VertexDr

# ROADMAP TO INNOVATION

MAY 3, 2018 | VERTEXDR CLIENT FORUM

Angelo Perrotta & Caryn Kleckowski

a MERIDIAN MEDICAL MANAGEMENT company

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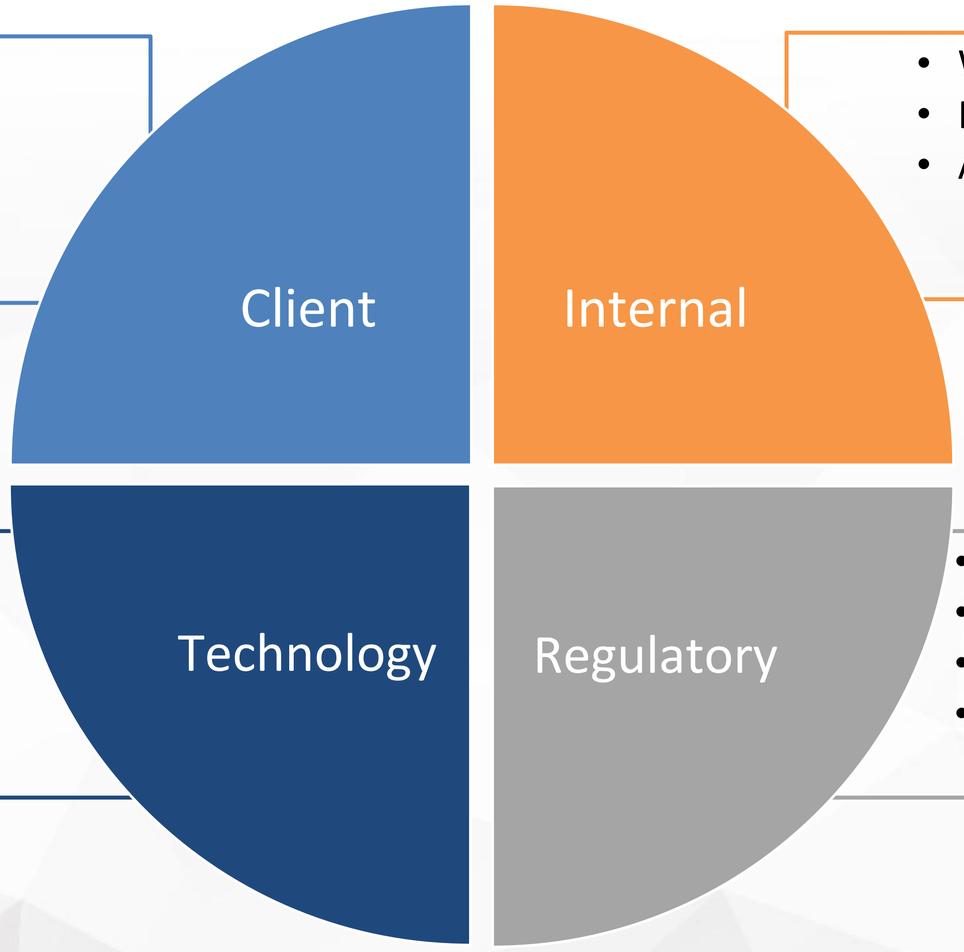
**THANK YOU**

# Enhancement Planning

- Mtrak
- User Groups
- Beta Testing

- Workflow Automation
- Process Improvements
- Associate Suggestions




- Industry Trends
- Technological Advances
- Upgrades
- Vendor Changes

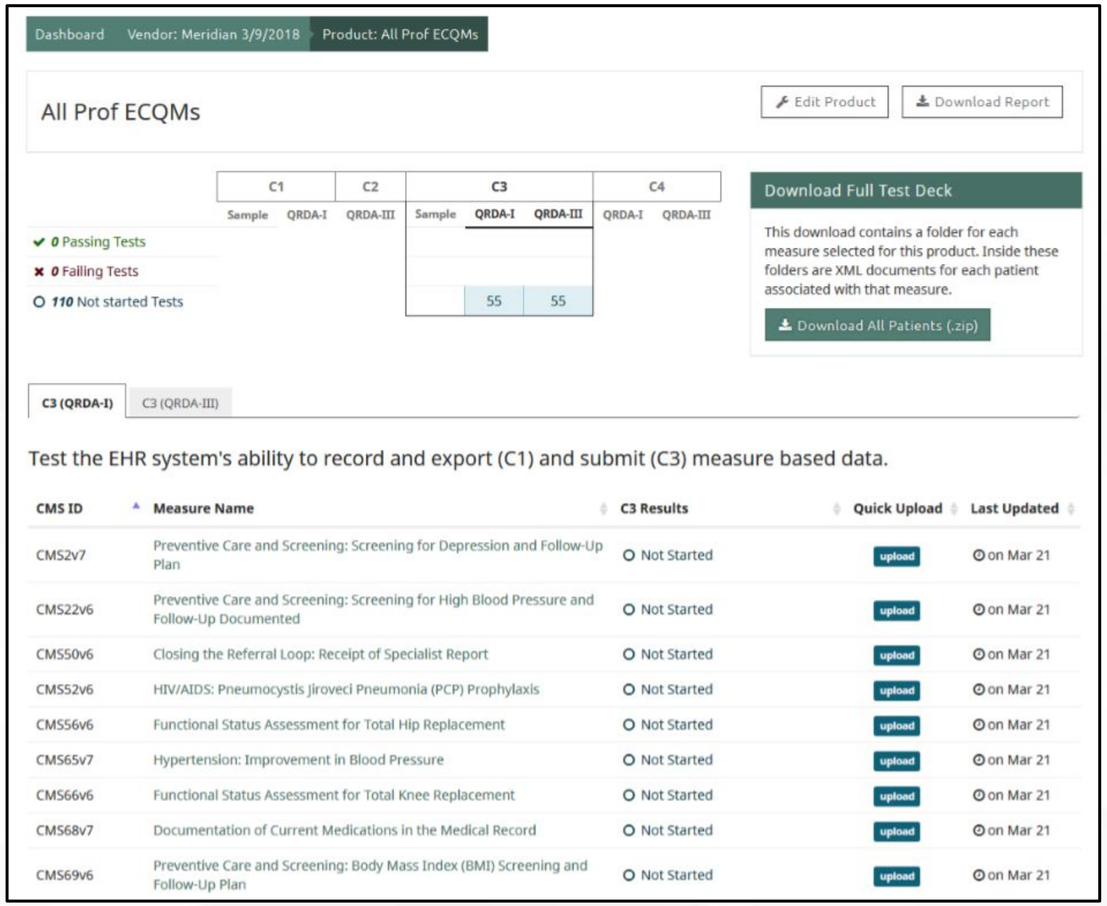
- MIPS/ MACRA
- EPCS
- Certification
- Format Changes

