



# GOING BEYOND IMPLEMENTATION

## USING OUR EMR TO IMPROVE CARE

OPEN DOOR FAMILY MEDICAL CENTERS, INC.

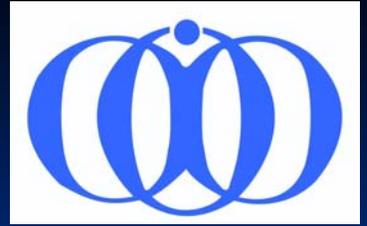
Daren Wu, MD – CMO

CHCANYS      October 27, 2008



## Who We Are...

- Founded in 1972 in the basement of an Ossining Church
- 4 Primary care sites – Ossining, Port Chester, Mt Kisco, Sleepy Hollow
- 4 School-Based sites – all in the Port Chester School District

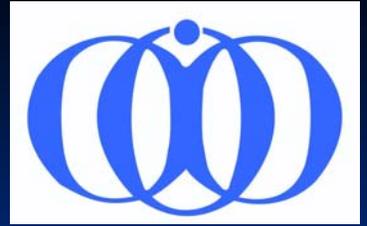


We are made up of...

- 20 Primary Care Clinicians
- 30+ Clinicians in Behavioral Health, Dentistry, Optometry, Women's Health, Podiatry, Nutrition, Dermatology, Surgery

Seeing...

- 30,000 patients
- in 100,000 medical visits, and
- 60,000 non-medical visits



## Our Approach to Implementation –

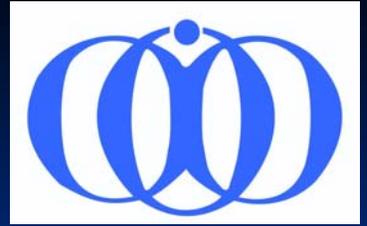
“Close your eyes, take a deep breath, and jump in!  
If you’re not dead on impact, you’ve succeeded.”

“That which does not kill you, makes you stronger.”



## Our Approach to Implementation –

October '06	Chose eClinicalWorks (eCW)
December '06	Board approval for funding of eCW
Jan-March '07	Customization, shaking in our pants
April '07	Went live – all sites – with PM portion
May '07	Went live – all sites – with EMR portion
June-August '07	PDSA (aka Damage Control)
Sept '07 to present	...EMR BLISS!!



## The Immediate Gains

- No more lost charts
- Staff freed up to help in more clinical support
- Faster response to patients needs
- Better care coordination
- Easier tracking of operational data
- Improved coding
- Enhanced revenue

Admin  
Practice

Resource Sche...

AAA,ERROR

Anderson MD,...

Arraiano PA,Ni...

Caamano PA,Leo

Capodilupo LC...

Carlsen NP,Eile...

Recalls

Referrals

Messages

Documents

Billing

Office

Facility

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**eClinicalWorks Viewer**

Timestamp: 2008-10-14 @ 19:57:18 EDT

**PROVIDER PRODUCTIVITY REPORT ( Fri, 1 Aug 2008 to Sun, 31 Aug 2008 )**

PROVIDER	STD WORKING HOURS	WORKED HOURS	% HOURS WORKED	APPTS BOOKED	APPTS SEEN	UNIQUE PATIENTS SEEN	APPTS CANCELLED	NO SHOW %	PROD RATE	APPTS <=15MINS	APPTS >15MINS
Cohen MD,Asaf	88.0	118.25	134.38	590	443	391	45	24.92	3.75	413	30
Wu MD,Daren	80.25	73.25	91.28	344	275	269	19	20.06	3.75	256	25
Carlsen NP,Eileen	0.0	26.0	NA	128	96	94	8	25.0	3.69	88	8
Rai MD,Samantha	5.0	38.50	770.0	179	136	169	11	24.02	3.53	118	18

