Meaningful Use 2014

Potential Impact of Software Changes for CACs

Software Changes

- Many software changes were required for Meaningful Use 2014.

- Some of the changes in functionality are temporary and will be restored in EHRp14 and EHRp15.

Problem Management

Change	Description	Comments
Problems are now encoded in SNOMED • ***Immediate impact after install*** • ***Impacts all users***	• Users must update ICD-9 and uncoded problems to SNOMED prior to editing or using as POV • Consider engaging all clinicians (nursing, pharmacy, etc) in conversion effort	Clean up problem lists prior to deployment • Remove duplicates • Remove inappropriate problems • Code uncoded when possible • Copy long detailed narratives to "notes" on the Problem • Have Health Summary button with Problem List available
Care Planning can be documented • ***Optional functionality***	User may choose to add goals, care plan and visit instructions	• Does not need to be used right away and is optional. • May better support existing workflows that are using TIU or other workarounds to capture this info

Problem Management (cont.)

Change	Description	Comments
Priority is not visible on Problem List display • **Immediate impact after install** • **Impacts all users** • **Temporary issue**	User may not sort display by priority	**Restored in EHRp14**

Problem Management:
Near Future Enhancements Currently Under Consideration

- Improved display and management of IPL data
    - Tabular view
    - Ability to personal default display
- Additional status of Admin/Routine
- Automatic change of status from Episodic to Inactive if not used in past 6 months [site determined] to reduce clutter
- Improved formatting of IPL report displays
- Additional TIU objects

POV Assignment

Change	Description	Comments
POV assignment from SNOMED encoded problems on Problem List only • ***Immediate impact after install*** • ***Impacts all users who assign POVs***	Users must convert existing or add SNOMED encoded problem then select as POV.	Can use SNOMED POV selection tool to select multiple problems.
Can no longer add POV from Historical Diagnosis component	View only component now	Future development to add back functionality is being considered
Can no longer add POV from pick list.	Pick list	**Functionality added back in EHRp14.** Smart logic will ensure duplicates are not added to problem list. Sites will be allowed to determine which pick lists allow this functionality.

Superbill

Change	Description	Comments
No longer can create diagnosis associations to store as POV • ***Immediate impact after install*** • ***Impacts all users who assign POVs particularly Nursing for immunization entry*** • ***Temporary issue***	• Superbill association does not support POV assignment	**Restored in EHRp14**

Reminder Dialogs

Change	Impact	Comments
Findings/Additional findings will not store problem or POV • ***Immediate impact after install*** • ***Impacts all users who assign POVs particularly Nursing using reminder dialogs***	• Reminder Dialogs do not support storage of SNOMED problems and POV's	

Pick List

Change	Description	Comments
Pick lists are used to populate Problems not POV's • ***Immediate impact after install*** • ***Impacts all users who add/update/edit problems***	Users may access pick lists from main problem screen and add/edit dialogs	
Pick lists cannot be configured to display for certain users, clinics, disciplines • ***Immediate impact after install***	• The configuration tools are present but will not be honored until EHRp14. • CACs should be judicious in importing/creating pick lists and use creative naming conventions for ease of use until EHRp14	**Restored in EHRp14**
Pick list configuration enhanced • ***Optional functionality***	• Pick lists can be imported and edited • Pick List items may be defaulted to specific status saving user clicks	Encourage engagement of clinical staff in selecting and editing pick lists

Family History

Change	Comments
Family History conditions are added as SNOMED. Existing entries should be transitioned to SNOMED. • **Immediate impact after install** • **Impacts all users who use Family History.**	*Transition of existing data can be done over time*

Clinical Summary

Change	Comments
Clinical Summary must be generated from CCDA component • *Immediate impact after install*	"Visit instructions" will display on the Clinical Summary which may increase interest in starting to use this field. Care Plans will as well but recommend implementing this later in the deployment

Transition of Care

Change	Comments
ToC must be generated from CCDA component • **Immediate impact after install (generation for MU2014, stage 1 – set up of Direct for stage 2 will not be immediate need for most)**	Measure 1: generate ToC for 50% of transitions. Clinicians generating ToC for transitions will ensure this measure is met. Measure 2: transmit ToC for 10% of transitions. Generating ToC when processed in RCIS (with vendor selected) will support transmission measure – if there is Direct email in vendor file, the ToC will queue to transmit.

TIU Note – Expected Cosigners

Change	Description	Comments
TIU no longer honors any business rule that allows editing of a signed TIU note. Restricts any user except Privacy Act Officers and Chief MIS to amend documents. Result: Expected co-signers can no longer edit notes even if the business rule is configured. • ***Immediate impact after install***	This was a change from the VA software. IHS will adopt this change.	