



Training

Autofinish

Pharmacy Informatics Training

March 2016

The Indian Health Service
Office of Information Technology



Objectives

- Describe the Utility of Autofinish
- Discuss Pre-Configuration Considerations
- Highlight Steps to Configure Autofinish
- Demo Autofinish Printing Process from EHR

What is Autofinish (AF)?

- Background process designed to automatically activate a prescription in RPMS/EHR
- Does not require intervention from in-house pharmacy staff
 - *ONLY if sites have well optimized & maintained drug file*
- Primarily used on **prescriptions** that will be processed outside of the I/T/U clinic setting
 - *Don't forget it can also be used on in-house **orders***

Autofinish Functionality

- Print
 - Prescriptions that will be faxed or carried to an outside pharmacy to be processed
 - Orders for in-house pharmacy documentation (i.e. Controlled Substances requiring wet sig)
- eRx (outside of facility)
 - Facilitates the activation of a prescription in EHR so it can be electronically transmitted to outside pharmacies on the Surescripts Network (eRx) for processing.

How Does Autofinish Benefit my Site?

- Allows sites to comply with state & federal prescription formatting regulations when printing from EHR
- Provides order checking on medications that will be processed outside of clinic before patient gets a copy of the final Rx
- Minimizes transcription errors by allowing prescriber to print or eRx to outside pharmacies vs forcing them to hand write a separate (but duplicate) prescription

Why Should I Configure Autofinish?

Why not?

Formats are smarter...

Easier to format than older print format options...

Multiple formats vs one standard...

Older formats may eventually go away...

Pre-Configuration Considerations

Facility Layout

- Centralized printing or local printing?
 - Know the names of the printer that you are sending to
- **Secure printers**
 - Especially if using tamper proof paper
 - Lock up when not in use or remove paper
 - Verify that it is monitored at all times when in use to prevent HIPAA violation
- Printer
 - Multiple printers that you will default for CII vs non- CII prescriptions
 - Dual trays for printing plain and tamper proof

State Requirements

- State Rx format requirements
 - Varies from state to state
- Paper requirements
 - Regular paper vs tamper proof paper
 - Size of paper
- Scripts per page requirements
 - Single page prescriptions
 - Multiple prescriptions per page

Pre-Configuration Considerations

Cont...

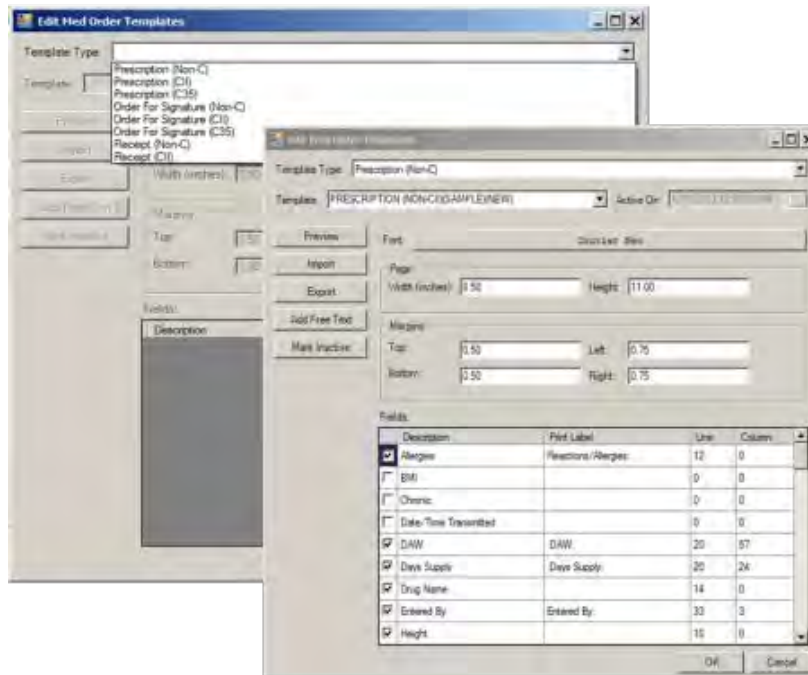
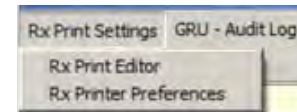
Autofinish Print Options