**ORGANIZATIONAL SUMMARY**

Total Standard Hours 173.25

Total Worked Hours 256.0

Total Appointments Booked 1241

Total Appointments Seen 950

Total Appointments Cancelled 83

Total Appointments <= 15 875

Total Appointments > 15 81

Average No Show % 23.5

Average Productivity Rate 3.68

[Return To Main](#)

Print

Providers

Resources

Room	Status	Notes	Sts

500

view Progress Notes

Check In/Out

Billing Data

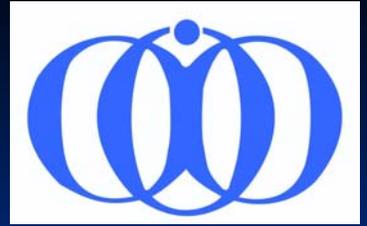
Refresh

View Orders

Lock Progress Notes

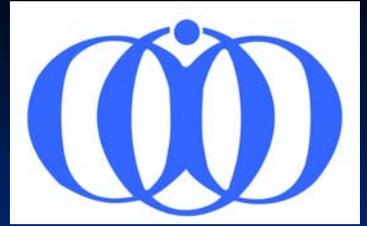
eCliniForms

Encounters : 6



# Clinical Decision Support Systems (CDSS)

- **Clinical Decision Support Systems** are embedded or readily-accessible computer programs which are designed to assist clinicians with decision making tasks.



## Clinical Decision Support Systems (CDSS)

A “systems” approach to influence busy clinicians to deliver comprehensive quality care. It encourages them to provide more preventive care as well as better chronic care, using reminders and aids to facilitate the practice of medicine.

eClinicalWorks (Wu MD, Daren)

File Patient Schedule EMR Billing Reports Fax Tools Lock Workstation Help

**eClinicalWorks 7.0**

S 0 D 7 R 199 T 16 L 24 M 0

Admin Practice

Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

114 turnpike road Westborough, MA H:508-836-2700 DOB:01/01/1970

Allergies Billing Alert

Appt(L): 05/16/01 PCP: Willis MD.

Ins: Self Pay Acc Bal: \$0.00 Guar: TEMPLATES Gr Bal: \$0.00

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Rel [ ] Style Default Encounters << 01/12/2001 -Well chi >>

**Address:** 114 turnpike road, Suite 204, Westborough, MA-01581  
**Lab Req No:** 8663.18378 **Chart No:** 8663  
**Provider:** Sam Willis, M.D. **Encounter Date:** 01/12/2001

**Subjective:**  
**Chief Complaint(s):**  
 Well child 5-6 yrs.  
**HPI:** ▾  
 Well baby/Toddler visit  
 Language/Cognitive \_\_. Social development \_\_. Gross motor development \_\_.  
 Fine motor \_\_. Diet and Milk intake \_\_. Health maintenance  
 Concerns \_\_.

**Current Medication:**

**Medical History:**

**Allergies:**

**ROS:** ▾

**Objective:**  
**Vitals:**  
**Examination:** ▾

social smile  
 enjoys regarding environn  
 .  
 6-9 MONTHS:  
 responds to name  
 enjoys social play  
 .  
 12 MONTHS:  
 \*indicates wants  
 separation anxiety

Overview History Alerts UpToDate

Advance Directive

Problem List

Current Medications

5%

Allergies

Immunization

zzzINFLUENZA	02/01/2007
zzzINFLUENZA	10/28/2004
zzzINFLUENZA	10/26/2004
zzzINFLUENZA	02/20/2006
zzzINFLUENZA	03/17/2006
zzzINFLUENZA	11/21/2006
z PPD do not use lab	01/05/2005
z PPD do not use lab	05/20/2004
z PPD do not use lab	08/31/2004
z PPD do not use lab	09/01/2004
z PPD do not use lab	08/06/2004

Print Fax Record Lock Details Scan Templates Claim Letters Ink

start 5 Microsoft Office O... CHCANYS - Beyond I... emr presentation PCHIC eClinicalWorks (Wu M... 8:08 PM

