RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS EHR
Remote Configuration & Test

Announcement and Agenda

September 10-14, 2012

IHS Office of Information Technology (OIT)
Albuquerque, New Mexico

National Indian Health Board (NIHB) Regional Extension Center (REC)

United South and Eastern Tribes (USET) Regional Extension Center

And

Denver Indian Health and Family Services

Isleta Health Center

Jemez Indian Health Center

Pine Hill Health Center

Ysleta Del Sur Health Center

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1.0 General Information

1.1 Purpose of Remote Configuration & Test

The Resource Patient Management System Electronic Health Record (RPMS EHR) is a suite of software applications designed to move most clinical transactions from paper-based to an electronic environment. The EHR uses upgrades of existing RPMS applications and clinical data, but provides a graphical user interface (GUI) that facilitates access to and direct entry of this data by clinical users. The two most significant clinical enhancements provided by the EHR are the direct entry of orders (pharmacy, laboratory, radiology, nursing, etc.) by providers, and the on-line documentation of clinical encounter notes. In addition, the EHR will make clinical decision support tools available to providers at the point of care, and will make the medical record immediately accessible to all authorized users.

Implementation and maintenance of an electronic medical record (EMR) at any health care organization is a complex and lengthy process, requiring preparation and changes in essentially all areas of a medical facility. Rolling out an electronic record system at any facility will require a considerable training effort at the time of implementation, as well as an ongoing program of training and support.

This EHR Remote Support Activity is to facilitate EHR related knowledge and EHR Configuration for SEARHC.

Disclaimer: There are many RPMS packages (i.e., Reminders, Pharmacy and ICARE) that have separate training sessions. This Remote Activity is focused on the RPMS EHR application. Please see the RPMS Training Web Site for a forthcoming training in your area.

The objective of this Remote Web Conference Support Activity is to train and review the Advanced User Concepts for the Electronic Health Record processes and practices with specific roles in the Clinical Application Coordinator (CACs) area and the EHR Team.

This "virtual" remote support activity will be provided via Remote Web Conference and hosted by the (a) IHS Office of Information Technology and (b) Alaska Native Tribal Health Consortium (ANTHC). The SEARHC EHR Team will participate using their own local database. The OIT EHR Consultants will provide support via Web Conference using the educational techniques of lecture, discussion, scripts, and “hands-on” computer experience with the RPMS EHR clinical application.

1.2 Prerequisites

This activity will be oriented towards Clinical Application Coordinators, Pharmacy Informaticist, Laboratory Informaticist, HIM Professionals, Site Managers, "EHR" Implementation Team Leaders" and other "EHR Team Members" involved with the set-up and implementation of EHR at SEARHC. This advanced activity assumes that participants are Intermediate to Advanced RPMS Users and have experience with RPMS Packages to include:

- Patient Registration
- Scheduling
- Pharmacy
- Laboratory
- Radiology
- Patient Tracking
- Diabetes Management System
- Immunization
- Women's Health
- Clinical Reporting System
- Q-Man
- PCC Management Reports.

2.0 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety and efficiency. The American Recovery and Reinvestment Act contain numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

2.1 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than $19 billion towards healthcare IT related initiatives. The $19 billion dedicated to HITECH is divided into two portions: (a) $17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) $2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

2.2 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between $2 million to $8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

2.3 Meaningful Use

"Meaningful use" is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 began in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP's specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. 2011 reporting of clinical quality measures will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

Table 2-1: Summary Overview of Meaningful Use Core Set Measures

Short Name	Objective:	Measure::
Demographics	Record demographics: preferred language, gender, race and ethnicity, date of birth, and date of death and preliminary cause of death in the event of mortality in the eligible hospital or CAH.	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have demographics recorded as structured data. (*EPs, EHs & CAHs*)
Vital signs	Record and chart changes in the following vital signs: Height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over, plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23), height, weight, and blood pressure are recorded as structured data. (*EPs, EHs & CAHs*)

Short Name	Objective:	Measure::
Problem List	Maintain up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. (*EPs, EHs & CAHs*)
Medication List	Maintain active medication list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. (*EPs, EHs & CAHs*)
Medication Allergy List	Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. (*EPs, EHs & CAHs*)
Smoking Status	Record smoking status for patients age 13 or older.	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have smoking status recorded as structured data. (*EPs, EHs & CAHs*)
Clinical Summaries	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days. (*EPs Only*)

