



Contents

Important Product Notifications	2
What's new in this release?.....	5
Upgrade / integration considerations.....	22
Installing clinical content	24
Crystal Reports.....	25
Enhancements added in version 9.x service packs.....	26
Known issues and troubleshooting	29
Access product updates and services	34
Revision history	35

Who should read this document?

This document is intended for system administrators and clinic managers. It summarizes new features and describes the latest technical requirements for installing / upgrading to Centricity Practice Solution 10.0.

Changes in this release are summarized below. For a detailed description of new features and enhancements, review **What's New in Centricity Practice Solution 10.0** in your documentation library.



Download your complete documentation library from http://centricitypractice.gehealthcare.com/centricity_library/. Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a document to a location outside the library folder.

If you are the clinic manager or practice administrator...

Carefully review and consider how changes in this release affect your practice setup and workflows. If you have questions about how these changes affect your clinical practice, contact Centricity Practice Services at 888.436.8491 option 2 or your Value Added Reseller (VAR). For questions about how these changes affect the practice management setup or workflows, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller (VAR).

If you are the system administrator...

Before installing or upgrading to this release, review the requirements documented in this release note and the system software/hardware requirements and installation/upgrade instructions in your Centricity Practice Solution documentation library:

- **Configuring Environments for Centricity Practice Solution**
- **Installing Centricity Practice Solution**
- **Upgrading to Centricity Practice Solution**

These documents contain important information you need to know prior to upgrading/installing this version of Centricity Practice Solution.

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Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details concerning open and resolved critical product functionality issues.

Open issues

The following issue is open and pending resolution:

When running an inquiry in Chart reports for a specific Obs value, the application is rounding to meet the value

When running an inquiry in Chart reports for a specific Obs value (a whole number), the application returns values by rounding. For example, an Obs value inquiry of 7 returns all values between and including 6.5 to 7.4.

Resolved issues

The following issues were resolved in this release:

Data after backward slash (\) is truncated when editing encounter forms

Resolution: Changed the code to not interpret a backslash in the form. A backslash is now treated like any other character.

Notify users when saving new descriptions for coded problems

Resolution: Added a confirmation dialog box that displays the changes and requires the user to click **Yes** or **No** to accept the change.

Patient name not showing on doctor's desktop

Occasionally a document is routed to the provider's desktop with the patient name is missing. All other information is present (date/time, reason). Double-clicking the document will bring up the correct patient/document.

Resolution: Changed the lookup logic to always include and display the patient name.

MIK is not generating a HL7 message when fields are modified in Registration unless Save is clicked twice

Resolution: Clicking Save always generates and sends an HL7 message.

Organize options in desktop alerts and flags are not reset after logging out and logging in as a different user

Resolution: The user settings for the Organize Desktop alerts and flags are always renewed when a user logs in.

Orders are not signed when the document is signed

Not all Orders were being signed when the document was signed.

Resolution: All Orders are signed when the document is signed.

Documents not routing

Occasionally routed LinkLogic Lab Reports and Referral Orders have not appeared on the provider's desktop.

Resolution: All routed documents are sent to the correct desktop. Improved the business logic applied when LinkLogic documents are routed.

Wrong OBS value is returned if the OBS term is unknown, or does not have any prior values

Resolution: No value is returned if an OBS term is unknown, or If there is not a prior value for MEL functions such as LASTOBSVALUE, LASTOBSDATE or LAST_SIGNED_OBS_DATE that return prior values.

Chart notes are added for unchecked general cardiovascular symptoms from the diabetes visit form

Resolution: The diabetes visit form has been removed from the product.

Issues with the Preventive Care Screening-CCC form

Three issues were fixed with this form, due to a date format change that caused form values not to be properly committed.

- The Next Due date does not commit a date to the flowsheet or to the Due Date in the Preventive Care Screening-CCC form
- The Next Due date shows VOID text in flowsheet when committed from Preventive Care Screening-CCC form with replaced due date.
- Preventive Screening-CCC form not pushing values to flowsheet

Resolution: The date format was fixed so all values are always committed to the flowsheet and form.

Text within the document disappears when you use the mouse scroll to move up and down

The text was actually present in the file, but not visible.

Resolution: All text is now visible when scrolling with the mouse. Changed the mouse/scrolling behavior to ignore hidden characters that were causing the text to be invisible.

Patient banner popup messages display over previous patient chart

At times popup messages display before the patient chart summary is displayed. If another chart is open, the message displays on that chart instead of the chart being opened. This only occurred with the *Patient Banner with CDSS CCC* content.

Resolution: The correct patient banner will always be displayed when a chart is opened. The *Patient Banner with CDSS* content has been removed from the clinical kit. It is no longer installed nor available to be set as the banner.

The preferred method is to use Popup Care Alerts instead of the chart banner to display Chart Alerts.

Diabetes Self Education-CCC handout is missing information and has an error

Resolution:

- 1 Under **Total Cholesterol**, added "cheese." to complete the truncated sentence:

For example, limited quantities of meat, substitute polyunsaturated margarine or monounsaturated fats for saturated fats such as butter, coconut, cream and cheese.

- 2 Under **Insulin Summary**, added the word "never". The sentence was changed to:

"You should never reuse a syringe that contained another type of insulin when injecting Glargine or Lantus."

from:

"You should reuse a syringe that contained another type of insulin when injecting Glargine or Lantus."

LinkLogic results files are overlaying themselves upon creation

Occasionally some LinkLogic documents immediately overlay themselves upon creation, changing the existing document type to replace. This caused a crash if the user tried to sign the document.

Resolution: Overlays are now rejected if an overlay is attempted on the same document. An error is written to the LinkLogic Activity Log.

Document is removed from the Desktop Documents tab when "Do Not Route" is clicked

This occurred if a user routed a document to a user who was OOO (out of office).

Resolution: If the route fails, a message is displayed and the document is remains on the router's desktop.

Immunization Management CCC form does not record observation term for some immunization doses

Observation terms for DPT and OPV dose (for example DPT #1DOSE) are not recorded even though the selections are made in the form and the text translation displays them.

Resolution: GE recommends you use the new form *Immunization Management GE* (IMMGE), which offers the same functionality as the *Immunization Management-CCC* form and supports configuration of these (and other) observation terms, so all entered data is captured. See ["Immunization management - new form and observations support data exchange with registries"](#) on page 13.

What's new in this release?

The new clinical features in this release fulfill Certification Commission for Healthcare Information Technology's (CCHIT) 2008 -2011 certified Ambulatory EHR requirements and ARRA Meaningful Use reporting requirements.

Physician Experience is the first step of a new design to streamline workflows and provide simple, yet robust and intelligent functionality. Improvements include

- Convenient buttons to modify the clinical lists directly
- Navigation to quickly move the user through the workflow
- Ability to work in forms while simultaneously accessing information needed to make clinical decisions
- Redesigned windows and appearance to provide easy access to key functionality and clinical information

Also available in this release is browser and mobile chart access, which allows physicians access to provide care on the go to patients who call after hours, as well as access to in-hospital review of a patient chart.

