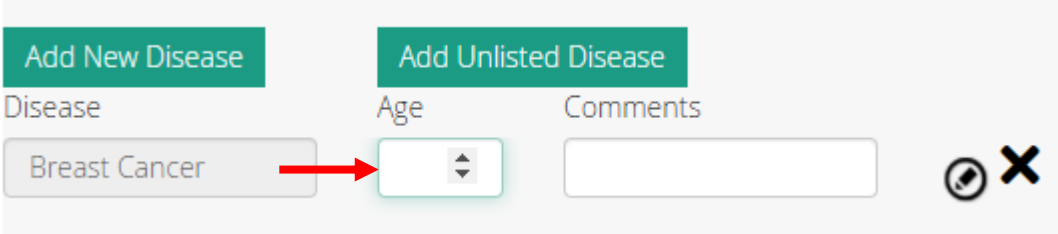
Release Notes 4.20210919

Risk Engine for Electronic Health Records

- Activated NCCN HBOC v2.2021 for all API clients

v4 Provider or Patient Portal New Features

- Activated NCCN HBOC v2.2021 for all CRA v4 clients
- Developed ability to send a Patient Portal invitation via SMS text when the appointment is created through a flat file or HL7 scheduling message
- Developed new automation trigger for CRA documents that's based on the patient's gene panel status
- Developed a configuration to allow Risk Clinic users to generate a test requisition form or electronically order genetic tests from one or multiple genetic testing laboratories
- Developed ability to store any value a genetic testing laboratory provides when classifying a genetic variant's significance
- Developed ability for user to use the keyboard tab to move directly from the disease field to age of diagnosis field



- Client specific: Updated screening survey to include an additional consent option

v4 Provider or Patient Portal Enhancements

- Ensured when clinician begins editing gene variant significance or documents DNA or protein change, the gene panel status will change from 'Pending, w/ Lab Results' to 'Complete'

v4 Provider or Patient Portal Issue Corrections

- Allowed the less than character, '<,' to be used when documenting a gene variant within CRA's v4 Risk Clinic genetic testing form
- Ensured patients are returned to the Patient Portal log in screen if they are not yet ready to submit their answers and log out of the form-based Patient Portal questionnaire

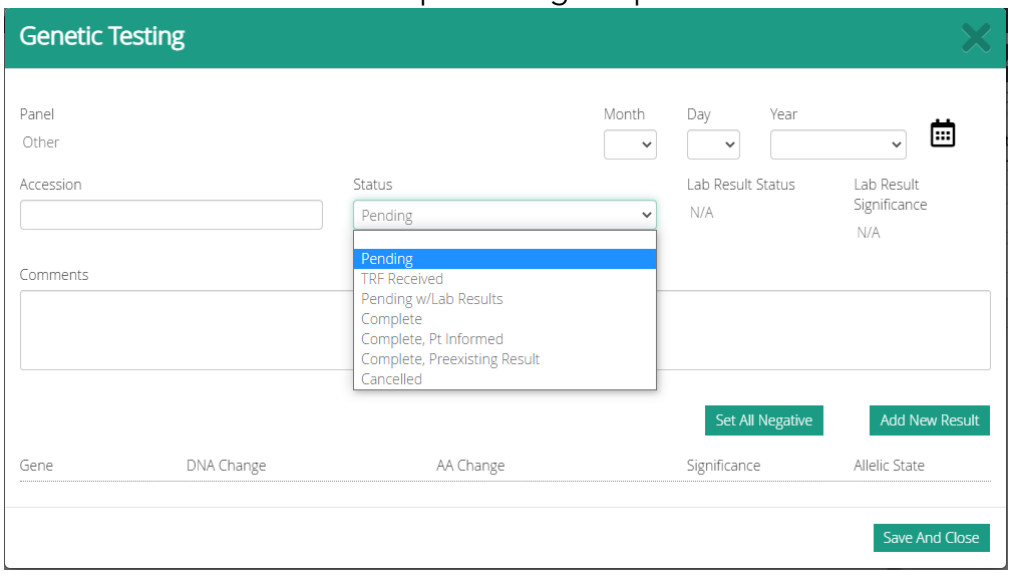
Tips, Tricks or Training Notes

- With this release, CRA has updated its API and v4 client to NCCN HBOC guidelines, version 2.2021. For all clients, this update will not impact how you calculate scores or how the results are displayed in your EHR or CRA v4 Provider Portal. However, for EHR clients, to take full advantage of this version, CRA can work with you to map relevant diseases into your EHR's family history interface.

