

August 2024 Release Notes

Version 3.46

This release introduces further enhancements to Unified Sign Queue, a new NCCN Distress thermometer clinical note macro, and other important updates. Additionally, we have information regarding the upcoming release of the enhanced Treatment Plan.

Adjusted Ideal Body Weight (AIBW) for Mirvetuximab

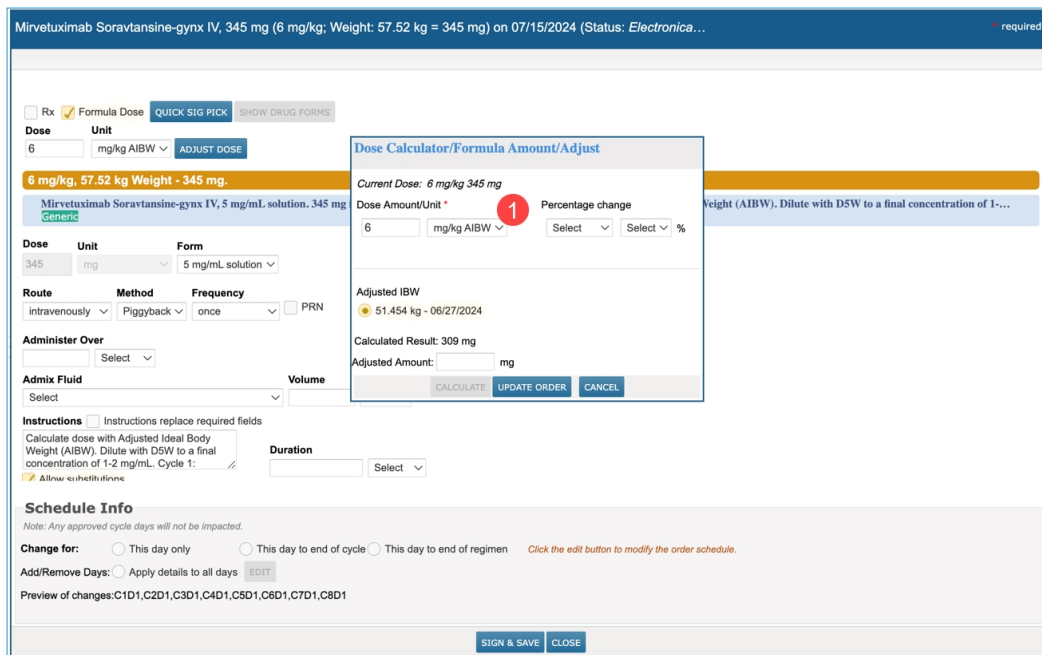
We are updating Mirvetuximab dosing to enhance patient safety and compliance. New orders will now calculate dosing based on Adjusted Ideal Body Weight (AIBW) with the Devine formula for the Ideal Body Weight. Users will no longer have the option to calculate dosing based on the patient's actual body weight.

This change aims to:

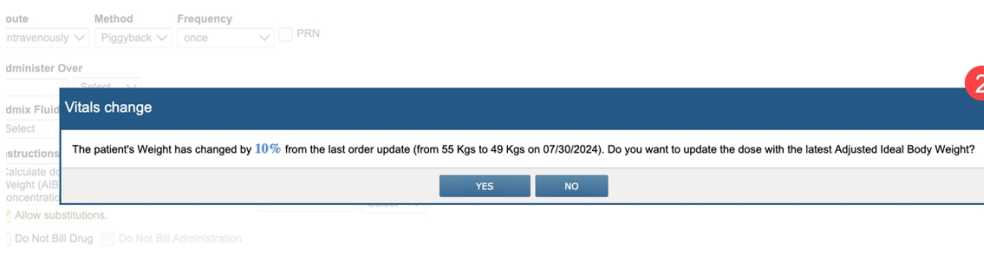
- Reduce exposure variability for patients who are under- or overweight.
- Align with the product label to minimize non-reimbursement risk.
- Provide clarity on dose determination.

Feature updates

- Active Mirvetuximab formula dose orders using mg/kg units will retain the current calculation based on actual weight. These orders must be manually edited.
- To edit these orders:
 1. Go to the Flowsheet.
 2. Select a Mirvetuximab order and click Edit order regimen.
 3. If the patient has not had a weight change, the Dose Calculator/Formula Amount/Adjust screen for the order will display automatically with the mg/kg AIBW units pre-selected (callout 1).



4. If the patient has had a weight change, the weight change alert will display referencing use of the AIBW (callout 2).
5. Select Yes in the weight change alert to open the Dose Calculator/Formula Amount/Adjust screen for the order.



