



Office Practicum Version 14.8.19 Release Notes

Description:	This document contains the Release Notes for OP Version 14.8.19.
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1. Office Practicum (OP) Version 14.8.19 Release Notes

Software Release Date: 14-Dec-2017

Flu Season Information

For CDC guidelines regarding the 2017-2018 flu season, [click here](#).

To access the FAQ page for the 2017-2018 flu season, [click here](#).

For general 2017-2018 flu season information, [click here](#).

For Pediatrics-specific 2017-2018 flu season information, [click here](#).

For AAP's Flu Vaccine Recommendations for 2017-2018, [click here](#).

These Release Notes are organized according to functionality as presented in the application, which is not necessarily according to general workflow.

If an entry in these release notes is the result of a client's call to customer support and that issue was logged in our issue-tracking system, the Solution ID for that issue is included at the beginning of the solution or resolution.

2. New Features

2.1 Non Function-Specific New Features

There are no new features in this release that impact the overall application.

2.2 Function-Specific New Features

There are no new features in this release that impact a specific function.

3. Improved Functionality

3.1 Non Function-Specific Improved Functionality

There is no improved functionality in this release that impacts the overall application.

3.2 Function-Specific Improved Functionality

3.2.1 CHADIS Surveys

Function:	OP 14 needs to allow Providers the ability to order all available CHADIS surveys.
Solution:	Enhanced the software so that OP 14 allows Providers to order all CHADIS surveys that are currently available. .

Function:	OP 14 needs to indicate to Providers when a CHADIS survey has an additional cost.
Solution:	Enhanced the software so that, if a CHADIS survey has an additional cost, OP 14 displays a dollar sign at the end of the OP 14 name of the survey and a message about the cost at the end of the description.

Function:	After CHADIS edits a survey, OP 14 needs to ensure that the patient or parent completes the most recent version of the survey.
Solution:	Enhanced the software to ensure that, if CHADIS edits a survey, OP 14 references the CHADIS ID of the most recent version of the survey.

3.2.2 Utilities / Manage Codes / Procedure (CPT) Codes

Function:	OP 14 needs to be updated to support the latest version of CPT Codes and descriptions.
Solution:	Enhanced the software so that OP 14 supports 2018 CPT Codes and descriptions. Some of the 2018 CPT Codes include in their descriptions the message, “Do not use 2018.” This enhancement also ensures that the Latest CPT Update field in the Help / About window displays the current version of CPT Codes that OP 14 uses.

3.2.3 Utilities / System Admin / System Preferences and Patient Chart / Medications / Prescription Writer and ePrescribing

Function:	OP 14 needs to offer Practices greater control over adding diagnosis codes to prescriptions. This needs to include allowing Administrators to determine to what degree diagnosis codes are required on prescriptions and allowing Providers to include diagnosis codes on prescriptions and ePrescriptions.
Solution:	<p>Enhanced the software by adding functionality that allows Administrators to set System Preferences that determine whether diagnostic codes are required for prescriptions and for what types of prescriptions diagnosis codes are required.</p> <p>System Preference Enhancements</p> <p>Note: The E-Prescribe tab under Special in System Preferences has been relabeled: Prescribe.</p> <p>These enhancements add the Prescription Diagnosis Required section to the Prescribe tab. The options for this section include the following radio buttons:</p> <ul style="list-style-type: none"> • None: No prescriptions require a diagnosis code. • EPCS: Providers must include a diagnosis code on all EPCS-related prescriptions. • All: Providers must include a diagnosis code on all prescriptions.