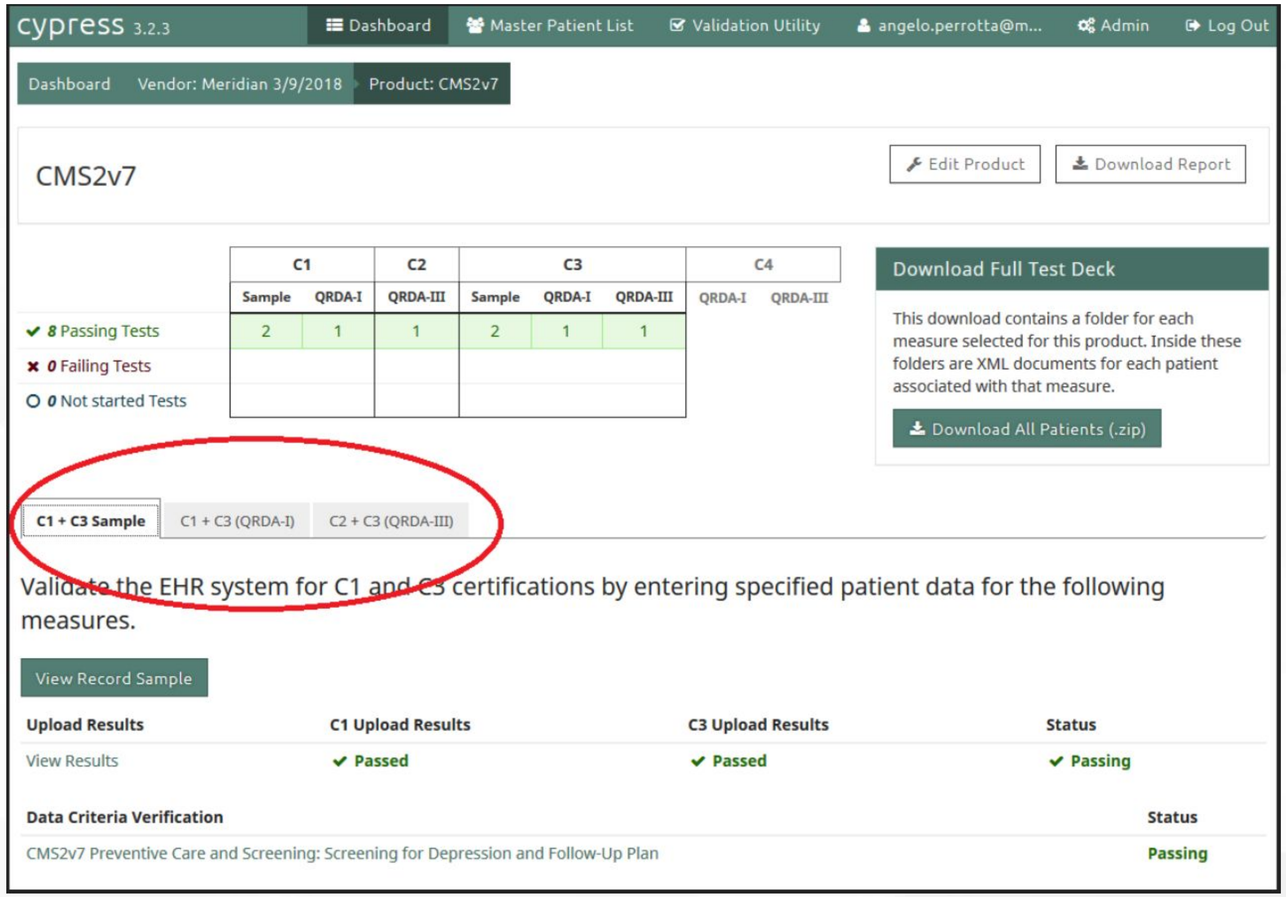
# Development Cycle

# 2015 EHR Certification

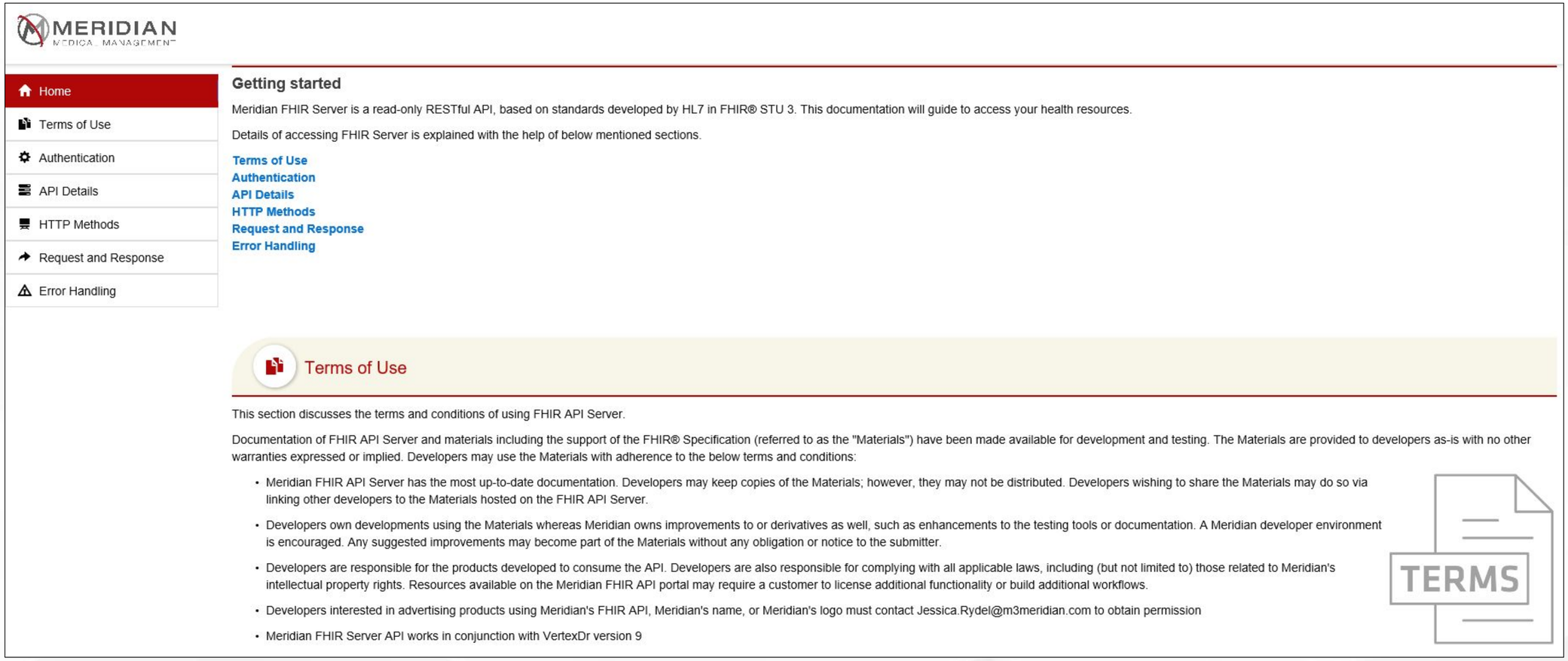
- Redesigned to meet the stringent requirements for participation in the next round of the Meaningful Use Incentive program
- Complex requirements including but not limited to:
  - Additional demographic data field requirements
  - Updated SNOMED codes for patient problem lists
  - Clinical Quality Measure Import Export and Calculate
  - A new area in patient chart to document implanted devices
  - Stage 3 and ACI reporting
  - A new FHIR interface for viewing clinical information by third parties
  - Updated standards to the continuity of care document (CCDA)
  - Expanded capabilities to incorporate more information from CCDA's
  - Additional resources for patient education
  - Enhanced electronic transitions of care
  - Support additional E-Rx Transactions: Change, Cancel, Fill