Short Name	Objective:	Measure::
Electronic Copy of Health Information	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.	More than 50% of all patients seen by the EP or of the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days. (*EPs, EHs & CAHs*)
ePrescribing	Generate and transmit permissible prescriptions electronically.	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. (*EPs Only*)
CPOE Medication	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE. NOTE: In Stage 2, the measure target increases to 60%. (*EPs, EHs & CAHs*)
Drug-Drug & Drug-Allergy Checks	Implement drug-drug and drug-allergy interaction checks.	Functionality is enabled for these checks for the entire reporting period. (*EPs, EHs & CAHs*)
Clinical Decision Support	For EPs, implement one clinical decision support rule relevant to specialty or high clinical priority. For eligible hospital or CAH implement one related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule. (*EPs, EHs & CAHs*)
Privacy/Security	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) of the certified EHR technology, and implement security updates and correct identified security deficiencies as part of its risk management process. (*EPs, EHs & CAHs*)

Short Name	Objective:	Measure::
CQM	Report ambulatory and hospital clinical quality measures to CMS or, in the case of Medicaid, to the States.	Successfully report to CMS (or, in the case of Medicaid, to the States) ambulatory and hospital clinical quality measures selected by CMS in the manner specified by . (*EPs, EHs & CAHs*)
Exchange of Key Clinical Information	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient's authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information. (*EPs, EHs & CAHs*)
Electronic Copy of Discharge Instructions	Provide patients with an electronic copy of their discharge instructions at the time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it. (*Hospitals Only*)

Table 2-2: Summary Overview of Menu Set Meaningful Use Measures

Short Name	Objective:	Measure:
Drug-Formulary Checks	Implement drug formulary checks.	The EP, eligible hospital/CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period. (*EPs, EHs & CAHs*)
Lab Results into EHR	Incorporate clinical laboratory test results in EHRs as structured data.	More than 40% of all clinical lab test results ordered by an EP or authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency departments (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. (*EPs, EHs & CAHs*)
Patient List	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition. (*EPs, EHs & CAHs*)

Short Name	Objective:	Measure:
Patient-Specific Education	Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate.	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources. (*EPs, EHs & CAHs*)
Medication Reconciliation	The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23). *EPs, EHs & CAHs*)
Summary of Care	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals. (*EPs, EHs & CAHs*)
Advance Directives	Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data. (*Hospitals Only*)
*Immunization Registries	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, EH or CAH submits such information have the capacity to receive the information electronically.) (*EPs, EHs & CAHs*)

Short Name	Objective:	Measure:
Patient Reminders	Send reminders to patients per patient preference for preventive/follow-up care.	More than 20% of all unique patients 65 years old or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period. (*EPs Only*)
Timely Electronic Access to Health Information	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four (4) business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four (4) business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information. (*EPs Only*)
*Submit Lab Results to Public Health Agencies	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically.) (*Hospitals Only*)
*Syndromic Surveillance	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which EP, EH or CAH submits such information have the capacity to receive the information electronically.). (*EPs, EHs & CAHs*)
* All EPs, EHs and CAHs must choose at least one of these populations and public health measures to demonstrate as part of the menu sets.		

3.0 Learning Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients.
- Report information for quality improvement and public reporting.
- Use Computer Provider Order Entry (CPOE).
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® .
- Generate and transmit permissible prescriptions electronically (eRx).
- Maintain active medication list.
- Maintain active medication allergy list
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth.
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI.
- Record smoking status for patients 13 years old or older.
- Incorporate clinical lab-test results into EHR as structured data.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care.
- Implement one clinical decision support tool.

3.1 Course Learning Objectives

- This hands-on activity provides a review of the RPMS packages and preparation required for EHR implementation. Included in this course, participants are provided with the knowledge, skills, and abilities to fully utilize the EHR and instruct other clinicians in its use and offer participants the tools necessary for setting up the EHR. At the end of this session participants will be able to:
- Provide an overview of the Resource Patient Management System Electronic Health Record (RPMS EHR)
- Review Meaningful Use
- Review FTP (File Transfer Protocol) site: patch notes, national templates, manuals, etc.
- Review RPMS Package Optimization
- Examine the EHR framework
- Define the expectations, roles and responsibilities of the (a) "Clinical Application Coordinator" (CAC), (b) EHR "Super User", (c) Site Manager, (d) RPMS Informaticist, (e) Meaningful Use Coordinator and (f) other EHR Implementation Team Members.
- Review and Troubleshoot:
  - Notifications
  - Allergies
  - Vital Signs
  - Progress Notes
  - Exams
  - Health Factors
  - Patient Education
  - Immunizations
  - Consult
  - Problem List
  - Historical Services
  - Family History
  - Parameters
  - Printing
  - Postings
- Review and troubleshoot pharmacy, laboratory, and radiology
  - Order Entry
  - Order Menus

