations**

The patients that you registered in Chapter 7 – Patient Registration are now on the <u>Clinic Status</u> screen and ready for clinical processing. To access the <u>Clinic Status</u> screen, the clinical staff clicks the *Clinic Status* button on the <u>MedTrak Main Menu</u> (shown below).

Clinic Status button

Checking for Room Availability ●●●●●●●●●●●●●●●●●

Prior to moving the patient into an examination room, the clinical staff visually checks to see which rooms are available and clean, and then checks the <u>Clinic Status</u> screen for confirmation of availability (shown below).

Checking for room availability

The clinical staff then goes to the front desk to get the patient's paperwork (some clinics continue to use paper charts to supplement the electronic medical record and/or to store papers that they do not want to store in the electronic health record).

Moving a Patient to a Room ●●●●●●●●●●●●●●●●●●●

On the way to the front desk to get the patient, the clinical staff moves the patient on the <u>Clinic Status</u> screen from the waiting room to an exam room. To move a patient to a room on the <u>Clinic Status</u> screen, the clinical staff places the cursor next to the patient and then clicks an exam room button.

In this example, the clinical staff places Mr. Newcombe in examination room 5 and Mr. Anderson in examination room 2. To move Mr. Newcombe to Exam 5 on the <u>Clinic Status</u> screen, the clinical staff places the cursor in the command field next to Mr. Newcombe and clicks the *Exam 5* button. To move Mr. Anderson to Exam 2, the clinical staff places the cursor in the command field next to Mr. Anderson and clicks the *Exam 2* button (shown on the next page). MedTrak resets the clinical staff (**TC** column) waiting time indicating that the clinical staff has just started to do the patient's intake.

Chapter 9

MEDTRAK

Clinic Status
FRI   07/12   9:31a

ZZZ Medical Care   [Location]

[Schedule] [Patients] [Companies] [Search] [Further Review]

Available Functions
Submit / Refresh
Name / Reason
Clinical Notes
Examine Patient
Order Entry
Open Orders
Provider's Notes
Out The Door
Discharge
Done
Schedule
Visit Log

Patients moved into rooms

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		== MEDICAL ==											
	EXAM 1				.	.	.	.	.	.			.
	EXAM 2	Anderson, Charles T		Ans CN	.	0	.	.	.	.		***	9
	EXAM 3				.	.	.	.	.	.			.
	EXAM 4				.	.	.	.	.	.			.
	EXAM 5	Newcombe, Michael T		Ans CN	.	0	.	.	.	.		***	14
	PROC				.	.	.	.	.	.			.
	LAB				.	.	.	.	.	.			.
	X-RAY				.	.	.	.	.	.			.

Do These Steps 9.01 ====>

1. **Click the *Clinic Status* button on __MedTrak Main Menu__**
   (You should be on the __Clinic Status__ screen)

2. **Be sure that the cursor is next to Mr. Newcombe**

3. **Click the *Exam 5* room button**
   (Mr. Newcombe should now be in Exam 5)
   (His workflow status is now **Ans CN** indicating that the next step is for the clinical staff to answer the clinical notes)
   (The clinical staff (TC column) waiting time is reset)

4. **Place the cursor next to Mr. Anderson**

5. **Click the *Exam 2* room button**
   (Mr. Anderson should now be in Exam 2)
   (His workflow status is now **Ans CN** indicating that the next step is for the clinical staff to answer the clinical notes)
   (The clinical staff (TC column) waiting time is reset)

Reason(s) for Visiting ••••••••••••••••••••••••••••

Once the clinical staff moves the patient to an exam room, they ask the patient questions about their reason(s) for visiting the medical facility. Also, they ask questions about the patient's medical history, medication history, and record the patient's body statistics and vital signs.

Depending on the medical practice, the questions could be printed on a clinical note or answered in real-time directly into MedTrak at the point-of-care. If the medical office uses the clinical notes printout, the clinical staff will write their answers on this form, and then go to a computer to enter the answers into MedTrak.

To access the clinical notes for Mr. Anderson, with the cursor next to the patient, the clinical staff clicks the *Clinical Notes* button. The next screen to appear is the Clinical Note Processor (shown below). This screen displays the reason(s) for Mr. Anderson's visit. If the reason(s) selected by the front desk person are not accurate, the clinical staff will redirect the clinical note lists to the proper ones by using the *Add List* and *Delete List* buttons.