The new practice management features in this release include support for the American National Standards Institute (ANSI) Accredited Standards Committee x12 Version 5010 requirements for claims transactions. Additional features in this release include

- Enhanced user model and security workflows
- LDAP vs Application Authentication setup
- New PM reports and updates to existing reports
- Financial Dashboard module

Clinical workflow enhancements

New user interface for physicians and clinicians

- **New and enhanced main menu bar.** The 'Go', 'Actions', 'Options' and 'Help' menus contain the same functionality that the earlier version EMR menu items provided. New toolbar controls provide the user with quick access to key functionality and information including current document and desktop status at a glance. There is also an update to a more modern color palette and appearance.
- **Left Pane provides primary navigation.** The menu is comprised of groups, with each group representing a major set of system functionality, and replaces the tabbed function pages in earlier versions.
- **Chart Summary user interface supports efficient workflows and easy-to-read patient status:**
 - **Main viewing area displays selected content.** In the Chart, selecting any Summary subheading brings up that specific pane fully expanded in the viewing area. Selecting Histories, Flowsheet, Orders or Documents sections brings up the legacy control in the main viewing area. Selecting Protocols, Graph and Handouts launches a modal

dialog. The Quality section expands to list reports the user can select to view, including Meaningful Use measures (if your practice uses Quality Reporting Services from GE).

- **Clinical list panes** are resizable, can show active items only or both active and inactive items, provide “chaining” of linked items in the database as well as column sorting.
- **Action buttons** within each pane allow direct actions on the content of that clinical list, including Edit, Stop/Remove, and Add.
- **List review/last reviewed** clinical list checkboxes appear when uses is in an active document. The checkbox appears for Medications, Problems and Allergies. Clicking the checkbox records the value as “Done” to the associated observation term, and the action is recorded in the current document in progress.
- **“No known” indicator** for Problems, Medications and Allergies appears in the Chart Summary list. If there are active Medications, Problems or Allergies, these boxes are unchecked. Status changes and last review details display with the indicator.
- **Chart document status indicators** show the user at a glance if there is a document in progress to join, or if it’s necessary to create a new document. The “New Document” button replaces the “Update” button of earlier Centricity Practice Solution versions.
- **Chart Maintenance feature** simplifies Clinical List updates associated with a direct action using the action buttons in the clinical list pane. If the user has the Chart Maintenance privilege set and there is no active document in context for the chart already, when the user performs any chart edit action, an update automatically starts, and a Chart Maintenance document is created.
- **Modeless Chart Note and Encounter Forms Dialog** window shows the currently-viewed encounter form and chart note. When a different encounter form is selected, it replaces the current one in the view. The user can minimize the window, navigate to the Chart Summary and use the action buttons to change clinical list content or view other documents or flowsheets, then navigate back to the Chart Note/ Encounter Form window to continue adding content.
- **Enhanced embedded help.** Expanded use of tool tips and F1 help provide the user with additional information about a specific task.

Managing the problem list

- Associate problems/diagnoses with a signed/unsigned medications and view associated problems when viewing or updating medications and on the printed prescription form.
- **Set preference to print problems on prescription.** New Print Dx preference is enabled by default when problems and medications are associated. This preference can be changed on-the-fly or in user **Preferences > Patient Charts > Prescriptions.**

- **Related data symbols changes:** The following symbols were updated to specify/list problem descriptions when present:

MEL_ADD_MEDICATION, MEDS_AFTER, MEDS_NEW, MEDS_PRIOR, MEDS_REMOVED, MED_INDICATIONS, MED_LIST_CHANGES, NEW_MED, LISTRXNEWFULL, and LISTRXWITHOVERRIDES.

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.



With overall improvements to organizing and customizing problem list views, the Dim problems feature (available in previous releases) has been removed. For more information on organizing problem list order, see the application online help..

Documenting allergies and drug interaction

Adding a new medication or problem to the patients list triggers interaction checking between the medications on the active medication list and the active problems list.

- **Enter a structured reason and comment if overriding a drug-drug or drug-allergy / intolerance warning** when adding a prescription.

An interaction warning override is indicated by a green check icon on the New/Change Medication window. Click the icon to view the override reason and comments.

Create custom override reasons in **Administration > Charts > Chart > Drug Interaction Overrides**.

Set a preference to always use the last-used override reason in **Preferences > Patient Charts > Drug Interactions**.

- **View drug interactions based on MediSpan age / gender disease codes.**
- **Set preferences for minimum threshold for degree of contraindication and additional allergy criticality levels**, and view in the Update Allergies or Adverse Reactions, Chart Alerts/Flags, And Chart Summary Allergies lists.

Four criticality levels: Critical, Severe, Moderate, and Mild. Reactions previous documented as Non-Critical display as Moderate after upgrade.

Related data symbols changes: The following symbols were modified to support display of new criticality levels:

ALL_AFTER, ALL_LIST_CHANGES, ALL_NEW, ALL_PRIOR, ALL_REMOVED, ALL_ACTIVE

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.

Prescribing medications using weight-based dosing

- **Prescribe using weight-based dosing when doses based on weight** (such as mg/kg) are available.

- **Receive dosing suggestions and visual warnings** when weight-based or BSA-based dosing exceeds a maximum individual or if a daily dosage or cannot be determined. You can override a High or Over Max high dose notice with an override reason configured in Administration and additional text comments. Override information is displayed on the Medications tab.
- **Related data symbol changes.** The following new symbols were added to support display of interaction/dosing warning override information.
 - MED_OVERRIDES - Displays information related to overridden drug interactions and dosing warnings for specific medications in list and delimited formats.
 - LISTRXWITHOVERRIDES - Like LISTRXNEWFULL with added lines to display interaction and dosing override information.Refer to Symbols help in the application online help for detailed instructions on their use and interpretation.

Enhancing patient access to health information

Clinics can now exchange patient health information with external systems in CCD (Continuity of Care Document) or CCR (Continuity of Care Record) format. Application users can now generate export, import, and display CCD documents for their patients.

- **Generate a patient Chart Summary in CCD format** that includes Problems, Procedures, Medications, Immunizations, Directives, Allergies and Adverse Reactions, and Services Due.



A new CCD clinical kit supports these features. It containing Diagnostics Results, Immunizations, and Vital Signs Flowsheets. (After importing the kit to the application, DO NOT rename these flowsheets.)

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- **Export and import patient information in CCD (Continuity of Care Document) format from the Chart > Actions menu.** When generating a CCD, you can
 - Include a *Reason* (referral request, referral response, transition of care, or give to the patient).
 - Specify time period for Vital Signs and Lab Results to include (one month to 10 years, Latest, or All).
 - Include observations that are unsigned or pending final signature.
 - **Give generated CCD content to patients on a thumb drive or other removable storage device.**



To secure patient privacy and security when transferring patient information, GE recommends you encrypt and password protect patient information stored to external devices.

-
- **Send CCD content to other systems via secure Web applications.** You can send a CCD to external providers and health systems using secure

messaging such as Centricity Secure Messaging or publish it to a secure patient health Web site such as Centricity Patient Portal.



Contact your GE Sales representative or Value-Added Reseller for information about these Centricity products.

- **Generate CCD documents with structured allergy information based on federally-required terminology and value sets**, including UNII for food and substance allergies or RxNorm for medications. The system can export CCD documents with structured medication allergies with RxNorm codes.

Support for Meaningful Use requirements

This release includes functional and quality measure reports based on final ONC (Office of the National Coordinator for Health Information Technology) criteria as well as National Quality Forum (NQF) reports. The release is ONC-ATCB certified and its features and functionality help you successfully demonstrate Meaningful Use as specified in the CMS eHR Incentive Program.

Web-based reporting services

Enter data and generate Meaningful Use reports and—when required by CMS—submit performance data electronically.

