CareTracker
Electronic Health Record (EHR)
Discovery Tasks Workbook

Practice Name: ___________________________________________
Date Completed: ___________________________________________

Clinical Enrollment Coordinator: Giselda Del Prete
Office Phone: 401-553-0686
Fax Number: 888-495-0138
Email Address: giseldadelprete@ingenix.com
# Practice Profile

Please complete the following information on the next few pages and return it to giseldadelprete@ingenix.com or fax it to Giselda DelPrete @ 888-495-0138.

1. Please identify each location that will be implementing EHR.

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<th>Practice Name</th>
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<td>Contact Person / Email</td>
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<td>Alternate Locations &amp; Address</td>
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2. Has anything changed since you submitted your Practice Management Implementation Packet?

□ Yes           □ No

If yes, what has changed?  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Complete the table. Please list each clinical user/provider who will use any component of CareTracker EHR. Also, include the component(s) they will use.

<table>
<thead>
<tr>
<th>Clinical User or Provider Name</th>
<th>MD, NP, PA, RN, Staff?</th>
<th>Sure-scripts Yes/No</th>
<th>Lab/Imaging Yes/No</th>
<th>Progress Notes Yes/No</th>
<th>Ave # Pts Per Day</th>
<th>Co-signer Required? Who?</th>
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4. Do you intend to have new providers/users join your practice during the EHR implementation and training? Will these new providers need training?

☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>New Provider/User Name</th>
<th>NPI #</th>
<th>DEA#</th>
<th>DPS# (Texas)</th>
<th>Rx# (for NPs)</th>
<th>Credentials</th>
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5. Are there any planned staff changes or vacations scheduled during the EHR implementation & training phases?

☐ Yes  ☐ No

If yes, list the changes.______________________________
6. Do you have a desired EHR go live date in mind? Date:______________

**Go Live Dates:** Think about each provider listed above and their ability and drive to adopt new technology into their daily practice.

Your CareTracker Implementation Specialist will work with you to define which components to implement for each provider and a time schedule to accomplish your goals.

7. Do you plan to participate in the EHR Meaningful Use Incentive Program?
   □ Yes    □ No
   If yes, please indicate for: □ Medicare  □ Medicaid

**Setting Up Your System and Ensuring Readiness**

1. Do all providers and users of CareTracker have PC and Windows experience?
   □ Yes    □ No

2. What type of information technology support does your practice have?
   □ Onsite    □ Contracted

3. Please provide the contact information for your technology support.
   Name: ________________________________
   Phone: ________________________________
   Email: ________________________________

4. Do you use or intend to use Voice Recognition or a dictation application?
   □ Yes    □ No
   If yes, what is the name of the application/system? ________________________________

5. What type of device or workstation will be in/brought to patient exam rooms?
   □ Laptop    □ PC    □ Tablet
   □ Yes    □ No
   If using a tablet, does it have a keyboard?    □ Yes    □ No

6. Do you have a redundant internet connection? (Backup to standard internet connection is required)  □ yes  □ no
   If no please specify what type you will have and when it will be available: ________________________________
7. Will you be using CareTracker’s *Referring Provider Network Portal (RPNP)*?  
   □ Yes  □ No

8. Will you be requesting your patients to use CareTracker’s patient portal, *HealthTracker*?  
   □ Yes  □ No

9. Which providers/users will be creating/signing Progress Notes?  


10. Do you have anyone identified as a “resource” rather than a “provider” that will be using progress notes and are billing providers on charge entry?  
   □ Yes  □ No  
   If yes, please list below


11. Do you have any clinical staff members (MA, RN) who administer immunizations that have not already been set up in CareTracker as a servicing provider so they can record immunizations?  
   □ Yes  □ No  
   If yes, please list below.


12. Determine the roles and overrides needed for eRx for each staff person, MA, or RN in your practice. These roles pertain to permission to save, send, or print prescriptions and view patient records for your non-providers.

<table>
<thead>
<tr>
<th>Operator Name</th>
<th>Operator Role</th>
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**Sample Template Review**

1. Please send a copy of your current progress note document to your EHR Enrollment Coordinator or Implementation Specialist. We will review this template and offer you options in CareTracker that are comparable with your current progress notes.

**Converting Paper Charts to Electronic Health Records (EHR)**

Refer to the document, *Planning Your Conversion from Paper Charts to Electronic Health Records*, to help you define a plan to convert your paper charts and share your decisions with CareTracker below.

**Note:** Your scanner must have a TWAIN driver to scan documents and place them directly into the patient’s electronic health record.

1. What data will be entered or scanned into CareTracker?
   - [ ] Patient's problem list
   - [ ] The progress note from the patient's last office visit
   - [ ] The patient's past medical, family, & social history
   - [ ] Results since the last appointment: x-rays, MRI scans
   - [ ] No information will be entered; starting completely with electronic records
   - [ ] Other ____________________________________________

2. Do you intend to scan the information listed above into CareTracker?
   - [ ] Yes
   - [ ] No
3. Which types of patient documents do you want to scan or attach in CareTracker?
   - □ Custom documents
   - □ Imaging reports
   - □ EKG
   - □ Letters
   - □ Other __________________

4. Who will scan this information into CareTracker?
   - □ MA
   - □ Outsource staff
   - □ Front office staff
   - □ Temporary staff

5. When will you scan this information into CareTracker?
   - □ Before you go live with EHR
   - □ After you go live with EHR

6. Do you have a schedule for entering this information?
   - □ Enter information one week prior to patient visit
   - □ Enter information one day prior to patient visit
   - □ Enter information at the time of patient visit

8. Do you have a specific time when you want all your active patient’s paper charts converted to electronic health records?
   - □ Yes, When? ___________  □ No

