



ChartMaker[®] Medical Suite

Don't just computerize your charts
— *automate your entire practice.*

Gastroenterology Specialists

Designed to match the workflow process and needs of a typical GI office. ChartMaker® Clinical incorporates features designed to make your day go smoothly.

A female doctor with dark hair, wearing a white lab coat over a black top, is leaning over a patient. She is using a stethoscope to listen to the patient's back. The patient is lying down, and their back is exposed. The doctor's hands are visible as she holds the stethoscope. The background is plain white.

Patient Face Sheet

Chart	Edit	Tools	View	Insert	To-Do	Go	Note	Status	Original	Help	
Problem/Diagnosis List											
<ul style="list-style-type: none"> * ULCERATIVE COLITIS UNSPEC * GASTROESOPHAGEAL REFLUX * Screening for Tuberculosis 									09-14-10	09-14-10	04-21-10
Pre-existing diagnosis											
Medication List											
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Zantac 360 mg Tab Take 1 tablet orally Every 12 hours <input checked="" type="checkbox"/> Tums 500 mg Chewable Tab Take 1 tablet chewable orally Every 12 hours, Diagnosis: GASTROESOPHAGEAL REFLUX * Add medication 									09-14-10	09-14-10	09-14-10
Pre-Existing Meds											
Med. Note List											
Allergy List											
No Known Drug Allergies									09-14-10		
Patient's History List											
Surgical History List											
Family History List											
Recalls											
Patient Association											
Lab Procedure											
Test Procedure											
<input checked="" type="checkbox"/> BARIUM SWALLOW TEST ORDERED - Pending									09-14-10		
556 f (ULCERATIVE COLITIS UNSPEC)											
Image Procedure											
<input checked="" type="checkbox"/> Chest X-ray (PA & Lateral) - Pending									09-14-10		
556 f (ULCERATIVE COLITIS UNSPEC)											
New Section											

Prescribe Medication

Digoxin 125 mg Tab (To, Generic)

Prescription

Route: Oral

Dose: Elavil 125 mg Tab

Action: Take

Dose Unit: mg

Dose Rate: 1 tablet

Frequency: Continued

Doseform: 3000000

Substitution: Substitution OK

Refills: 3

Max Dose: 30

Send Notes: ☐

Medication

Patient	Medication	Status	Coverage	Copies	Copies Info
	Elavil 125 mg Tab	N/A	N/A		

Drug Alternatives (* = never specified)

Patient	Medication	Status	Coverage	Copies	Copies Info
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When to patient: Elavil

Expiration Date: 4/1/2010

Send:

CHARTMAKER® STANDARD TEMPLATES INCLUDE:

- ✓ Standard E&M Initial/Follow-up Visit
- ✓ Blood draw note
- ✓ Summary Sheet
- ✓ Return to Work/School Letter
- ✓ Letter to Referring
- ✓ Prescription Refill
- ✓ Communication Documentation
- ✓ Flu Shot

GASTROENTEROLOGY TEMPLATES INCLUDE:

- ✓ Gastroenterology specific HPIs, Review of Symptoms, and physical exams
- ✓ Pre-configured Gastroenterology diagnoses, orders and billing codes
- ✓ Automatically Generates referral letters and faxes directly from the patients chart
- ✓ Interfacing with laboratories like Caris for pathology and clinical testing
- ✓ A Seamless integration with ProVation® MD
- ✓ Colonoscopy /Endo Results Letter to / Referring Physician and Patient
- ✓ Colonoscopy and Endo Instructions
- ✓ Stool/Hemoccult Note
- ✓ CC/HPIs
 - Abdominal Mass, Pain and LFTs
 - Diarrhea, Dysphagia and GERD
 - Hepatitis C
 - IBS
 - Iron Deficiency Anaemia
 - Rectal Bleeding
 - Screening