- **Quality Reporting Services** provides reports and services you can use to evaluate your organization's ability to meet quality measurements, including all required and optional Meaningful Use measures.
- **Quality Submission Services** (not available yet) will submit data to third parties such as CMS for programs such as Meaningful Use, PQRI, or the eRx Incentive. that automatically generates the required format for clinical functional and quality measures. When used in conjunction with Quality Reporting Services, data are automatically generated in the required format for clinical functional and quality measures. Quality Submission Services is part of our certified EHR solution and is required for you to achieve Meaningful Use. However, you only pay for this service after data are electronically submitted, which will begin in 2012 for Meaningful Use.



Quality Reporting Services and Performance Reporting are hosted by the Medical Quality Improvement Consortium (MQIC).

Membership in MQIC is not required to use these services, however as an MQIC member you receive Quality Reporting Services at no extra charge and your data is pre populated in the reporting templates.

For more information on how to enroll in Quality Reporting Services, Performance Reporting, or the MQIC program, contact Centricity Services or your Value-Added Reseller or send email to mqic@ge.com.

Crystal Reports Meaningful Use and Quality reports templates

Optionally use Crystal Report templates with Crystal Parameters to calculate and report meaningful use measures by provider in the Chart Reports module.

For detailed descriptions of the report templates, see *Using Centricity Practice Solution Meaningful Use and Quality Reports* (Adobe PDF). Meaningful Use Crystal Reports templates are packaged as a zipped file and imported to the application as a clinical kit. The zipped file and user guide are available on the Centricity Practice Web site at <http://centricitypractice.gehealthcare.com/mu/index.htm>.

!!! Report templates search your data with commonly used observation terms and document types. You may need to modify the reports if you use custom observation terms or forms. Refer to the user guide for details.

Crystal Reports for Meaningful Use are not recommended for all customers. To test whether your database size is consistent with using Crystal Reports templates for Meaningful Use measurements, see *Using Centricity Practice Solution Meaningful Use and Quality Reports*.

Features that help track key Meaningful Use values

- **Track Problem list status.** Check boxes on Update Problems window use new observation terms to
 - Track whether the patient has No Known Problems (NKPROB)
 - Track whether a clinician has reviewed the problem list for accuracy (PROBLEM REV).
- **Track Formulary alternative use.** The system now flags a prescription when a clinician selects a medication from the formulary alternatives list.
- **Record separate values for Race and Ethnicity** when recording patient demographics in Registration.
- **Record patient time of birth in hours/minutes.** In Registration and Scheduling (new patient registration), you can record a patient's date and time of birth in hours and minutes when this is known. The data symbol PATIENT.FORMATTEDAGE is also modified to display birth time when available.
- **Record and track drug-related alerts responded to by users** (for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and formulary and dosing alerts).
- **Record patient's preferred contact method in Registration/Scheduling.** Associating a preferred contact method with a patient helps track reminders for preventive and followup care sent to patients per their preference.
- **Electronically reconcile medication histories** from a prescribing network with the patient's current medication list with Centricity Advanced

ePrescribing. Supports the ability to track encounters with Medication Reconciliation. See also [“Centricity Advanced ePrescribing” on page 15](#).

- **Implement clinical decision support rules using MEL decision support.** Use existing MEL functions *UserYesNo* and *UserOK* in encounter forms, document templates, and the patient banner to display custom alerts and care suggestions and prompt user responses. System auditing logs user responses to prompt text invoked by these MEL functions. This lets you track, record, and generate reports on the number of alerts responded to by a user.
- **New Patient Authorization Form helps track patient requests filled within 3 days.** Use the new version to help track patient information requests filled within 3 days. When the form fields for authorizing provider, date requested, and date sent are used, patient requests for information fulfilled within 3 days can be easily tracked. Providers are linked to the request by the observation term ROI AUTHLN, which is saved in the Patient Authorization form.

Exchange data with immunization registries

Optional new package includes new and updated clinical content (in clinical kits), documentation, and interfaces needed to support data exchange with immunization registries. For details, see the package release notes and user guide *Sharing Data with Immunization Registries*. This package includes

- **New immunization observation terms** - new terms help ensure that patient immunization information is accepted by immunization registries. These more specific observation terms for administered vaccines are consistent with CDC CVX codes. Immunizations observation terms are mapped to appropriate CVX codes at the time of transmission to the registry. No mapping is required by staff at your site.
- **Observation term spreadsheets** - all observations are available in spreadsheet format for your reference if you need to update custom forms and other clinical content.
- **New *Immunization Management GE* encounter form** - New form makes immunizations entry easy and employs the new observation terms.

!!! This is an entirely new form. It replaces—but does not overwrite—an earlier form entitled *Immunization Management-GE*. GE recommends this form be used in place of the *Immunization Management-CCC* form by sites wishing to share data with state immunization registries.

- **Updated clinical content** - *Immunizations-Master- Flowsheet*, letter templates, handouts, orders, and chart summary CCD format updated to use new observations.
- **Revised Centricity Clinical Gateway interfaces** - latest versions for translating HL7 messages from Centricity Practice Solution to formats accepted by immunization registries.

Download the immunization registries interface package, release notes, and user guide at <http://centricitypractice.gehealthcare.com/mu/index.htm>.



Important. Before importing and installing the clinical kits in this update, download and install the latest Factory Observation Term Kit and full Knowledgebase Update.

New/enhanced clinical content

Many Meaningful Use requirements are met by Centricity Practice Solution features and clinical content. (See details in *What's New in Centricity Practice Solution 10*). Enhancements to key forms and other clinical content ensure that patient data can be reported completely and accurately and that providers have information they need to manage and promote patient health.

Enhanced CCC forms

The following CCC forms have been enhanced in this release. These forms can be used outside of CCC but require the CCC structure to be in place for them to work.



Cardiac Procedures, and Vital Signs forms updated in this release can be used outside of CCC but require the CCC structure to be in place for them to work.

Cardiovascular procedures

- **Cardiology-CCC Flow Sheet** - New observation terms permit the graphical display of ejection fraction (EF) results from multiple studies/procedures/modalities in a single view.
- **Cardiac Procedures encounter form** - Capture detailed information related to cardiac procedures, including stress test, catheterization, implant/device, and electrocardiogram (EKG).



Also includes, new Cardiology History View (orders and/or observations) and new Orders custom list (EKG).

Cardiovascular specific risk factor history panel

- **Create a cardiovascular specific risk factor panel/display** for a patient. This includes diabetes, hyperlipidemia, hypertension, history of cardiovascular disease, family history, and tobacco use.
- **Cardiovascular History View** displays sections filtered to show elements relevant to a patient's cardiovascular history or risk without going to the flowsheet, including problems, medications, allergies, tests and procedures, and lab results.

Capturing lab results as structured values

- **Document structured values for a target range, a target maximum, or a target minimum for lab results** customized to the patient for lab values for HbA1c, and be able to indicate when the patient is outside their custom target.

Updated forms: Diabetes Q&E - CCC form, Diabetes TFE form, Diabetes - CCC flowsheet, CPOE Anticoagulation-CCC form, Lipid Q&E-CCC form

Vital Signs-2-CCC encounter form enhancements

- Modified to check whether BP, heart rate, respiration rate fall in normal ranges for the age of the patient. Form alerts user if the value is above the upper limit or below the lower limit. Includes a normal temperature range (default range 96-101 degrees F).

Medication Administration-CCC form

- **Capture date and time when an injection, infusion, or other medication is administered in the office.** Previously date/time defaulted to the date/time of the chart update. Other discrete information captured includes medication name and dose, route and site, lot number and expiration date, manufacturer, and (administering) user ID.

Updated/new forms: Medication Administration-CCC form, Medication Administration TFE form.