6. In the Dose Calculator/Formula Amount/Adjust screen for the order, the mg/kg AIBW units are pre-selected and the patient's AIBW value is displayed with the updated dose calculated using the patient's AIBW (callout 3).
7. Click Update Order to apply the AIBW weight to the formula dose order (callout 4).

NOTE: An Adjusted Amount may be entered to apply to the order.

Mirvetuximab Soravtansine-gynx IV, 345 mg (6 mg/kg; Weight: 57.52 kg = 345 mg) on 07/15/2024 (Status: *Electronica...*) required

Rx Formula Dose QUICK SIG PICK SHOW DRUG FORMS

Dose: 6 Unit: mg/kg AIBW ADJUST DOSE

6 mg/kg, 57.52 kg Weight - 345 mg.

Mirvetuximab Soravtansine-gynx IV, 5 mg/mL solution, 345 mg Generic

Dose: 345 Unit: mg Form: 5 mg/mL solution

Route: intravenously Method: Piggyback Frequency: once PRN

Administer Over: Select

Admix Fluid: Select Volume:

Instructions: Instructions replace required fields
Calculate dose with Adjusted Ideal Body Weight (AIBW). Dilute with D5W to a final concentration of 1-2 mg/mL. Cycle 1:

Duration: Select

Allow e-prescribing

Schedule Info
Note: Any approved cycle days will not be impacted.

Change for: This day only This day to end of cycle This day to end of regimen Click the edit button to modify the order schedule.

Add/Remove Days: Apply details to all days EDIT

Preview of changes: C1D1, C2D1, C3D1, C4D1, C5D1, C6D1, C7D1, C8D1

SIGN & SAVE CLOSE

8. Choose the This day to end of regimen option to apply changes to all regimen cycle days (callout 5).
9. Click Sign & Save to finalize the changes (callout 6).

Mirvetuximab Soravtansine-gynx IV, 309 mg (6 mg/kg AIBW; Weight: 57.52 kg; mg/kg AIBW (Devine) 51.454 kg = 308...

Rx Formula Dose QUICK SIG PICK SHOW DRUG FORMS

Dose: 6 Unit: mg/kg AIBW ADJUST DOSE

6 mg/kg AIBW, 51.454 kg - 309 mg.

Mirvetuximab Soravtansine-gynx IV, 5 mg/mL solution, 309 mg intravenously Piggyback once . Calculate dose with Adjusted Ideal Body Weight (AIBW). Dilute with D5W to a final concentration of 1-...

Dose: 309 Unit: mg Form: 5 mg/mL solution

Route: intravenously Method: Piggyback Frequency: once PRN

Administer Over: Select

Admix Fluid: Select Volume: mL

Instructions: Instructions replace required fields
Calculate dose with Adjusted Ideal Body Weight (AIBW). Dilute with D5W to a final concentration of 1-2 mg/mL. Cycle 1:

Duration: Select

Allow e-prescribing

Schedule Info
Note: Any approved cycle days will not be impacted.

Change for: This day only This day to end of cycle This day to end of regimen Click the edit button to modify the order schedule.

Add/Remove Days: Apply details to all days EDIT

Preview of changes: C3D1, C4D1, C5D1, C6D1, C7D1, C8D1

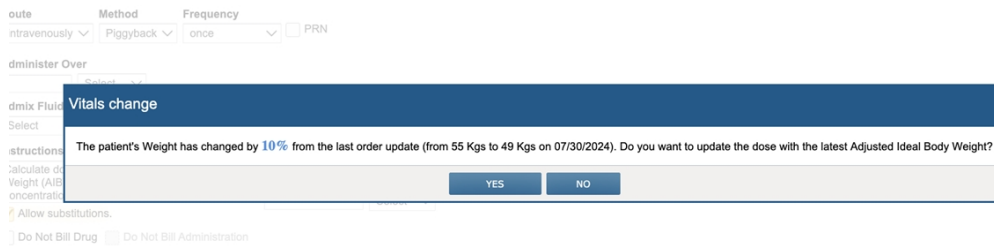
SIGN & SAVE CLOSE

Additional information

- Changes will not be displayed in the Orders Queue or the Ins. Auth/Fin. Counseling queue. These queues will continue to show the original regimen

order details.

- The weight change alert for Mirvetuximab orders direct the user to consider a change to the dose based on the patient's Adjusted Ideal Body Weight.
 - Clicking Yes will open the Dose Calculator/Formula Amount/Adjust screen displaying the AIBW calculated per the patient's latest recorded weight.
 - Clicking No will open the order editor without applying the AIBW calculated per the patient's latest recorded weight. Continue the ordering process as usual using the patient's actual weight for calculation.