Left ankle presenting problem

---

1. Be sure that the cursor is next to **Mr. Anderson**

2. Click the *Clinical Notes* button
   (You should be on Clinical Note Processor)
   (Mr. Anderson's clinical note should be for a
   Left Ankle Muscles / Joints / Bones problem)

Do These Steps
<==== 9.02

Chapter 9

Answering Clinical Questions ••••••••••••••••••

After verifying the accuracy of the presenting problems selected and displayed on the <u>Clinical Note Processor</u> screen, the clinical staff answers the clinical notes questions for Mr. Anderson. To answer the questions, with the cursor next to any **presenting problem** (if there are multiple presenting problems, the cursor can be next to any one of them), the clinical staff clicks the *Enter Answers* button.

Presenting problem

Do These Steps 9.03 ====>

1. **Click the *Enter Answers* button**
   (You should be on the <u>Clinical Notes</u> screen)

The next screen to appear is the <u>Clinical Notes</u> screen (shown below). This screen lists all of the questions for the clinical staff to answer for the presenting problem(s). MedTrak automatically loads the answer for the **Chief Complaint** question from the visit information entered by the front desk person. If this information is inaccurate, the clinical staff will change it. In this example, the clinical staff confirms with Mr. Anderson that he is being seen for "**LEFT ANKLE PAIN**".

Chief complaint already answered

MEDTRAK

Clinical Notes
FRI   12/18   10:32a

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)

Available Functions	
On-line Chart	
Submit Answers	
Normal Answer	
Stored Response	
Expanded Answer	
Beginning	
Patient History	
View Prints	
More Functions	
Exit Screen	

```
                    * * *   B E G I N N I N G   * * *
                    CURRENT PROBLEM
                    CHIEF COMPLAINT:  LEFT ANKLE PAIN
                    HISTORY CHIEF COMPLAINT:
                        History of Injury:
                        Symptoms:
                    Pain scale:
                    PATIENT HISTORY
                        MEDICATIONS
                            Prescription Meds:
                            Over-the-counter substances:
                        ALLERGIES
                            Medication Allergies:
                        PAST MEDICAL HISTORY
                            Significant condition:
                        PAST SURGICAL HISTORY
                            Lower extremity surgery:
                        PREVIOUS INJURIES
                            Ankle injury:
```

Chapter 9

Each question's **answer field** holds up to ten characters. Many answers to questions will fit into this ten character answer field. For a question whose answer is longer than ten characters, the clinical staff clicks the *Expanded Answer* button.

Expanded Answers ••••••••••••••••••••••••••••••●

In this example, the clinical staff selects the **expanded answer** function to answer the **History of Injury** question. With the cursor in the answer field for the **History of Injury** question, the clinical staff clicks the *Expanded Answer* button.

The next screen to appear is the Expanded Answer screen. This screen allows entry of information in three ways:

- Typing directly into the field.

- Cutting and pasting information from another document (for example, a Word document created by a transcriptionist).

- Using voice recognition software and a microphone to dictate directly into the field.

In this example, the clinical staff learns from Mr. Anderson that **While walking down some stairs at home, he slipped on the last step and hurt his left ankle**. The clinical staff types this answer in the expanded answer field (shown below).

After entering the answer in the Expanded Answer screen, the clinical staff clicks the *Submit Answer* button. The Clinical Notes screen refreshes, displaying the answer to the right of the **History of Injury** question (shown on the next page).

MED TRAK

Clinical Notes
FRI   12/18   10:34a

ℹ Changes processed --- re-displaying screen...