Immunization management - new form and observations support data exchange with registries

New *Immunization Management - GE* encounter form replaces—but does not overwrite—an earlier form entitled *Immunization Management-GE*. It also replaces the *Immunization Management-CCC* form.

The new form employs specific observation terms for administered vaccines consistent with CDC CVX codes. New terms and user-friendly format prevent invalid coding and help prevent common entry errors that produce immunization messages that are not accepted by the registry or that incorrectly indicate the immunizations administered for the patient. See also [“Exchange data with immunization registries” on page 11](#).

Other clinical content updated to use the new observation terms includes

- *Immunizations-Master-Flowsheet*
- New immunization letter template (IMMG_letter)
- New immunization handout (IMMG_handout)
- New immunization orders defined by new vaccine definitions
- Immunization chart summary CCD format (for export) includes all main immunization terms

Immunizations management handouts and letters

These clinical resources are part of the basic practice kit and have been updated to current CDC protocols. As immunizations become available and their schedules are modified, we periodically update this content.

- **Immunization history handout and letter** updated to current CDC protocols.
- **Immunization vaccine information sheets** updated to current CDC protocols.
- **Well Child-Immunizations Due (letter)**. Based on standard CDC childhood immunization schedule, the letter template includes the same CCC function used in the Immunization Management form to display immunizations due.

Rules to determine when an immunization is due can be edited in the CCC text files.

- **MEL symbol GET_FLOWSHEET_VALUE**. Retrieves and displays immunization information from the flowsheet and displays the immunization name, description and date in list or delimited format.

Enhanced security / confidentiality of patient health records

Enforcing patient privacy

- **Exclude selected users from access to a patient's chart and registration information regardless of users' other chart permissions.**

When the Sensitive Patient (previously Sensitive Chart) option is checked on the Registration Patient tab, you can search for and select users to exclude from access to the chart. Excluded users can be granted on-demand access optionally.

- **Document a patient's preferred Contact method in Registration/Scheduling.** Associating a preferred contact method with a patient helps you track percentage of reminders for preventive and followup care sent to patients per their preference.
- **Configure and view warnings to secure patient privacy at application login and on the main menu.** The default message is "The system should only be accessed by authorized users."

Securing user passwords

- **Use passwords encrypted with Advanced Encryption Standard (AES) encryption with a SHA2/SHA-256 hash algorithm.** Passwords that do not require decryption are now hashed via the SHA2, SHA-256 algorithm before transport or storage. Passwords requiring both encryption and decryption are encrypted using the AES, AES-256 algorithm before transport or storage.



Upgrading customers: Existing passwords stored with previous MD5 encryption will be verified and updated when users login for the first time after upgrade.

Enhanced clinical auditing

- **Configure individual audit events to be logged, ignored, or sent to an external repository in ATNA compliant format.** This release implements the IHE Audit Trail and Node Authentication (ATNA) Profile to support logging to a location outside the Centricity Practice Solution database. The ATNA repository is accessed through a network-accessible HTTP URI configured in Administration.

These new features may be useful to organizations wishing to monitor and manage audited events from multiple locations and application databases at a centralized location.

- **Capture type of action taken and event outcome (success or failure) when auditing events.**
- **In practice management modules, log audit events whenever a user verifies insurance eligibility, files an electronic claim, exports a claim, or prints a claim.**

Securing patient data transfer and storage

- **Use TrueCrypt to encrypt patient data as it is stored to portable devices** (such as thumb drives, disks, and external drives).

Centricity Advanced ePrescribing

Centricity Advanced ePrescribing seamlessly integrates the capabilities of Kryptiq eScript Messenger (eSM) with Centricity Practice Solution to manage all aspects of writing and electronically transferring new and renewal prescriptions from within the Centricity application. Advanced ePrescribing electronically transmits prescriptions to pharmacies, electronically transmits renewal information, receives eligibility and formulary information electronically, and displays medication fill history information.

For a detailed feature and workflow overview, see *What's New in Centricity Practice Solution 10.0*.

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- !!! Your Advanced ePrescribing implementation or upgrade must be scheduled with a GE project manager or your Value Added Reseller (VAR). See also <http://support.centricityservices.com/logician/eprescribing/index.html> for scheduling and implementation details.
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Changes to LinkLogic

Enhanced data handling and new Add-On IXP files

- **LinkLogic now exports HL7 2.3.1 in MSH-12.** LinkLogic now exports HL7 2.3.1 instead of 2.3 in MSH-12 in all export message types. The list of acceptable HL7 version values in MSH-12 is the same for both import and export, so all LinkLogic imports also now accept 2.3.1 in addition to 2.3, 2.2, and 2.1.

- **New Add-On .IXP file supports backward compatibility with HL7 2.3.** Not all systems support HL7 2.3.1, so LinkLogic includes a new Add-On IXP file **export.2.3.ixp**. This file is for backward compatibility with any destination system that requires LinkLogic to send HL7 2.3 instead of 2.3.1.

!!! Attention MIK users: You must use this .IXP file with AEG or Centricity Bridge to avoid MSH-12 errors.

LinkLogic exports OID in PID-3.4 - Organizations that opt to do biosurveillance reporting to a destination system that requires patient identifier in PID-3.4 can export OID in PID-3.4 using a new Add-On IXP file **pid3.4exportoid.ixp**. LinkLogic exports internal PID in PID-3.1 and OID in PID-3.4 when Confidentiality Task Option Export Patient Identity is NOT selected. When Export Patient Identity IS selected (the default behavior) LinkLogic supports a new Add-On IXP file **pid3.4exportoid.ixp** to export OID in PID-3.4.

- **LinkLogic handle birth time value in hours and minutes.** On import, LinkLogic splits a patient's PID-7 birth *DateTime* value into separate date and time values to store to the Centricity EMR database. On export, the date and time values are concatenated in a single birth *DateTime* value. This is accomplished with a change to the hl7pid.ixp IXP file referenced by import instructions for PID-7.
- **LinkLogic imports race and ethnicity values.** Race and ethnicity values can now be specified through LinkLogic demographic imports in the PID-10 (race) and PID-22 (ethnicity) fields. Both fields use a single character to represent a particular race and ethnicity.

An add-on IXP file **ethnicity.ixp** helps LinkLogic recognize a race value of *Hispanic* and automatically set the ethnicity to *Hispanic*.

Upgrading clinics can still process legacy race symbols through LinkLogic because the list of race values is unchanged. For new installations, legacy LinkLogic symbols that are no longer acceptable are processed as an *Undetermined* race by default.

- **LinkLogic imports / exports observation values with LOINC codes.** LinkLogic imports and stores LOINC codes (Logical Observations Identifiers Names and Codes) and observation values included in imported lab results so they can be passed as required output in exported CCD documents. This capability also supports reporting percentage of lab tests ordered with results in a positive/negative or numerical format that can be stored in the application database. An Add-On IXP file **obx3extcode.ixp** lets LinkLogic export external codes (such as LOINC codes) that came in from previously imported lab results.
- **LinkLogic imports and exports UCUM units for observation values.** The factory unit conversion table now includes mappings for UCUM (Unified Code for Units of Measure) unit used by factory observation terms. By default, LinkLogic exports the internal GE units for the factory observation term for each observation result. An add-on IXP file **obx6ucum.ixp** lets LinkLogic export UCUM units.