**Entering Patient Information**

1. Who currently enters visit capture?
   - □ Provider
   - □ Front desk
   - □ MA
   - □ Billing

2. Which CareTracker encounter form are you using?
   - □ Printed encounter form
   - □ Online encounter form

3. Which types of non-billable visits do you do in your practice?
   - □ None
   - □ Suture removal
   - □ B12 shots
   - □ Blood pressure checks
   - □ Other ________________________________
4. Will you need custom encounter types? (may need to discuss with IS)
   □ Yes □ No

5. Who enters patient vital signs? Do you want Metric or English Units of measure set up? Do you need pediatric measures?
   □ MA □ Provider □ Other _____________
   □ Metric □ English □ Length, head circumference

6. Who records in office tests results?
   □ MA □ Nurse □ Other _____________

7. Which clinical letters do you use? Please provide samples of the clinical letters to your implementation specialist.
   □ Referral letter □ Normal pap
   □ Birth control consent □ Normal mammogram
   □ Normal test results □ Return to work/school
   □ PPD clearance form □ Chest x-ray clearance form
   □ Abnormal test results □ Other ________________________

**E-Prescribing**

1. Do your providers see patients and prescribe from more than one location?
   □ Yes □ No
   Number of locations _____________

2. Did you previously E-Prescribe using another vendor through SureScripts?
   □ Yes □ No
   (If yes, deactivation with current vendor must be completed before receiving refill requests from the pharmacies.)

3. Do you intend to participate in Medicare’s E-Prescribing Incentive Program?
   □ Yes □ No

4. If you do intend to participate in the E-Prescribing Incentive Program, is the G-code (G8553) on your CareTracker encounter form?
   □ Yes □ No
5. Do you want to include Diagnosis ICD9 Codes on printed prescriptions?
   □ Yes □ No

*Participating in Government Initiatives*

1. Do you intend to participate in any PQRI measures or Pay for Performance (P4P) reporting?
   □ Yes □ No
2. Which measures will you participate in for PQRI and P4P?

______________________________

*Note:* Please provide numbers of PQRI measures and documentation of specific P4P requirements to your implementation specialist.

*Using Laboratory Interfaces*

*Note:* If you intend to use a Quest or LabCorp interface, you need to contact your sales representative to request the *Results Only CareTracker Hub Interface* connection. The laboratories will contact us after they have completed their interface set up.

1. Which result interfaces do you use or do you intend to use?
   □ Quest □ LabCorp
   □ Care New England □ East Side Clinical
   □ Lifespan □ RIMI
   □ Caris □ Other ________________________
2. Where and when does the provider intend to enter the patient visit information?
   □ At their desk *after* the patient visit □ At their desk *during* the patient visit
   □ In exam room *during* patient visit □ Other ________________________
3. Do you want the E & M Evaluator turned on?
   □ Yes □ No
4. Do you want ICD9 information entered in progress notes (as discrete data) to flow automatically to your visit form?

□ Yes   □ No

Describing Practice Workflow

Begin to think about your current office workflows. Document the steps involved in each type of patient visit. This is important because implementing an EHR application gives you opportunities to improve your workflow and gain workflow efficiencies.

1. Describe your current workflow. An example is listed below.

Sample of Current Workflow

Patient checks-in at front desk

↓

MA brings patient to exam room

↓

MA performs vitals, logs in patient’s chart, records in office test results

↓

Physician examines patient & enters information in patient’s chart

↓

Physician writes out scripts & lab orders, gives to patient with encounter form

↓

Patient checks-out at front desk to schedule f/u appointment or referral appointments

Practice Workflow – List your practice workflow here if different from the sample workflow:
Concerns and Questions

1. Do you have any other concerns or questions?
   □ Yes  □ No
   If yes, list your concerns or questions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Building Your List of Favorites (for your use only)

Use pages 12-15 to begin building a list for your pharmacy favorites, prescription
favorites, facility favorites, and lab or imaging favorites. These are the basis of the
“Favorites List” that you will learn to enter during training. Do not return these
pages to CareTracker.

1. Develop a list of favorite pharmacies that you use:
   a. Enter pharmacies for your patients as you register them in Practice
      Management (PM). If any pharmacies cannot be found, notify your
      implementation specialist.
      
      Note: It is important to complete this step so the pharmacies are loaded and
      ready when you begin to E-Prescribe.

2. Develop a list of the top medications that you prescribe including
   instructions and quantity ordered.

3. Develop a list of facilities in your area where you send patients for lab
   work or procedures. (labs, hospitals, imaging centers, etc.). Record your
   account numbers for these facilities if you need to include this account
   number on these orders.

4. Develop a list of favorite lab and imaging tests that you frequently order.
   Note if the study requires the patient to fast, the number of hours of
   fasting, and if the test requires an ABN. Think about any additional
   information that must be recorded for testing (location of biopsy site, LMP,
   etc…)
### Sample List for Pharmacy Favorites:  *(hold for entry after training)*

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<th>Name of Pharmacy</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
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</table>
**Sample List for Prescription Favorites by Provider:** (hold for entry after training)

<table>
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<tr>
<th>PROVIDER:</th>
<th>DR:</th>
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<tbody>
<tr>
<td><strong>Medication</strong></td>
<td><strong>Strength/Form</strong></td>
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<tr>
<td>ex: Lasix</td>
<td>40 mg tablet</td>
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<td>Same</td>
<td>Same</td>
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</table>

(Favorite medications and sigs can be copied from one provider to another in your company)
Sample List for Facility Favorites:  (hold for entry after training)

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<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Provider Acct Number</th>
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<td>PROVIDER:</td>
<td>Lab /Imaging Test</td>
<td>Fasting # Hrs or None</td>
<td>ABN</td>
<td>Special Information to be included on order (Biopsy location, LMP.....)</td>
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