# Cypress Testing

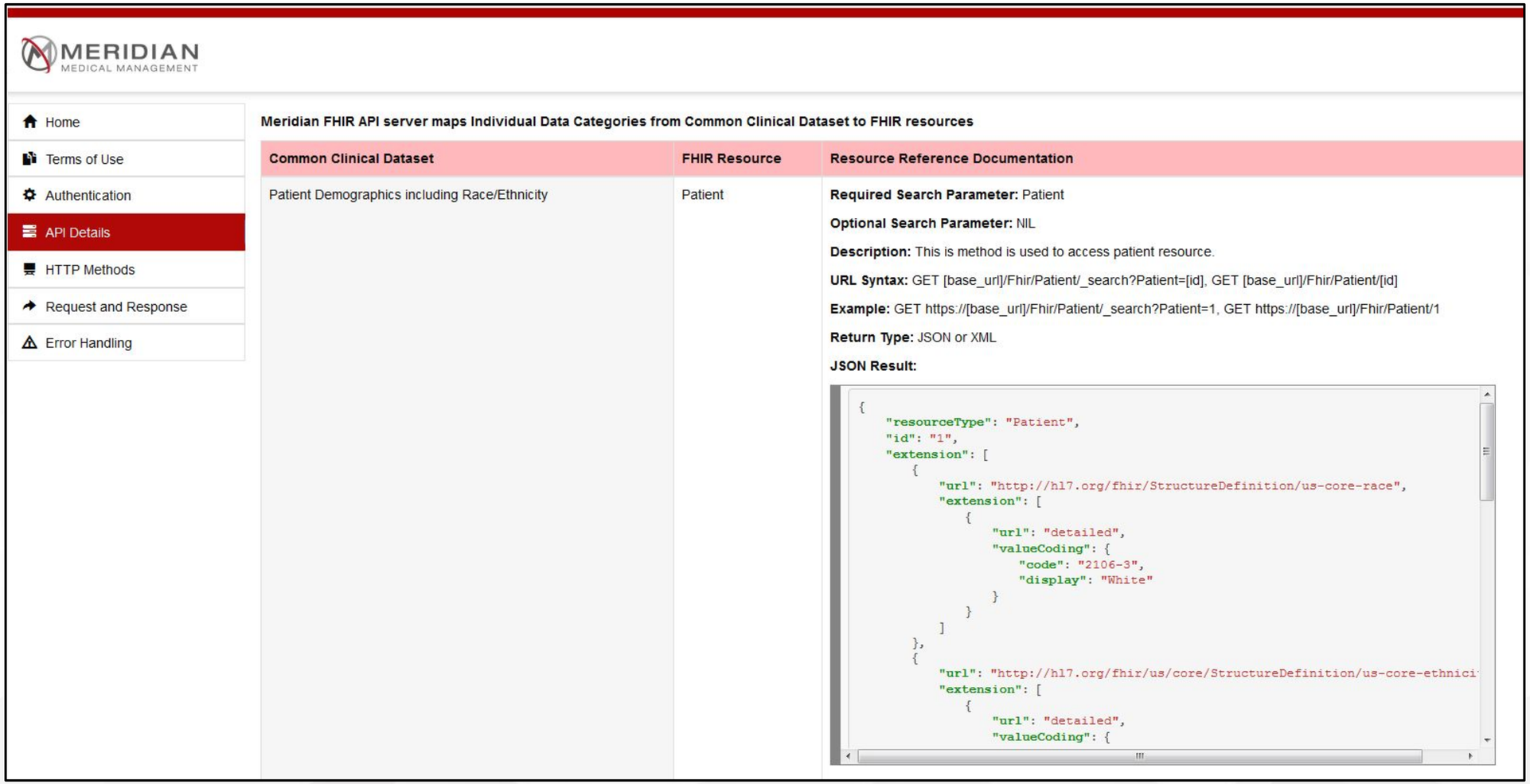


# FHIR API Server



# FHIR API Server Mapping



# 2015 Edition Products

Number of 2014 Certified EHR Software: 2500

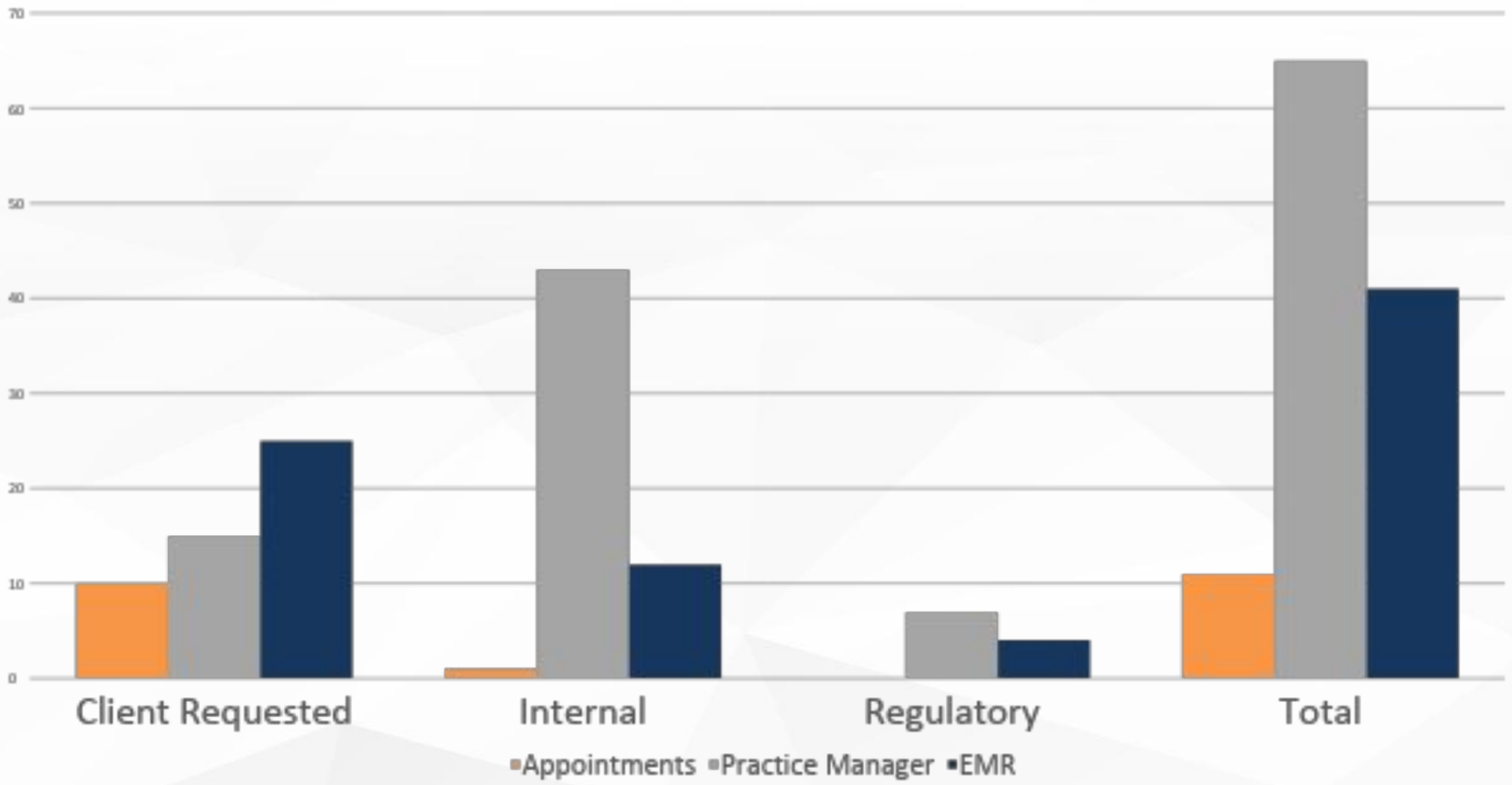
Number of 2015 Certified EHR Software: 144

# 2015 Edition Criteria

| 2014E Ref. | 2015E Ref. | Name | Potential For CMS | Complexity | Testing |
|---|---|---|---|---|---|
| 314.a.1 / a.18 | a.1 | CPOE-Medication | YES[1] | LOW | WAVE 4 |
| 314.a.1 / a.19 | a.2 | CPOE-Laboratory | YES[1] | LOW | WAVE 4 |
| 314.a.1 / a.20 | a.3 | CPOE-Imaging | YES[1] | LOW | WAVE 4 |
| 314.a.2 | a.4 | Drug-drug, Drug-allergy Interaction Checks | YES | LOW | WAVE 4 |
| 314.a.3 | a.5 | Demographics | YES | MEDIUM | WAVE 4 |
| 314.a.5 | a.6 | Problem List | YES | LOW | WAVE 4 |
| 314.a.6 | a.7 | Medication List | YES | LOW | WAVE 4 |
| 314.a.7 | a.8 | Medication Allergy List | YES | LOW | WAVE 4 |
| 314.a.8 | a.9 | Clinical Decision Support | YES | MEDIUM | WAVE 4 |