Filter Problems Export based on diagnosis code or description

- **New LinkLogic Problems Export Constraints option** lets you specify one or more diagnosis codes or descriptions to filter problems pulled from the database for export. Select **Problem table SQL filter** and then click **Edit SQL**. Enter a string that LinkLogic will append to the *where* clause of the SQL select statement executed for each export.
- **To export filtered problems manually from LinkLogic module**, click **Export** and then select any problem / patient option. The filter you set in LinkLogic Setup finds and exports only matching codes for selected patients.

Import lab results as signed or unsigned based on abnormal results setting

Changes to the **Change Document Routing Options** window let you import lab results automatically signed, signed with additional signatures required (default), or unsigned based on configured normal/abnormal results settings. These enhancements let you determine when to make lab data available in CCD format in response to a patient request on a Patient health Web portal. Normal results may be signed automatically and posted while abnormal results cannot be sent until physician has reviewed and signed.

Browser and mobile chart access

With browser and mobile access, physicians can provide care on the go to patients who call after hours as well as in-hospital review of a patient chart. Physicians can view clinical information such as problems, medications, documents. They can configure their chart view to suit personal preferences, and send flags and care alerts.

This interface is also an alternative to current users with view-only chart privileges. For MQIC (Medical Quality Improvement Consortium) members, browser access lets participating physicians see how they are performing to quality standards such as NCQA and to obtain a list of patients not meeting selected measures.

For detailed information on the browser and mobile access client, please see ***What's New in Centricity Practice Solution 10.0*** in your documentation library.

ANSI 5010 compliance

Centricity Practice Solution 10.0 is 5010 ANSI implementation and HIPAA compliant, so you can continue submitting claims after the January 1, 2012 deadline. The updated ASC X12 Version 5010 of the HIPAA transaction standards represent substantial technical and operational improvements that respond to industry business needs and requests. Over 850 modifications were done for 5010. Key changes include the following:

- P.O. Boxes are prohibited for the Billing Provider (2010AA).

- Pay-To Address is required when different than the Billing Provider Address (2010AB).
- Nine-digit Zip code required for Billing and Service Providers.
- Taxonomy Codes can be reported in any combination.
- Tax ID and Social Security Number (SSN) can only be sent in the Billing Provider loop.
- New Subdivision field has been added for all addresses. This field is required for addresses outside the United States.
- Increased field lengths for most existing 4010 fields.
- Up to 12 diagnosis codes are allowed per claim.
- Date of Service Range is only required when an actual range of dates are reported.
- Implementation of 'Accept Assignment' (2300 CLM07) changed to allow use by all payers.
- Modifications to the AMT segments for reporting Coordination of Benefits (COB).
- Anesthesia time must now be reported in minutes, rather than units.
- Contact Information and Date now required for Property & Casualty claims.
- Ambulance Pick-Up and Drop-Off Location loops added.
- When POS is equal to Home (12), the facility address is now required.

Institutional claims

- 'Present on Admission' indicator added.
- 'Outpatient Visit' segment added.



Users of Realtime Eligibility Plug-ins: In previous versions of Centricity Practice Solution, eligibility plug-ins appeared in product updates as **CentricityRTE90** and **McKessonRTE90**. In Centricity Practice Solution 10.0, McKesson has been rebranded, so it will now appear as RelayHealth**RT**. Centricity will follow this naming convention as Centricity**RT**. This generic naming also supports plans in future releases for additional Real Time transactions beyond eligibility.

Authentication modes

- **Active Directory support.** As with previous versions of Centricity Practice Solution, you can choose to manage all logon names and passwords using standard Windows Active Directory maintenance tools.
- **Application Authentication support.** This new feature allows you to maintain all logon names and passwords in the Centricity Practice Solution database and authenticate users from the database values.

Enhanced password management. Provides options to manage passwords (expiration, composition requirements, minimum size) within the **Administration | System > Idle Timeout and Password Management** node.

Managed security groups. Provides the option to manage security groups within the application to help streamline workflows. You can use security groups to assign group permissions or force password changes for all users in a group.

User management and security changes

- **User management changes.** Centricity Practice Solution 10.0 introduces an improved and enhanced user management system that allows administrators to clearly differentiate between user types, dynamically search for and filter users, and apply multiple attributes to user to manage their access and application capabilities. Additionally, specified non-users can be promoted to users without needing to duplicate their demographic information.
- **Improved security management workflows.** In Centricity Practice Solution 10.0, an improved and enhanced security user interface allows administrators to grant or deny permissions user, by security group, or by permission, or directly from a user's profile.
- **Least restrictive security model.** Security at the group level is now inclusive, meaning that a permission granted to a user in one group is extended to that user even if the user is in another group that does not grant that permission. This method provides increased flexibility in security administration.

Practice Management report changes

- **Performance improvements for commonly-used reports.** Centricity Practice Solution 10.0 includes performance improvements for all Aging reports, the Daily Financial Summary, Monthly Financial Summary, Reimbursement Analysis by Insurance, Reimbursement Analysis by Financial Class, Reimbursement Summary by DOS, Patient Ledger, and Patient Ledger-Detailed reports.



Actual report speed is dependent upon your practice's hardware configuration and database size.

- **Support for ANSI 5010 field character length changes.** All reports in Centricity Practice Solution 10.0 have been updated to support the field character length increases implemented for ANSI 5010 compliance. In some cases, the report output was adjusted to ensure that the full field length is visible in the report output.

Accounts Receivable reports

- **View more selective lists in the aging reports.** The aging reports were updated to include multi-select criteria for provider, facility, and company. Updated reports include Aging by Financial Class, Aging by Guarantor,

Aging by Insurance Carrier, Aging by Patient, Aging by Provider, Procedure Date Aging by Financial Class, Procedure Date Aging by Guarantor, Procedure Date Aging by Insurance Carrier, Procedure Date Aging by Patient, and Procedure Date Aging by Provider.

- **View more selective lists for the Claims report.** The Claims report includes new provider and facility multi-select criteria. Provider and facility options were also added to the 'group by' options.

Administrative reports

- **Review correspondence notes and who wrote them.** The Correspondence Audit report includes patient/guarantor multi-select criteria, new 'group by' and 'sort by' options for notes, and an updated 'User' selection box so that you can select one or more users who have written correspondence notes. Previous versions of CPS had a 'User' text field where you could only run the report by one user at a time.
- **View more selective lists of provider fee schedules.** The Provider Fee Schedule report (formerly Doctor Fee Schedule report) includes multi-select options for provider, facility, company, insurance group, insurance carrier, and fee schedule. The report also includes a new filter for including only active fee schedules, and fee schedule effective date/expiration date filters.
- **Review insurance carriers with missing information.** Centricity Practice Solution 10.0 includes a new Insurance Carrier Maintenance report that helps you identify insurance carriers with missing information. The report provides an alphabetical list of insurance carriers and their associated insurance group, carrier type, policy type, financial class, transaction column set, and filing method.

Financial reports

- **Change date criteria for the Net Charges by Provider report (formerly Net Charges by Doctor report).** You can now run the Net Charges by Provider report by either Date of Entry or Date of Service.
- **Review net charges by insurance group.** Centricity Practice Solution 10.0 includes a new Net Charges by Insurance report that displays net charges by insurance group. The report groups insurance carriers by insurance group and displays subtotals for each group.

Patients reports

- **Identify duplicate patients.** Located in the new **Patients > Maintenance Reports** folder, the Duplicate Patients report helps you identify duplicate patient registration records based on common criteria. The report allows you to create increasingly selective report criteria by searching for combinations of matching patient last name, patient first name, date of birth, and social security number.
- **Identify patients with outstanding balances who do not receive statements.** Located in the new **Patients > Maintenance Reports** folder, the Patient Balance No Statement Bill Code report identifies patients with

outstanding balances who do not receive statements due to the Guarantor settings on the registration record **Financial** tab.