Require ICD-10 codes to improve reimbursement and standardize data

We're introducing a new practice preference to allow your practice to determine whether an ICD-10 code is necessary when users add new problems.

Requiring an ICD-10 code ensures proper documentation of diagnoses and procedures, optimizing reimbursement accuracy. Moreover, it supports standardized data, which makes sharing information with community partners easier. This, in turn, enhances collaborative decision-making processes and fosters more informed healthcare delivery.

How to activate the preference

1. Navigate to Admin > Practice Preferences, scroll to the new Mandatory ICD10 Documentation preference, and set it to Enabled (callout 1).
2. Save your changes.

3. Log out and back in to activate the update.

Genomics Lab Integration	Not Enabled
Save Genomics Lab Results from USQ	Enabled
Five9 Integration	Enabled
Mandatory ICD10 Documentation	Enabled
Use Association of Public Health Laboratories Data Agreement	No
VBC Task Management	<input checked="" type="checkbox"/>
AI Scribe	Not Enabled

Updated ICD-10 experience

Upon implementation, users will encounter an updated workflow where the addition of an ICD-10 code becomes mandatory for the following functionalities:

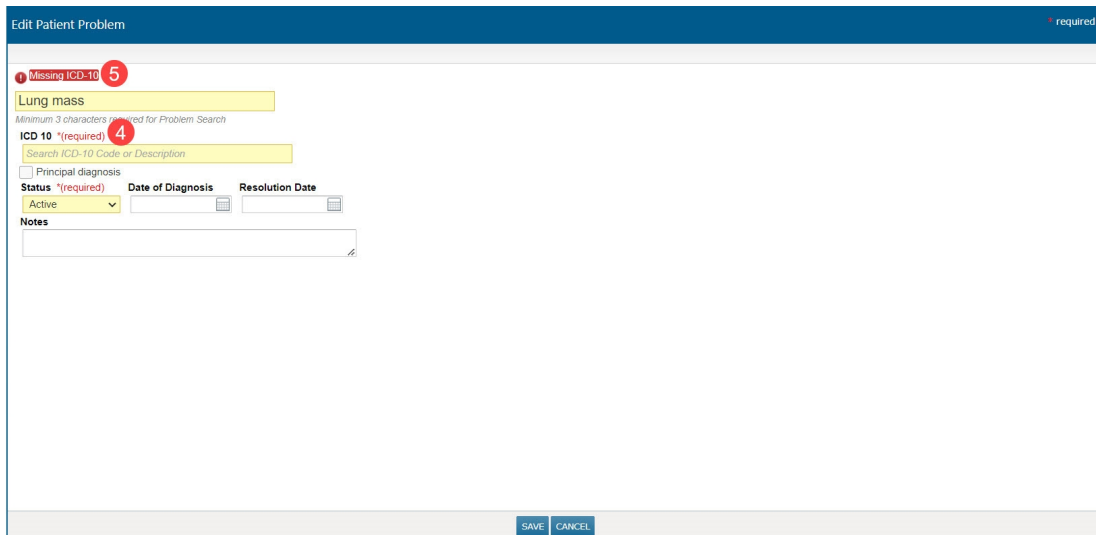
- Problems List: Users must add a problem and an ICD-10 code before a new problem or changes to an existing problem can be saved to the patient's chart.
 - A new (required) tag will appear in the Problem field (callout 1).
 - A new (required) tag will appear in the ICD-10 field (callout 2).
 - Only after a problem and an ICD-10 code have been added will the Save & Add Another and Save & Close buttons become active (callout 3).
 - Note: Editing a problem without an assigned ICD-10 code will require one to save any changes.

New Problem

<p>Problem (required) 1 Breast cancer, female</p> <p>Date of Diagnosis</p> <p>Status Active</p> <p>Comment</p> <p>Details Staging Type: Pathological, Location: Left breast lower-inner quadrant, ER Status: Negative</p> <p>ICD-10 (required) 2 C50.312 - Malignant neoplasm of lower-inner quadrant of left female breast</p> <p>Additional Codes Z17.1 - Estrogen receptor negative status [ER-]</p>	<p>Stage Date</p> <p>Staging Type Pathological</p> <p>Location Left breast lower-inner quadrant</p> <p>Tumor Type</p> <p>Node</p> <p>Metastasis</p> <p>Grade-Nottingham</p> <p>ER Status Negative</p> <p>PR Status</p> <p>HER-2/neu Status</p> <p>Oncotype < 11</p> <p>Stage</p> <p>Prognostic Details</p> <p>Extent of Disease</p> <p>Disease State</p>	<p>PR Status clear</p> <p><input type="radio"/> Positive: Positive (elevated)</p> <p><input type="radio"/> Negative: Negative (normal; within normal limits)</p> <p><input type="radio"/> Unknown</p> <p>Other</p>
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3
SAVE & ADD ANOTHER
SAVE & CLOSE
CANCEL
NEXT