  - Quick Orders
  - Order Checks
- Set up a "User" and "User" management including Person Class and NPI
- Set up a CAC with keys and menu management
- Create advanced Text Integration Utility (TIU) templates and create TIU data objects and Health Summary data objects
- Review and configure Quick Notes
- Review Advanced Design Mode techniques
- Demonstrate Fileman – inquire and search
- Demonstrate vcManager/Tracelog
- Review and Troubleshoot & Taskman
- Review and create Generic Orders
- Review an create Health Summary Flow Sheets

4.0 RPMS EHR Consultants

4.1 Indian Health Service Office of Information Technology (OIT)

- David Taylor, MHS, RPh, PA-C, RN, OIT EHR Training and Deployment Manager
- Phil Taylor, BA RN, Clinical Consultant (Contractor MedSphere)
- Mollie Ayala, MHI, OIT USET EHR Coordinator
- Catherine Whaley, PMP, EHR Project Manager (Contractor, Data Network Corporation)
- Janna Morris, MPA, MT(ASCP), OIT USET EHR Laboratory Consultant
- Pam Spaeth, MT(ASCP), OIT USET EHR Laboratory Consultant
- Jennie Chase-Wilson, MS, MT(ASCP), OIT USET EHR Laboratory Consultant
- Mike Allen, MIS, RPh, OIT USET EHR Pharmacy Consultant
- Carla Stearle, PharmD, BCPS, OIT USET EHR Pharmacy Consultant

4.2 Albuquerque Area (ANTHC):

- Wil Darwin, PharmD, Albuquerque Area Clinical Application Coordinator
- Karen Romancito, MT(ASCP), Albuquerque Area Laboratory Consultant
- Jacque Candlearia, Albuquerque Area Meaningful Use Consultant

4.3 United South and Eastern Tribes (USET) REC:

- Kelly Samuelson, CAC Mentor, USET Contractor

5.0 Detailed Agenda

All times are Alaska Time!

Monday		
8:30	Welcome and Introductions: **All** **David Taylor, Wil Darwin, Mollie Ayala, and Catherine Whaley** At the end of this session participants should be able to: • Identify Participant Needs and Expectations • Identify Roles and Responsibilities of the Clinical Application Coordinator, Site Manager, Informaticist, EHR, Super End User, EHR User, and EHR Team	**Tab 01**
9:00	**David Taylor, Mollie Ayala and Catherine Whaley** • Review IHS EHR Web Page • Review FTP site • Review facilities CPOE and other MU reports • Listserv – archives • RPMS enhancement request • Project Management Plan Update	
10:00	**Break**	
10:15	Continued - Review facilities CPOE and other MU reports	
11:30	**Lunch**	
1:00	**Jacque Candlearia** Meaningful Use (MU) GUIDE At the end of this session, participants should be able to: • Review the latest Meaningful Use guidelines • MU Performance Measure and Clinical Quality Measure Reports	**Tab 02**
2:30	**Break –**	
2:45 – 4:30	**Phil Taylor, David Taylor, Wil Darwin, & Kelly Samuelson** RPMS Package Optimization – At the end of this session, participants should be able to: • Review the RPMS Clinical Applications that Impact RPMS EHR Functionality • Discuss the Importance of Identifying RPMS Package Owners • Delineate the Steps for Optimizing the Identified RPMS Packages • Patch Notes- Patch Management – Communication of Patch Deployment • Standardization in IHS RPMS	**Tab 03**
4:30	**Adjournment**	

