



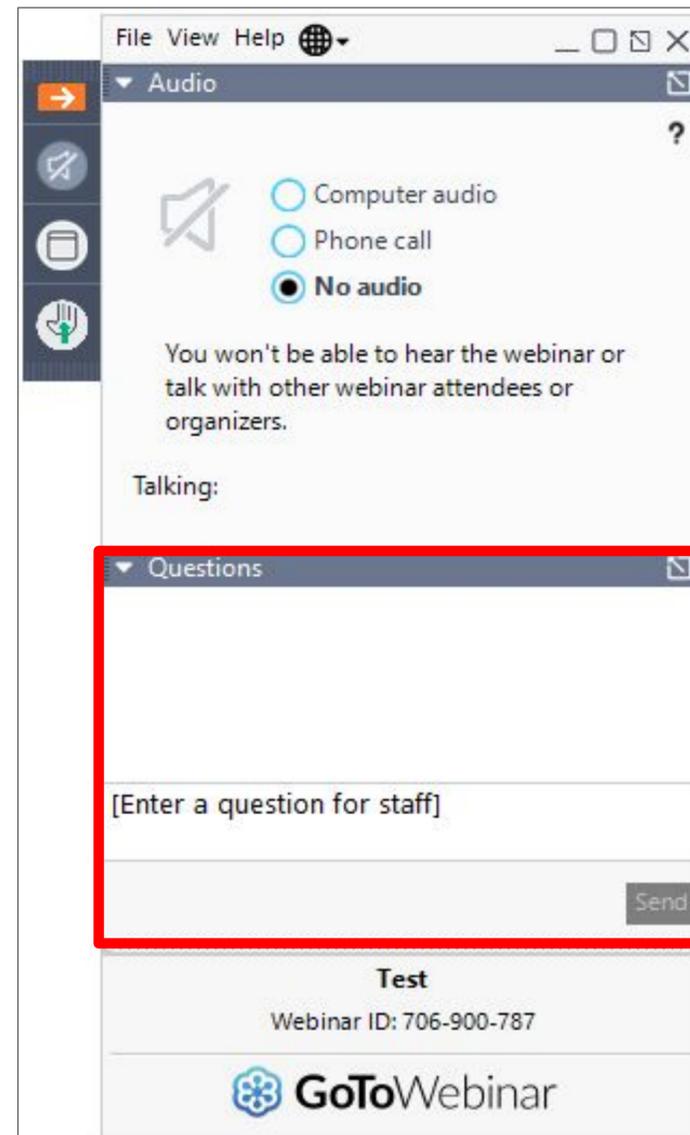
# Crucial Immunization Workflow Changes and 14.19.6 Enhancements

Update Webinar

# Welcome to Crucial Immunization Workflow Changes and 14.19.6 Enhancements

Audience: All

- Attendees will be muted. If you have a question, enter it into the **Questions** box.