GI Standard Template Pick List

Standard Gastro	CC HPI Abnormal Xray
Standard Gastro	Exam Abdomen
Standard Gastro	Hepatitis C Therapy Flow Sheet
Standard Gastro	HPI Abdominal Mass
Standard Gastro	HPI Abdominal Pain
Standard Gastro	HPI Anemia GI Bleed
Standard Gastro	HPI Colon Screening
Standard Gastro	HPI Colonoscopy FU
Standard Gastro	HPI Diarrhea
Standard Gastro	HPI Dysphagia
Standard Gastro	HPI General Pertinent Findings
Standard Gastro	HPI GERD
Standard Gastro	HPI Hep and Abnormal LFTs
Standard Gastro	HPI Hep C FU Eval
Standard Gastro	HPI IBD and Diarrhea
Standard Gastro	HPI IBS
Standard Gastro	HPI Nausea Vomiting
Standard Gastro	HPI Rectal Bleeding
Standard Gastro	HX Family GI Hx
Standard Gastro	HX Misc Hx
Standard Gastro	HX Personal GI Hx
Standard Gastro	HX Procedure and Anesthesia Hx
Standard Gastro	Info Note: Crohns disease
Standard Gastro	Letter Clearance for Surgery
Standard Gastro	Letter Generic
Standard Gastro	Letter No Inclusion of text
Standard Gastro	Link Office Codes

Once you select HPI Diarrhea, the link opens the following checklists to complete the HPI

Customization is a term commonly heard from EMR vendors, but there are major differences to what they refer. Can you change words in drop downs? Can you change the layout and format of your notes and letters? An EMR should be flexible and able to customize to your existing workflow. ChartMaker not only offers a library of Gastroenterology specific templates but also offers customization options that can model your existing templates and forms. You have the ability to do it yourself through *Template Editor* or work with our template development team and customized forms created for you by an STI specialist.

Integrated Practice Management and Electronic Medical Records



Better Medicine and Increased Revenue

The ChartMaker® Medical Suite consists of four unified modules with a phased implementation approach at an affordable cost. Installing ChartMaker modules is designed to make your transition more manageable and to not stress your office financially. When looking into Electronic Medical Records, the American Gastroenterological Association suggests an EMR that is integrated with a practice management system, office template development, Endoscopy reporting, E&M coding and auditing, ePrescription refill process (including allergy reference and interactions) as well as an integration of Microsoft Word formatted chart notes and previously scanned charts in PDF format. The *ChartMaker® Medical Suite* provides **ALL** of these capabilities through our *Practice Manager* Module, *Scheduler*, *ChartMaker Entry Point* (for ePrescribing, Labs and Document Management) and *ChartMaker Clinical*.

ChartMaker Medical Suite has been programmed with the latest technology for the future – Microsoft SQL database and Microsoft's Net framework for both client/server and web (cloud) based applications. This is the next generation in practice management software, a product for today and for the future. You can install any of the modules that you need today and feel assured that you would be able to expand your system with additional modules whenever you need them.

A successful EMR needs intuitive, specialty specific, physician-developed and tested templates but also needs an excellent functionality to support the entire office. ChartMaker does this in a few ways.

Integrated Practice Management for Gastroenterology:

ChartMaker® Practice Manager is one of the most robust and user-friendly billing software systems on the market today. *Practice Manager* handles all of your electronic insurance billing. Your computer can automatically and quickly post your Medicare and other commercial EOMBs, saving your staff hours of work each week. *Practice Manager* will also automatically bill your patients for their co-pay. You can quickly access any patient with a certain diagnosis, or show you how different insurance plans pay you for any GI procedure. Managed care reports give you the information you need to compare insurance payments, track and analyze capitation payments, and negotiate fees with your insurance carriers.

Gastroenterology Specific Scheduling & Recalls:

ChartMaker Clinical can remind you of required patient procedures, and when to deliver preventive or follow up services. The system can provide quality assurance to review patients with specific illnesses or taking certain medications. The *Recalls Not Seen* report shows you patients who have not been seen for required procedures.

Payer Inquiry:

Many GI offices spend valuable staff time on the phone or internet trying to retrieve eligibility and referral information. In some cases offices take a chance and submit claims without verifying one or both of these vital pieces of information.

ChartMaker's Payer Inquiry Module does all this via the Internet and can import real time, up-to-date information directly from the clearing house in two to four seconds per inquiry. There is no need to pay someone to gather this important information, because ChartMaker eliminates this task.

Scanning Module:

The Scanning Module scans patient's paper records and develops information related to the patient's medical and gastroenterological history. It efficiently organizes the acquisition of patient medical history and allows staff to input comprehensive patient history — conveniently building an electronic medical record.