- **Identify patients with missing standard claim data.** Located in the new **Patients > Maintenance Reports** folder, the Patients Missing Standard Claim Data report lists patients and the types of data their registration records lack. The report lists patients with their associated responsible provider, source identified, patient information release, privacy policy, benefit assignment, signature on file, birth date, and gender.

Schedule reports

- **Include canceled visits for the Missing Ticket Numbers report.** The report includes a filter to include canceled visits. The report automatically groups the output by canceled/not canceled visits.
- **Identify patients in collections from Schedule reports.** The Appointments, Appointments (Single-Line), Appointments by Facility, Appointments by Resource, and Appointments with Eligibility reports all include a double asterisk (**) notation for patients who have at least one visit in *Collections*.
- **Review blocked appointment information.** Centricity Practice Solution 10.0 includes a new Blocked Appointments report that lists blocked appointment information. The report includes the date and time when the appointment slot was blocked, and the user who performed the action.

Financial Dashboard module

- **View high level financial key performance indicators.** Centricity Practice Solution 10.0 includes a new Financial Dashboard module that displays high-level financial metrics for key performance indicators in accounts receivable and revenue/visits.

Accounts Receivable metrics

- Charges, Payments, Adjustments
- Aggregate Days in Accounts Receivable
- Days in Accounts Receivable by Insurance Group
- Days in Accounts Receivable by Financial Class

Revenue/Visits metrics

- Gross Charges by Provider
- Number of Visits
- Percentage Billing Status
- Percentage Billing Status by Balance
- **Apply global filters to metrics to compare information.** Review financial metrics across the same provider, facility, and company filters.
- **Save preferred metric layouts.** The Financial Dashboard allows you to save one layout per user so that you can customize your view and track the same information over a period of time.

Upgrade / integration considerations

Supported upgrade paths

You can upgrade to this version from the following versions:

- Centricity Practice Management 7.1.x
- Centricity Practice Solution versions 8.0.4 or later and 8.1
- Centricity Practice Solution versions 9.0, 9.0.1, 9.0.2, 9.0.3, 9.5



To upgrade from an earlier version, you must first upgrade to one of these supported versions.

Compatible client versions

Terminal services/Citrix server: Centricity Practice Solution 10.0 and Centricity EMR 9.2x client applications can be installed on the same server running Windows Server 2008 R2 64-bit.

Standalone client workstation: Centricity Practice Solution 10.0 (PM-only) and Centricity EMR 9.2x clients can be installed on the same workstation.

Microsoft Vista is the only supported workstation operating system for this integration.

Upgrade instructions

Detailed instructions for upgrading to Centricity Practice Solution 10.0 from supported earlier versions are provided in *Upgrading to Centricity Practice Solution* in your documentation library.



Download your documentation library from http://centricitypractice.gehealthcare.com/centricity_library/. Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a PDF to a location outside the library folder.

Centricity Practice Solution v8.0.4 ONLY: DO NOT launch the 8.0.4 client after upgrading database

This issue does not apply to v8.0.5 or later or v8.1 or later.

If you are running Centricity Practice Solution v8.0.4, after upgrading the database to this release and installing a new Web server, DO NOT launch the 8.0.4 client to connect to the database.

To install the new client first uninstall the 8.0.4 client and then either use your media or the URL method to install. Refer to your upgrade manual for details.



DO NOT use the "From an existing client" method to upgrade the 8.0.4 client to this version.

To uninstall the 8.0.4 client application

- 1 Go to **Start > All Programs > Centricity Practice Solution 2006 > CPS 2006 Setup**.
- 2 After the installer initializes, click **Next** to continue and then click **OK** to confirm removal.
The uninstall process begins. This may take a few minutes.
- 3 When the uninstall process is complete, click **Finish**.

Installing clinical content

A new version of Centricity Clinical Content (CCC) is available with this release. CCC v8.3.7.3, and detailed release notes and installation instructions are available on the Centricity Practice Web site at <http://centricitypractice.gehealthcare.com/ccc/index.htm>.

New features

- **Comprehensive CCC install package** - Previously customers had to install 8.3.7, then 8.3.7.1, and then new CCC content, in that order. Now, the install 8.3.7.3 package includes prior versions of CCC.
- **Single import ALL clinical kit available** - select IMPORT All CONTENT.ckt
- **Simplified jobs.txt CCC installation process.** Previously users had to create many lines to copy all files. Now only approximately 5 lines are required.
- **Client CCC directory created automatically.** No longer necessary to create/modify a separate .bat file.

Changes to clinical content

Go to <http://centricitypractice.gehealthcare.com> and navigate to the *Clinical Content* page to download new and updated clinical content packages and new CCC installer.



For detailed instructions for installing/upgrading your clinical content, see the installation/upgrade instructions for this release:

- [Installing Centricity Practice Solution](#). This guide contains instructions to install and set up Centricity Practice Solution for the first time.
- [Upgrading to Centricity Practice Solution](#). This guide contains instructions for upgrading an existing installation to Centricity Practice Solution 10.0.

IMPORTANT -Back up customized clinical content before upgrading

During upgrade all factory forms, reports, and other clinical content are overwritten.

Before upgrading to Centricity Practice Solution 10.0, verify that any clinical content you have customized (note templates, reports, encounter forms) has been exported and backed up. You can redeploy custom content to workstations after the upgrade.



Consult your Centricity Services consultant or Value-Added Reseller if you have questions about upgrading your clinical content.

For more information about changes to forms, see [“New/enhanced clinical content” on page 12](#), and [What’s New in Centricity Practice Solution](#) in your documentation library.

Visit Manager encounter forms are discontinued

GE discontinued support for Visit Manager encounter forms with the release of Centricity Practice Solution 9.0. GE provides enhanced functionality for customizations of basic and specialty office visits in Centricity Clinical Content (CCC) suite. Visit Manager is included “as is” and is an optional supplement to the Centricity Practice Solution product.

Crystal Reports

In this release, all factory reports are converted to Crystal Reports® v11.5. If you are upgrading from a pre-9x version, and plan to use only the factory reports without modifying them, you do not need to convert anything. The application includes all the Crystal Reports files you need to run the factory reports. If you plan to modify the factory reports, you must use Crystal Report v11.5 Professional edition.

If you created custom Chart (clinical) reports with custom SQL, they may not work until you convert them to Crystal Reports v11.5. While Crystal Reports v11.5 has backward compatibility for reports created with v10, older reports may not actually work without conversion. GE strongly encourages you to convert your custom Chart reports to v11.5. Steps for doing so are provided below.

To convert a Chart custom report from v10.0 to v11.5:

- 1 Open your custom report in Crystal v11.5.
- 2 From the Database menu, select the option to verify database.
- 3 Enter the database connectivity information.
- 4 Refresh the report.

!!! Reports created with a version **newer** than Crystal v11.5 may not work.

Jobs.txt enhancements

Jobs.txt is a utility you can use to copy updated files such as custom clinical content or reports from the application Web site to multiple workstations. Now that the application Web site is under JBoss, the default location for the jobs.txt source folder is

[drive]:\Program Files\Centricity Practice Solution\jboss\server\default\deploy\[database].war

Updated files placed in the source folder are copied to workstations using jobs.txt.