	<p>To facilitate setting system preferences for prescribing, these enhancements also include moving the following settings from the Medical tab to the Prescribe tab:</p> <ul style="list-style-type: none"> • Allow non-prescribers to write proxy prescriptions • Allow user to make formulary checking optional when writing prescriptions • Must revalidate ERX supervisor on a daily basis This change also removes the word “must” from this setting. • ePrescribing Interaction Checking. This change also corrects a typo in this label and changes ALL to All in the dropdown list. <p>Prescribing Enhancements</p> <p>With these enhancements, if the system is configured to require a diagnosis code for prescriptions (that is, if the EPCS or All radio button in the Prescription Diagnosis Required section is selected), OP 14 will display a warning message stating that a diagnosis code is required and will not send the prescription without a diagnosis code. Also, when a Provider includes a diagnosis code on a prescription, that diagnosis code is sent to the pharmacy with the prescription.</p> <p>If the EPCS setting is selected:</p> <ul style="list-style-type: none"> • OP 14 requires a diagnosis code for medications of DEA Schedule V, IV, III, II, I. The provider will not be able to select a pharmacy until entering a diagnosis code. • OP 14 does not require a diagnosis code for non-EPCS prescriptions.
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3.2.4 Schedule and Practice Workflow

Solution ID: 00008917

Function:	When OP 14 received from a lab a result for an order with multiple lab requisitions, OP 14 kept the status of that requisition as Pending (because it had not received all results for the lab requisition). This prevented the
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	end user from viewing the available result in Schedule and Practice Workflow because the status for the received result was not changed to Received. This could possibly have caused a patient-safety issue if the received result indicated an abnormality and the Provider was not aware that prompt action was required.
Solution:	Updated the software so that, when a Practice submits a lab order with multiple lab requisitions, when OP 14 receives a result for any of the requisitions in that order, OP 14 will change the status to Received. This helps to ensure that Providers are aware when OP 14 receives any results from an order so that they can act promptly in the event they receive a result that indicates an abnormality discovered in the lab test.

4. Resolved Issues

4.1 Non Function-Specific Resolved Issues

4.1.1 Phrase Constructor

Issue:	When the end user created a message, used the Phrase Constructor to add content to the message, and then saved the message, occasionally when the end user attempted to shut down OP 14, the system displayed an error message indicating it could not write to a file.
Resolution:	Updated the software so that, when the end user creates a message, uses the Phrase Constructor to add content to the message, and then saves the message, if the end user shuts down OP 14, the system successfully shuts down without displaying any error messages.

Issue:	When the end user used the Phrase Construction feature to import content into a message or note, when the end user attempted to shut down OP 14, OP 14 displayed an error message.
Resolution:	Updated the software so that, when the end user uses the Phrase Construction feature to import content into a message or note, when the end user shuts down OP 14, OP 14 successfully shuts down without displaying an error message.

4.2 Function-Specific Resolved Issues

4.2.1 Activities / Maintain Vaccine Inventory

Solution ID: 00008768

Issue:	When the end user attempted to delete a vaccine from the inventory, OP 14 did not update the vaccine inventory to reflect the deletion.
Resolution:	Updated the software so that, when the end user deletes a vaccine from the inventory, OP 14 successfully updates the vaccine inventory to reflect the deletion.

4.2.2 Activities / Create General Letters

Solution ID: 00008401

Issue:	The General letter stated that there was no maximum number of characters allowed in the body of the letter. However, the maximum number of allowable characters was 2048.
Resolution:	Updated the software by adding a real-time character counter that displays how many characters the end user has left as they write the letter. If the end user exceeds the maximum allowable characters, OP 14 displays the characters that exceed the limit with a red underline and indicates the character count as a negative number. If the end user attempts to save a letter that exceeds the maximum allowable characters, this update also adds the warning message, "Please edit the body of the letter so that it does not exceed 2048 characters."

4.2.3 Activities / Create General Letters / Selected Template

Issue:	When the end user selected a template and then clicked on the Add button to add a record to the template and clicked the Save button to save the record. OP 14 displayed an error message.
Resolution:	Updated the software by removing the Add Record and Delete Record buttons from the Selected Template tab of the Create General letters window. With this update, the end user can only edit a selected template on the Selected Template tab.

4.2.4 Reports / Demographic Analysis and Recall

Solution ID: 00006976

Issue:	When the end user attempted to run the Demographic Analysis and Recall report, specified Show Future Appointments and selected Exclude Patients with Appointments, OP 14 incorrectly included in the report patients that had appointments scheduled for the current day.
Resolution:	Updated the software so that, when the end user attempt to run the Demographic Analysis and Recall report, specifies Show Future Appointments and selects Exclude Patients with Appointments, OP 14 successfully excludes from the report patients that have appointments scheduled for the current day.