Fax Module:

The Fax Module allows for sending, receiving and managing faxes using e-mail, internet or fax server ensuring referring physicians, labs and pharmacies receive information the same day.

With ChartMaker® you can take advantage of the following features:

Electronic Prescriptions

ChartMaker® is Surescripts Certified. Your practice will be able to send prescriptions electronically to over 95,000 participating pharmacies directly from a patient chart. The system allows you to keep a detailed history of past and current medications and review them at a glance while automatically checking for counter-indications and proper dosage. This is done while reducing potential errors from illegible handwriting.

Voice Recognition

Managing your time wisely is the key to increasing your productivity. ChartMaker's voice recognition option uses speech-recognition software to input text into chart notes. ChartMaker comes equipped with complete voice transcription capability to quickly capture progress notes and detailed medical histories. Just speak in your normal voice with the digital microphone and watch your words appear before you in the patient chart.

Affordable

The ChartMaker Medical Suite is affordable for even the smallest gastroenterology practice. The software is scalable so as your practice grows, ChartMaker will grow with you.

ChartMaker® works with ProVation® MD

Through ChartMaker's integration with ProVation® MD software, clinicians have access to fast, easy, electronic procedure documentation and coding plus image capture. ProVation® MD leads clinicians through the procedure documentation process with intuitive navigation that automatically ties procedure documentation to reimbursement coding. At the click of the button, clinicians can generate referring letters, patient instructions, coding reports and other ancillary documentation. It allows for easy compliance with Joint Commission, AAAHC and other regulatory bodies, eliminates costly dictation, transcription and image printing, and provides superior data reporting and analysis capabilities. Reports created with ProVation® software are automatically filed within the ChartMaker patient record.

Just take a look at an example of ProVation®'s colonoscopy report on the next page, and imagine ChartMaker notifying you that report pending, completed and ready to be reviewed. You can add comments or circle irregular findings, electronically sign it, drop it into a letter and fax it to a patient's primary care physician or specialist and then automatically file it within a patient's chart. All within seconds!

Free Demonstration

This is only a small sample of the many great features contained within the ChartMaker® Medical Suite. There is much more I'd like to share with you. Free system demonstrations are available both at your location and via the Internet. Even if you're just curious, I encourage you to contact me at 800-487-9135 x 1188 to see how ChartMaker will benefit your practice! There's no obligation.

Inbound Demographic

Inbound Scheduling

Comprehensive Medical Content

Outbound Results

Medical and Imaging Device Interface

CPT/ICD Codes/CCI Edits Driven By Medical Content

Outbound Charges/Codes

General Hospital - Sample GI Note

Patient Name: Mabel Davis
Procedure Date: 01/02/2009 10:35:00
Date of Birth: 12/26/1972
Admit Type: Outpatient
Note Status: Finalized

Gender: F
MRN: 045456
Age: 36
Account #: 100545
Attending MD: John H. White

Procedure: Colonoscopy
Indications: Hematochezia, Personal history of colon polyps
Previews: John H. White MD, Kevin P. Taylor MD (Fellow)
Referring MD: William Jones, MD
Medications: Atorvastatin 2 mg IV, Fentanyl 100 mcg IV

Procedure:
Patient identification and proposed procedure were verified by physician and the nurse in the pre-procedure area. A History and Physical has been performed, and patient medication allergies have been reviewed. The patient's tolerance of previous anesthesia has been reviewed. The code and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Mental Status Examination: alert and oriented. Airway Examination: normal oralopharyngeal anatomy and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: RR/R, no murmurs, no S3 or S4. ASA Grade Assessment: P1 & normal healthy patient. After reviewing the risks and benefits, the patient was deemed to be satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation/analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to cues were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice & IC valve. The quality of the prep was good. The patient tolerated the procedure well.

Findings:
A sessile, non-bleeding polyp was found in the rectum. The polyp was 5 mm in size. The polyp was removed with a snare injection-ME technique using the hot snare. Resection and retrieval were complete. Estimated blood loss was minimal.
A pedunculated, non-bleeding polyp was found in the sigmoid colon. The polyp was 7 mm in size. The polyp was removed with a hot snare. Resection and retrieval were complete. Estimated blood loss was minimal.
Multiple large-mucosal diverticula were found in the descending colon.
Internal, non-bleeding, protruded with spontaneous reduction (grade II) hemorrhoids were found on rectosigmoid.