| 314.a.10 | a.10 | Drug-Formulary Checks | YES | LOW | WAVE 4 |
| 314.a.11 | a.11 | Smoking Status | YES | LOW | WAVE 4 |
| 314.a.13 | a.12 | Family Health History | YES | LOW | WAVE 4 |
| 314.a.15 | a.13 | Patient-specific Education Resources | YES | MEDIUM | WAVE 4 |
| NEW | a.14 | Implantable Device List | YES | HIGH | WAVE 4 |
| 314.b.1/b.2 / b.8 | b.1 | Transition of Care | YES | VERY HIGH | WAVE 2 |
| 314.b.4 / b.9 | b.2 | Clinical Information Reconciliation and Incorporation | YES | HIGH | WAVE 1 |
| 314.b.3 | b.3 | Electronic Prescribing | YES | VERY HIGH | WAVE 1 |
| 314.b.7 | b.6 | Data Export | YES | HIGH | WAVE 1 |
| 314.c.1 | c.1 | Clinical Quality Measures – record and export | YES | VERY HIGH | WAVE 2 |
| 314.c.2 | c.2 | Clinical Quality Measures – import and calculate | YES | VERY HIGH | WAVE 2 |
| 314.c.3 | c.3 | Reserved for Clinical Quality Measures - report | YES | VERY HIGH | WAVE 2 |
| 314.d.1 | d.1 | Authentication, Access Control, Authorization | YES | LOW | WAVE 4 |