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)

Available Functions	
On-line Chart	* * * B E G I N N I N G * * *
Submit Answers	CURRENT PROBLEM
Normal Answer	* CHIEF COMPLAINT: LEFT ANKLE PAIN
Stored Response	HISTORY CHIEF COMPLAINT:
Expanded Answer	History of Injury: While walking down some stairs at home,
	he slipped on the last step and hurt his left ankle.
Beginning	Symptoms:
	Pain scale:

History of the injury

Do These Steps 9.04 ====>

1. Review the <u>Clinical Notes</u> screen
    (The Chief Complaint shows LEFT ANKLE PAIN)

2. Place the cursor in the **History of Injury** answer field

3. Click the *Expanded Answer* button
    (You should be on the <u>Expanded Answer</u> screen)

4. Type **While walking down some stairs at home, he slipped on the last step and hurt his left ankle.**

5. Click the *Submit Answer* button
    (You should be back on the <u>Clinical Notes</u> screen)
    (The answer is next to the **History of Injury**)

The clinical staff examines Mr. Anderson's left ankle and finds that it is red and swollen. Mr. Anderson also indicates that it is **painful**. The clinical staff places the cursor in the answer field for the **Symptoms** question and clicks the *Expanded Answer* button. The clinical staff types **The left ankle is red, swollen, and painful.** in the expanded answer field (shown below).

MED TRAK

Expanded Answer
FRI   12/18   10:36a

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)

Question   Symptoms / HISTORY CHIEF COMPLAINT / CURRENT PROBLEM

Available Functions

Submit Answer

The left ankle is red, swollen, and painful. |

Symptoms

After entering the answer in the Expanded Answer screen, the clinical staff clicks the *Submit Answer* button. The Clinical Notes screen reappears, displaying the answer to the right of the **Symptoms** question (shown below).

Clinical Notes

FRI   12/18   10:37a

ⓘ Changes processed — re-displaying screen...

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)

Available Functions

On-line Chart

Submit Answers

Normal Answer

Stored Response

Expanded Answer

Beginning

Patient History

```
      * * *   B E G I N N I N G   * * *
    CURRENT PROBLEM
    CHIEF COMPLAINT:  LEFT ANKLE PAIN
    HISTORY CHIEF COMPLAINT:
       History of Injury:  While walking down some stairs at home,
             he slipped on the last step and hurt his left ankle.
       Symptoms:  The left ankle is red, swollen, and painful.
    Pain scale:
    PATIENT HISTORY
    MEDICATIONS
```

Symptoms

1. **Be sure the cursor is in the Symptoms answer field**

2. **Click the *Expanded Answer* button**
   (You should be on the Expanded Answer screen)

3. **Type The left ankle is red, swollen, and painful.**

4. **Click the *Submit Answer* button**
   (You should be back on the Clinical Notes screen)
   (The answer is next to the **Symptoms**)

Do These Steps
<==== 9.05

Stored Responses •••••••••••••••••••••••••••••••••●

Many questions asked by the clinical staff and physician can be answered with a **standard answer**. MedTrak allows answering questions with standard answers by using **triggers** to retrieve **stored responses**. Using a trigger to answer a question saves time.

Standard answer

Triggers

For example, the **Pain Scale** question is typically answered using a scale of 1 to 10. Experienced users of MedTrak enter these triggers directly into the answer field next to a question. If the user is not sure what triggers are available for the question, the user can choose from a list of available triggers by using the *Stored Response* button.

Stored responses

In this example, the clinical staff places the cursor next to the **Pain Scale** question and clicks the *Stored Response* button. The Stored Responses screen appears.

Chapter 9

The <u>Stored Responses</u> screen will list only the stored responses for that question. As you can see from the <u>Pain Scale Stored Responses</u> screen, the stored responses and triggers only apply to that question. Not all questions can be answered using triggers. For instance, patient history questions usually do not have stored responses because there is no standard way that someone is injured or develops an illness.

The clinical staff selects the stored response by clicking its checkbox. Some questions allow for selection of multiple stored responses and some require that the user select only one stored response.

In this example, the clinical staff selects the **5/10** checkbox on the <u>Stored Responses</u> screen for the **Pain Scale** question (shown below).

After selection, the clinical staff clicks the *Submit Selections* button to accept the stored response as the answer.   The <u>Clinical Notes</u> screen reappears displaying the answer to the right of the **Pain Scale** question (shown below).

<table>
<tr><td>

1. Be sure the cursor is in the **Pain Scale** answer field

2. Click the *Stored Response* button
   (You should be on <u>Pain Scale Stored Responses</u> screen)

3. Click the checkbox for **5/10**

4. Click the *Submit Selections* button
   (You should be back on the <u>Clinical Notes</u> screen)
   (The answer is next to the **Pain Scale**)

</td><td>

Do These Steps
<==== 9.06

</td></tr>
</table>

Prescription Medications •••••••••••••••••••••●

The clinical staff then asks Mr. Anderson if he is on any prescription medications. He responds that he is taking Nexium. The clinical staff then asks what dosage it is, when he started taking it, and what directions he has for taking it. He responds that a couple of months ago, he started taking one 20mg capsule of Nexium an hour before eating.