ImageBar

- feet dorsum
- back view\_whole body
- Eyes
- face front view

Admin  
Practice

Resource Sche...  
AAA,ERROR  
Anderson MD,...  
Arraiano PA,Ni...  
Caamano PA,Leo  
Capodilupo LC...  
Carlsen NP,Eile...  
Recalls  
Referrals  
Messages  
Documents  
Billing

Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

114 turnpike road  
Westborough, MA  
H:508-836-2700  
DOB:01/01/1970

Allergies  
Billing Alert

Appt(L): 05/16/01  
PCP: Willis MD,

Ins: Self Pay  
Acc Bal: \$0.00  
Guar: TEMPLATES  
Gr Bal: \$0.00

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Rel [ ] Style Default Encounters << 01/01/2001 -Well bab >>

**Phone:** 508-836-2700 **Primary Insurance:**  
**Address:** 114 turnpike road, Suite 204, Westborough, MA-01581  
**Lab Req No:** 8663.659627 **Chart No:** 8663  
**Provider:** Sam Willis, M.D. **Encounter Date:** 01/01/2001

Subjective:

Chief Complaint(s):

Here for a well visit and for autism screening.

HPI:

Well baby/Toddler visit

Language/Cognitive \_ . Social development \_ . Gross motor development \_ .  
Fine motor \_ . Diet and Milk intake \_ .

Autism screen - Parental questions

1) Does your child ever PRETEND or MAKE-BELIEVE? \_ . 2) Does your child use  
an index finger to indicate interest? \_ .

Autism screen - Provider questions

3) Point at something and say "Look!": \_ . 4) Say to child "Point to the  
light": \_ . 5) Give child something to use (stethoscope, cellphone, book \_ .

High Risk for Autism: "No" answers for questions 1, 2, 3, 4, and 5. Refer to  
EI.

Medium Risk for Autism: "No" answers for questions 2 and 5. Refer to EI.

Low Risk for Autism: "No" answers to any one of the above - reassess in 1  
month.

Overview History Alerts UpToDate

- Advance Directive
- Problem List
- Current Medications
  - 5%
- Allergies
- Immunization
  - zzzINFLUENZA 02/01/2007
  - zzzINFLUENZA 10/28/2004
  - zzzINFLUENZA 10/26/2004
  - zzzINFLUENZA 02/20/2006
  - zzzINFLUENZA 03/17/2006
  - zzzINFLUENZA 11/21/2006
  - z PPD do not use lab 01/05/2005
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  - z PPD do not use lab 08/31/2004
  - z PPD do not use lab 09/01/2004
  - z PPD do not use lab 08/06/2004

Print Fax Record Lock Details Scan Templates Claim Letters Ink

Admin  
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Carlsen NP,Eile...  
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Referrals  
Messages  
Documents  
Billing

**Progress Notes**

**ImageBar**

- feet dorsum
- back view\_whole body
- Eyes
- face front view

TEMPLATES T, 38 Y, M **Sel** Info Hub

114 turnpike road Westborough, MA H:508-836-2700 DOB:01/01/1970

Allergies Billing Alert

Appt(L): 05/16/01 PCP: Willis MD.

Ins: Self Pay Acc Bal: \$0.00 Guar: TEMPLATES Gr Bal: \$0.00

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Rel [ ] Style Default Encounters << 03/23/2001 -Well bab >>

**Treatment:**

**Procedures:**

**Immunizations:**  
DTaP-HEP B-IPV (Pediarix) : 0.5 ml.  
Hib Vaccine : 0.5 ml.  
PCV /Prevnar (PED<5) : 0.5 ml.  
ROTA VIRUS : 2 ml.

