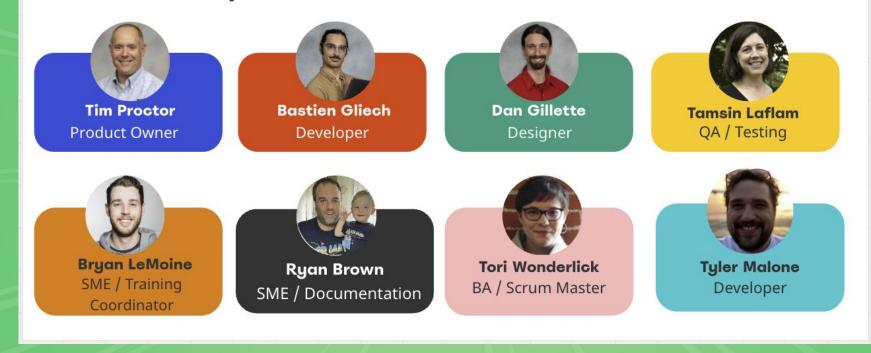
Featuring and His Minions

Tim Proctor, Dan Gillette, Tori Wonderlick, Bastien Gliech



Forms Development Team





Session Goals

1. Introduction to EHR Forms features

- 2. Highlight new forms features recently released
- 3. Start planning to migrate to the EHR Forms tool









Is your practice using the new EHR Forms Tool?



Click **Present with Slido** or install our <u>Chrome extension</u> to activate this poll while presenting.

You Can Control the Destiny of Your Forms









Enhanced ability to add free text to form

| Generate Form - Patient Note | | × |
|------------------------------|--------|----------|
| Note: | | |
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| Note: | | |
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| | Cancel | Generate |



| | Signature |
|---|---|
| | None |
| | 03/16/2023 |
| | 07/11/2024 |
| Topeka Pediatrics, P.A. 6750 SW 29th Street Suite B | Please type the rest of the body of the letter in this box. |
| 6/50 SW 29th Street Suite B Topeka, KS 66614 (785) 273-4165 | Please note that you were on an automated rebilling payment plan with our office. Your payment failed on 6/1/24 and 7/1/24. Your account is now past due. If we do not receive the balance in full by 8/1/24, your account will be turned over to collections. |
| 7/11/2024 | |
| b Whom It May Concern, | |
| hn-Topeka Canning (DOB: 05/01/10) is a patient of our practice. | |
| lease note that you were on an automated rebilling payment plan with our office. Your ayment failed on 6/1/24 and 7/1/24. Your account is now past due. If we do not receive ne balance in full by 8/1/24, your account will be turned over to collections. | |
| incerely, | |
| | v |
| | Convert Convert |



Signature Management!

Encounter Variables!

| 💠 Forms Config | guration | - 🗆 × | Generate Form - BG Encounter Form | × |
|----------------|--------------------------------|--|---|---|
| Forms H | eader Configuration Signatures | | | |
| Signatu | re Image Configuration - K | athleen W. Gomez, M.D. | Encounter | |
| Signature | Image Show Gmz | Generation Permissions Unrestricted All users are allowed to generate the signature image on forms. Edit | 06/18/22 Mark Williams, M.D. Protocol: * 09/04/22 Mark Williams, M.D. Med Review 06/21/22 Lizabeth Mary Casey, MD Sick - Bright Futures Height: 140 cm (55.12 in) Weight: 40 kg (88 lbs 3 oz) | |
| Providers | Provider | Search Filter: | Blood Pressure: 120/52 s/d Pulse: 88 bpm Best. PCC Pediatric Test Associates | |
| ~ | James Davidson, Jr. M.D. | Unrestricted: all users allowed | | |
| × | Kathleen W. Gomez. M.D. | Unrestricted: all users allowed | | |
| ~ | Fred Jones, M.D. | Allow List: 4 users allowed | | |
| ~ | Leonard McCoy, MD | Block List: 2 users prevented | and co much more | |
| | Test ProviderEight, M.D. | N/A | and so much more | |
| | Test ProviderEleven M.D. | N/A Close | | |





Migration Process

- PCC support will help you migrate your existing forms
- Some forms will remain as .pdfs. Some may need to be rebuilt in the configuration tool

Read about the forms migration process on Learn: https://learn.pcc.com/help/forms-migration/