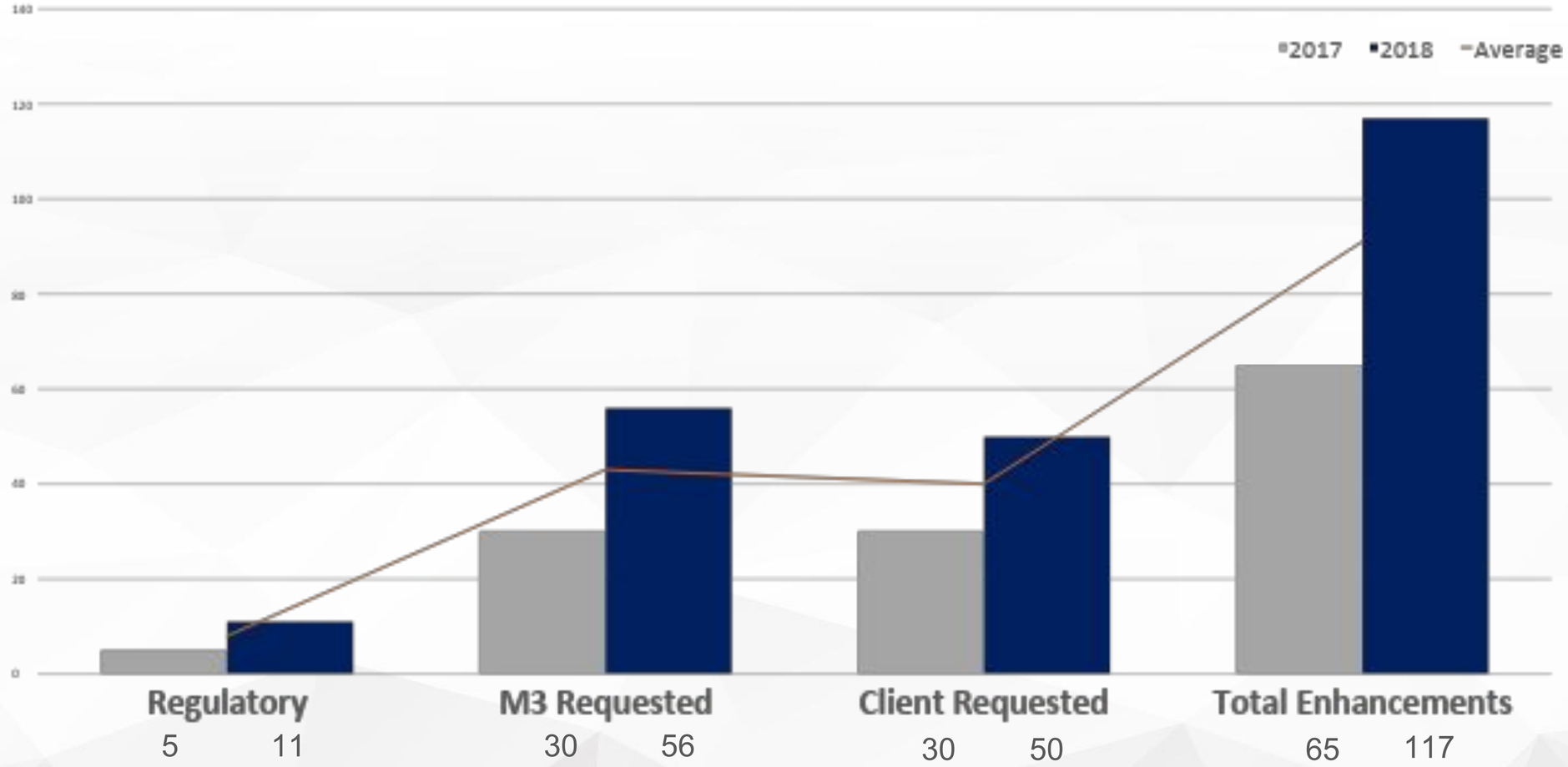
| 2014E Ref. | 2015E Ref. | Name | Potential For CMS | Complexity | Testing |
|---|---|---|---|---|---|
| 314.d.2 | d.2 | Auditable Events and Tamper Resistant | YES | LOW | WAVE 4 |
| 314.d.3 | d.3 | Audit Report(s) | YES | LOW | WAVE 4 |
| 314.d.4 | d.4 | Amendments | YES | LOW | WAVE 4 |
| 314.d.5 | d.5 | Automatic Access Time-Out | YES | LOW | WAVE 4 |
| 314.d.6 | d.6 | Emergency Access | YES | LOW | WAVE 4 |
| 314.d.7 | d.7 | End-user Device Encryption | YES | LOW | WAVE 4 |
| 314.d.8 | d.8 | Integrity | YES | LOW | NO |
| NEW | d.9 | Trusted connection | YES | MEDIUM | |
| NEW | d.10 | Auditing actions on health information | YES | HIGH | WAVE 4 |
| 314.e.1 | e.1 | View, Download, Transmit to 3rd Party | YES | HIGH | WAVE 1 |
| 314.e.3 | e.2 | Secure Messaging | YES | LOW | WAVE 4 |
| NEW | e.3 | Patient Health Information Capture | YES | LOW | WAVE 4 |
| 314.f.2 | f.1 | Xmit to Immunization Registries | YES[2] | HIGH | WAVE 1 |
| 314.g.3 | g.3 | Safety-enhanced Design | YES | MEDIUM | WAVE 2 |
| 314.g.4 | g.4 | Quality Management System | YES | MEDIUM | WAVE 4 |
| NEW | g.5 | Accessibility-Centered Design | YES | MEDIUM | WAVE 1 |
| NEW | g.6 | Consolidated CDA Creation Performance | YES | MEDIUM | WAVE 1 |
| NEW | g.7 | Application Access – Patient Selection | YES | VERY HIGH | WAVE 2 |
| NEW | g.8 | Application Access – Data Category Request | YES | VERY HIGH | WAVE 2 |
| NEW | g.9 | Application Access – All Data Request | YES | VERY HIGH | WAVE 2 |
| 314.h.1 | h.1 | Direct Project | YES[4] | VERY HIGH | WAVE 2 |