- Billing Screen and Orders Tab: Users must add a problem and an ICD-10 code before new or edits to existing charges or orders can be saved to the patient’s chart.
 - A new (required) tag will appear next to the ICD-10 field (callout 4).
 - Any attempts to save charges or orders without an ICD-10 code will result in an error message prompting users to add one (callout 5).



Display empty appointments on the Flowsheet

The Flowsheet now includes the option to display a column for upcoming appointments with no planned services. This enhancement can be enabled using practice preferences and provides a clearer view of upcoming appointments in the flowsheet to improve scheduling and planning.

- New preference setting:
 - A new checkbox, Flowsheet: Show empty appointments, has been added to the practice preferences (callout 1).
 - Enabling this preference will allow the patient flowsheet to display a column for upcoming appointments with no planned services.



- Display details:

- Once enabled, the patient flowsheet will display a new column for upcoming appointments with no planned services (callout 2)
- The location of the appointment will also be displayed in this column (callout 3).

Flowsheet	Find: Find a result or order	6/27/24 (Thu)	7/16/24 (Tue)	7/17/24 (Wed)	7/18/24 (Thu)	7/23/24 (Tue)	7/29/24 (Mon)	8/01/24 (Thu)	8/08/24 (Thu)	8/29/24 (Thu)
Pembrolizumab Q21D (Flat Dose)										
IMMUNOTHERAPY										
Immunotherapy Monitoring										
Pembrolizumab IV										
PREMEDICATIONS										
Granisetron Oral										
Dexamethasone Oral										
Prochlorperazine Oral										
PRN HYPERSENSITIVITY MEDS										
Epinephrine IM										
Methylprednisolone IV										

Enhancements to the new Orders Queue

Several enhancements have been made to the new Orders Queue to improve usability and efficiency, making it easier for users to manage and act on orders.

Key updates

Select Labs option

A new Select Labs option has been added, allowing users to act on all lab orders for a patient simultaneously, simplifying the process (callout 1).

Search Patient Name or ID

Filters: 7 Orders

Sort By: Order Date (Newest to Oldest)

Order Details for Gonnie, Madeline (F):

- MRN: 734534
- DOB: 07/25/2004 (19 yo)
- Address: 7897 Glow Ave, Richmond, CA, 948...
- Problem(s): Throat cancer (C10.8)
- Insurance: NKA
- Attending: Filmore, Seth
- Next MD Visit: 07/29/2024 (13 Days); Resour...

Update Selected Orders:

Location Type: Select Option | Perform Date: MM/DD/YYYY | Update Status: Select Option | Queue Note: Add Note

Select All Orders Select Labs **1**

Tuesday, July 16, 2024

Amylase panel

Associated Problem: Throat cancer * (C10.8)
 Ordered/Edited By: Qa2, Madeline on 07/16/2024
 Chart Comments: salksdlsldjfl

Perform Date: Tomorrow (Wednesday, July 17, 2024)
 Type: N/A
 Location: N/A

PET/CT scan, skull base/mid thigh

Associated Problem: Throat cancer * (C10.8)
 Ordered/Edited By: Qa2, Madeline on 07/16/2024
 Add chart comments

Perform Date: Tomorrow (Wednesday, July 17, 2024)
 Type: N/A
 Location: N/A

Pre-populated Order Details in messages

When sending a message about an order from the queue, the message will automatically populate the Order Details with the name of the order and any chart comments (callout 2). This eliminates the need to manually enter these details.

Compose Message required

From: qa2, Madeline

To: *

Priority: Normal Request follow up on this message

Subject: Orders Queue: Gonnie, Madeline

Regarding patient: Search Patient Name or ID
Gonnie, Madeline x

Order Details: Amylase panel; Chart Comment: pt. prefers doing routine labs at the east shore site

Message Body:

Message Templates Show my templates only

Template Name	Owner	Shared With	Delete
Title	Luis ZZRodriguez	Everyone	

1-1 of 1

SEND SAVE AS DRAFT SAVE AS TEMPLATE CANCEL

Cursor automatically placed in comments

When adding a comment to an order from the queue, the cursor will automatically be placed in the comments box, saving users an extra click, and streamlining the workflow.

