



## Internal Medicine

GlanceEMR has been designed to include and integrate the primary and specialty elements required for efficient clinical documentation and revenue capture associated with the Internal Medicine office.

CCHIT certified GlanceEMR incorporate the highest standards of clinical documentation and interoperability required in the marketplace today. The templates in this GlanceEMR specialty module were designed by Internists for Internists and incorporate the guidelines of the professional society.

### Highlights:

- Easy To Use, left to right flow with slide open / close folders. No pop-up windows.
- No Typing Required - Scribble Templates, Point and Click Templates or Dictation Enabled Templates.
- Flexible EMR System with Customizable Templates
- Preventive and Disease Management Modules.
- Clinical Decision Support Tools.
- Chronic Disease Management Templates.
- GlanceEMR System Recall. System remembers and prioritizes most frequently used phrases, drugs, diagnosis.
- Efficiently document phone calls from the patient, pharmacy, etc.
- Coumadin Tracking.
- N/C Electronic Lab Interface – submit and receive orders automatically.
- N/C E-Rx – Certified Surescripts® Solution Provider.
- Hospital and Nursing home billing capability.
- N/C Auto-messaging module. Ability to generate phone reminders or letter
- N/C Patient Portal
- N/C Mobile Application
- Revenue Management – Improve Charge Capture with Insurance Validation, E&M Calculator and Code Expert

### Reference Sites

[www.ACP.org](http://www.ACP.org)



# Disease Management

Health Maintenance Guidelines - Windows Internet Explorer

http://telemed.glenwood.com/CHITIM/jsq/Chart/reports/viewHMRGraph.Action?patientId=88DO6=11/16/2000&at.esg.yid=258&imgid=18&tblid=335&chartId=88&sex=m

Acc#: [redacted]    DOB: [redacted]    Age: [redacted]    Sex: Male    Ph#: [redacted]    Cell#: -  
 Pri. Ins.: MEDICARE    Pri. Ins. Id#: 982...    Pt. Bal.: \$ 0.00    Pt. Credits: \$ 0.00    Amt. Due: \$ 0.00    Pt. Copy: \$ 0.00

### Health Maintenance Guidelines

Initiated by: [redacted]    Initiated on: 06/18/2010    Onset date: 11/16/2000

Vaccination History    Generate Letter    Save References    Edit Alerts    Base Diagnosis    Refresh    Edit    Close

### Diabetes Mellitus

Enter results     Override test     Mark as done

Current due	Over due	Overriden Tests
<p><b>Diabetes Mellitus</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Random plasma-glucose <i>(From 1-100 year(s) every 3 month(s))</i></li> <li><input type="checkbox"/> Follow up Visits <i>(Above 0 year(s) every 3 month(s))</i></li> <li><input type="checkbox"/> Glycosylated hemoglobin HbA1c <i>(Above 0 year(s) every 3 month(s))</i></li> <li><input type="checkbox"/> Height/Weight/BMI <i>(Above 0 year(s) every 3 month(s))</i></li> <li><input type="checkbox"/> Blood Pressure recording <i>(Above 0 year(s) every 3 month(s))</i></li> <li><input type="checkbox"/> Dilated Eye Examination (Fundoscopy)</li> </ul>	<p>Fasting Lipid panel <i>(Above 0 year(s) every 9 month(s))</i></p>	<p>No details found</p>

Due in next 3 months    Due in next 6 months    Due after 6 months

Done    Internet    100%

# Clinical Decision Tools(Drug - Allergy Contradiction)

**Prescriptions**

Provider : \_\_\_\_\_  
 Pharmacy : \_\_\_\_\_  
 Weight : 154.32 lbs ( 70.15 kg )  
 Allergies : SULFAMETHOXAZOLE(Sulfonamide)