# VertexDr Enhancements



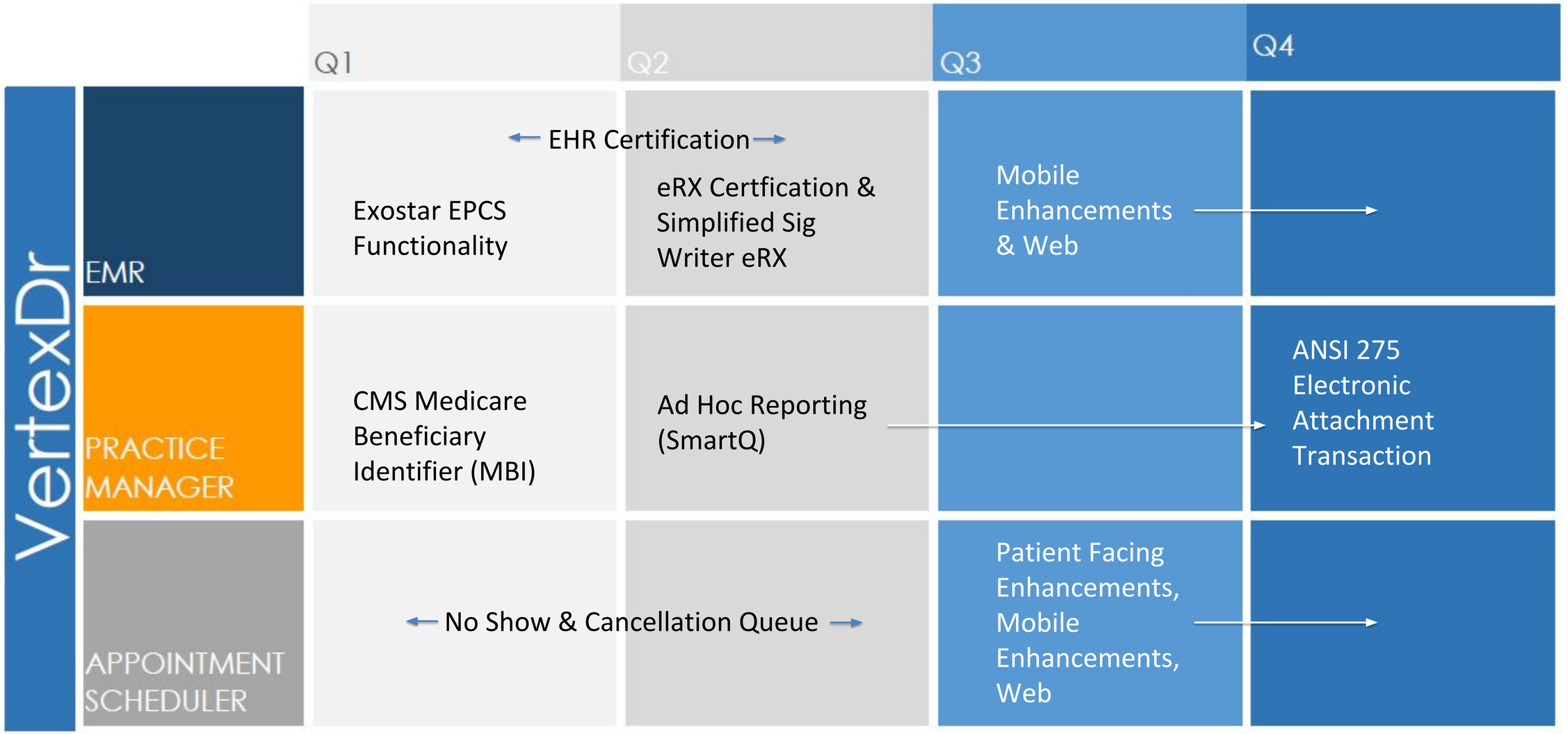

- 117 Total Enhancements
- 11Total Appointment Scheduler
- 65 Total Practice Manager
- 41 Total EMR
- 43% Client Requested

# Year Comparison




**80% Increase in Total Enhancements**

# Roadmap

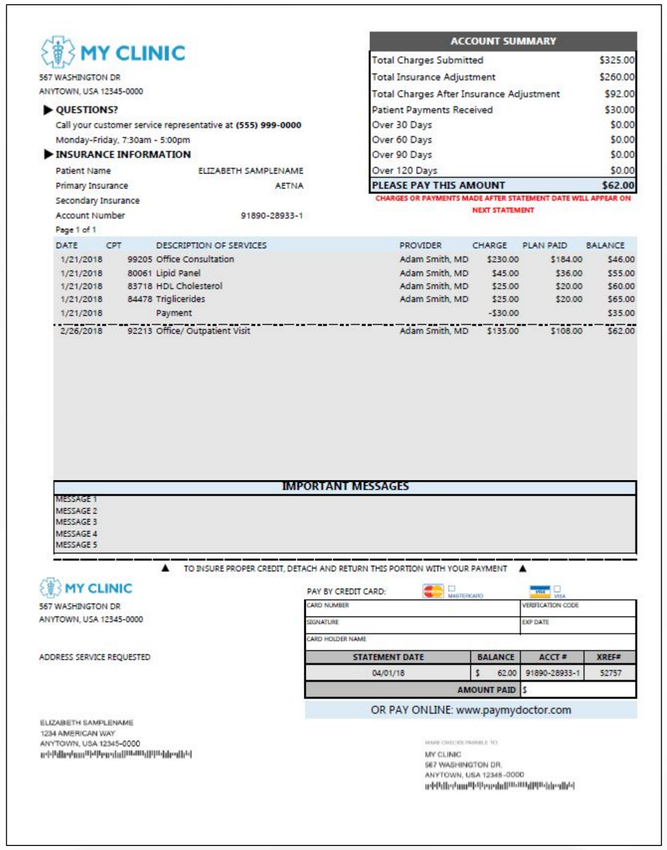

Q1
Q2
Q3
Q4
VertexDr
EMR
PRACTICE MANAGER
APPOINTMENT SCHEDULER
EHR Certification
Exostar EPCS Functionality
eRX Certfication & Simplified Sig Writer eRX
Mobile Enhancements & Web
CMS Medicare Beneficiary Identifier (MBI)
Ad Hoc Reporting (SmartQ)
ANSI 275 Electronic Attachment Transaction
No Show & Cancellation Queue
Patient Facing Enhancements, Mobile Enhancements, Web