Jobs.txt copy operations have been enhanced to permit recursive copy of multiple folders and files from the source folder to the same folder hierarchy

on destination workstations. This extends a previous more limited ability to copy multiple files using the wild card character (*).



For detailed instructions for using and configuring jobs.txt, see “Using jobs.txt” in [System Planning and Requirements for Centricity Practice Solution](#), in your documentation library.

Enhancements added in version 9.x service packs

This release includes the enhancements summarized below that were added in services packs to Centricity Practice Solution 9.0.

- **New behavior on user logout and idle user timeout.** The application hides all open practice management windows on idle timeout or user log out. Users can return to their work within the application after they log back on. Previously, windows with unsaved changes would not close until the user saved the changes.



If a user logs out or times out of the application before saving his or her changes and another user logs in, all changes from the previous user are lost.

-
- **Modify *In Progress* visits from within Accounts Receivable.** In previous versions, users may be unable to modify a visit from within Accounts Receivable.
 - **Default error reporting changed to “Always submit errors to GE.”** To change this setting, in Administration go to System > User and Resource Management > Users > Preferences > User Preferences | System > Application.
 - **On Add/Change Medications window, the Note to Pharmacy field is now available for all prescription types.**
Up to 210 characters are allowed for the *Quantity* and *Note to Pharmacy* fields combined for prescriptions and electronic prescriptions. When too many characters are entered, the system asks you to reduce the text by the number of excess characters you have entered.
 - **All required updates to state prescription report formats.**
 - **Enhanced integration with Dragon[®] Medical 10.1.** Dragon now detects protected text in an encounter document and works with the application’s built-in RTF editor. Dragon build **10.10.300.x** or higher is required along with a separate Dragon patch. This change resolves conflicts between earlier Dragon and Centricity Practice Solution versions when Dragon and application ran together on the same local machine.
 - **When organizing columns in Registration, the ALT + R keyboard shortcut** hides a selected column from the list of displayed columns. Permanent columns cannot be removed. **Alt+A**, **Alt+S**, and all accelerators keys also work as expected.

Prescription report changes

The following changes have been made to state prescription reports.

All states

- Added 'Note to Pharmacy' information.
- Added 'Indications'.



NY, NJ, ME, CA, KY, IN use ¼ sheet security paper, so Indications are limited to two lines. Further text is truncated indicated by (...).

All other states using letter-size paper can print more than two lines if more indications are selected.

- Weight is not displayed for patients older than 12 years.
- Removed version numbers previously printed in the upper right corner.

Ohio

Added 'This prescription was generated on a Centricity system which has obtained 'approved status' with the Ohio State Board of Pharmacy.'

Indiana

The prescribing provider's name is now aligned with the signature line below the *Dispense as Written or May Substitute* line.

Kentucky

Added checkboxes for quantity and the following options for BMN requirements:

- Substitution permitted - Formulary compliance approval
- No Substitution - Prescriber must hand write 'Brand Necessary' Medicaid coverage

Connecticut, Colorado, Delaware, Florida, Georgia, Hawaii, Massachusetts, Minnesota, Nevada, New Hampshire, New Mexico, Ohio, Oregon, Rhode Island, South Dakota, Texas, Vermont, Washington DC, Wisconsin, West Virginia, and Wisconsin

The fax format now uses 'indicates' in place of 'handwritten' for Dispense as written instructions; e.g., A generically equivalent product may be dispensed unless the practitioner indicates 'Dispense as written' on the prescription.

New York

Customers using single prescription-per-page formatted paper, may use the 1-up formatted prescription. Use jobs.txt to install the appropriate format on all workstations.

- 1 Copy **prescny1up.rpt** to the **C:\Program Files\Centricity Practice Solution 100\JBoss Application Server\jboss\server\default\deploy\<DB name>.war\source** directory.
- 2 Rename the new file **prescny.rpt**

- 3 Add the following line to **C:\Program Files\Centricity Practice Solution 100\JBoss Application Server\jboss\server\default\deploy\<DB name>.war\jobs.txt**

`n, emr, crwrpts, copy, prescny.rpt, ALL`

where *n* is the next job number.

Known issues and troubleshooting

This section contains known issues for this release and application changes related to troubleshooting.

Known issues

An entire check cannot be canceled in remittance processing in EDI Response Management

When selecting a batch to process a remittance in EDI Response Management, the user must cancel each ticket number instead of closing the entire check because the application does not complete the action of cancel for the entire check. The application should display the Cancel Requested message, "If you cancel, processing of the current file will be stopped. Are you sure you want to cancel?" If you select **Yes**, the Report Processing User Critical Error Box appears with "Cancelled by User!".

Workaround: After selecting a remittance to process, if the user clicks **Cancel** when presented with a Select Batch dialog, the user will be presented with a new Select Batch dialog for every visit in the remittance batch. The user may choose to click Cancel to each dialog or Ctrl-Alt-Del to end the task.

Report Print Preview option to export as PDF generates error

When running reports, the Print Preview option to write the preview to PDF format generates the error: "There is no email program associated to perform the requested action. Please install an email program or if one is already installed, create an association in the Default Programs control panel." This is a known issue in Crystal Reports. Regardless of your system setup, you cannot save the Print Preview to PDF.

Workaround: Select an export option to another format and then save the file. Then open and save the document in PDF format, if desired.

Internet Explorer blocks installation of application client

Internet Explorer may block the installation of the client when any version of Windows Live is installed to the machine or laptop.

Workaround: Confirm the following settings in Internet Explorer before installing the client:

- 1 In Internet Explorer, go to **Tools > Manage Add-Ons**.
- 2 Find and disable all **Windows Live** add-ons.
- 3 Confirm the following add-ons are enabled:
 - GEMSInstaller 9.0 object
 - Microsoft Windows Installer
 - XML DOM Document (IE8 only)
2. Close Internet Explorer.
3. Launch Internet Explorer and type **http://[your server name]:9080/database name/cps/update.jsp** to install the client.

Some unsupported CCC encounter forms do not warn user

Most obsolete and unsupported forms display the warning "Unauthorized Use of this Form" on each tab if multiple tabs are present. Fields are also suppressed so that nothing can be selected/keyed to enforce that the forms are no longer supported. However, the following three forms in clinical kit OB-Beta-V8.3.7\1-OB-Beta-V8.3.7.ckt do not display this warning:

- OB-Gyn-Breast-US-CCC-Beta
- OB-Gyn-Counseling Ed-CCC-Beta
- OB-Gyn-Leep-CCC-Beta
- OB-Gyn-Post-Op Visit-CCC-Beta

Workaround: Manually remove these and other obsolete, unsupported forms from your system and user workstations.

Display preferences may be lost on upgrade

Due to security changes in newer operating systems, Centricity Practice Solution now stores display settings in a different area in the system registry. This may cause the following display preferences to revert to default system settings:

- Chart Desktop Summary panel widths
- Toolbar button options (text or icons only)

Workaround: After upgrade you may need to adjust display settings on each workstation where you use the application.

Cannot change the order in which patient contacts are listed

Changes to the order in which contacts are listed on the Registration component Contacts tab cannot be saved. After clicking Save, the contacts list reverts to the original order.

Workaround: Delete the contacts from the list and re-add them in the order in which you want them to appear.

Patients set to inactive appear in the active patients search results

When patients are flagged as inactive from **Reports > Active > Inactivate old patients**, they still appear in the search result on the Chart Find patient window, even when **Search active patients only** is selected.

Workaround: Print the Inactive patients report and change the status of each patient to Inactive from the Registration component Patient tab.