  If you are a client that is not utilizing NCCN HBOC guidelines in your screening program and would like to, CRA can work with you as well to add this risk model into your existing calculations.

  Finally, CRA has begun work on the recently released NCCN HBOC 2022 guidelines. We will keep you updated when these will be ready.

- The v4 Rick Clinic modules allows clinicians to document genetic testing results for risk assessment or research. The Genetic Testing details form include several fields that can entered manually or populated by a laboratory information management system (LIMS). When a v4 user manually creates a gene panel, the status is automatically set to 'Pending'. When a LIMS returns a result to CRA v4, the gene panel status is set to 'Pending w/ Lab Results.' (A CRA v4 user cannot manually set a gene panel to 'Pending w/ Lab Results.') The screenshot below describes possible gene panel statuses.

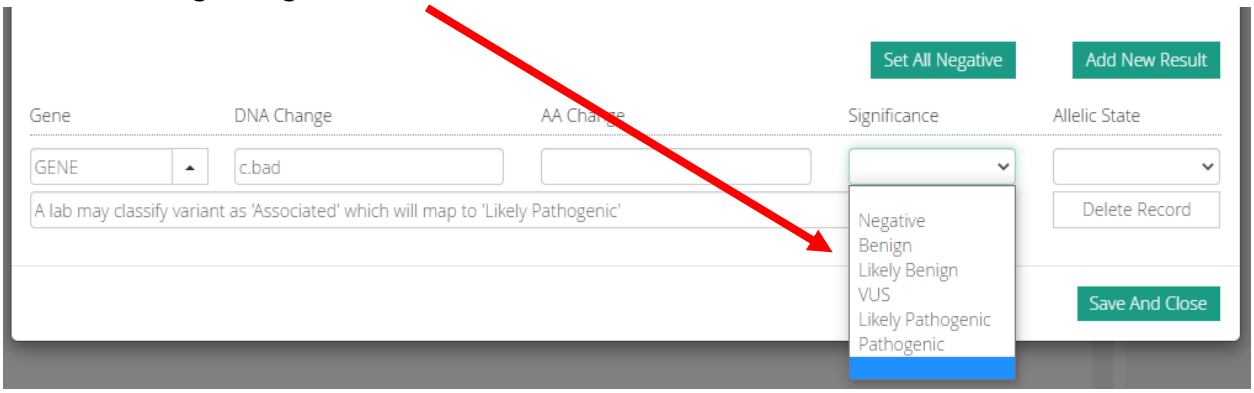


  With the current release, after a LIMS result arrives, the clinician can begin editing gene variant data or change the gene significance. Once the edit is

made, the Status field now automatically changes from 'Pending w/Lab Results' to 'Complete.' The clinician can change the status further to 'Complete, Pt Informed' or 'Complete, Preexisting.'

- The gene panel status or multiple statuses can also be used as a means to automatically generate a CRA v4 document. A genetics consult note can be automatically sent for e-faxing or saved into a defined file folder when the gene panel is set to 'Pending.' However, a genetics follow-up note can be automatically generated and delivered when the gene panel is marked as 'Complete' or 'Complete, Pt Informed.'

- A CRA v4 Risk Clinic user can document a gene variant's significance using the following categories:



Genetic testing laboratories may have their own significance classification. CRA will now store the original classification from the partners LIMS. If different, CRA will work with our genetic laboratory partner to map their significance classification to v4 categories.