**Diagnostic Imaging:**

**Lab Reports:**

**Next Appointment:**  
At 9 mo for well baby

**Billing Information:**  
**Visit Code:**

**Procedure Codes:**  
90669 PCV /Prevnar (PED<5).  
90723 DTaP-HEP B-IPV (Pediarix).  
90680 ROTA VIRUS.  
90647 Hib vaccine, PRP-T.  
90471 Admin of vaccine Single.  
90472 Admin of vaccine (ea additional).  
90472 Admin of vaccine (ea additional).  
90473 ADM IMM ORAL/NASAL.

Overview History Alerts UpToDate

- Advance Directive
- Problem List
- Current Medications  
5%
- Allergies
- Immunization
 

zzzINFLUENZA	02/01/2007
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CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

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Rel [ ] Style Default Encounters << 01/01/2001 -Asthma C >>

**Provider:** Sam Willis, M.D. **Encounter Date:** 01/01/2001

**Subjective:**  
Chief Complaint(s):  
 Asthma Assessment.  
HPI:  
 Asthma  
 Severity Assessment Underlying Severity assessment: Unchanged. Current Asthma Control Asthma Control: Needs evaluation. # Acute and or ER Visits in past 6 months: Total 0. Asthma Action Plan Current date.  
Current Medication:  
Medical History:  
Allergies:  
ROS:  
**Objective:**  
Vitals:  
Examination:  
Assessment:

Overview History Alerts UpToDate

- Advance Directive
- Problem List
- Current Medications
  - 5%
- Allergies
- Immunization
 

zzzINFLUENZA	02/01/2007
zzzINFLUENZA	10/28/2004
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Capodilupo LC...  
Carlsen NP,Eile...  
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Referrals  
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Documents  
Billing

### Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

114 turnpike road Allergies Appt(L): 05/16/01 Ins: Self Pay CLICK TO EDIT SECURE NOTES ADV DIRECTIVE

HPI Notes

Free-form Structured

Current Asthma C

**Notes**

Name	Delimiter	Clear	Spell chk
Asthma Control	,		
Well Controlled			
Symptoms: <+2xwk			
Night awake <1xmo			
Impact - None			
B2 use <2xd/wk			
Exacerb 0-1x/yr			
Not Well Controlled			
Symptoms: >2d/wk			
Night awake: >1xmo			
Impact: Some limits			
B2 use: >2d/w			
Exacerb: 2-3x/yr			
Very Poorly Controlled			

Custom OK Cancel

Medical Su...  
Provider  
Subject  
Chief  
HPI:  
Asthma  
Asthma C  
months:  
Curre  
Medic  
Allerg  
ROS:

Objective:  
Vitals:  
Examination:

- Night Awakenings > 1x mo
- Short Acting Beta use > 2 c
- Interference with Normal A

z PPD do not use lab	02/01/2007
z PPD do not use lab	10/28/2004
z PPD do not use lab	10/26/2004
z PPD do not use lab	02/20/2006
z PPD do not use lab	03/17/2006
z PPD do not use lab	11/21/2006
z PPD do not use lab	01/05/2005
z PPD do not use lab	05/20/2004
z PPD do not use lab	08/31/2004
z PPD do not use lab	09/01/2004
z PPD do not use lab	08/06/2004



Practice Name Goes Here



OPEN DOOR  
FAMILY MEDICAL CENTERS

## ASTHMA ACTION PLAN

After hours Emergency Ph  
(972)377-9

Patient's Name TEMPLATES T      DOB 01/01/1970      Date of this plan 10/14/2008

Treatment goal: To keep as free of asthma symptoms as possible      Personal Best Peak Flow: \_\_\_\_\_

**Personal asthma triggers:**

- Cats     Dogs     Molds     Dust/Dust Mites     Fumes     Cold Air  
 Humidity     Respiratory Infection     Pollen     Smoke     Exercise     Other \_\_\_\_\_

Usual asthma symptoms: \_\_\_\_\_

**ZONE**

GREEN	Signs & Symptoms	Medication	How Much?	How Often?
GREEN	1) You feel good	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2) You have no wheezing, no cough	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3) You have no asthma symptoms	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4) Your peak flow is > _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