# Presenters



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OP Medical Director



BJ Bloom, RN, IBCLC  
OP Product Innovation Manager, Clinical



Greg Anderson  
OP CTO

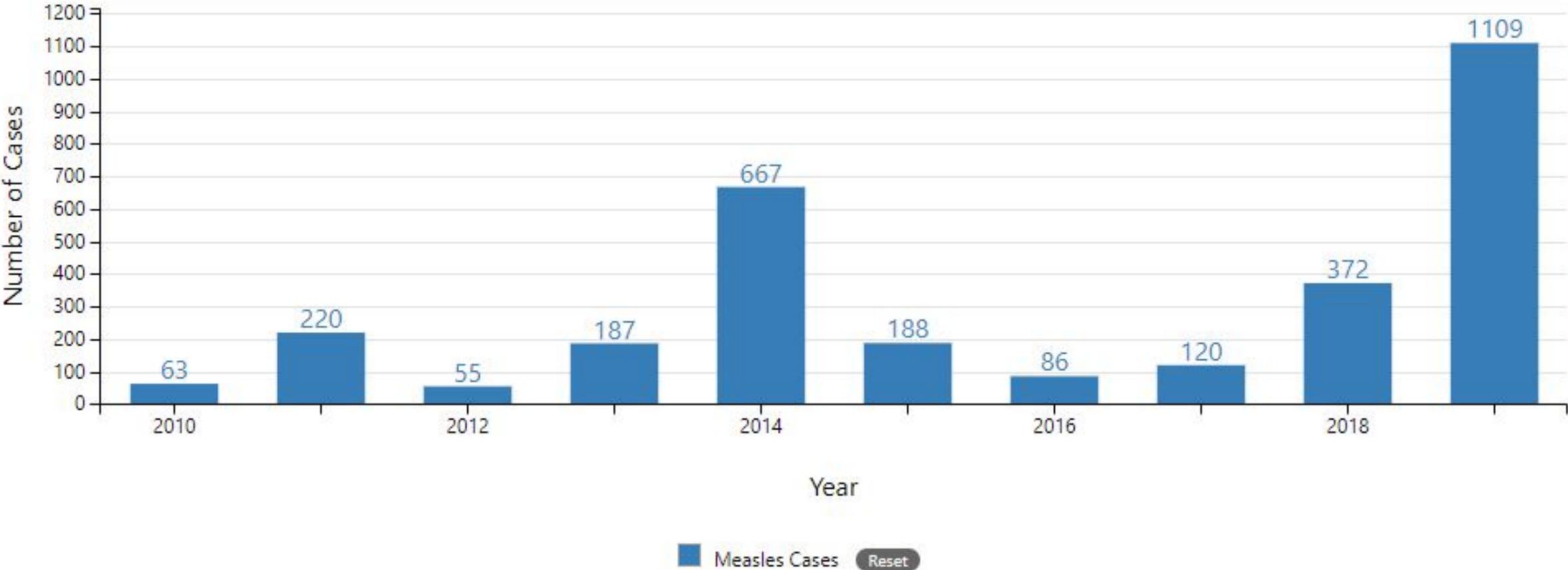
# Objectives

In this webinar, you will learn how to:

- Complete documentation for vaccine refusal and deferrals using various workflows
- Document vaccine immunity creating visual warnings
- Utilize new features of the Immunizations Complete List
- Utilize new features implemented in preparation for Certification
- Find Immunization and CEHRT Resources in the Help Center

# Number of Measles Cases Reported by Year

2010-2019\*\*(as of July 3, 2019)



[Measles Cases and Outbreaks CDC](#)



# Why Change OP Immunization Workflow?

- Immunization status, vaccine hesitancy/refusal and outbreaks of preventable diseases impact public health
- Current standards to exchange information about vaccines now include coded reasons for deferral/refusal of vaccines
- OP sat for certification of immunizations from HIMSS (which also meets MU certification but is actually *more* robust) adopting the most up-to-date immunization specification standards
- This positions OP to begin the process of migrating OP connections to immunization registries using more robust bi-directional, real time functionality

# Why Change OP Immunization Workflow?

- Request for improvements from our community were also implemented and assist with:
  - Ease of correcting documentation of incorrect body site or vaccinator
  - Streamlined way to correct vaccine inventory errors based on location mistakes
  - Ability to “restart” vaccine forecasting for patients who had a bone marrow transplant
  - and more....