Imaging:
1. Rectum/Hemorrhoids
2. Rectosigmoid
3. Sigmoid Colon/Polyp
4. Descending Colon/Diverticula

General Hospital - Sample GI Note

Patient Name: Mabel Davis
Procedure Date: 01/02/2009 10:35:00
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Imaging:
1. Rectum/Hemorrhoids
2. Rectosigmoid
3. Sigmoid Colon/Polyp
4. Descending Colon/Diverticula

CPT/ICD Codes/CCI Edits Driven By Medical Content

Outbound Charges/Codes

RICH MEDICAL CONTENT INCLUDES:

- Colonoscopy
- Upper GI Endoscopy
- ERCP
- Flexible Sigmoidoscopy
- Upper EUS/Lower EUS
- Enteroscopy
- Balloon-Assisted Enteroscopy
- Esophageal BRAVO pH Capsule
- Esophageal Manometry
- Esophageal pH and Impedance
- Anorectal Manometry
- Anoscopy
- Post-Surgical Lower GI Endoscopy (Ileoscopy, Pouchoscopy, Hartmann Pouch)
- Liver Biopsy
- Paracentesis
- Video Capsule Endoscopy

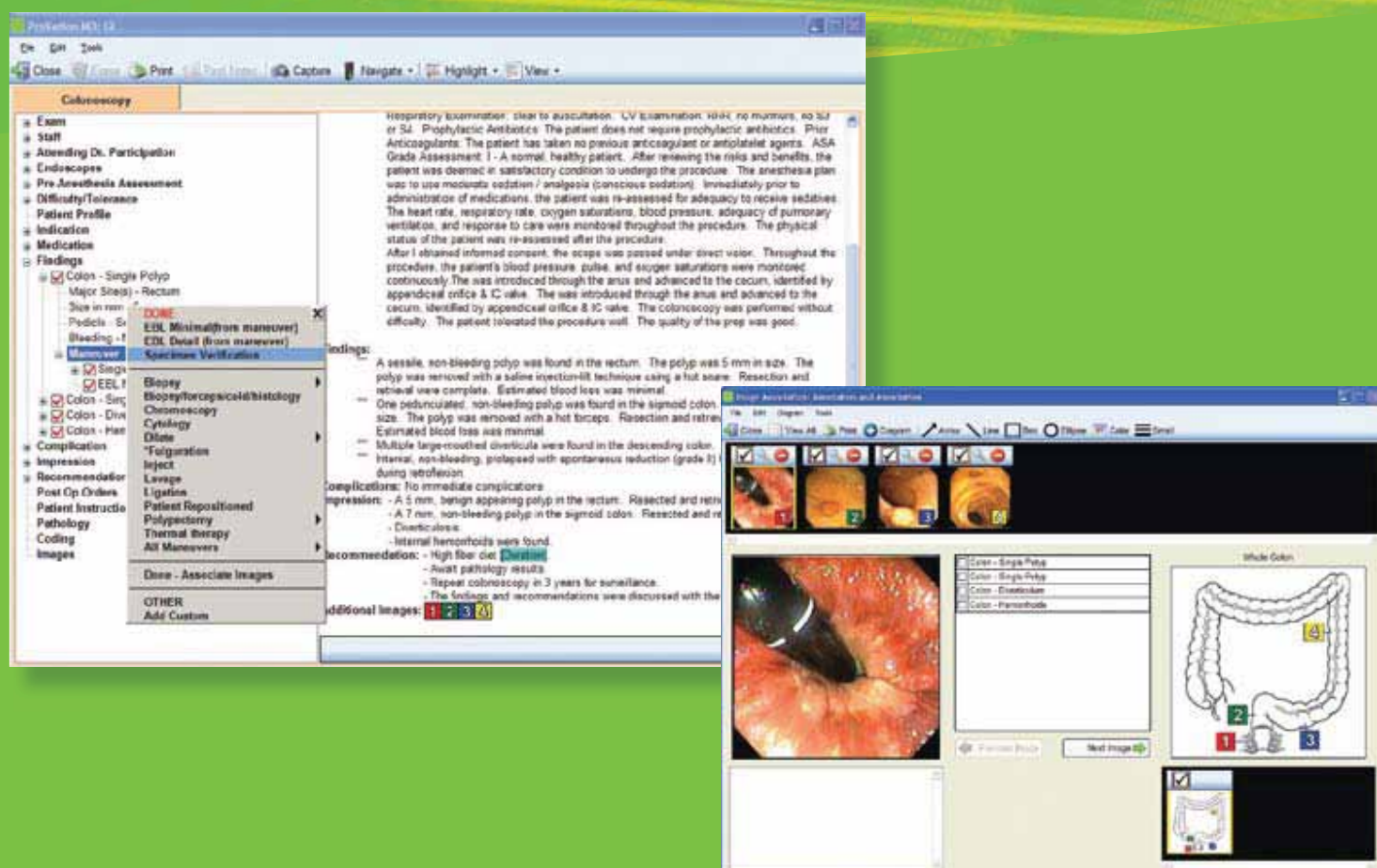
Mapped to more than 175 CPT Codes and more than 850 ICD-9 Codes