- Allergies
- BMI
- Chronic
- Date/Time Transmitted
- DAW
- Days Supply
- Drug Name
- Entered By
- Height
- Ind Code
- Ind Text
- Institution Name
- Institution Address
- Institution City
- Institution State
- Institution Zip
- Institution Fax
- Institution Phone
- Instruct
- Issue Date
- Rx Ref#
- Notes to Pharmacist
- Order ID
- Order Location
- Patient DOB
- Patient Gender
- Patient HRN
- Patient Last 4
- Patient Name
- Patient Phone #
- Patient Address 1
- Patient Address 2
- Patient Address 3
- Patient City
- Patient State
- Patient Zip Code
- Pharmacy Name
- Pharmacy Address 1
- Pharmacy City
- Pharmacy State
- Pharmacy Zip
- Pharmacy Phone
- Pharmacy Site
- Print Date/Time
- Provider
- Provider DEA#
- Provider Electronic Signature
- Provider Title
- Provider Fax #
- Provider NPI
- Provider Phone #
- Quantity
- Dispense Units
- Refills
- Rx Norm
- Transmitted Drug Name
- Weight
- C2Msg
- Supervisor
- Free Text

Autofinish Configuration (1)

Step 1: Obtain access to EHR GUI menu options

- RX Print Format Editor
- RX Printer Preferences Editor
- EHR Required Services:
 - BEH RX Generator Service Active



Autofinish Configuration (2)

Step 2: Preview Rx Templates and then make a back-up of the template before you start to configure the site-specific template.

Sample Template (Preview)

CVS
123 HOSPITAL LANE
HOSPITALITY, MA 00001
Phone: 555-330-2020 Fax: 888-555-1928
Issue Date: 24 Mar 2011

JEURGENSEN, SVEN Sex: Male DOB: 10 Aug 1982
10 Pinegrove Ave Suite 210 Last 4 SSN: XXX-XX-1234
Allentown, PA 12345 Phone: 888-555-6789

HT: 57.00 in [144.78 cm] on 04/13/2011
WT: 145.00 lb [65.83 kg] on 04/13/2011
Reactions/Allergies: None

IBUPROFEN 400MG TAB Rx Norm: 321987
TAKE ONE DAILY

ATTN Pharmacist: Take with water.

Qty: 12 (twelve) ML Days Supply: 12 RF: 2 DAW: No

Indication: 250.00 DIABETES

Pharmacy may adjust quantity to match days supply.

Signature of Prescriber: _____
Supervisor: _____

JOHANSON, LUFT MD NPI: 3392010021
Phone: 888.555.4321 Fax: 888.555.1234

Entered By: USER, DEMO Printed: 07:00 12 Mar 2011

Template Configuration Fields

| Description | Print Label | Line | Column |
|-----------------------|----------------------|------|--------|
| Allergies | Reactions/Allergies: | 12 | 0 |
| BMI | | 0 | 0 |
| Chronic | | 0 | 0 |
| Date/Time Transmitted | | 0 | 0 |
| DAW | DAW | 20 | 57 |
| Days Supply | Days Supply: | 20 | 24 |
| Drug Name | | 14 | 0 |
| Entered By | Entered By: | 33 | 3 |
| Height | | 10 | 0 |
| Ind Code | Indication: | 22 | 0 |
| Ind Text | | 22 | 20 |
| Institution Name | | 0 | 29 |
| Institution Address | | 0 | 30 |
| Institution City | | 2 | 23 |
| Institution State | | 2 | 27 |
| Institution Zip | | 2 | 30 |
| Institution Fax | Fax: | 3 | 42 |
| Institution Phone | Phone: | 3 | 19 |
| Instruct | | 15 | 2 |
| Issue Date | Issue Date: | 4 | 53 |
| Rx Ref# | | 0 | 0 |
| Notes to Pharmacist | ATTN Pharmacist: | 18 | 0 |
| Order ID | | 0 | 0 |
| Order Location | | 0 | 0 |
| Patient DOB | DOB: | 6 | 50 |
| Patient Gender | Sex: | 6 | 33 |
| Patient HRN | | 0 | 0 |