# CRUCIAL CHANGE IN THINKING: Deferral vs Refusal

## Deferral

1. Indicates you still want the vaccine to show as “forecasted”
2. Comes with a discrete coded set of reasons
3. Eventually will be transmitted to the immunization registries
4. You may defer for any length of time
  - a. 2 weeks because the patient is sick
  - b. 1 week because you are out of stock
  - c. If you want to record a deferral for the HPV vaccine, simply remove the Defer Until date so no task will be created

## Refusal

1. ***Is permanent*** = you never want to ask the family in the future whether they want the vaccine
2. Will remove the vaccine from being forecasted in the future
3. Will stop the patient from being identified as part of recall efforts
4. Will not be visible as “recommended” in the immunization tab of the note plan

Recommended Now: DiphtheriaTetanus#1; HepatitisB#1; Hib#1; Pneumococcal#1; Polio#1;

# Deferrals and Refusals: Coded Data

- When ordering vaccines, practices should also take care to document why they are *not* giving vaccines
- This information will be stored in the complete vaccine list

Patient Decision	<i>Other</i>
Patient Decision	Philosophical objection
Patient Decision	Religious
Patient Decision	Vaccine efficacy concern
Patient Decision	Vaccine safety Concern
Parental Decision	<i>Other</i>
Parental Decision	Philosophical objection
Parental Decision	Religious
Parental Decision	Vaccine efficacy concern
Parental Decision	Vaccine safety Concern
Medical Reason	Medical precaution
Medical Reason	Immunity
Medical Reason	Out of Stock
Medical Reason	Vaccine efficacy concern
Medical Reason	Vaccine safety Concern

# Documented Immunity

The user will select 'Problem' (SNOMED code), which will trigger the documented immunity or diseases correlating LOINC code to be sent to the Immunization Registry:

## Finding - Serological evidence

278971009	Hepatitis A immune
271511000	Hepatitis B immune
371111005	Measles immune
371112003	Mumps immune
278968001	Rubella immune
371113008	Varicella immune

## Disorder - history of disease

398102009	Acute poliomyelitis
409498004	Anthrax
397428000	Diphtheria
18624000	Disease due to Rotavirus
91428005	Haemophilus influenzae infection
240532009	Human papilloma virus infection
6142004	Influenza
52947006	Japanese encephalitis virus
14189004	Measles
23511006	Meningococcal infectious disease
36989005	Mumps
27836007	Pertussis

## Disorder - history of disease

16814004	Pneumococcal infectious disease
14168008	Rabies
36653000	Rubella
76902006	Tetanus
66071002	Type B viral hepatitis
4834000	Typhoid fever
111852003	Vaccinia
38907003	Varicella
40468003	Viral hepatitis, type A
16541001	Yellow fever

# Flu Season 2019-20

The screenshot shows the 'Vaccine Inventory' application interface. The main window is titled 'Vaccine Inventory Item Detail' and contains the following fields:

- Location: Secondary Location
- Show all lots in all authorized locations:
- Buttons: New, Borrow or Payback, Print Grid, Print Lot #
- Inventory name: [Dropdown]
- Vaccine name: [Dropdown]
- NDC ID: 49281063115
- GTIN: 00349281631153
- Manufacturer: [Dropdown]
- Lot number: [Dropdown]
- Expiration date: [Dropdown]
- Funding source:  Private  VFC
- VFC eligibility usage: [Dropdown]
- Practice: [Dropdown]
- Cost per [Dropdown]
- Total doses [Dropdown]
- Doses used [Dropdown]
- Last updated [Dropdown]
- Notes: [Text Area]
- Borrowed status (+):  Created from VFC stock  Created from private stock  n/a  Reminder: private owes VFC  Reminder: VFC owes private
- Payback status:  Item was paid back  n/a  Item pays back a borrow
- Date started using: 7/11/2019
- Availability:  Inactive  Active  Retired
- Retired date: [Dropdown]
- System-generated ID: [Text Field]
- Buttons: Save, Cancel

A 'Choose Vaccine' dialog box is open, displaying the message: 'This NDC/GTIN is associated with more than one vaccine.' The dialog has a 'Choose vaccine:' dropdown menu with two options: 'FLU-IIV4 6-35m' and 'FLU-IIV4 6m+'. The dialog also has 'OK' and 'Cancel' buttons.