Wolters Kluwer
Health

ProVation[®] Medical

Gastroenterology



- Instantly and automatically prepares Patient Letters, Referring MD Letters, CC: Letters, Patient Recall Letters, Post-Op Orders, Patient Instructions, Pathology Requests, Pathology Results Reports and Pathology Follow-up Letters
- Interfaces with endoscopes and other image capture equipment for instant inclusion of images in the procedure note
- Based on physician entries, CPT and ICD-9 codes and CCI edits are automatically generated
- Allows for capture and submission of GI Quality Indicators and appropriate PQRI measures
- Drives structured and compliant data capture, then pairs it with robust reporting and analysis
- Creates a single, complete and easily retrieved electronic note for each procedure
- Comprehensive medical content built by ProVation's in-house physician team

Customer PROFILE

Specialty — Gastrointestinal



Maurice D. Leonard, M.D.

“Implementing an EMR is a learning process, you learn to take a history in medical school and you develop that over the years and all of a sudden the paradigm shifts”, says Maurice D. Leonard, M.D. He is one of three founding partners of Gastroenterology Consultants of South Jersey, P.C. founded in 1990 and now a seven-physician Gastroenterology Consulting Practice in Lumberton, NJ. They have two facilities, the main office and the Burlington County Endoscopy Center, as well as a remote out-sourced billing office.

They decided to move away from the ASP model with the remote file server and decided to move the server into the main physician location for better security and control. The in-house server also provided faster access time and eliminated Internet caused delays. All three locations as well as all physicians still access information via the Internet, but they prefer the added security of maintaining their patient’s personal information on an in-house file server under their own control.

The current technology includes, two file servers with both on-site and redundant off-site back up for security, over 40 concurrent workstations both locally and in the remote office, and three high-speed scanners. To further reduce clerical costs, they installed the PAM2000® Patient Appointment Messaging System for automatic patient appointment reminders and also use the software for patient recall purposes, a critical function in a GI practice. PAM2000® interfaces with the ChartMaker® Scheduler and recall system to automatically pass patient appointment and recall information into the automatic call dialing system. They use STI hardware support to maintain their two servers and are very happy with both the reliability of the servers and STI technology support.

Initially all consultation reports and letters were created in-house. As the practice grew the transcription cost was later outsourced and became a significant expense of about \$100,000 a year.

In 2007, with further expansion in mind and an Endoscopy Center to be added in 2008, the practice decided that, according to Dr. Leonard, “an Electronic Medical Record (EMR) System was inevitable and necessary” as well as the next logical step to facilitate growth, improve the delivery of medical care, increase efficiency, and reduce costs.

Dr. Leonard and his partner Dr. Lee deLacy were put in charge of the selection committee and the year-long search for an EMR was begun.

In December of 2007 they selected the ChartMaker *Clinical* EMR for several reasons. Most notable being the fact that, as a unified software suite it automatically passes billing information from the EMR into ChartMaker *Practice Manager* system, plus the ability to use a combination of templates and voice recognition within the EMR and an interface between STI and the ProVation MD® GI Procedural Documentation software.

In-house training on the EMR began in January of 2008 with two physician super users, Dr. Leonard and Dr. deLacy. Dr. Leonard states, “we spent about three months preparing for the EMR, building templates, and working with the staff to prepare them for the EMR.