# Statement Reformatting

- Reduce Pages
- Improved Message Allowance
- Clear Payment Options

# Cast your Ballot!

## Option 1



MY CLINIC

567 WASHINGTON DR
ANYTOWN, USA 12345-0000

**ACCOUNT SUMMARY**

| | |
|---|---|
| Total Charges Submitted | $325.00 |
| Total Insurance Adjustment | $260.00 |
| Total Charges After Insurance Adjustment | $92.00 |
| Patient Payments Received | $30.00 |
| Over 30 Days | $0.00 |
| Over 60 Days | $0.00 |
| Over 90 Days | $0.00 |
| Over 120 Days | $0.00 |
| **PLEASE PAY THIS AMOUNT** | **$62.00** |

CHARGES OR PAYMENTS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

▶ QUESTIONS?
Call your customer service representative at **(555) 999-0000**
Monday-Friday, 7:30am - 5:00pm

▶ INSURANCE INFORMATION
Patient Name ELIZABETH SAMPLENAME
Primary Insurance AETNA
Secondary Insurance
Account Number 91890-28933-1

Page 1 of 1

| DATE | CPT | DESCRIPTION OF SERVICES | PROVIDER | CHARGE | PLAN PAID | BALANCE |
|---|---|---|---|---|---|---|
| 1/21/2018 | 99205 | Office Consultation | Adam Smith, MD | $230.00 | $184.00 | $46.00 |
| 1/21/2018 | 80061 | Lipid Panel | Adam Smith, MD | $45.00 | $36.00 | $55.00 |
| 1/21/2018 | 83718 | HDL Cholesterol | Adam Smith, MD | $25.00 | $20.00 | $60.00 |
| 1/21/2018 | 84478 | Triglicerides | Adam Smith, MD | $25.00 | $20.00 | $65.00 |
| 1/21/2018 | | Payment | | -$30.00 | | $35.00 |
| 2/26/2018 | 92213 | Office/ Outpatient Visit | Adam Smith, MD | $135.00 | $108.00 | $62.00 |

**IMPORTANT MESSAGES**

MESSAGE 1
MESSAGE 2
MESSAGE 3
MESSAGE 4
MESSAGE 5

▲ TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ▲

MY CLINIC
567 WASHINGTON DR
ANYTOWN, USA 12345-0000

ADDRESS SERVICE REQUESTED

ELIZABETH SAMPLENAME
1234 AMERICAN WAY
ANYTOWN, USA 12345-0000

PAY BY CREDIT CARD: MASTERCARD VISA

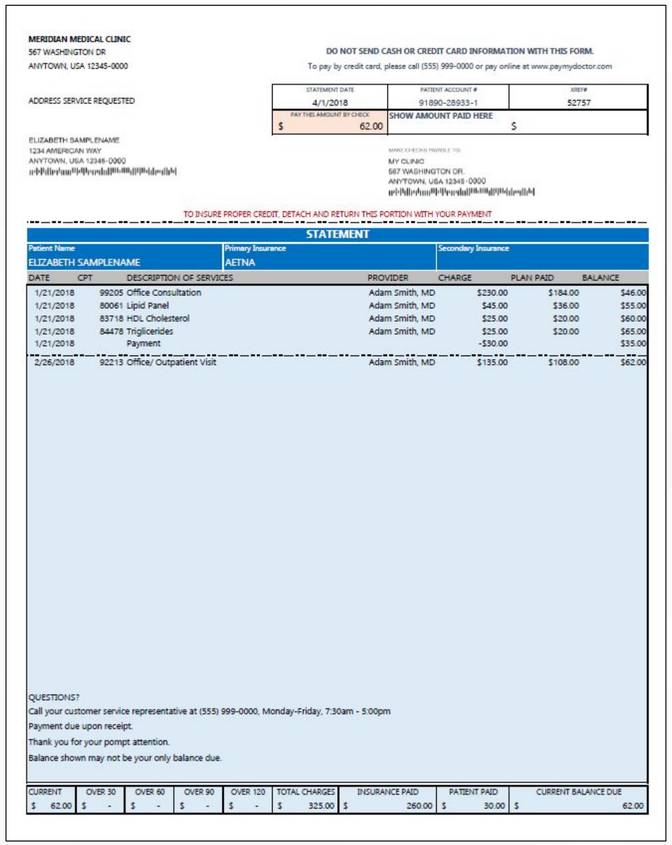
CARD NUMBER | VERIFICATION CODE
SIGNATURE | EXP DATE
CARD HOLDER NAME

| STATEMENT DATE | BALANCE | ACCT # | XREF# |
|---|---|---|---|
| 04/01/18 | $ 62.00 | 91890-28933-1 | 52757 |
| AMOUNT PAID | $ | | |

OR PAY ONLINE: www.paymydoctor.com

MAKE CHECKS PAYABLE TO:
MY CLINIC
567 WASHINGTON DR.
ANYTOWN, USA 12345-0000

## Option 2



MERIDIAN MEDICAL CLINIC
567 WASHINGTON DR
ANYTOWN, USA 12345-0000

DO NOT SEND CASH OR CREDIT CARD INFORMATION WITH THIS FORM.
To pay by credit card, please call (555) 999-0000 or pay online at www.paymydoctor.com

ADDRESS SERVICE REQUESTED

| STATEMENT DATE | PATIENT ACCOUNT # | XREF# |
|---|---|---|
| 4/1/2018 | 91890-28933-1 | 52757 |
| PAY THIS AMOUNT BY CHECK | SHOW AMOUNT PAID HERE | |
| $ 62.00 | $ | |