Locate hidden Open With (Windows) dialog in EDI Submission Management and EDI Response Management

When attempting to view a claim file in EDI Submission Management or EDI Response Management using the **Open With** dialog, you may experience an issue with this Windows dialog appearing to flash and then disappear. Initially,

the focus is lost, but the **Open With** dialog is still active although hidden beneath other windows. This issue generally occurs after the dialog has been maximized.

Workaround: If the **Open With** dialog loses focus (flashes, then disappears), minimize other open windows to locate the dialog and continue. Associate the desired application with which to open and view the claim file so that it opens your program by default in future instances.

Modified refill encounter form requires import of "Upgrade.ckt" clinical kit to avoid alignment issues

Updates to the refill encounter form in Centricity Practice Solution 9.5 and 10.0 requires importing the "Upgrade.ckt" clinical kit. If you skip this step, you might experience some alignment problems in the refill encounter form.

Workaround: Import the "Upgrade.ckt clinical kit to resolve the alignment issues.

Recommendation to remove clinical lock error messages in custom forms

Error handling has been improved for the following functions:

- MEL_ADD_ALLERGY
- MEL_ADD_MEDICATION
- MEL_ADD_PROBLEM
- MEL_ADD_DIRECTIVE

The application will now automatically alert the user if one of these functions fails due to a clinical list lock issue, which occurs when another document in progress has the clinical lists in an editable state. Logic no longer needs to be included in the encounter form to display the error message to the user in that case. If the form does so, the user may see two alerts: one from the function itself, and one from the logic in the form.

Certain data point tool tips in the Financial Dashboard area graph do not appear in the Charges, Payments, Adjustments metric

Due to a development limitation to specify points in all series coordinates, certain data point tool tips in the Financial Dashboard area graph do not appear in the Charges, Payments, Adjustments metric.

Workaround: To see tool tip information for all data points in the Charges, Payments, Adjustments metric, use the Line graph and hover over desired data points.

CardioSoft only runs on 32-bit platform

CardioSoft must be installed on the same workstation as the Centricity Practice Solution client. At this time, only 32-bit platform CardioSoft installations are supported.

Attempt to set a Master Doc to Filed in Error (FIE) only sets the appended Doc to FIE

When you set a master document that has a signed appended document to Filed in Error, only the appended document is set to Filed in Error, even after you encounter two expected warnings.

Workaround: Set the master document to Filed in Error a second time to complete this task.

Attempting to remove a form from the Forms Pane results in a warning message and action that is irreversible

During an update of a patient chart, if you right click on a form in the Forms pane and select remove, you receive a warning with **OK** as the only choice. Whether you click **x** in the upper right corner or **OK**, the form is deleted from the list in the Forms pane. The warning dialog does not allow you to reverse the decision to remove the form.

Workaround: Only remove forms from the Text Translation field of the update to ensure you can reverse the remove form action.

Some scroll bars do not work in XP

In the controls listed below, the vertical and horizontal scroll bars do not work when running the application in Windows XP:

- Desktop Summary — Alerts/Flags list
- Desktop Summary — Documents list
- Desktop Documents — Documents list
- Desktop Alert/Flags — Alerts/Flags list
- Chart Documents — Document list

Workaround: You can scroll by using the mouse wheel or by using arrow keys.

Application error occurs while attempting to Search a Group when a Userid@domain is used for the login name

An application error occurs if you attempt to Search a Group when a Userid@domain is used for the login name.

Workaround: None at this time.

Application error occurs while attempting to Search a User when a Userid@domain is used for the login name

An application error occurs if you attempt to Search a User when a Userid@domain is used for the login name.

Workaround: None at this time.

Users are unable to log in to CPS when the Login ID contains a space in the Active Directory environment

Users are unable to log in to CPS when the Login ID contains a space in the Active Directory environment. An error message appears stating that the user does not exist in Active Directory.

Workaround: None at this time.

Troubleshooting

Application logout process changes

Modifications to the application architecture changed logout behavior so that an application logout (gold key) does not change the session state and will not clear an exception error.

If you encounter an exception error during your workflow:

- 1 Click **X** in the upper right corner of the window to close down the application.
- 2 Wait at least 3 seconds, and then log back into the application.

If you continue to experience exception errors:

- 1 Click **X** in the upper right corner of the window to close down the application.
- 2 Reboot your workstation.
- 3 Log back into the application.

Support for single CPU configuration

To assist in debugging the application, you can configure the client application to use a single CPU on hyper-threaded and multi-core workstations.

Configure the application for a single CPU

- 1 Go to the application client folder (default location is **C:\Program Files\Centricity Practice Solution 100\Client**).
- 2 Open the **emr.ini** file in a text editor.
- 3 In the [Logician Private] section, set **UseMultipleCPU=0**.
- 4 Save the file.
- 5 Start the client application and log in.
- 6 Open the **Windows Task Manager**.
- 7 From the **Processes** tab, search for and right-click the **CPOPM06.exe** process.
- 8 Select **Set Affinity**.
- 9 In the Processor Affinity window, verify that one CPU is checked.

Use Reset CPS Process after a system crash

If the application experiences a system crash or exception, GE recommends restarting the application at least once.

If the issue persists, use **Reset CPS Process** available from the Start menu to completely shut down the application and all associated processes. This feature offers a fast, easy way to end application processes without opening the Windows Task Manager.

Use Reset CPS Process tool

- 1 From the Start Menu, go to **Programs > Centricity Practice Solution 100 > Reset CPS Process**.

The utility window lists all processes to be shut down by Reset CPS Process.

- 2 Click any key to complete the shut down process.

Scripts to check and rebuild aggregate tables

Centricity Practice Solution stores financial information in both dynamic (live) tables and aggregate (pre-calculated) tables. Aggregate tables in certain areas of the product help provide financial information faster. If you encounter a problem in which aggregate financial values do not match live values in your system, you can rebuild the aggregate tables using the SQL script

FixAggregates.inf. from Server Setup to rebuild the aggregate tables.

!!! To run scripts, in Server Setup go to **Advanced Server Setup Options > Utilities > Run Script File**. Click F1 for detailed instructions in online help.

Only a qualified database administrator or GE Support Engineer should run scripts against the database.

Confirm out-of-balance rows first

Since script run time varies considerably, first confirm the presence of out-of-balance rows in the aggregate tables by running stored procedure **tsValidateAggregates**. If none are found, do not run the FixAggregates.inf script.



Even when aggregate tables are out of balance with live values, the financial integrity of your system is not in question.

Access product updates and services

To download service packs, KnowledgeBase updates, or factory observation terms, go to the Centricity Practice Solution Web site at <http://centricitypractice.gehealthcare.com>. On the Web site, you'll also find release publications, Support contact information, and links to EDI plug-ins and training. To contact Support by phone, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller (VAR) Send email to centricitypmservices@ge.com.

Sign up for email announcements

To receive email announcements of new service packs, product alerts, maintenance reminders, tips and tricks, subscribe to the Centricity Practice Services mailing list. All GE customers can receive this free Listserve.

To sign up, send email to centricitypmservices@ge.com. Include your name, your company name, address, and phone number in the body of the message.

Documentation survey

Help us improve our customer documentation. All responses are confidential. A brief documentation survey is available at:

<http://supportcentral.ge.com/esurvey/takesurvey.asp?p=17778&d=269237>

Revision history

Date	Description
August 2011 DOC00876530 Rev 5	Update for Important Product Notifications and Known issues
July 2011 DOC00876530 Rev 4	Centricity Practice Solution 10.0 general release version