Tuesday		
8:30	Review Previous Days Activities **All** **David Taylor, Mollie Ayala, Catherine Whaley, Wil Darwin, & Kelly Samuelson** Think Tank (Review Day 1 Entries)	
9:00	**Phil Taylor, David Taylor & Kelly Samuelson** Parameter Configuration – trouble shooting and maintenance At the end of this session, participants should be able to: • Configure and troubleshot parameters and how they are used in Electronic Health Record (EHR)	**Tab 04**
10:00	**Break**	
10:15	**David Taylor, Phil Taylor, & Kelly Samuelson** User Setup: Add a New User, Personal Preferences At the end of this session, participants should be able to: • Identify various data components that are required when setting up a new user • Demonstrate the steps used in establishing an electronic signature for the new user • Compare and Contrast the Functionalities of the ORES, ORELSE, and OREMAS Ordering Keys • Review Personal Preferences • Person Class • Solve Computer Scene Investigation (CSI) activity	**Tab 05**
11:30	**Lunch –**	
1:00	**Phil Taylor** Notifications • Configuration of identified notifications • Review and trouble shooting • Review and demonstration of surrogates • Demonstrate and discuss “Returning recipients” • Review how to run Reports • Review Flag Orderable Items to send notifications (lab/restraints) • Review Forwarding notifications • Overview of additional co-signers	**Tab 06**
2:30	**Break**	
2:45 - 4:30	**Phil Taylor, OIT USET EHR Laboratory Consultants** TIU Templates • Delineate SEARHC guidelines for TIU Templates • Demonstration and discuss Health Summary data objects • Overview and demonstration of Lab objects • Overview of supplemental (Diabetes, Asthma, Anti-Coagulation) Health Summary Objects • Review of FTP site – storage of Templates • Overview and discussion of decision tree (ex: PAP Normal, PAP Abnormal)	**Tab 07**
4:30	**Adjournment**	

Wednesday		
8:30	**All** Review Previous Days Activities **David Taylor, Mollie Ayala, Catherine Whaley and Wil Darwin** Think Tank (Review Day 1 Entries)	
9:00	**Phil Taylor, OIT USET EHR Pharmacy Consultants, OIT USET EHR Laboratory Consultants** Orders • Examine the Order Check Parameters where system values are set • Identify and review the various Order Checks that may be activated by the EHR Team and CAC and determine the values that will be set for the facility • ON DEMAND ORDER CHECK SET UP IN YOUR GUI – part of patch 7 and button to put into GUI template.	**Tab 08**
10:00	**Break**	
10:15	**Phil Taylor** Orders – Continued	**Tab 08**
11:30	**Lunch**	
1:00	**Phil Taylor, OIT USET EHR Laboratory Consultants, OIT USET EHR Pharmacy Consultants** Generic Orders • Create Quick Orders and Menus for Medications, Laboratory, and Radiology • Identify and create Nursing and Text Orders • Overview and discuss Generic Order's • Create and demonstrate generic order • Review generic orders display in EHR	**Tab 09**
2:30	**Break**	
2:45	**Phil Taylor** Consults • Identify and create consults • Review and discuss closing a consult • Overview and demonstrate attaching a TIU template to a consult • Demonstrate how to run consult report and discussion of RPMS keys	**Tab 10**
3:15 – 4:30	**Phil Taylor** Advanced CAC Management • CAC Tools - Menus and Keys to be effective as an Advanced CAC –VC Manager • Demonstrate VC Manager • Demonstrate use of Trace Log • Identify when to use Trace Log • Overview and discuss TASKMAN • Demonstration of TASKMAN Management options • Overview and discuss VA Fileman • Demonstration of VA Fileman – inquire, search and print options	**Tab 11**
4:30	**Adjournment**	

Thursday		
8:30	**All** Review Previous Days Activities **David Taylor, Mollie Ayala & Catherine Whaley** Think Tank	
9:00	**David Taylor** Picklist • Review of basic troubleshooting and maintenance • Demonstrate and discuss Importing and exporting	**Tab 12**
10:00	**Break**	
10:15	**Phil Taylor and David Taylor** Quick Notes • Demonstrate set up and implementation of Quick notes • Identify steps to train others to use Quick notes	**Tab 13**
11:30	**Lunch**	
1:00	**Phil Taylor** Advanced Design Mode • Review and demonstrate importing and exporting with VC Manager • Demonstrate and create Well Child Module tab • Discuss and demonstrate Program Launcher	**Tab 14**
2:30	**Break**	
2:45 -4:30	**Phil Taylor,** • Advanced Design Mode –continued	**Tab 14**
4:30	**Adjournment**	

Friday		
8:30	**All** • Review Previous Days Activities • Continuation of Identified Tasks	
10:00	**Break**	
10:15	**All** Continuation of Identified Tasks • Review and discuss course objectives • Troubleshoot Guide and Bonus Materials **(CD Only)**	
11:00	**All** Wrap-up and Evaluation of Activity: At the end of this session, participants should be able to: • Complete the Survey Monkey® evaluation • Questions and answers Discuss "where do we go from here"	
12:00	**Lunch**	
1:00-4:30	**Complete Previously Identified Tasks as Needed**	
4:30	**Adjournment**	