With the cursor in the **Prescription Meds** field, the clinical staff clicks the *Expanded Answer* button. The next screen to appear is the <u>Prescription Meds</u> screen.   On this screen, the clinical staff enters the Nexium prescription information (shown below).

Nexium prescription

Recording the patient's medications complies with Core Objective #15 of Meaningful Use.

Then the clinical staff asks Mr. Anderson if he is on any other prescription medications. He says no, so the clinical staff clicks the *Submit Answers* button to return to the <u>Clinical Notes</u> screen (shown on the next page).

Prescription Meds

Do These Steps 9.07 ====>

1. Be sure the cursor is in the **Prescription Meds** answer field

2. Click the *Expanded Answer* button
   (You should be on the Prescription Meds screen)

3. Type **Nexium 20mg caps** in the **Drug / Dosage** column

4. Type a date that is two months ago in the **Date** column

5. Type **Take one 1 hour before eating.** in **Directions** column

6. Click the *Submit Answers* button
   (You should be back on the Clinical Notes screen)
   (The prescription medication should appear)

Over-the-counter Substances •••••••••••••••••••●

Next the clinical staff asks Mr. Anderson if he is taking any over-the-counter substances. These substances can be anything from aspirin to diet pills to nutritional supplements. Mr. Anderson replies that he is taking ibuprofen. The clinical staff then asks him what dosage it is, what directions he has for taking it, and when he started taking it.

He responds that six months ago he started taking two 200mg tablets of ibuprofen at dinner.

With the cursor in the **Over-the-counter substances** field, the clinical staff clicks the *Expanded Answer* button. The next screen to appear is the Over-the-counter substances screen. On this screen, the clinical staff enters the ibuprofen information (shown below).

Then the clinical staff asks Mr. Anderson if he is taking any other over-the-counter substances. He says no, so the clinical staff clicks the *Submit Answers* button to return to the Clinical Notes screen (shown below).

<table>
<tr><td>

Do These Steps
9.08 ====>

</td><td>

1. Be sure the cursor is in the **Over-the-counter substances** answer field

2. Click the *Expanded Answer* button
   (You should be on <u>Over-the-counter substances</u> screen)

3. Type **Ibuprofen 200mg tablets** in **Drug / Dosage** column

4. Type a date that is six months ago in the **Date** column

5. Type **Two tablets at dinner.** in **Directions** column

6. Click the *Submit Answers* button
   (You should be back on the <u>Clinical Notes</u> screen)
   (The over-the-counter substance should appear)

</td></tr>
</table>

Medication Allergies •••••••••••••••••••••••••••••••••••

The next question the clinical staff asks Mr. Anderson is whether he is allergic to any medications. This question appears on every clinical note checklist because it is important for the provider to know of any medication allergies the patient might have. Mr. Anderson replies that he is allergic to penicillin. The clinical staff then asks him what allergic reaction he has when he takes penicillin, and whether this is an active allergy or not. He replies that penicillin upsets his stomach, and to his knowledge this is still the case.

With the cursor in the **Medication Allergies** field, the clinical staff clicks the *Expanded Answer* button. The next screen to appear is the <u>Medication Allergies</u> screen. On this screen, the clinical staff enters the penicillin allergy information (shown below).

MEDTRAK

Medication Allergies
FRI   12/18   10:46a

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)
Medication Allergies / ALLERGIES / PATIENT HISTORY

Penicillin allergy

Available Functions

Submit Answers

Page Up   Page Down

Exit Screen

Allergy	Reaction	Status
Penicillin	Upset stomach	Active

Recording the patient's medication allergies complies with Core Objective #15 of Meaningful Use.

Then the clinical staff asks Mr. Anderson if he has any other medication allergies. He says no, so the clinical staff clicks the *Submit Answers* button to return to the Clinical Notes screen (shown below).