Accurate display of attending physicians

The patient card no longer erroneously displays “Multiple” when the patient has an inactive attending physician saved in their Demographics tab. Only the active attending physicians will be displayed.

Display of merged charts

Merged charts will no longer appear in the queue for most users. Only those with Chart Merge permission set to “Full” will see merged charts in the queue.

Update to flow of clinical notes to the Carequality network

We're updating how electronically signed clinical notes are shared with the Carequality network by combining the release of notes to the network with the ability to release notes to the patient portal. This will help ensure that the right documents are shared with the right party at the right time and further streamlines the flow of clinical information.


Key updates

- When faxing notes, users can add additional recipients without automatically including them in the note recipients list.
- Users also have the option to add these additional recipients to the note recipients list if desired.
- After clicking the fax icon, users will see an updated Fax Recipients window.
 - The "Fax To" list at the top will include the recipients already listed on the note. You can choose to resend to this list if needed (callout 1).
 - At the bottom, users will have the option to search for and add additional recipients (callout 2).
 - There will also be a new Add to Notes Recipients List option (callout 3) that works as follows:
 - If the box is checked, these recipients will be added to the fax and the note's recipient list going forward.
 - If the box is unchecked, these recipients will receive the note via fax without being added to the note's recipients list.

NOTE: Adding recipients to the fax will not add them to the patient's

Demographics > Providers > External Providers list.

The screenshot shows the 'Fax Recipients' interface. At the top, there is a blue header with the text 'Fax Recipients' and a 'required' indicator. Below the header, there is a section labeled 'Fax to' with two checkboxes: 'Kitchen Fax Machine' and 'testzz'. A red circle with the number '1' is placed over the 'Kitchen Fax Machine' checkbox. Below this, there is a search bar labeled 'Search for Fax recipient(s):' with a red circle with the number '2' over it. Below the search bar, there is a table with the following structure:

Recipient	Add to Note Recipients List
 msh kitchen	<input type="checkbox"/>

A red circle with the number '3' is placed over the 'Add to Note Recipients List' column header. At the bottom of the interface, there are two buttons: 'SEND' and 'CANCEL'.

Improvements to interfaced imaging reports and printing

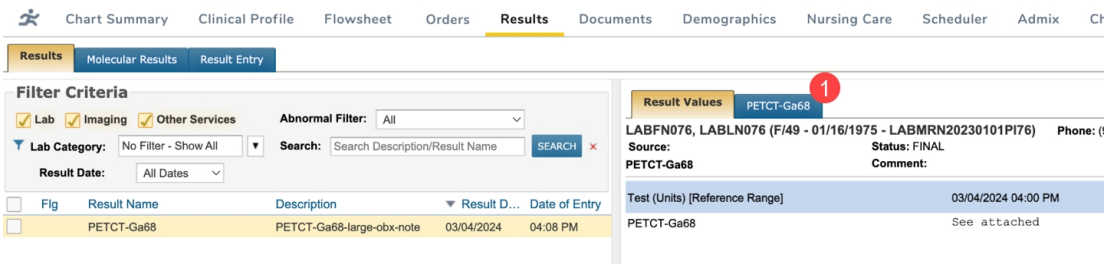
We're improving the organization and printing of result reports, ensuring users can see complete and accurate reports. These improvements also ensure that users can print complete reports, facilitating better sharing and faxing of full imaging results.