YELLOW	Signs & Symptoms	Medication	How Much?	How Often?
YELLOW	1) You have a cold.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2) Have mild wheeze, tightness or cough.	<b>Add</b>		
	3) You have _____	Rescue inhaler/neb <input type="text"/>	<input type="text"/>	<input type="text"/>
	4) Your peak flow is _____	inhaled steroid <input type="text"/>	<input type="text"/>	<input type="text"/>
	If symptoms are not improved in <u>3-4</u> days, contact our office			

RED	Signs & Symptoms	Medication	How Much?	How Often?
RED	1) You feel very tight*			

- + Allergy Forms
- + Cancer & Dermatology
- + Cardio Forms
- Custom Forms
  - Asthma Action Plan - Cu
  - Saved Custom Forms
- + Gastro
- + General
- + IVF
- + Neurology
- + Optal
- + Others
- + Pediatric
- + Surgery Forms
- + Vasectomy

eClinicalWorks (Wu MD, Daren)

File Patient Schedule EMR Billing Reports Fax Tools Lock Workstation Help

**eClinicalWorks 7.0**

S 0 D 7 R 199 T 16 L 25 M 0

Admin Practice

Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

114 turnpike road Westborough, MA H:508-836-2700 DOB:01/01/1970

Allergies Billing Alert

Appt(L): 05/16/01 PCP: Willis MD.

Ins: Self Pay Acc Bal: \$0.00 Guar: TEMPLATES Gr Bal: \$0.00

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Rel [ ] Style Default Encounters << 01/01/2001 -HIV CT s >>

**Patient:** T, TEMPLATES **DOB:** 01/01/1970 **Age:** 31 Y **Sex:** Male  
**Phone:** 508-836-2700 **Primary Insurance:**  
**Address:** 114 turnpike road, Suite 204, Westborough, MA-01581  
**Lab Req No:** 8663.626206 **Chart No:** 8663  
**Provider:** Sam Willis, M.D. **Encounter Date:** 01/01/2001

**Subjective:**  
**Chief Complaint(s):**  
**HPI:** HIV CT Short version  
 Would you like an HIV test today? Yes. Was Form A given to patient? Yes.  
 Was Form B signed by patient? Yes. Was HIV test ordered for patient? Yes.

**Current Medication:**

**Medical History:**

**Allergies:**

**Surgical History:**

**Hospitalization:**

**Family History:**

Overview History Alerts UpToDate

- Advance Directive
- Problem List
- Current Medications
  - 5%
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  - zzzINFLUENZA 02/01/2007
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  - z PPD do not use lab 08/06/2004

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eClinicalWorks (Wu MD, Daren)

File Patient Schedule EMR Billing Reports Fax Tools Lock Workstation Help

**eClinicalWorks 7.0**

S 0 D 3 R 199 T 16 L 25 M 0

Admin  
Practice

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Allergies  
Billing Alert

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CLICK TO EDIT

SECURE NOTES

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Rel [ ] Style Default Encounters [ ] 01/01/2001 -Diabetes [ ]

**Physical Examination:**

**Assessment:**  
**Assessment:**  
Diabetes mellitus type 2, controlled - 250.00 (Primary)

**Plan:**  
**Treatment:**  
Diabetes mellitus type 2, controlled  
Lab:\* Hgb A1c Fingerstick POS  
Lab:\* Glucose Random Finger Stick

**Procedures:**  
**Immunizations:**  
**Diagnostic Imaging:**  
**Lab Reports:**  
**Preventive Medicine:**  
Diabetes counseling topics discussed: Daily foot checks . Annual eye exam . Annual podiatry exam . Home glucose monitoring . Diabetes education .