1. **Be sure the cursor is in the Medication Allergies field**

2. **Click the *Expanded Answer* button**
   (You should be on Medication Allergies screen)

3. **Type Penicillin in Allergy column**

4. **Type Upset stomach in the Reaction column**

5. **Type Active in the Status column**

6. **Click the *Submit Answers* button**
   (You should be back on the Clinical Notes screen)
   (The medication allergy should appear)

Do These Steps
<==== 9.09

Chapter 9

Normal Answers ●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●

Normal answers are a subset of the standard answers available for a question. MedTrak allows for normal answers by clicking the *Normal Answer* button which is the equivalent of entering a trigger of a lowercase "n" to retrieve the normal answer to a question. Not all questions will have a normal answer.

For example, the **Significant condition** question's normal answer is **None**. Meaning, that the patient has no other significant condition that might affect the patient's medical condition. The clinical staff answers this question by clicking the *Normal Answer* button. MedTrak enters the normal answer **None** and automatically moves the cursor down to the next answer field. This also saves time.

In this example, the clinical staff asks Mr. Anderson if he has any other significant medical condition. He answers no so the clinical staff clicks the *Normal Answer* button for the **Significant condition** question. MedTrak places **None** in the answer field for this question (shown below).

Normal answer button

Normal answer inserted

Then the clinical staff clicks the *Page Down* button to advance to the <u>Clinical Notes</u> screen. (shown on the next page).

The clinical staff then asks Mr. Anderson if he has had any surgeries to his lower extremity. He answers no. The clinical staff clicks the *Normal Answer* button for this question also (shown below).

1. **Be sure the cursor is in the Significant condition field**

2. **Click the *Normal Answer* button**
   (MedTrak enters **None** in the **Significant condition**)

3. **Click the *Page Down* button**
   (You should be on the next <u>Clinical Notes</u> screen)
   (The cursor should be in **Lower extremity surgery** field)

4. **Click the *Normal Answer* button**
   (MedTrak enters **No** in the **Lower extremity surgery** field)

Do These Steps
<==== 9.10

Next the clinical staff asks Mr. Anderson if he has had any previous ankle injuries. He answers yes, I have sprained my left ankle on several occasions playing basketball. The clinical staff clicks the *Expanded answer* button for the **Ankle injury** question and enters his response.

Then the clinical staff asks Mr. Anderson if he has any arthritis or joint problems or muscle pain stiffness or tendinitis. He answers no to these questions. The clinical staff clicks the *Normal Answer* button for each of these questions. The <u>Clinical Notes</u> screen is updated with the answers (as shown on the next page).

Clinical Notes

FRI   12/18   10:54a

ⓘ Changes processed — re-displaying screen...

ANDERSON, CHARLES T. (47E44G)
LEFT ANKLE PAIN (652705-9990)

Available Functions

On-line Chart
Submit Answers
Normal Answer
Stored Response
Expanded Answer

Beginning
Patient History

View Prints
More Functions

Page Up   Page Down

Exit Screen

PATIENT HISTORY

PAST SURGICAL HISTORY

[No]   Lower extremity surgery: No

PREVIOUS INJURIES

[*]   Ankle injury: Patient has sprained his left ankle playing
       basketball on several occasions.

MUSCULOSKELETAL HISTORY

[No]   Arthritis, joint problem: No

[No]   Muscle pain stiffness: No

[No]   Tendinitis: No

BODY STATISTICS (US)

[ ]ft [ ]in   Height:
[ ]lbs [ ]oz   Weight:
                BMI (body mass index):

VITAL SIGNS
    Blood Pressure
[ ]   Systolic:
[ ]   Diastolic:

Expanded Answer → (points to Ankle injury field)

Normal Answers → (points to Arthritis, Muscle pain, Tendinitis fields)

Do These Steps
9.11 ====>

1. Be sure the cursor is in the **Ankle injury** answer field

2. Click the *Expanded Answer* button
   (You should be on <u>Expanded Answer</u> screen)

3. Type **Patient has sprained his left ankle playing basketball on several occasions.**

4. Click the *Submit Answer* button
   (You should be back on the <u>Clinical Notes</u> screen)
   (Cursor should be in the **Arthritis, joint problem** field)

6. Click the *Normal Answer* button
   (MedTrak enters **No** in the **Arthritis, joint problem** field)
   (Cursor should be in the **Muscle pain stiffness** field)

7. Click the *Normal Answer* button
   (MedTrak enters **No** in the **Muscle pain stiffness** field)
   (Cursor should be in the **Tendinitis** field)

8. Click the *Normal Answer* button
   (MedTrak enters **No** in the **Tendinitis** field)
   (The cursor should be in **Height (ft)** field)

Chapter 9

Then the clinical staff enters Mr. Anderson's body statistics using the drop-down list to select his height at **5 feet 10 inches** and his weight at **195 pounds**. After entering the height and weight, the clinical staff presses the *ENTER* key. MedTrak then calculates and displays Mr. Anderson's body mass index (BMI) of **28.0** which complies with Core Objective #4 of Meaningful Use.

