Topic: Cprs Version 28

Presenter: Jason Halsey, Cprs Developer

[Note: Mr. Halsey did not attend the conference in person, but joined the morning session via conference call.]

Mr. Halsey announced that cprs version 28 is currently in the final stages of testing, getting ready for release. He shared the following statistics:

Delphi source code: 57 mb
Executable size: 5.29 mb
435 routines
Interfaces with 28 vista applications

Mr. Halsey went on to discuss some of the new features of cprs 28

Clinical reminders order checks allow sites to create their own order checks using clinical reminders. This feature is a possible model for future national order checks. There are two areas of an order check setup: orderable item group, and rules.

Two new order check rules will be released with cprs 28: clinical reminder order checks production, and clinical reminder order checks testing. Each can be turned on or off.

Other new features support pharmacy re-engineering: removal of duplicate class order checks, addition of duplicate therapy order checks, addition of dosage order checks, and enhancements to drug interaction order checks.

In addition, the signature dialog has been improved, and the orders tab display updated.

Dosage order checks occur on acceptance of a medication order. Cprs performs three kinds of check: maximum single dose, maximum range dose, general dosing information. Exceptions and errors can also be displayed related to processing. All of these can be controlled by the settings.

Enhanced order checks: Drug-drug order checks include drug-drug interaction, duplicate therapy, and duplicate drug order (this last one is unchanged).

vbecs [Vista Blood Establishment Computer Software]—New dialog parameters show a diagnostic panel first, and a list of diagnostic tests. Providers can now customize and enter text.

Tools menu: menus are now nested so they take up less space.

Several patient safety issues have been addressed.

Lab status display: "Arrow" buttons now have text, and there have been other changes to the display.

An earliest appropriate date feature has been added to consult scheduling.

Mr. Halsey shared a to-do list for CPRS 29, including DEA ePrescribing of controlled substance Class II-V, copy/paste tracking functionality, and mental health primary provider.

Questions/Comments

Q: Users will need First DataBank for version 28?
A: If you disabled the drug interaction and therapy checks, you could run it without.

Q: The functional changes look useful and interesting. But when are you going to stop writing in Delphi?
A: As a developer myself, I'd love to move away from Delphi. There are no plans for it anytime soon, but they may be doing a project soon to test the waters for something more web-based.

Q: What version of Delphi?
A: 2006
Q: Will that be changing for [CPRS version] 29?
A: No, there's been no talk of that yet, and we'd have heard by now.

Nancy Anthracite of World VISTA outlined some concerns about First DataBank, which is quite expensive, in the neighborhood of $30,000 per year even to develop with. For users, it's $10,000 per year. World VISTA has been looking into other drug databases. There is one that is about $3,000 per year for developers, and charges per user for hospitals. One option is to extract the data out of the National Drug File and work to keep [the less expensive databases] up to date.

World VISTA has been working with the company that has the cheaper database for several years. They ran into problems with ePrescribing, but those may be resolved soon.

David Whitten added that First DataBank is a database developed by VA from the National Drug File and other sources. Order checks were written into the MUMPS code. With CPRS 28, it's being moved out of MUMPS and being run on web-based apps. The java code accesses the database as an SQL database; it's all completely outside of VISTA.

Q: The VA National Drug File has been harmonized with Rx Norm (per UMLS)?
A: One thing that VA has been working on is standardization.
Q: Is there a project team?
A: The issues about standardizing drugs is part of the reason VA is going with First DataBank, so they don't have to pay a bunch of people to keep the National Drug File up to date.
Q: Is there a specific point of contact on drug-naming?
A: The standardization effort involved attaching a VUID (VA unique identifier) to each item.
Q: But is there a specific person?
A: If I had to guess, Mike Lincoln; I think he's in Salt Lake, but he may be in Dallas. There have been shakeups; people are retiring. Don Lees may be involved as well, although I don't think he's a final decision-maker.

Q: So, where is the data going to live?
A: They are putting regional data centers together. There are some already: Sacramento; Arlington, Texas.

Q: So that data will live at the data centers, and will be updated?

A: Basically, they have a server that will be contacted by different VAs, and will be updated with software.