**Next Appointment:**

**Billing Information:**  
**Visit Code:**

Overview History Alerts UpToDate

- Advance Directive
- Problem List
- Current Medications
  - 5%
- Allergies
- Immunization
 

z zz INFLUENZA	02/01/2007
z zz INFLUENZA	10/28/2004
z zz INFLUENZA	10/26/2004
z zz INFLUENZA	02/20/2006
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z PPD do not use lab	01/05/2005
z PPD do not use lab	05/20/2004
z PPD do not use lab	08/31/2004
z PPD do not use lab	09/01/2004
z PPD do not use lab	08/06/2004

Print Fax Record Lock Details Scan Templates Claim Letters Ink

start 4 Microsoft... CHCANYS - ... emr present... eClinicalWor... ACPE Distan... ACPE - Wind... 9:39 PM

**ImageBar**

- feet dorsum
- back view\_whole body
- Eyes
- face front view

- Admin
- Practice
- Source Sche...
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- ano PA,Nic...
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- en NP,Eileen
- inicchio M...
- en MD,Asaf
- Registry
- Referrals
- Messages
- Documents
- Billing

**Vitals**

BP(mm Hg)  Delete Default

1	2	3	4	5
6	7	8	9	0
.	C	/	Bkspc	

< Prev Next > Apply Cancel

2008 09:30 AM, Ann GYN Ex

Re  Pop Up

Temp(F)	Ht(in)	Wt(lbs)	BP(mm Hg)	HR(/min)	HC
			110/70		
		0/10	98.4		
			97.3	59.0	160.0
			97.1	59in	158lbs

Current	10/05/2007	dpena	2	97.9			
Last Period	09/15/2007						
control:,	09/14/2007		0/10	98.4			
mammogr	08/27/2007						
<b>OB His</b>	08/27/2007	adejesus pc	1	97.3	59.0	160.0	106/68
Date	08/09/2007						
children,	08/09/2007	s.alvarez	3/7	97.1	59in	158lbs	120/70
	08/06/2007						

- [Surgical](#)
- [Hospital](#)
- [Family](#)
- [Social](#)
- [ROS:](#)

**Objecti**

[Vitals:](#)

[Past Re](#)

[Exam](#)

[Physic](#)

ROS  Vitals Taken [Growth Charts](#) [Graph](#) [Capture Vitals](#) [Ht/Wt](#) [Physical Exam](#)

**Assessment:**

[Assessment:](#)

Menopause, menopausal - 627.2

NOTES

ADV DIRECT

NONE

Notes

30/2008 NLA PAP

DSS OS Labs

der Sets

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ion

Sets

sets associated

ce/no qualifying

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te/update section.

**Order Sets**

Rx Order

<input type="checkbox"/>	Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Dispense	Date	Status
<input type="checkbox"/>	hydrochlorothiazide	25 mg	1 tab (s)	once a day	30 day (s)		orally	tablet	30	09/30/2008	Ordered

Labs Order      Diagnostic Imaging Order

<input type="checkbox"/>	Description	Date	Status		<input type="checkbox"/>	Description	Date	Status	
<input type="checkbox"/>	-CBC With Differential/Platelet	09/30/2008	Ordered		<input type="checkbox"/>	* ECG without ECW interface	09/30/2008	Ordered	
<input type="checkbox"/>	-Lipid Panel	09/30/2008	Ordered						
<input type="checkbox"/>	-CMET Comp. Metabolic Panel (14)	09/30/2008	Ordered						