Key improvements

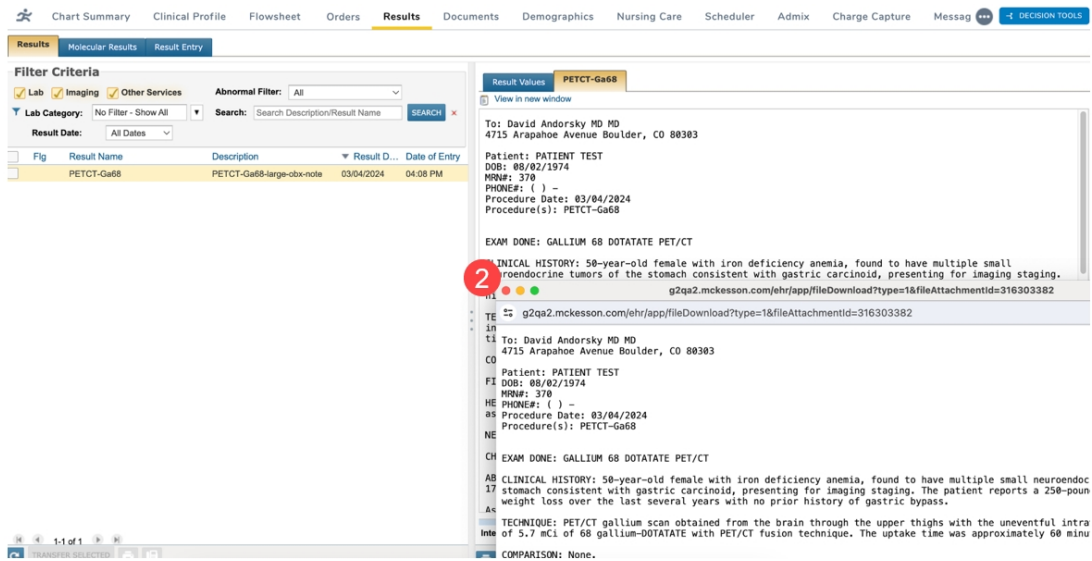
Previously, interfaced imaging results that were too long would spill over onto a second page. This second page would not print, preventing users from obtaining full reports and hindering their ability to fax or share these reports.

After this release:

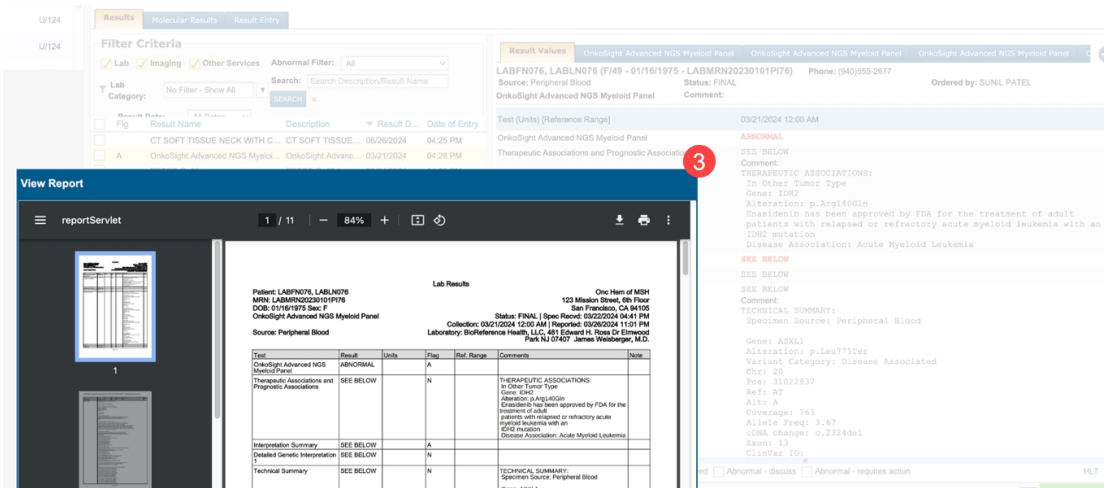
- Long, interfaced imaging reports will appear on a separate tab, titled with the result name (callout 1).



- Users can print directly from the new sub-tab, ensuring that the complete report is printed without missing any information (callout 2).



- Printing from the Result Values tab will include both the main report and the information displayed in the report sub-tab, providing a comprehensive printout (callout 3).



Enhancements to Task & Time Management

We're introducing several enhancements to the Task & Time Management feature to provide users with more detailed tracking capabilities and ensure that the enrollment process is efficient and accurate.

Key updates

1. Addition of new programs:

- Two new programs, Principal Illness Navigation (PIN) and Community Health Integration (CHI), will be added to the feature (callout 1).

The screenshot displays the 'Enrollment Management' interface. At the top, there are two tabs: 'Enrollment Management' (active) and 'History'. Below the tabs, the interface is divided into three sections:

- 1. Select Program**: This section contains four radio button options: 'Chronic Care Management (CCM)', 'Principal Care Management (PCM)', 'Principal Illness Navigation (PIN)', and 'Community Health Integration (CHI)'. A red callout bubble with the number '1' is positioned next to the 'Principal Illness Navigation (PIN)' option.
- 2. Check Eligibility**: This section contains two radio button options: 'Eligible' (selected) and 'Ineligible'.
- 3. Check Enrollment (obtain patient consent)**: This section contains seven radio button options: 'Yet to talk to patient', 'Waiting on patient decision' (selected), 'Patient consented', 'Paper' (with an 'ADD FILE' button), '(Verbal) Face-to-Face', '(Verbal) Phone', and 'Patient declined'.