This form should be maintained by the healthcare provider completing the physical axam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a liceased physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardica Assessment Professional Development module Hosted by the New Jersy Department of Zducation.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Date of birth:

PHYSICIAN REMINDERS

Name:

- Consider additional questions on more-sensitive issues.
 Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried clagarettes, e-clagarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, shuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION

| Height: | | | | Weight: | | | | | | | | | | | | | | |
|---|---|----------|---------|----------------|----------|---------|------------|-------------|---------|-------------|--------|----------|-------|------|---------|--------|----------|-------|
| BP: / | (| 1 |) | Pulse: | | | Vision: | R 20/ | | L 20/ | _ | Correc | ted: | ΟY | | | | _ |
| COVID-19 VAG | and the second se | | | | | | | | | | | | | | | | | |
| Previously recei | | | | | | | | | | | | | | | | | | |
| Administered C | OVID- | 19 va | ccine | at this visit: | ΠY | | If yes: | First do | ose 🗆 S | econd dos | se 🗆 🕯 | Third do | ose E | Boo | ster de | ute(s) | | |
| MEDICAL | | | | | | | | | | | | | NO | RMAL | AB | NORMA | L FINDIN | IGS |
| Appearance Marfan stig myopia, mit | | | | | | | | cavatum, a | rachnoo | lactyly, hy | perlax | ity, | | | | | | |
| Eyes, ears, nose Pupils equal Hearing | | hroat | | | | | | | | | | | | | | | | |
| Lymph nodes | | | | | | | | | | | | | | | | | | |
| • Murmurs (a | uscultat | ion st | andin | g, ausculta | ion sup | ine, an | d ± Vals | alva mane | uver) | | | | | | | | | |
| Lungs | | | | | | | | | | | | | | | | | | |
| Abdomen | | | | | | | | | | | | | | | | | | |
| Herpes simp tinea corport | | us (HS | 5V), le | sions sugge | stive of | methic | illin-resi | stant Staph | ylococc | us aureus | (MRS/ | A), or | | | | | | |
| Neurological | | | | | | | | | | | | | | | | | | |
| MUSCULOSKE | LETAL | | | | | | | | | | | | NC | RMAL | AB | NORMA | L FINDIN | IGS |
| Neck | | | | | | | | | | | | | | | | | | |
| Back | | | | | | | | | | | | | | | | | | |
| Shoulder and a | rm | | | | | | | | | | | | | | | | | |
| Elbow and fore | arm | | | | | | | | | | | | | | | | | |
| Wrist, hand, ar | nd finge | rs | | | | | | | | | | | | | | | | |
| Hip and thigh | | | | | | | | | | | | | | | | | | |
| Knee | | | | | | | | | | | | 2 | | | | | | |
| Leg and ankle | | | | | | | | | | | | | | | | | | |
| Foot and toes | | | | | | | | | | | | | | | | | | |
| Double-leg | squat te | est, sir | ngle-le | eg squat tes | t, and b | ox dro | p or step | o drop test | | | | | | | | | | |
| Consider electro nation of those. Name of health of Address: | care pre | ofessi | | print or typ | e): | | | | 0 | | | | | D | ate: | | | |
| | | | | | | | | | | | | | | _ | _ | | | or PA |

C Your b

BALANCED MEALS

Healthy Tips for a Healthy Lifestyle

A portion size is approximately the size of a person's palm of hand, so

try to eat maximum 1 palm size of 1 food per day. Too much of 1 food

CLOSE

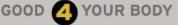
1 PORTION OF 1 FOOD

may not give all the nutrients a body needs.

Your body needs the right mix of foods in the right amounts to get all the nutrients it needs. Use the healthy plate guide to make good meal choices. Half the plate should be vegetables and/or fruit, 1/4 the plate protein, 1/4 the plate whole grains. Also eat home cooked food as often as possible to be healthier.







NATURE

Choose foods that are closer 2 nature and not highly processed.

Highly processed food is generally food that is made in a factory and has multiple ingredients. Less processed foods are foods that

have no ingredient list or less than 5 ingredients.

You only get 1 body, so you have to take care of it and choose what is good 4 it! This includes at least 1 hour of activity per day, such as walking, bicycling, and playing! Also spend less than 2 hours a day in front of a screen for entertainment.