Autofinish Configuration (3)

Step 3: Once the back-up sample templates are complete start configuring the template for site needs. Use the preview option to verify the template aligns with requirements.

| Description | Print Label | Line | Column |
|-------------------------------|--------------------------|------|--------|
| Notes to Pharmacist | ATTN Pharmacist: | 18 | 0 |
| Order ID | | 0 | 0 |
| Order Location | | 0 | 0 |
| Patient DOB | DOB: | 6 | 50 |
| Patient Gender | Sex: | 6 | 33 |
| Patient HRN | | 0 | 0 |
| Patient Last 4 | Last 4 SSN: | 7 | 50 |
| Patient Name | | 6 | 0 |
| Patient Phone # | Phone: | 8 | 50 |
| Patient Address 1 | | 7 | 0 |
| Patient Address 2 | | 7 | 3 |
| Patient Address 3 | | 0 | 0 |
| Patient City | | 8 | 0 |
| Patient State | | 8 | 3 |
| Patient Zip Code | | 8 | 8 |
| Pharmacy Name | | 0 | 0 |
| Pharmacy Address 1 | | 0 | 0 |
| Pharmacy City | | 0 | 0 |
| Pharmacy State | | 0 | 0 |
| Pharmacy Zip | | 0 | 0 |
| Pharmacy Phone | | 0 | 0 |
| Pharmacy Site | | 0 | 0 |
| Print Date/Time | Printed: | 33 | 40 |
| Provider | | 30 | 27 |
| Provider DEA# | | 0 | 0 |
| Provider Electronic Signature | | 0 | 0 |
| Provider Title | | 30 | 27 |
| Provider Fax # | Fax: | 31 | 50 |
| Provider NPI | NPI: | 30 | 49 |
| Provider Phone # | Phone: | 31 | 27 |
| Quantity | Qty: | 20 | 0 |
| Dispense Units | | 20 | 3 |
| Refills | RF: | 20 | 44 |
| Rx Norm | Rx Norm: | 14 | 50 |
| Transmitted Drug Name | | 0 | 0 |
| Weight | | 11 | 0 |
| C2Msg | | 0 | 0 |
| Supervisor | Supervisor: | 29 | 0 |
| Free Text | Signature of Prescriber: | 28 | 0 |

Final Prescription Format

| | |
|--|---------------------------------------|
| DEMO INDIAN HOSPITAL 5300 HOMESTEAD E ALBUQUERQUE , OKLAHOMA 87110-1447 Phone: 505-321-2254 Fax: 5051234567 | |
| Issue Date: 16 Apr 2013 | |
| Patient Name: DEMO,JOHN | Sex: MALE |
| Patient Address: 11223 BOX STREET, A 2 | DOB: 01 Dec 2008 |
| ABQ , 87106 | Last 4 SSN: XXX-XX-1123 |
| | Pt Phone #: 505-123-1234 |
| Allergies: PENICILLIN, LISINOPRIL, BEE VENOM, IBUPROFEN | |
| HT: 20.00 in [50.80 cm] on 12/18/2011 WT: 22.05 lb [10.01 kg] on 12/18/2011 | |
| PREDNISONE 20MG TAB Rx Norm: TAKE THREE (3) TABLETS BY MOUTH DAILY FOR 3 DAYS, THEN TAKE TWO (2) TABLETS DAILY FOR 3 DAYS, THEN TAKE ONE (1) TABLET DAILY FOR 3 DAYS FOR ASTHMA | |
| Quantity: 18(Eighteen) TABDays' Supply: 18 Refills: 0 DAW: No | |
| Indication: 493.02 Extrinsic asthma, with (Acute) Exacerbation | |
| Pharmacy may adjust quantity to match days supply. | |
| Provider: MOORE,LORI | PHARM/CAC |
| NPI: 1437152345 | Phone: 5053213654 Fax: 5053216547 |
| Signature of Prescriber: _____ | |
| Electronic Signature: /ES/ LORI MOORE | |
| Entered By: MOORE,LORI | Print Date/Time: 4/16/2013 5:47:03 PM |