Prescription pad    Select Shortcut

**Rx**

- SULFAMETHOXAZOLE
  - Dx : \_\_\_\_\_
  - Notes : \_\_\_\_\_

**Interactions**

**Drug-Drug Interactions**  
No Drug-Drug Interactions found.

**Drug-Allergy Interactions**

Drug	Allergy	Adverse Reaction
SULFAMETHOXAZOLE	SULFAMETHOXAZOLE	-
SULFAMETHOXAZOLE	SULFONAMIDES	-

**Drug Disease Interactions**  
No Drug-Disease Interactions found.

Reason:

              

**Units**    **Refill**    **Status**

Formulary : Unknown    New

Co-pay : No

# Coumadin Log



**PHYSICIAN ENTERPRISE SOLUTIONS**  
 10000 W. 16th Ave., Suite 1000  
 Denver, CO 80202  
 (303) 755-1000

**Name :** [REDACTED]      **Account No. :** [REDACTED]      **DOB :** [REDACTED]  
**Gender :** Male      **Age :** [REDACTED]      **Home Phone No. :** [REDACTED]  
**Address :** [REDACTED]      **Primary Insurance :** [REDACTED]

## PT/INR Report

Date	Coumadin	PT	INR	Status	Comments	Scan
<input type="checkbox"/> 01/14/2010	4 mg	10	1.8	Normal	Results are normal.	<a href="#">Preview (0)</a>
<input type="checkbox"/> 12/10/2009	5 mg	12	2.4	Abnormal	Repeat test in a month.	<a href="#">Preview (0)</a>
<input type="checkbox"/> 11/12/2009	7.5 mg	15	3	Abnormal	Decrease Coumadin dosage.	<a href="#">Preview (0)</a>
<input type="checkbox"/> 11/05/2009	10 mg	20	3.6	Abnormal	Repeat test	<a href="#">Preview (0)</a>
<input type="checkbox"/> 10/29/2009	7.5 mg	15	2.0	Abnormal	Increase Coumadin dosage and repeat test in a week.	<a href="#">Preview (0)</a>
<input type="checkbox"/> 10/22/2009	5 mg	12	1.8	Normal	Increase Coumadin dosage.	<a href="#">Preview (0)</a>

# Hospital / Nursing Home Superbill

User:                      Logout

Roster Superbill(NH)

Place of Service: <All> Service Doctor:                      Seen After:            Seen Before: 6/18/2010  
 Date of Posting: 6/18/2010 Billing Doctor:                      CPT Select:           

Patient Information		Last Seen								Current Visit									
Patient Name	DOB	Primary Ins	DOS	CPT	DX1	DX2	DX3	DX4	Tiff	DOS	CPT	DX1	DX2	DX3	DX4	Mud1	Mud2	Tiff	
<input type="checkbox"/>		Medicare Part B of Kentucky	05/26/2010	99307	428.0	530.81				6/18/2010	99								X
<input type="checkbox"/>		Medicare Part B of Kentucky	05/26/2010	99307	401.9	300.00				6/18/2010	99								X
<input type="checkbox"/>		Medicaid of Kentucky	05/26/2010	99307	250.00	311				6/18/2010	99								X
<input type="checkbox"/>		HUMANA	07/10/2009							6/18/2010	99								X
<input type="checkbox"/>		KY MEDICARE	06/10/2010	99305	441.9					6/18/2010	99								X
<input type="checkbox"/>		Medicare Part B of Kentucky	01/10/2009							6/18/2010	99								X
<input type="checkbox"/>		Medicare Part B of Kentucky	09/02/2009							6/18/2010	99								X
<input type="checkbox"/>		BLUE CROSS BLUE SHIELD OF KY	05/26/2010	99307	434.91	592.0				6/18/2010	99								X
<input type="checkbox"/>		Medicare Part B of Kentucky	05/26/2010	99307	338.29	401.9	780.52			6/18/2010	99								X
<input type="checkbox"/>		Medicare Part B of Kentucky	05/26/2010	99307	401.9	427.31				6/18/2010	99								X

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