

Objective 4: Secure Messaging

- **DENOMINATOR:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.
- **NUMERATOR:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using certified EHR technology.
- **EXCLUSION:** Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period; or any EP does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

How to record in iSmart EHR.

1. Edit Chart Record. Search 'eRx' section. Click 'Add/Manage Rx' button.

Medication	Signed Date	Actions
Caltrate + D3 Plus Minerals (ca carb-d3-mag ox-cop-mang-zn) 300 mg-800 unit-25 mg-0.5 mg tablet	09/09/2016	
Lopid (gemfibrozil) 600 mg tablet	09/09/2016	
Betadine Swabsticks (povidone-iodine) 10% swab	09/09/2016	

[Add/Manage Rx](#) [Refresh](#)

2. Find out a Pharmacy you need. Note, it's possible to make a prescription both through 'Prescribe a Medication' box and 'Medications' box (in case a drug has been already added).

Click 'Prescribe' in the 'Medications' box.

RX - DRUG INTERACTION ALERTS, ALLERGY ALERTS AND DRUG-DIAGNOSIS ALERTS ARE GENERATED BY OUR PARTNER DRFIRST! [Done](#)

Location: Test Practice User: WCH Provider

Patient: Jason Miles DOB: 09/13/1959 Sex: Male Height: 183 cm Weight: 79 kg BSA: [Show Patient Encounters]

Phone: [Last Encountered: 08/31/2015] [Encounter Today] [Transition of Case: [TOC Today]]

Pharmacy: 5th Avenue Pharmacy Inc (R) (E) - 4818 5th Ave, Brooklyn, NY [View] [Change]

Formulary: Not entered [Add] Patient Consent For MedHx Yes No [Show Activity]

Prescribe a Medication
Select Medication for Prescription
Name: [Find] [Category Search]
Favorites: [-Choose a Favorite-] [Use] [View/Edit]

Medications [Manage Medications]
View: [Detail] [Min] [Medication History] Actions: [Renew Selected] [Select All] [Select None] [Check Interactions for Selected] [Medications Reviewed]
Medication History is: Complete Unknown or Incomplete
 Amaryl (glimepiride) 4 mg tablet. Take 1 tablet by mouth every four hours after meals Disp. 6 R# #2 by WP
Actions: [Renew] [Prescribe] [Stop]

Pending prescriptions for this patient: None.

Note: In the case of a pharmacy-related fax machine failure, we will contact your practice and inform you that it is necessary to call in the prescription to the pharmacy directly. If your office is closed or it is after business hours, we will notify your answering service.

Current Allergies/Adverse Reactions [Manage Allergies] [Allergies Reviewed]
No known drug allergies (NKDA).

Problems [Manage Problems] [Problems Reviewed]
Problems Not Entered.

3. Enter/change data as needed in the following window. Click 'Continue'.

Enter Details - Oral/Topical Drugs

Provider: DEA Number: ZZ1234567

Pharmacy: [\[Change\]](#) [\[Remove\]](#) [Split Prescription](#)

Drug: **Amaryl (glimepiride) (U)**

Sig:

Duration: Patient Weight: kg (lb) [Show Dose Calculator](#)

Quantity:

Refills:

Directions to Pharmacist:

Directions to Patient:

Comments (For office use only; will not appear on prescription):

[Continue](#) [Change Drug](#) [Cancel](#)

4. 'Review Prescription' and If it's correct than click 'OK'.

Review Prescription

Please review your prescription for accuracy.

Pharmacy Selected: 5th Avenue Pharmacy Inc (4818 5th Ave Brooklyn NY) , Phone (718) 439-8585 , Fax (718) 439-8567

Stop medication on

WCH Provider, MD
3047 Avenue U, Brooklyn, NY 11229
Tel: (718) 934-6714 | Fax: (718) 934-5555
NPI: 2565855055 NY Lic. #: NY12345

Miles, Jason
Gender: M DOB: 09/13/1959
Stouns str, Denver, CO 96357

Rx
Amaryl (glimepiride) 4 mg tablet
Dispense **6**(six) tablet
Sig: Take 1 (one) tablet by mouth every four hours after meals
Be well
Duration: 1 days
Substitution permitted
HISAVINGS FOR NON-COVERED MEDICATIONS-For claims: BIN:003585
PCN:ASPROD1 Group:AME08 ID:DR25;
Questions: MedImpact (877)489-6402
Refills: **2**(two)

Patient Allergies: No Known Drug Allergies (NKDA)

[OK](#) [Back](#) [Cancel](#) [Add to Favorites](#)

5. Finally, enter you Signature Password and click 'Send' or 'Send and Print' button to send the prescription electronically. Once you perform the operation the window is refreshed, and prescription message becomes available. Click 'DONE' button in the top-right corner of the pop-up.

Care: ↔

Pharmacy: 5th Avenue Pharmacy Inc (R) (E) - 4818 5th Ave, Brooklyn, NY [View] [Change]

Formulary: Not entered [\[Add\]](#) Patient Consent For MedHx Yes No [\[Show Activity\]](#)

PatientAdvisor Patient Scorecard Patient Support Clinical Decision Support ▶▶

Prescription 1564550 for Amaryl (glimepiride) for Jason Miles was created.

Prescribe a Medication

Select Medication for Prescription

Name:

Favorites:

Medications [\[Manage Medications\]](#)

View: [\[Detail\]](#) [\[Mini\]](#) [\[Medication History\]](#) Actions: [\[Renew Selected\]](#) [\[Select All\]](#) [\[Select None\]](#) [\[Check Interactions for Selected\]](#)

Medication History is: Complete Unknown or Incomplete [\[Medications Reviewed\]](#)

Amaryl (glimepiride) 4 mg tablet : Take 1 tablet by mouth every four hours after meals Disp. 6 R# #2 by WP
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)

Pending prescriptions for this patient:

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
<input checked="" type="checkbox"/>	DEV-1564550	WP Jason Miles	08/31/2015	pending WARNING	Amaryl (glimepiride) 4 mg tablet	Take 1 tablet by mouth every four hours after meals -- Be well	6	2	Modify Delete Favor

Signature Password: ←

[Print Pharmacy](#) ←

Note: In the case of a pharmacy-related fax machine failure, we will contact your practice and inform you that it is necessary to call in the prescription to the pharmacy directly. If your office is closed or it is after business hours, we will notify your answering service.

Current Allergies/Adverse Reactions [\[Manage Allergies\]](#)

[\[Allergies Reviewed\]](#)

No known drug allergies (NKDA) .

Problems [\[Manage Problems\]](#)

[\[Problems Reviewed\]](#)

Problems Not Entered.