- Added the 2019-20 Flu product details to the Vaccine Product table
- the Sale NDC, Use NDC, Sale GTIN, Use GTIN are available under each appropriate Vaccine Name
- The Product Description will list manufacture, packaging, (2019-20)
- User can associate multidose vials with the same NDC to more than one Vaccine Name
  - FLU-IIV4 6-35m Fluzone Quadrivalent; 5 mL Multi-dose Vial (20 0.25mL doses) (2019-20) Use NDC 49281063178
  - FLU-IIV4 6m+ Fluzone Quadrivalent; 5 mL Multi-dose Vial (10 0.5mL dose vial) (2019-20) Use NDC 49281063178

# Let's get started!



A young boy with short hair, wearing a plaid shirt, is sitting and looking towards a female healthcare professional. She has long hair, is wearing blue scrubs, and has a stethoscope around her neck. They are both smiling and appear to be in a friendly conversation. The background is a clinical setting with some colorful charts or posters on the wall. The entire image has a dark blue overlay.

# 14.19.6 Enhancements

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# Fixed Issues

- **Internal Survey Editor** - Saving a new survey did not cause it to appear immediately in the master list of surveys, which could give the impression it had not been saved. Also, answers of List type were not saving.
- **Claim Printing (CMS-1500)** - Claims containing more than 12 diagnoses (including "tag alongs" assigned by a provider) displayed an error and could not be printed. Now the claim diagnosis count is always truncated at 12, even if more could be available.
- **Receipts page of Billing Center** - Pressing the Delete key to delete a payment while this grid was active would cause the associated patient's demographics (Register) record also to be deleted. Removed ability to use Delete key in this context; all current payments and credits must be deleted on their respective pages of the Chart.
- **Audit Trail Form** - It was possible to delete audit trail data by pressing the Delete key while the grid was active. This loophole was closed.

# Fixed Issues

- **Appointment Form** - For some patients with unusual text in the Miscellaneous Notes field of their demographics record, the Appointment Form would display an error when their appointments were opened.
- **Vitals/Growth page of Chart** - In the Growth Measurement data entry section, unlike OP 14, abnormal measurement percentiles were not drawn with a different background color to draw attention. This differential color capability has been restored.
- **Claims page of Chart** - Resized date columns in the Charges and Payments grids so the last digit of the year is visible without having to manually resize each time. Also ensured all columns line up vertically with all grids expanded.
- **Bad Rendering of Imported Encounter Notes** - Only affected a few clients who had imported encounter notes from legacy EHR systems.

# Fixed Issues

- **Saving Survey Answer Definitions** - OP 14.10 and OP 19 were not saving survey answer definitions of List type. This has been corrected in OP 19 *only*. If this has been an issue, you must upgrade.
- **Clinical Overview elements not populated for non-clinical users** - Users who are not characterized as Providers were unable to see the contents of the Problem, Allergy, and Medication Lists. Now these lists will populate, but for new patients these users still will not be able to answer questions about whether the patient has “no known” history of those types.
- **ERA Posting Slowness** - After posting a collection of Approved ERAs, the system could be slow in returning control, depending on the size of your practice. This delay has been removed.

# Permission Changes

- **Encounters** - Earlier versions of OP 19 ignored OP 14 permissions for accessing the *Exam, Counseling, Graphics, Assessment, Plan, and Coding* pages on both sick and well encounters. These permissions have been restored. The original values from OP 14 still exist, so after the update, users may notice pages which had been unintentionally visible in OP 19 will be invisible again.
- **Address Book** - Editing permissions were not fully implemented, so users who had not been granted permission to edit addresses were allowed to do so anyway. This loophole has been closed. In order to edit address book entries, a user must have the *AddressBook\_Modify* permission.

# Permission Changes

- **Provider Signatures** - For enhanced provider security, the action that captures a graphical representation of a provider's signature on school/camp/other forms was moved from the Provider tab of the Address Book to the Provider Info tab of the Staff Directory. As a result, only users who already have permission to change other kinds of information about providers are allowed to modify their signature graphic.