Autofinish Configuration (4)

Step 4: Return to RPMS and configure RPMS/EHR parameters

- BEHORX PRINT LABEL
- BEHORX PRINT SCRIPT
- BEHORX PRINT SCRIPT MAX
- BEHORX PRINT FORMATS
- BEHORX PRINT FORMAT TYPE
- BEHORX PRINT DEFAULT
- BEHORX PROMPT PRINT
- BEHORX AUTO-RECEIPT

Step 5: Enable Autofinish in the pharmacy package

- APSP control file
 - Auto Released Rx Enabled

Computer Physician Order Entry (CPOE)

Choose Outside Pharmacy
– Print as Pick Up location

The screenshot shows a 'Medication Order' window with the following details:

- Medication:** PSEUDOEPHEDRINE/TRIPROLDINE TAB
- Patient Info:** Pt Wt on 11/10/2008, 196 lb (88.9 kg)
- Dosage:** 1 TABLET PSEUDO 60/TRIPROLDINE 2.5MG TAB
- Route:** ORAL (selected from a list including BY MOUTH, ORAL)
- Schedule:** QID (selected from a list including Q3H, Q46H, Q4H, Q6H, Q72H, Q8H, QAM, QDAY, QHS, QID)
- Instructions:** AS NEEDED FOR ALLERGIES AND CONGESTION
- Days Supply:** 10
- Qty (TA...):** 24
- Refills:** 0
- Clinical Indication:** Rhinitis I 472.0
- Pick Up:** Outside Pharmacy - Print
- Priority:** ROUTINE
- Notes to Pharmacist:** PSEUDOEPHEDRINE/TRIPROLDINE TAB
TAKE ONE (1) TABLET PSEUDO 60/TRIPROLDINE 2.5MG TAB BY MOUTH FOUR TIMES A DAY
AS NEEDED FOR ALLERGIES AND CONGESTION
Quantity: 24 Days: 10 Refills: 0 *Chronic Med: NO Dispense as Written: NO Indication: Rhinitis I
- Buttons:** ADR's, Accept Order, Quit

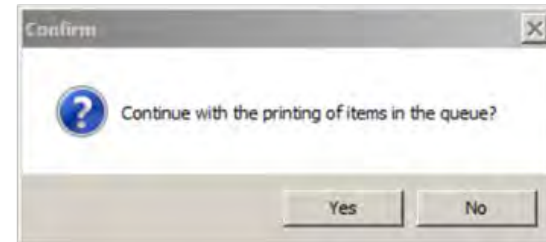
EHR Printing p14

- Note New Print Button
 - Renamed
 - Shows number of items to be printed

The screenshot shows the EHR interface for a patient's medications. The top navigation bar includes tabs for 'Problem List', 'Nds Rvw'd', and 'Medications'. The 'Medications' tab is active, and a green button with a printer icon and the number '2' is visible, indicating two items are ready for printing. Below the navigation bar, the 'Outpatient Medications' section is displayed with a table of active medications.