4.2.5 Utilities / Manage Practice / Staff/Provider Directory and General Letter Report

Solution ID: 00007187

Issue:	When the end user changed the Signed By name in the Staff Directory, OP 14 did not display the signature in the General Letter report.
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Resolution:	Updated the software so that. When the end user changes the Signed By name in the Staff Directory, OP 14 successfully displays the updated signature in the General Letter report.
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4.2.6 Utilities / Manage Clinical Features / EPCS Prescriber Dashboard

Solution ID: 00007298

Issue:	When an end user from a Practice outside of New York clicked on the EPCS Prescriber Dashboard menu selection, OP 14 did not launch a browser with the DrFirst logon page and did not display an error message.
Resolution:	Updated the software so that, when all end users click on the EPCS Prescriber Dashboard menu item, OP 14 opens a separate browser window that accesses the following URL: https://ui.epcsdrfirst.com/pob/login This web page allows EPCS prescribers to log on to access the EPCS Prescriber Dashboard.

4.2.7 Tools / QIC (MU Calculator)

Solution ID: 00008775

Issue:	When the end user ran the QIC PCMH 2017 QI Concepts report group, OP 14 displayed the Cannot Prepare a Blank Statement error message.
Resolution:	Updated the software so that, when the end user runs the QIC PCMH 2017 QI Concepts report group, OP 14 successfully runs the report without displaying any error messages.

Issue:	The QIC was not correctly calculating Depression Screening for MU2. The calculator should check for either a Survey or Risk Assessment to determine whether a patient has received a valid screening for clinical depression and should only give credit for a Positive or Negative answer (not an answer of Unknown). With this issue, OP 14 checked Risk Assessments that pertained to ID rather than OP ID and was giving credit for an answer of Unknown.
Resolution:	Updated the software to ensure that the data that the QIC uses to calculate Depression Screening for MU2 checks for Risk Assessment relative to OP ID and only gives credit for Positive or Negative answers.

Issue:	The QIC was not correctly calculating Secure Messaging for MU2.
Resolution:	<p>Updated the software to ensure that OP 14 calculates the Secure Messaging measure for MU2 in accordance with the latest requirements. This includes:</p> <ol style="list-style-type: none">1. It doesn't matter who originates the message. If a qualified patient in the denominator has a secure message exchanged in either direction, it counts regardless of whether that message was sent to or responded directly by the EP or a staff member working on the EP's behalf.2. Even with reduced reporting periods (less than a full calendar year), any message sent during the calendar year qualifies for credit. For the purposes of this provision, OP 14 uses the year on the end date of the reporting range.3. If more than one provider had an encounter with the same patient during the reporting period, the same message may count in the numerator of multiple EPs. That, is, a message is not attributable solely for the encounter to which it is closest in time.

4.2.8 Schedule and Practice Workflow / Tracking

Solution ID: 00008419

Issue:	When the end user was viewing a Patient record in the Tracking window and that patient had Medicaid as secondary insurance, when the end user selected the next patient in the Tracking window, OP 14 applied the secondary insurance information from the previously selected patient to the currently selected patient.
Resolution:	Updated the software to ensure that, when the end user selects patient records in the Tracking window, OP 14 successfully displays the correct primary and secondary insurance for each patient the end user selects.

4.2.9 Schedule and Practice Workflow / Diagnostic Tests

Issue:	<p>OP 14 was not capturing the full reference range it received in messages in the Diagnostic Tests window and in the Requisitions/Results, Results Received/Reviewed, and Review Date Range tabs. With this issue, OP 14 dropped off the zero after the decimal point. For example, in Complete Blood Count w Diff:</p> <ul style="list-style-type: none">• Reference range for Lymphocytes reported as 1.1-4 bil/L should be 1.1-4.0 bil/L• Monocytes, Eosinophils, and Basophils reference range starts with 0 should be 0.0.
Resolution:	Updated the software to ensure that OP 14 successfully captures the full reference range it receives in messages, including the zero after the decimal point.