The screenshot shows the 'Staff Directory' application window. The 'Provider Info' tab is selected and highlighted with a red box. The 'Signature name' field contains 'Susan J. Kressly, MD' and is also highlighted with a red box. Below it, the 'Signature graphic' field displays a handwritten signature 'Susan Kressly, MD' and is highlighted with a red box. The application includes a table of staff members on the left and various form fields for provider information on the right.

Staff Name	Initials	ID
Susan Kressly	SJK	305
Karen David	KWD	681
Sharon Sowinski-Muell	SSM	1095
Maria Mahoney	MMM	2468
(Mary) Jane Panetta	MJP	390
Colleen Moritz	CEM	391
Sija Los-Hiban	SH	829
Jessica Sidorick	JS	1424
Judith Vitale	JAV	2144
Gregory Anderson	GHA	306
Demo Doctor	DD9	107
GREGORY ANDERSON	SED	660
Web Portal User	SWP	100
System Administrator	SAD	102
Fax Server	SFX	-6
Barbara Betz	BAB	687
Melanie Koffel	MSK	1126
Meredith Cheryba	MLA	652
Sara Neves	SEN	666
Robert Rinaldi	RER	696
Cyrilda Navarro	CN	695
Other Primary	OTH	697
CINA Reviewer	CB	1036
Kristen Reese	KR	1039
Karen Hoffman	KLH	1111
Megan Moritz	MM	1719
Kristen Wheeler	KW	1755

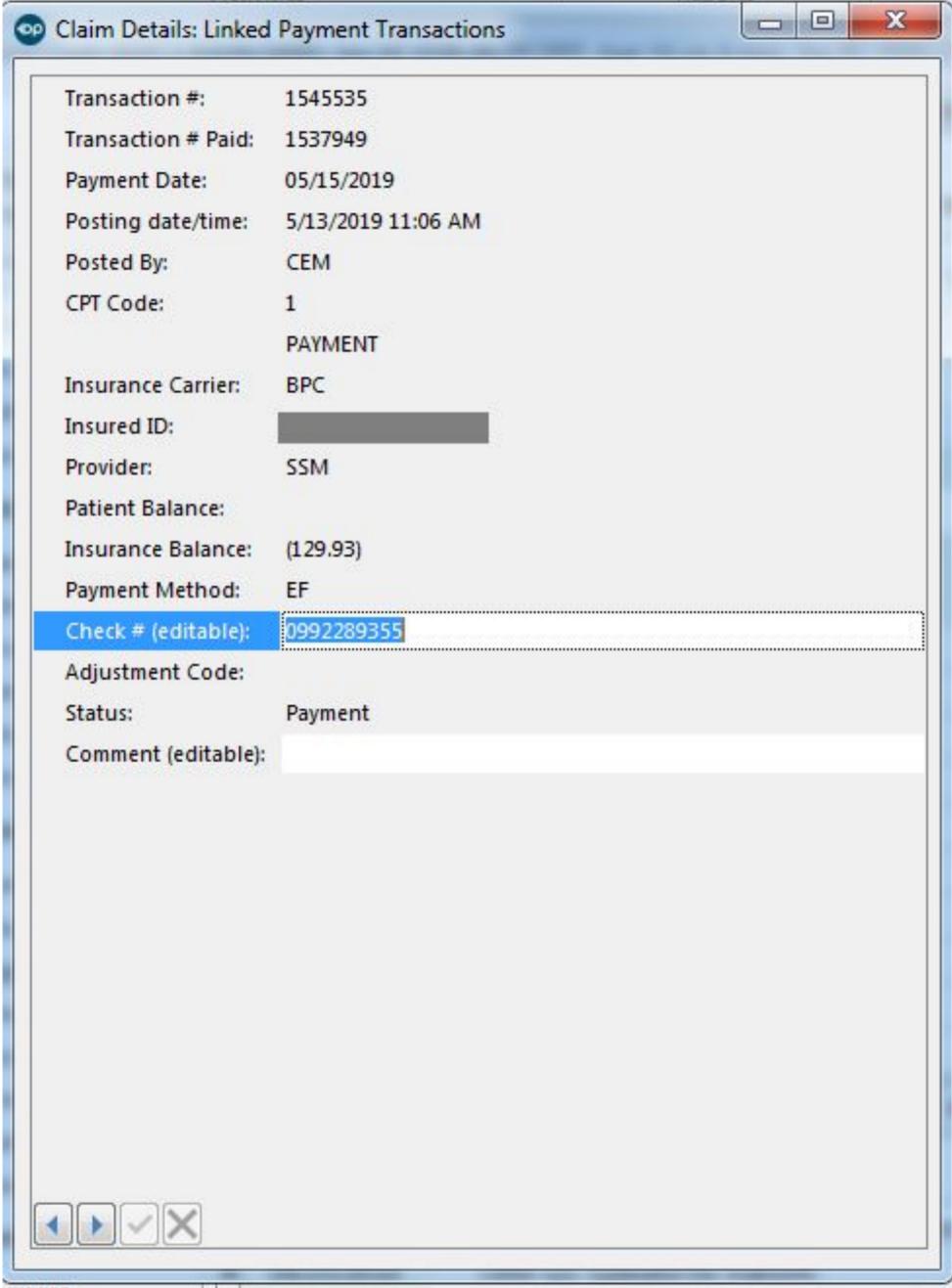
Signature name: Susan J. Kressly, MD  
First 21 characters of signature name appear on line 31 of the claim form. A comma MUST occur after last name.