At the bottom of the form, there is a text prompt: 'Please confirm the date before saving.' followed by a date input field containing '06/28/2024' and a calendar icon. At the very bottom, there are two buttons: 'CANCEL' and 'SAVE AND CLOSE'.

- The History section of the feature and the Task & Time will also be updated to include these new programs, allowing for comprehensive tracking of all

program-related changes for each patient (callouts 2 and 3).

Task & Time Management

Patient Name: Xrjfwxbqb Mnhkaoc
 DOB: 04/26/1954
 MRN: 4R3MAGL5O8HVL2A
 Phone: N/A

Program Name: PIN
 Program Status: Enrolled
 Enrolled Date: 06/28/2024

Enrollment Management

Task & Time Entry

History

Enrollment History

Program N...	Eligibility	Consent	Date	Status	User Name
2 PIN	Eligible	(Verbal) Ph...	06/28/2024	Enrolled	Test2G2Te...
PCM	Eligible	None	06/28/2024	Needs Initia...	Test2G2Te...

Task & Time History

July

No Task & Time logs available

Date (From): 07/01/2024 Date (To): 07/23/2024 Enrollment Status: +1 MRN: Select All Location: Select All Patient Status: Select All

Task: Select All Program Name: Select All Attending Provider: Select All User Role: Select All Source: Select All

GENERATE REPORT **SCHEDULE** **VIEW PREVIEW**

*Default filter is set to current month

Patient First Name	Patient Last Name	MRN	Date Of Birth	Primary Diagnosis	Program Name	Patient Status	Enrollment Status
Marlena	Samia	12e412421	03/18/1956	Non-small cell lung cancer (disorder) (C34.00)	PIN 3	Active	Needs Initiation Visit

2. New step in the enrollment process:

- An additional step called Initiation Visit Completed will appear when users select a Patient consented option during enrollment (callout 4).

Task & Time Management

Patient Name: Aspen Tree DOB: 10/23/1954 MRN: app123 Phone: 555-555-5555	Program Name: CCM Program Status: Enrolled Date of Service: 08/16/2023
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Enrollment Management

1. Select Program *

- Complex Chronic Care Management (CCCM)
- Chronic Care Management (CCM)
- Principle Care Management (PCM)

2. Check Eligibility *

- Eligible
- Ineligible

3. Check Enrollment (obtain patient consent) *

- Yet to talk to patient
- Waiting on patient decision
- Patient consented
 - Paper
 - (Verbal) Face-to-Face
 - (Verbal) Phone
- Patient declined

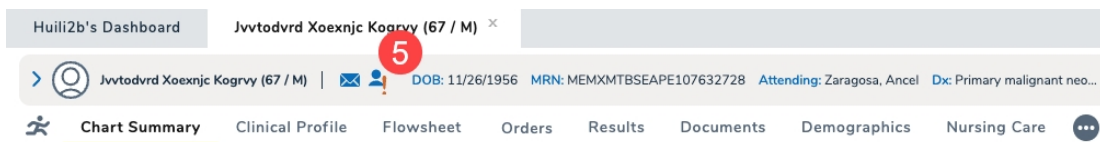
Please confirm the date before saving.

4

4. Initiation Visit Completed *

- Yes
- No

- When "Yes" is selected, the patient will be enrolled, and the enrolled icon will appear in the patient banner.
- When "No" is selected, a new icon will appear in the patient banner indicating that the patient "Needs an Initiation Visit" (callout 5).



- Users can update this status to "Yes" in the feature once the initiation visit has been conducted.

NOTE: Completing the "Initiation Visit Completed" step is mandatory for task and time documentation to be available. Patients must be considered enrolled for this documentation to be accessible.

- The History section of the feature and the Task & Time Report will also be updated to include the initiation visit statuses, helping track all changes made to tasks and times for each patient (callouts 6 and 7).

Task & Time Management

Patient Name: Xrjifwxqjb Mnhkaoc DOB: 04/26/1954 MRN: 4R3MAGL508HVL2A Phone: N/A	Program Name: PIN Program Status: Enrolled Enrolled Date: 06/28/2024
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[Enrollment Management](#)
[Task & Time Entry](#)
[History](#)

Enrollment History

Program N...	Eligibility	Consent	Date	Status	User Name
PIN	Eligible	(Verbal) Ph...	06/28/2024	Enrolled 6	Test2G2Te...
PCM	Eligible	None	06/28/2024	Needs Initia...	Test2G2Te...