4.2.10 Patient Register / Insurance

Issue:	When the end user attempts to validate an insurance policy and OP 14 receives a response, it displays a message prompting the end user to accept the changes. With this issue, when the end user accepted the
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	changes, OP 14 displayed a message incorrectly indicating an inactive insurance policy and did not update the selected insurance policy.
Resolution:	Updated the software so that, when the end user validates an insurance policy, OP 14 successfully receives responses and updates the selected insurance policy without displaying an error message.

4.2.11 Patient Chart / Well Visit / Assess/Plan / Imm tab

Solution ID: 00008811

Issue:	When the end user created a Vaccine Task in Well Visits, selected the 12 Month Old default template, and added an Immunization order for HepA, Varicella and MMR for the current day, when the end user clicked Save OP 14 displayed the error message, “[MMR] not indicated at this time. Status MEASLES: UP TO DATE Continue anyway?” OP 14 should not have displayed this warning message when a patient was due for a forecasted vaccine.
Resolution:	Updated the software so that OP 14 does not display any error messages stating that a vaccine that is due for a forecasted vaccine is not indicated at the current time.

4.2.12 Patient Chart / Medications

Issue:	If the end user sent a prescription, OP 14 allowed the end user to delete the prescription from the patient’s chart after it had been sent.
Resolution:	Updated the software so that, if the end user sends a prescription, OP 14 does not allow the end user to delete the prescription from the patient’s chart.

4.2.13 Patient Chart / Immunizations

Solution ID: 00008127

Issue:	When viewing the chart of a 12-year-old patient that had received one dose of HPV9 and OP 14 was forecasting that the patient was due for a second dose, OP 14 incorrectly indicated that the patient was, “On Standard 3 Dose HPV Schedule.”
Resolution:	Updated the software so that, when viewing the chart of a 12-year-old patient that has received one dose of HPV9 and OP 14 is forecasting that the patient is due for a second dose, OP 14 successfully indicates that the patient is, “On Standard 2 Dose HPV Schedule.”

Issue:	OP 14 did not always display fully the data information line on the Immunization Order Management window.
Resolution:	Updated the software to ensure that OP 14 successfully displays in full the content in the Patient Data line (that is, the status bar) on the Immunization Order Management window. This update ensures the VFC information does not overwrite any of content in the Patient Data line.

Issue:	For the FLU-IIV4 6-36 months vaccine, OP 14 successfully prompted at 28 days as the earliest interval range. With this issue, when that date range has passed, OP 14 indicated that the earliest interval range is the current day and changed this each day to the current day.
Resolution:	Updated the software so that OP 14 successfully prompts the earliest interval date for the FLU-IIV4 6-36 months vaccine.

4.2.14 Patient Chart / Immunizations / Sync Registry

Issue:	<p>OP 14 had several issues with the Nevada (webIZ) 2.5.1 immunization registry. These included:</p> <ol style="list-style-type: none"> 1. The Nevada registry was capable of receiving Delete messages for vaccines, but OP 14 was not sending those messages. 2. The Nevada registry requires PID-25 (Birth Order) when PID-24 (Multiple Birth Indicator) is “Y.” OP 14 does not capture Birth Order. 3. OP 14 was sending Vaccine Entered/Recorded date from Date 1 in RXA-3 and RXA-4. 4. OP 14 was not sending the full Route values in RXR-1.
Resolution:	<p>Updated the software to resolve the four issues with the Nevada (webIZ) 2.5.1 immunization registry. The resolutions included:</p> <ol style="list-style-type: none"> 1. OP 14 sends Delete messages for vaccines to the Nevada registry. 2. OP 14 does not send PID-24 to the Nevada registry. 3. OP 14 sends Vaccine Given/Administered date from VacDate in RXA-3 and RXA-4. 4. OP 14 sends the full Route in RXR-1.1 and sets the coding system name to NCIT in RXR-1.3.

Issue:	When Ohio Practices attempted to synchronize with the Ohio 2.5.1 registry, OP 14 did not send Vaccine Funding Source information.
Resolution:	Updated the software so that, when Ohio Practices synchronize with the Ohio 2.5.1 registry, OP 14 successfully sends Vaccine Funding Source information.

5. Known Critical Issues

There are no known issues in this release.