The clinical staff then enters Mr. Anderson's systolic blood pressure of **120** and **80** for diastolic (shown below).

After entering the blood pressure, the clinical staff clicks the *Page Down* button

Do These Steps
<==== 9.12

1. Select **5** on the **Height (ft)** drop-down list
2. Select **10** on the **Height (in)** drop-down list
3. Type **195** in the **Weight (lbs)** answer field
4. Click the *Submit Answers* button
   (The Clinical Notes screen refreshes displaying a body mass index of **28.0**)
5. Type **120** in the **Blood Pressure / Systolic** answer field
6. Type **80** in the **Blood Pressure / Diastolic** answer field
7. Click the *Page Down* button
   (You should be on the last Clinical Notes screen)

Chapter 9

The clinical staff enters the rest of Mr. Anderson's vital signs:

Pulse	**65**
Respirations	**14**
Temperature	**98**

Recording the patient's vital signs complies with Core Objective #4 of Meaningful Use.

Then the clinical staff types **none** in the **Nursing Observations / Notes** field (shown below).

Last screen
of questions
with answers

Then the clinical staff clicks the *Submit Answers* button. The <u>Clinical Notes</u> screen refreshes, showing the answers to the right of the questions.

Do These Steps
9.13 ====>

1. Type **65** in the **Pulse** answer

2. Type **14** in the **Respirations** answer

3. Type **98** in the **Temperature** answer

4. Type **none** in the **Nursing Observations / Notes**

5. Click the *Submit Answers* **button**
   (The <u>Clinical Notes</u> screen refreshes showing the answers to the right of the questions.)

The clinical staff reviews their answers on this screen and clicks the *Page Up* button to return to the previous <u>Clinical Notes</u> screen (shown below).

Previous screen of questions with answers

The clinical staff reviews their answers on this screen and then clicks the *Page Up* button to return to the first screen to review the answers (shown below).

First screen of questions with answers

Chapter 9

At any time during the entering of the clinical notes, the clinical staff can review the **on-line visit chart** (shown below) by clicking the *On-line Chart* button.

Online chart

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To exit the on-line visit chart, the clinical staff clicks the *Exit Chart* button. After reviewing the answers to the clinical questions, the clinical staff clicks the *Exit Screen* button to return to the <u>Clinical Note Processor</u>.

1. **Review the answers on the <u>Clinical Notes</u> for accuracy**

2. **Click the *Page Up* button**
   (Review the answers for accuracy)

3. **Click the *Page Up* button**
   (Review the answers for accuracy

4. **Click the *On-line Chart* button**
   (Review the on-line visit chart for Mr. Anderson)

5. **Click the *Exit Chart* button**
   (You should be back on the <u>Clinical Notes</u>)

6. **Click the *Exit Screen* button**
   (You should be back on <u>Clinical Note Processor</u>)

Letting the Physician Know the Patient is Ready ●

The clinical staff is done with this patient for now and needs to notify the physician that this patient is ready to be seen. To do so, the clinical staff needs to indicate on the <u>Clinic Status</u> screen that the chart is now in the **Rack**, and the patient is ready for the physician to see them.

On the <u>Clinical Note Processor</u>, the clinical staff clicks the *Rack* button. The screen refreshes with the "**RACK status set…**" message at the top of the screen (shown below).

Rack message

Rack button

The clinical staff clicks the *Exit Screen* button to return to the Clinic Status screen to see what they need to do for the next patient. The Clinic Status screen now displays that the chart is in the **Rack**, and the patient is ready to be seen by the physician (shown below).