VEGETABLES AND FRUIT

Plant-based foods are some of the healthiest foods. They have many nutrients for your body, so eat at least 5 servings a day! An easy way is to eat at least 1 vegetable or fruit with each of 3 meals and 2 snacks per day.



LIMIT SUGAR TO 6 TEASPOONS

Sugar in high amounts is unhealthy. Have maximum of 6 teaspoons of added sugar a day. Food labels use grams: 1 teaspoon=4 grams of sugar, so maximum amount per day equals 24 grams of added sugar. Choose foods and beverages with low added sugar.

created by Carissa Stanton, MD, FAAP









Topeka Pediatrics, P.A.

6750 SW 29th Street Suite B Topeka, KS 66614 (785) 273-4165

Additional Resources

Food

Harvester's Distributions https://www.harvesters.org/get-food-assistance/food-locator Kitchen (prepared meals that are served), Pantry, and Drive Thrus Blessing Boxes https://www.beetheblessing.org/ Let's Help https://letshelpinc.org/services-we-offer/ M-F 11:30am-1pm; 2nd and 4th Saturdays 9:30am-10:30am

Housing

Topeka Housing Authority <u>https://www.tha.gov/programs/</u> Topeka Rescue Mission <u>https://www.trmonline.org/</u> Cornerstone of Topeka, Inc. <u>https://cornerstoneoftopeka.org/programs</u>

By referral only, TRM, schools, churches, TARC, Let's Help, DCF, Valeo, KVC YWCA NE Kansas <u>https://www.ywcaneks.org/who-we-are/how-to-find-us/</u> Let's Help Comprehensive Emergency Services can help with Rent payments <u>https://</u> <u>letshelpinc.org/services-we-offer/</u>

Utilities

Let's Help, can help with utility payments <u>https://letshelpinc.org/services-we-offer/</u> Evergy: <u>https://www.evergy.com/Manage-Account/Billing/Financial-Help#help</u>

Low Income Energy Assistance, Earned Income Tax Credit, Project DESERVE Kansas Gas: <u>https://www.kansasgasservice.com/save-money/assistance-programs</u>

2-1-1 Program (United Way), Share the Warmth, LIEAP (Low Income Energy Assitance Program)

City of Topeka Water Franchise Fee Credit Program: <u>https://crcnet.org/franchise-feecredit-program/</u>

Transportation

To and From Drs Appts: Can call the transportation number on back of Medicaid card and schedule ride

Topeka Pediatrics, P.A. 6750 SW 29th Street Suite B

750 SW 29th Street Suite B Topeka, KS 66614 (785) 273-4165

11 July 2024

Jane (topeka) Canning 20 Winooski Way Winooski, VT 05404

Dear Jane (topeka),

Your insurance company, Blue Cross Blue Shield, has withheld payment for Tim's visits on 6/1/24. The claim has been processed as personal responsbility, but can be fixed by calling Blue Cross Blue Shield and updating your coordination of benefits. Normally this is by contacting your insurance company's other party liability department. Your insurance wants to verify what coverages you have. We only have Blue Cross Blue Shield on file for your family and this claim was submitted with BCBS as primary.

Once you have called and verified your information, they should reprocess the claim and you should see an updated explanation of benefits from your insurance company. This can sometimes take up to 30 business days to see a correction. We've enclosed a statement and EOB for your convenience. Please let us know if you have any questions.

Sincerely,

Brenna Zimmerman Office Manager Topeka Pediatrics, PA



Are you ready to migrate?

With the 10.0 release, you no longer need to use patient forms to...

- Generate a personal bill
- <u>Check insurance eligibility for a single patient</u>





Let's See It In Action











What is holding you back on using the new EHR Forms tool?



Click **Present with Slido** or install our <u>Chrome extension</u> to activate this poll while presenting.

Session Takeaways

- 1. Realize how forms can benefit your practice and workflow
- 2. Discover new functionality you may not have implemented
- 3. Know how to make forms look the way you want them to





Come Build-Your-Own Forms

Join us tomorrow (7/18) from 2:30 - 3:30 to experiment with the Form Configuration Tool





References

- Migrating to the New Forms Solution in PCC EHR
- Create and Manage Forms in PCC EHR
- <u>Configure Provider Signatures for Patient Forms</u>





What Questions Do You Have?