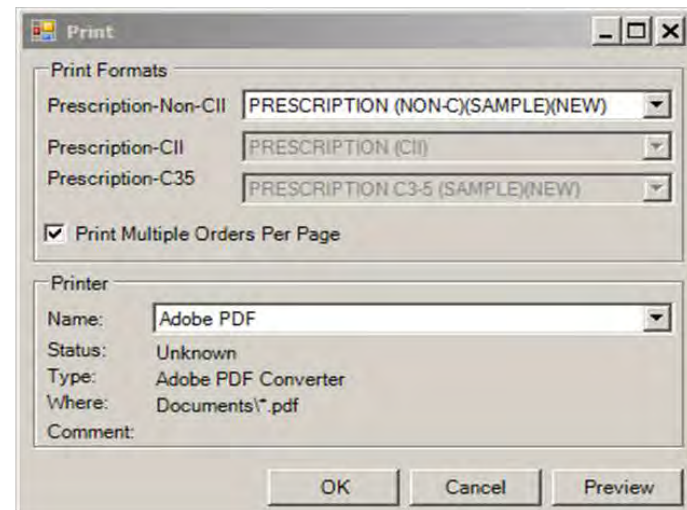
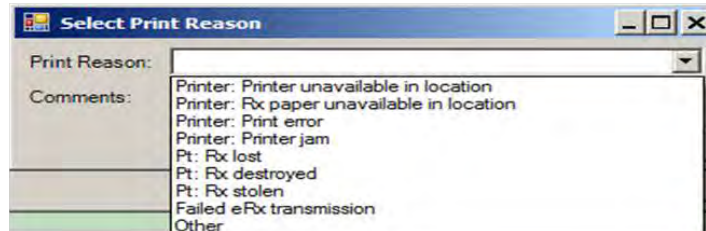
| Action | Chronic | Outpatient Medications | Status | Process | Issued | Last Filled | Expires | Refills Remaining | Rx # | Provider |
|-------------------------------------|-------------------------------------|---|--------|---------|-------------|-------------|-------------|-------------------|----------|---------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CAPTOPRIL 25MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY | Active | | 15-Jun-2015 | 15-Jun-2015 | 15-Jun-2016 | 11 | X1417... | JOHNSON,KATIE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DOXAZOSIN MESYLATE 2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING | Active | | 15-Jun-2015 | 15-Jun-2015 | 15-Jun-2016 | 11 | X1417... | JOHNSON,KATIE |

EHR Printing Workflow



Note: EHRp14 new ability to individually select or deselect print items.

EHR Re-Printing Workflow



Final Prescription Order

DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH
El Pueblo Reina de Los Angeles, COLORADO 87110
Phone: 5719212122 Fax: 5051234567

Issue Date: 06 May 2014

Patient Name: DEMO, JOHN Sex: Male DOB: 01 Dec 2003
Patient Address: 11223 BOX STREET, A 2 Last 4 SSN: XXX-XX-1123
ABQ , NEW MEXICO 87106 Pt Phone #: 505-123-1234
Allergies: PENICILLIN, LISINOPRIL, BEE VENOM, IBUPROFEN

HT: 20.00 in [50.80 cm] on 12/18/2011 WT: 22.05 lb [10.01 kg] on 12/18/2011

CLOPIDOGREL BISULFATE 75 MG TAB
TAKE ONE (1) TABLET BY MOUTH DAILY TO THIN BLOOD

Quantity: 30(Thirty) TABDays' Supply: 30 Refills: 11 DAW: Yes

Indication: 434.91 Stroke
Pharmacy may adjust quantity to match days supply.

Provider: MOORE, LORI PHARM/CAC
NPI: 1437152345 Phone: 5719212123 Fax: 5053216547

Signature of Prescriber: _____
Electronic Signature: /ES/ LORI MOORE

Entered By: MOORE, LORI

Print Date/Time: 5/6/2014 10:56:26 AM

Activity Log to Track Printing

Activity Log

| # | Date | Reason | Rx Ref | Initiator of Activity |
|---|----------|-----------------|------------|-----------------------|
| 1 | 05/06/14 | PT INST | | |
| Comments: Patient Instructions Sent By Provider. | | | | |
| 2 | 05/06/14 | PROCESSED | MOORE,LORI | MOORE,LORI |
| Comments: Autofinished RX for external fill | | | | |
| 3 | 05/06/14 | PROCESSED | MOORE,LORI | MOORE,LORI |
| Device: Adobe PDF | | Type: PRINTED | | |
| Comments: Prescription printed on Adobe PDF. | | | | |
| 4 | 05/06/14 | PROCESSED | MOORE,LORI | MOORE,LORI |
| Device: Adobe PDF | | Type: REPRINTED | | |
| Comments: Print Reason: Printer: Rx paper unavailable in location, Comment: REPRINT | | | | |

Common Issues

- Printer must be a Windows printer
 - Each user profile must have access to it
 - PC vs Terminal Servers vs Citrix vs RDP etc
- Comments box changed to Note to Pharmacist
- Consider spacing/formatting
- Can share templates

Questions?