ELIZABETH SAMPLENAME
1234 AMERICAN WAY
ANYTOWN, USA 12345-0000

MAKE CHECKS PAYABLE TO:
MY CLINIC
567 WASHINGTON DR.
ANYTOWN, USA 12345-0000

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

**STATEMENT**

| Patient Name | Primary Insurance | Secondary Insurance |
|---|---|---|
| ELIZABETH SAMPLENAME | AETNA | |

| DATE | CPT | DESCRIPTION OF SERVICES | PROVIDER | CHARGE | PLAN PAID | BALANCE |
|---|---|---|---|---|---|---|
| 1/21/2018 | 99205 | Office Consultation | Adam Smith, MD | $230.00 | $184.00 | $46.00 |
| 1/21/2018 | 80061 | Lipid Panel | Adam Smith, MD | $45.00 | $36.00 | $55.00 |
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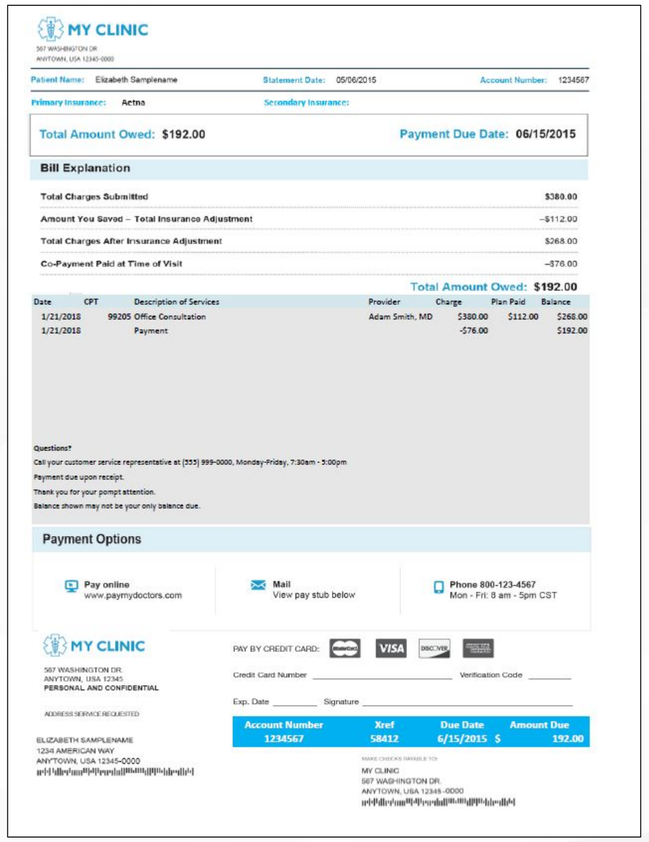
| 1/21/2018 | 84478 | Triglicerides | Adam Smith, MD | $25.00 | $20.00 | $65.00 |
| 1/21/2018 | | Payment | | -$30.00 | | $35.00 |
| 2/26/2018 | 92213 | Office/ Outpatient Visit | Adam Smith, MD | $135.00 | $108.00 | $62.00 |

QUESTIONS?
Call your customer service representative at (555) 999-0000, Monday-Friday, 7:30am - 5:00pm
Payment due upon receipt.
Thank you for your prompt attention.
Balance shown may not be your only balance due.

| CURRENT | OVER 30 | OVER 60 | OVER 90 | OVER 120 | TOTAL CHARGES | INSURANCE PAID | PATIENT PAID | CURRENT BALANCE DUE |
|---|---|---|---|---|---|---|---|---|
| $ 62.00 | $ - | $ - | $ - | $ - | $ 325.00 | $ 260.00 | $ 30.00 | $ 62.00 |

## Option 3



MY CLINIC

567 WASHINGTON DR
ANYTOWN, USA 12345-0000

Patient Name: Elizabeth Samplename | Statement Date: 05/06/2015 | Account Number: 1234567
Primary Insurance: Aetna | Secondary Insurance:

**Total Amount Owed: $192.00** | **Payment Due Date: 06/15/2015**

**Bill Explanation**

| | |
|---|---|
| Total Charges Submitted | $380.00 |
| Amount You Saved -- Total Insurance Adjustment | -$112.00 |
| Total Charges After Insurance Adjustment | $268.00 |
| Co-Payment Paid at Time of Visit | -$76.00 |

**Total Amount Owed: $192.00**

| Date | CPT | Description of Services | Provider | Charge | Plan Paid | Balance |
|---|---|---|---|---|---|---|
| 1/21/2018 | 99205 | Office Consultation | Adam Smith, MD | $380.00 | $112.00 | $268.00 |
| 1/21/2018 | | Payment | | -576.00 | | $192.00 |

Questions?
Call your customer service representative at (555) 999-0000, Monday-Friday, 7:30am - 5:00pm
Payment due upon receipt.
Thank you for your prompt attention.
Balance shown may not be your only balance due.

**Payment Options**

Pay online
www.paymydoctors.com

Mail
View pay stub below

Phone 800-123-4567
Mon - Fri: 8 am - 5pm CST

MY CLINIC
567 WASHINGTON DR.
ANYTOWN, USA 12345
**PERSONAL AND CONFIDENTIAL**

ADDRESS SERVICE REQUESTED

ELIZABETH SAMPLENAME
1234 AMERICAN WAY
ANYTOWN, USA 12345-0000

PAY BY CREDIT CARD: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Credit Card Number _____ Verification Code _____

Exp. Date _____ Signature _____

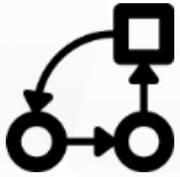
| Account Number | Xref | Due Date | Amount Due |
|---|---|---|---|
| 1234567 | 58412 | 6/15/2015 | $ 192.00 |

MAKE CHECKS PAYABLE TO:
MY CLINIC
567 WASHINGTON DR.
ANYTOWN, USA 12345-0000

# User Group

Efficiency

Productivity



Automation

Innovation

Solution

# Presentation Available Post Forum

VertexDr

VERTEXDR TRAINING PORTAL

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