If you are going to do this implementation correctly you need several components: strong physician and staff buy-in, an organized office manager to keep everything on track, IT support, and excellent training from your vendor.”

“Although ChartMaker is very flexible, it took us about three months to get our workflow together to be able to properly use the system”, claims Dr. Leonard. “The other doctors could then catch up pretty quickly because the templates were developed and tested by the two super-users. Each subsequent user comes on a little quicker. It will probably take about 12 to 15 months to make the transition from a manual system to a paperless EMR. Implementing an EMR is a learning process, you learn to take a history in medical school and you develop that over the years and all of a sudden the paradigm shifts. Before you install the EMR



Burlington County Endoscopy
Center Scheduling

“One of the biggest benefits is ... if you are in the hospital or at home on call during the weekend or at night, and if someone calls having a problem, all of our physicians have remote access via a secure server to the patient’s chart over the Internet.”



you think you are going to use it the same way as you currently practice, and that is never true. Even the way you thought you were going to do it is not the way you end up using the EMR. If you think you are going to implement an EMR quickly you are going to run behind and cause a lot of stress. It takes time to come back up to full speed. Initially I lost productivity, but now I can run as fast as I did before”.

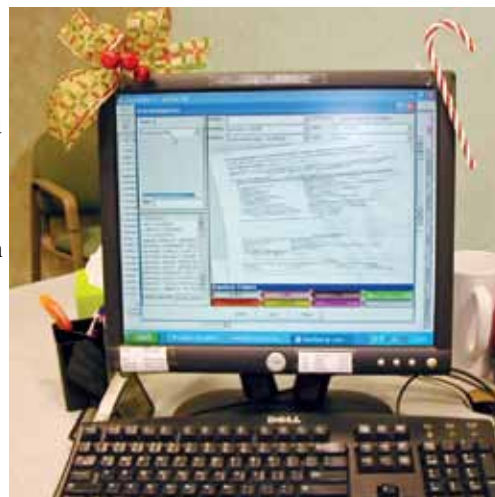
“I use a combination of templates and voice recognition that works extremely well. If someone comes in for a routine colon cancer screening a template is fine. However usually I like to use voice recognition with ChartMaker to dictate the H&P and recommendations/impression. Everyone in the practice uses the product a little differently; but most of the doctors use a combination of voice and templates. Dr. deLacy for example, likes to use the templates more than the voice. One of the biggest benefits is that we fax the completed report to the referring physician right after the examination and it really looks better than it did before. I tell a patient that your report will be at your referring doctor’s office before you leave, and the referring physicians really appreciate that. When you look at your return on investment, you can definitely see your costs coming down.”

“We switched from another Endoscopy software to the ProVation® GI Endoscopy software so that it would be integrated with the STI ChartMaker® Scheduler and billing system. We use Fuji scopes and the program is great. It was a seamless integration. ProVation® told us that it would take a week to train us and we learned the program in an hour. As we used it, we learned that we could use macros to become more efficient and we can integrate our images directly into the finished report. We also use the ProVation® nursing module for pathology reports. Charge information is sent directly into the STI billing system for billing and collection.”

“We use the ChartMaker messaging system within the office and that function has worked out really well especially with multiple locations. Laboratory results automatically flow into the chart from LabCorp® and Quest®. The doctors can view that information from anywhere. Once we review a laboratory result we can add com-

ments and send the results with a message to the appropriate staff member.”

Dr. Leonard concludes with, “this is something that we are happy with and that we wanted to do. It improves the quality of care. One of the biggest benefits is that with seven physicians, if you are in the hospital or at home on call during the weekend or at night, and if someone calls having a problem, all of our physicians have remote access via a secure server to



ChartMaker® Entry Point
Document Scanning Screen

the patient’s chart over the Internet. We can pull up the ChartMaker EMR from home and read what happened to that patient and intelligently handle the problem. More importantly, we can send a ChartMaker message to the appropriate physician and document that you spoke to the patient and tell them what you did.”

Maurice D. Leonard, M.D. is one of the founding partners of Gastroenterology Consultants of South Jersey, P.C. a seven-physician practice located in Lumberton, New Jersey. Dr. Leonard is a graduate of Yale University, Albert Einstein College of Medicine, and New York Hospital - Cornell.

Waiting to Implement an EMR Could Cost You.