Procedures Order

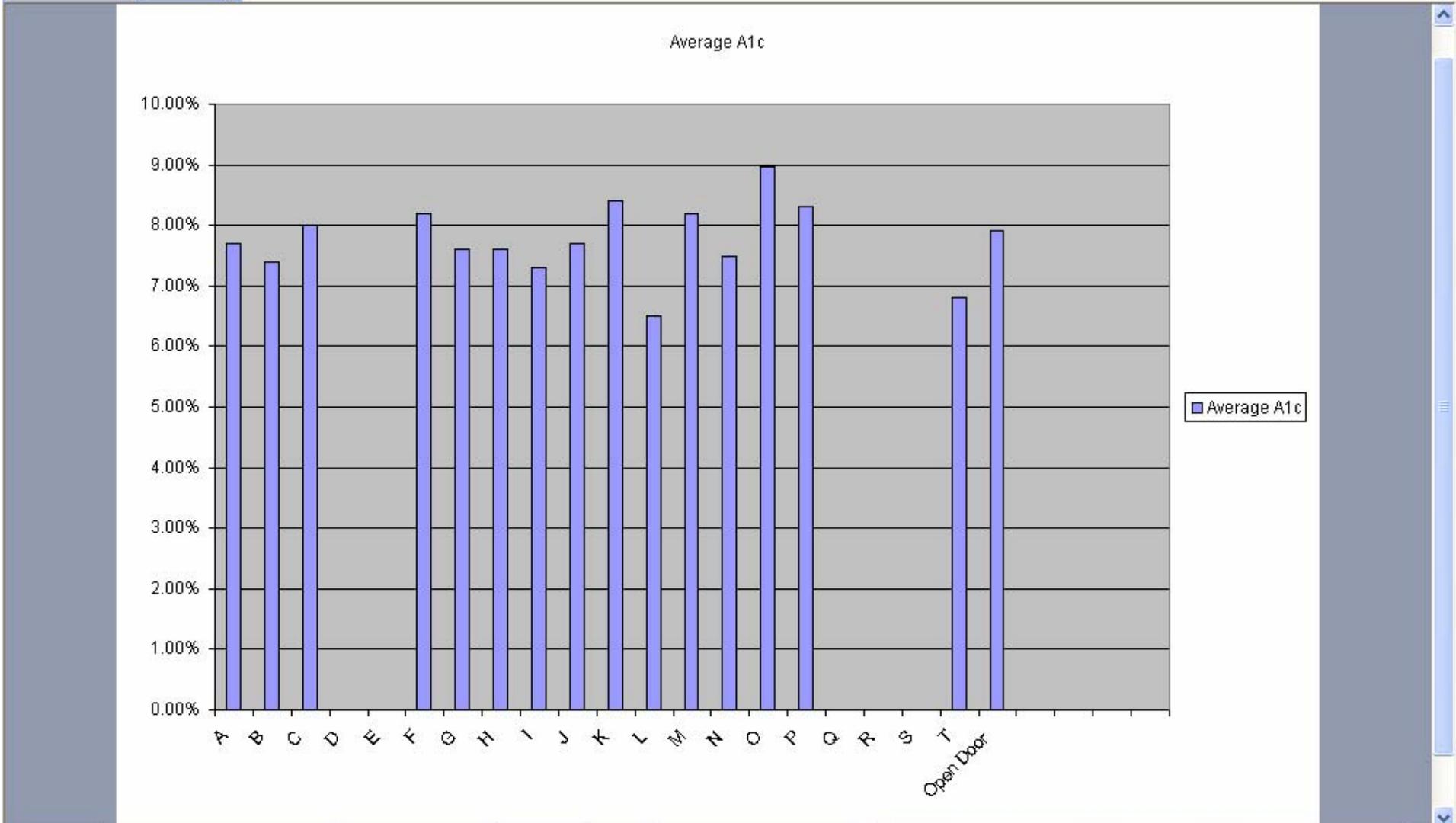
<input type="checkbox"/>	Description	Date	Status

Immunizations Order      Smart Forms

<input type="checkbox"/>	Name	Dose	Date	Status	Name	
					BMI	
					Tobacco Control	

Appointments Order      Referrals Order

<input type="checkbox"/>	Follow-Up In:	Description
<input type="checkbox"/>	Follow-Up In:	Stage I return in 3 months
<input type="checkbox"/>	Follow-Up In:	Nutritionist ASAP Dash Diet
<input type="checkbox"/>	Follow-Up In:	Advocate Lifestyle modification ASAP



Hypertension Well Controlled