Task & Time History

July ▼

No Task & Time logs available

Date (From): 07/01/2024 Date (To): 07/23/2024 Enrollment Status: +1 MRN: Select All Location: Select All Patient Status: Select All
 Task: Select All Program Name: Select All Attending Provider: Select All User Role: Select All Source: Select All

[GENERATE REPORT](#)
[SCHEDULE](#)
[VIEW PREVIEW](#)

*Default filter is set to current month

Patient First Name	Patient Last Name	MRN	Date Of Birth	Primary Diagnosis	Program Name	Patient Status	Enrollment Status
Marlena	Samia	12e412421	03/18/1956	Non-small cell lung cancer (disorder) (C34.00)	PIN	Active	7 Needs Initiation Visit

New Care Navigation Visit Type for easier billing

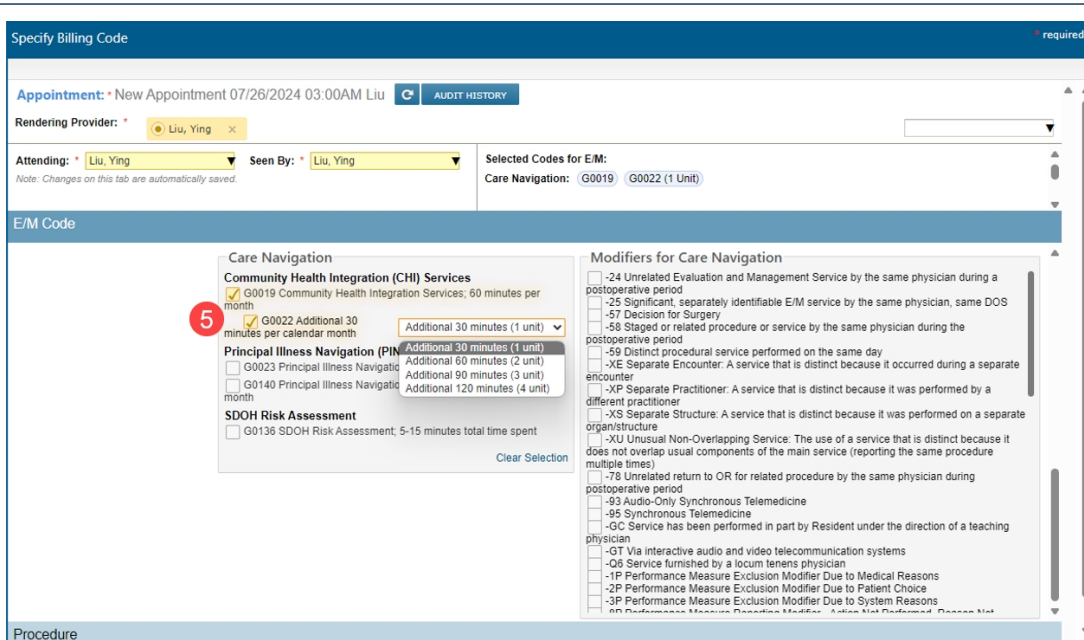
To support billing for programs like Chronic Care Management (CCM) and Principal Care Management (PCM), we’re adding a new Billing Visit Type called “Care Navigation” to the billing screen to group codes for these programs and remove the need to search for them in Procedures.

To use the Care Navigation Billing Codes

1. Select Care Navigation from the bottom of the Visit Types left menu (callout 1).

2. A panel called Care Navigation will appear (callout 2).
3. Each primary code is visible in the panel. Once one of the codes is selected, the add-on time for the code will appear to bill for additional time if needed (callout 3).
4. Select the code to add it to your appointment billing (callout 4).

NOTE: Only one unit of each add-on code can be billed except for G0002, which has a drop-down to allow for adding up to 4 additional units (callout 5).



Pelvic Exam and Obesity Counseling codes in Additional Codes section for easy selection

We're adding two frequently used codes to the Additional Codes section of the Billing Screen. The Pelvic Exam practice expense code (99459) and the Obesity Counseling code (G0447) will be added for easy selection. These codes are add-on codes and represent additional reimbursement for practices.

NOTE: Review the usage of these codes with your practice administrator and billing team before adding them to your visits.

FIXES (A-Z)

Clinical Profile > Care Plan

Previously, the system may have created duplicate episodes for patients under the EOM section of the VBC Care Plan. An update will be made to eliminate any existing duplicate episodes and to prevent the system from creating duplicates in the future, ensuring each patient has a single, accurate episode entry in their care plan.