ARRA Stimulus Overview

You have probably heard about the federal stimulus for practices that implement and “meaningfully use” a certified Electronic Medical Records (EMR) system. But, not starting now could cost you dearly. Here’s an overview of what this means to your practice.

HITECH Incentives for Medicare/Medicaid

Office-based Medicare participating providers who “meaningfully use” a certified EMR, starting in 2011 or 2012, are eligible to receive 75% of their Medicare allowable professional charges up to a maximum of \$44,000 per provider over 5 years.

There is also an incentive for Medicaid participating providers, who have at least 30% of their patients paying through Medicaid (or 20% for pediatricians). If that describes your medical practice, you are eligible for up to \$64,000 per provider over 6 years.

Waiting Can Cost You Money

According to the HITECH Act, only Medicare practices that demonstrate meaningful use in 2011 or 2012 are eligible to receive the maximum incentive of \$44,000 per provider. If you wait to implement an EMR until 2013 or later the incentive dollar amount decreases. If you start in 2013 the total incentive over 5 years is \$39,000, and \$24,000 if you start in 2014. In 2015 there is no incentive at all. We think you are better off if you start early. Consider the following:

Wait Times — Late adopters may end up getting less money than practices that started earlier because they can’t get installed and trained in time to qualify for the higher payments. With many practices signing to purchase an EMR, there is commonly a wait time between the time you sign the contract and the date when installation and training can begin. Among EMR vendors, wait times of 3 months are common and could even lengthen as software

vendors struggle to meet the demand.

Learning Curve — You need to learn how to use your EMR before you can demonstrate “meaningful use”. Changing to an EMR takes adjustment time. However, once fully implemented, you wouldn’t ever want to go back to a paper and pen. Many practices say it takes up to 3 to 6 months to become proficient in using an EMR.

Year	Up To:
2012	\$18,000
2013	\$12,000
2014	\$8,000
2015	\$4,000
2016	\$2,000
Total	\$44,000

When Will I Receive Payment?

To receive your \$18,000 per physician, in the fastest way, you need to show “meaningful use” in 2011 or 2012 for at least 90 consecutive days and have reached your maximum reimbursable allowable professional charges of \$24,000. CMS has stated that they plan to make the incentive payment within 45 days. Then, for the subsequent years, you must demonstrate the appropriate stage of “meaningful use” for the entirety of each year and you will receive one payment annually (as shown in the table).

So, at best you need between 6 to 9 months from your order date to install, implement, train and attest for meaningful use to receive the maximum incentive. If you don’t start soon you could run out of time to get the maximum incentive, starting in 2012.

Where Do I Start?

The best way to get started is to schedule a time to sit down with your STI representative and discuss your practice needs in detail. I will be happy to show you why we provide the best software and software support in the industry.



Call today to set-up a meeting 800-487-9135 • Extension 1188

Call 800-487-9135 ext. 1188 for more information or, fax this form to (800) 971-7735.

STI Computer Services, Inc. • Valley Forge Corporate Center • 2700 Van Buren Avenue • Eagleville, PA 19403

Name: _____

Practice: _____

Address: _____

City: _____ State: _____ Zip code: _____

Specialty: _____

Telephone: _____ Email: _____

☐ Please call me to set up a demonstration and provide an exact quote.

☐ Please send additional information about ChartMaker Medical Suite®.

Make this your year to add Electronic Medical Records (EMR). The ChartMaker® Medical Suite consists of four unified modules with a phased implementation approach and an affordable cost.

The ChartMaker Medical Suite is a unified suite of products that can be installed modularly within your office. The ChartMaker Medical Suite has been programmed with the latest technology for the future -- Microsoft SQL database and Microsoft's .Net framework for both client/server and web-based applications. This is the next generation in practice management software, a product for today and for the future. You can install any of the modules that you need today, and feel assured that you would be able to expand your system with additional modules whenever you need them.

The ChartMaker Medical Suite

1. **ChartMaker Practice Manager®**
2. **ChartMaker Scheduler®**
3. **ChartMaker Entry Point®**
4. **ChartMaker Clinical EMR®**

ChartMaker Scheduler makes scheduling easy with color-coded graphics and automatic reminders. Eligibility Checking is included!