Chart is now in the **Rack**

Do These Steps 9.15 ====>

1. **Click the *Rack* button**
   (The Clinical Note Processor screen refreshes with "**RACK Status set…**" message)

2. **Click the *Exit Screen* button**
   (You should be back on the Clinic Status screen)
   (Mr. Anderson's workflow status should be **Rack**)

Self Assessment ●

Do These Steps 9.16 ====>

1. **You should be on the Clinic Status screen**

2. **Type SA09 in any command field**
   (**SA** stands for self assessment and **09** is the chapter #)

3. **Press the *ENTER* key**
   ("**Self Assessment sent to printer/queue…**" appears)

4. **Click the *View Prints* button**
   (The Available User Reports window opens)

5. **Find the Self Assessment report that you just printed**
   (If it does not appear, click the *Refresh* button)

6. **Review the Self Assessment report. If you have errors, fix them and run a new SA09 report.**

7. **You must have a 100% (error-free) report before continuing.**

Meaningful Use—Core Objective #15
Maintain Active Medication List

Maintain an active medication list, as well as medication history for longitudinal care.

You did this!

You recorded the patient's current medications. The first Clinical Note screen included questions about prescription medications and over the counter substances. When the patient returns for their next visit, you would record this information again because they might be taking different prescription medications or over-the-counter substances. The history of what they were taking at the time of their previous visit would be retained in the patient's longitudinal medication record.

Medication list

You will do this!

In a future chapter, you will prescribe Ibuprofen for your patient. If your patient were to return for another visit, this prescribed medication history would be brought forward for review by the physician thus establishing a longitudinal medication record.

Why is this needed?

What medications the person is currently taking, whether they are prescribed by a physician or purchased over-the-counter, is information that the physician needs when deciding on a treatment plan. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.

Chapter 9

Maintain Active Allergy List

Maintain an active medication allergy list, as well as medication allergy history for longitudinal care.

You did this!

You recorded the patient's current medication allergies. The first <u>Clinical Note</u> screen included a question about medication allergies and a subsequent question about the type of allergic reaction to the medication. When the patient returns for their next visit, you would record this information again because the patient might have developed an allergic reaction to a medication since their last visit. The history of medication allergies they had at the time of their previous visit is retained in the patient's longitudinal record.

Allergy list

Why is this needed?

What medication allergies the person has is extremely valuable information that the physician must take into account when prescribing any new medications for the patient. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care .

Record Vital Signs

Record vital signs including, at a minimum, the height, weight, and blood pressure.

You did this!

You recorded the patient's vital signs including height, weight, blood pressure. in addition to recording the patient's pulse, respirations, and temperature.

Why is this needed?

The patient's vital signs are an immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health information record (PHI).

Vital signs

Meaningful Use—Core Objective #4
Calculate Body Mass

Automatically calculate and display body mass index (BMI) based on a patient's height and weight.

You did this!

You recorded the patient's body statistics of height and weight. MedTrak used the height and weight to automatically calculate the patient's BMI and record it on the screen.

Why is this needed?

The patient's BMI is also an immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.

Body mass index

Meaningful Use—Core Objective #4
Plot and Display Growth Charts

Plot and electronically display, upon request, growth charts for patients ages 2 to 20.

You did this!

You recorded the patient's vital signs including height and weight. Depending upon the version of MedTrak that your school is using, MedTrak will automatically plot these numbers on the appropriate growth chart.

Why is this needed?

The patient's relative position on a growth chart is another immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for future care.

Growth charts

Chapter 9

Meaningful Use—Core Objective #6
Clinical Decision Support (CDS)

1. Implementation
Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

2. Notification
Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

Medication allergies

You did this!

You recorded the patient's current medication allergy. This triggered a message to the physician that appears at the top of the <u>Visit Documentation</u> screen and the top of the **CPOE** screens to alert the provider that the patient has a medication allergy.

Why is this needed?

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.

Chapter 9 - Review Activities •••••••••••••••••••••••••••••●

Answer the following questions:

1. **The clinical staff diagnoses the patient's condition.**

   True
   False

2. **Which of the following are responsibilities of the clinical staff?**

   A.   Asking the patient preliminary history questions.
   B.   Taking the patient's vital signs.
   C.   Asking the patient why they need to see the physician.
   D.   Asking the patient about any allergies they might have.
   E.   All of the above

Chapter 9

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Chapter 9