Signature graphic: *Susan Kressly, MD*

License info: Physician License Number  
License #: MD  
Federal DEA#: BK State DEA#: BK  
Federal Tax ID: 20 or SSN:  
Provider NPID: 162 (line 24J)  
Provider UPIN:  
Taxonomy code: 208000000X (HPTC - line 31)\*  
Merchant ID:  
NADEAN #:

# Enhancements

- **Claims page of chart** - Restored ability to edit check numbers on payments without voiding and rebooking, as well as editing comments on both charges and payments. After double-clicking the transaction to change, the pop-up form with additional transaction details now allows editing for those specific fields.



The screenshot shows a software window titled "Claim Details: Linked Payment Transactions". The window contains the following fields and values:

Transaction #:	1545535
Transaction # Paid:	1537949
Payment Date:	05/15/2019
Posting date/time:	5/13/2019 11:06 AM
Posted By:	CEM
CPT Code:	1
	PAYMENT
Insurance Carrier:	BPC
Insured ID:	[REDACTED]
Provider:	SSM
Patient Balance:	
Insurance Balance:	(129.93)
Payment Method:	EF
Check # (editable):	0992289355
Adjustment Code:	
Status:	Payment
Comment (editable):	

At the bottom left of the window, there are four small icons: a left arrow, a right arrow, a checkmark, and an 'X'.

# Enhancements

- **Insurance page of Chart** - when a new Active insurance policy is saved and there is no other Active insurance policy, the new one is automatically ranked as Primary (click saver)
- **Windows dropdown on Ribbon** - hidden when session is logged out, so cannot be used as a way to potentially see PHI

# Have a Question?

- Type it into the **Questions** box
- Any unanswered question(s) will be communicated to the Webinar attendees via email



# Resources

- Resources
  - [Immunizations](#)
- Additional Enhancements in 14.19.6
  - [Auditable Events](#)
  - [Demographics](#)
  - [Implantable Devices](#)
- OP Help
  - (F1 or Help > Help Topics from the main menu bar in OP)

Thank you for attending our webinar. We hope you found it helpful and would appreciate hearing any feedback you have to improve future webinars.





Thanks for Attending!