ChartMaker Practice Manager handles all of your billing needs from start to finish with all the stability and functionality of a real Microsoft Windows system. Best of all, STI provides Electronic Claim submission to most carriers.

ChartMaker Entry Point uses modern scanning functionality to provide an orderly transition of existing paper medical charts into an electronic format. A detailed patient face sheet with automatic reminders, electronic prescription writing, and electronic lab results are included.

ChartMaker Clinical EMR is a pen-based, template-driven system of Electronic Medical Records which can be customized to your medical specialty. It is designed to produce legible, detailed patient charts which can be securely accessed from a home office or other remote location. With voice-recognition features, referral correspondence can be created directly from progress notes. A Coding Assistant is included to help determine the correct E&M code from the completed office note.

Proven Experience — While many other vendors are less than five years old, STI sold its first Practice Management System in 1979. With new vendors the EMR may be sufficient, but how robust is their practice management option? A good EMR with a weak practice management component won't do your practice any good, and may cost you a lot of money in rejected insurance claims. STI currently has over 3,000 medical practice customers using their software — representing over 7,500 physicians. STI prides itself on its reputation for great system support.

Trust — Purchase your software from a trusted company with an established track record in providing excellent software support to the medical community.

For questions call Joe Cerra: 800 487-9135 Ext. 1188.

MEANINGFUL USE MADE EASY WITH CHARTMAKER'S DASHBOARD

Have You Achieved 'Meaningful Use'?

Access The Meaningful Use Dashboard In ChartMaker® Clinical To Find Out.

Measure Description	Numerator	Denominator	Result	Goal
1. Computerized physician order entry	8	8	100.0%	100.0%
2. Drug Interaction Checks	8	8	100.0%	100.0%
3. E-Prescribing	1	1	100.0%	100.0%
4. Patient e-Consent	1	1	100.0%	100.0%
5. Maintain problem list of current active diagnoses	10	10	100.0%	100.0%
6. Maintain active medication list	10	10	100.0%	100.0%
7. Maintain active medication stop list	10	10	100.0%	100.0%
8. Record vital signs on visit slips	10	10	100.0%	100.0%
9. Record vital signs on visit slips	10	10	100.0%	100.0%
10. Clinical Decision Support	10	10	100.0%	100.0%
11. Report Clinical Quality Measures	10	10	100.0%	100.0%
12. Provide electronic copy of health information	10	10	100.0%	100.0%
13. Provide clinical summary for each visit	10	10	100.0%	100.0%
14. Key Clinical Information Exchange	10	10	100.0%	100.0%
15. Patient Electronic Health Information	10	10	100.0%	100.0%
16. Patient Electronic Health Information	10	10	100.0%	100.0%
17. Patient Electronic Health Information	10	10	100.0%	100.0%
18. Patient Electronic Health Information	10	10	100.0%	100.0%
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88. Patient Electronic Health Information	10	10	100.0%	100.0%
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90. Patient Electronic Health Information	10	10	100.0%	100.0%
91. Patient Electronic Health Information	10	10	100.0%	100.0%
92. Patient Electronic Health Information	10	10	100.0%	100.0%
93. Patient Electronic Health Information	10	10	100.0%	100.0%
94. Patient Electronic Health Information	10	10	100.0%	100.0%
95. Patient Electronic Health Information	10	10	100.0%	100.0%
96. Patient Electronic Health Information	10	10	100.0%	100.0%
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99. Patient Electronic Health Information	10	10	100.0%	100.0%
100. Patient Electronic Health Information	10	10	100.0%	100.0%

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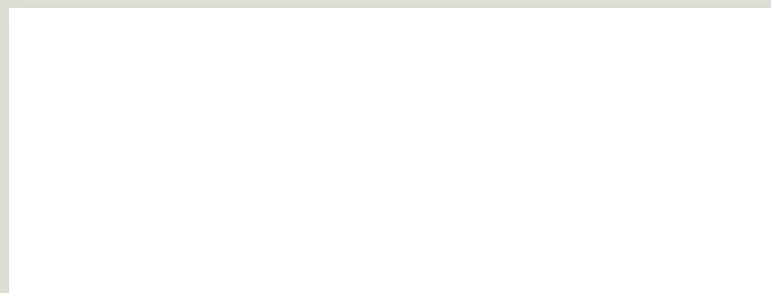
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