



NEXTSTEP EHR

EXTENDED PROFILE



OVERVIEW

NextStep is an ONC-ATCB, CARF and JCAHO certified EHR solution built specifically for behavioral healthcare. We support clinicians by providing the tools they need to seamlessly manage the clinical and business side of their practice. NextStep offers flexible workflows that help boost staff productivity, comprehensive medication management for greater accountability, and clinical outcomes tools that measure your clients' progress and improve their quality of care. We offer an integrated suite of business solutions supported by our SMART billing engine, customized reports, and interactive dashboards, resulting in an improved bottom line for our customers. We also have an in-house billing service backed by a team of behavioral health billing experts who can manage your entire revenue cycle, or just the parts and pieces you don't have time to do yourself.



SOFTWARE SPECIFICATION

OVERVIEW	
PRODUCT NAME	NextStep EHR
COMPLIANCE	
HIPAA	✓
ICD-10	✓
CPT	✓
HL7	✓
SPECIALTY	
ALLERGY AND IMMUNOLOGY	✗
ANESTHESIOLOGY	✗
BARIATRICS	✗
CARDIOLOGY	✗
COMMUNITY HEALTH CENTERS	✗
CORRECTIONAL HEALTH	✗
DENTISTRY	✗
	✗

DERMATOLOGY	
DIALYSIS CLINIC	✗
ENDOCRINOLOGY	✗
FAMILY MEDICINE	✗
GASTROENTEROLOGY	✗
GENERAL PRACTITIONER	✗
INFECTIOUS DISEASES	✗
INTERNAL MEDICINE	✗
MENTAL AND BEHAVIORAL HEALTH	✓
NEPHROLOGY	✗
NEUROLOGY AND NEUROSURGERY	✗
OBSTETRICS AND GYNECOLOGY	✗
OCCUPATIONAL MEDICINE	✗
ONCOLOGY AND HEMATOLOGY	✗
OPHTHALMOLOGY	✗
ORTHOPEDICS AND SPORTS MEDICINE	✗
OTOLARYNGOLOGY	✗
PAIN MANAGEMENT	✗
PEDIATRICS	✗
PHYSICAL THERAPY AND REHABILITATION	✗
PLASTIC SURGERY	✗

PODIATRY	×
PROCTOLOGY	×
PULMONOLOGY	×
RADIOLOGY	×
RHEUMATOLOGY	×
SLEEP MEDICINE AND CENTERS	×
SPEECH THERAPY	×
SURGERY	×
URGENT CARE	×
UROLOGY	×
VASCULAR DISEASES AND PHLEBOLOGY	×
OTHER SPECIALTIES	×
CHIROPRACTIC	×
PRACTICE SIZE	
SOLO PRACTICE	×
1-10 PHYSICIANS	✓
11-50 PHYSICIANS	✓
OVER 50 PHYSICIANS	✓
ADDITIONAL INFORMATION	
IOS APP	×

ANDROID APP	✗
MULTI-OFFICE	✗
WEB APP	✓
SOFTWARE FEATURES	
APPOINTMENT MANAGEMENT	✓
BILLING MANAGEMENT	✓
CLINICAL WORKFLOW	✓
DOCUMENT MANAGEMENT	✓
EM CODING	✓
INSURANCE AND CLAIMS	✓
LAB INTEGRATION	✓
MEDICAL TEMPLATES	✓
PATIENT DEMOGRAPHICS	✓
PATIENT HISTORY	✓
PATIENT PORTAL	✓
REFERRALS	✓
REPORTING AND ANALYTICS	✓
SCHEDULING	✓
VOICE RECOGNITION	✓
E-PRESCRIPTION	✓

FURTHER INFORMATION



SOFTWARE SCREENSHOTS

Assessments and Form Builder

Rehabilitation Document Center - Microsoft Internet Explorer

User Name: Hani N Print Login ID: hani
Change Password Maintain Users Logout

Family History of Mental Illness and Substance Abuse:

Current Mental Status Examination:

General Description:

Attitude: Friendly Cooperative Defensive Hostile Playful Ingratiating
 Other:

Weight: Normal range Slightly over-weight Over-weight Severely over-weight
 Slightly under-weight Under-weight Severely under-weight

Facies: Not unusual Sad Anxious Angry
 Older or younger than stated age Other:

Hygiene: Good Fair Poor

Attire: Appropriate Inappropriate Other:

Psychomotor: Normal Decreased Increased

Sensorium:

Consciousness: Alert Dull Other:

Oriented to: Person Place Year Month Date
 Time Disoriented Describe:

Memory: Normal Impaired (Remote Recent Immediate)

CQM

MEASURE ID: CMI3164-0108
 MEASURE NAME: 3164-1 Follow Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ACKED)

MEASUREMENT PERIOD: 2015

DESCRIPTION: 2015
 Percentage of children 0-12 years of age and every diagnosed a medication for attention deficit/hyperactivity disorder (ADHD) who had appropriate follow up care. You must see required a Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-day measure Period. Percentage of children who remained on ADHD medication for at least 30 days and who, in addition to the visit in the measure Phase, had at least two additional follow-up visits with a practitioner within 270 days (6 months) after the measure Phase ended.

Visit within 30 days

INITIAL PATIENT POP: 6

EXPOSED PATIENTS

MEASUREE	PATIENTS
NUMERATOR	2
DENOMINATOR	6
EXCLUSIONS	2
OUTLIER	1
Visit with 2+ follow-ups	

MEASUREE	LAST NAME	FIRST NAME	PATIENT ID	AGE	DOB	SEX
WIDDOR	VICKI		1432845247_11	15	02/01/2001	F
LEWISS	JANIS		1432845247_21	14	01/01/2002	M
MOSIS	JACK		1432845247_17	14	01/25/2002	M
NUNAT	JANINA		1432845247_16	15	01/03/2001	F
CHAPMAN	RONALD		1432845247_4	14	02/01/2002	M

NEXTSTEP SOLUTIONS
 Moving Behavioral Health Forward

Daily Clinical Care Client Report Card

NextStep Solutions (nextstep) Reminders Change Password Logout Maintain Users Main Menu

* Change * Print

Reminder	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	
Breakfast																															
Percentage	75%	75%	0%	75%	0%	75%	0%	75%	0%	100%	0%	100%	0%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lunch																															
Percentage	100%	100%	0%	0%	75%	75%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Dinner																															
Percentage	100%	100%	100%	100%	75%	75%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Morning Snack																															
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Afternoon Snack																															
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Evening Snack																															
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Water Intake																															

Main Menu Daily Care Log

NEXTSTEP SOLUTIONS
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Search Tool for Filtering + Reporting

Line Item Filter Form (5 of 11)

Agency ID: ALL

Program ID: ALL

Case No.: ALL

Clinician ID: ALL

Beginning: // Ending: // Beginning: // Ending: //

Control Date Range: // Enter a User ID (Leave sensitive) or leave blank for all

Beginning: // Ending: //

Insurance ID: ALL

Flat Type: ALL

Procedure Code: ALL

Billing Group: ALL

Plan Type: // Enter a Y for closed, N for not closed, or leave blank for all

Insurance ID: ALL

Line Item Type (S/N): // Enter a Y for closed, N for not closed, or leave blank for both

OK Cancel

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 Moving Behavioral Health Forward

Treatment Plan Design

Goals	Objectives	Available Interventions						
		Behavior Management	Care Management	Group Therapy	Meditation Management	Meditation Program	Off Campus Activities	On Campus Activities
The client will demonstrate medication compliance	Participates in Medication Review with psychiatrist as scheduled		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
	Reports for medication at the designated times while on Level I				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Verbalize understanding of the purpose, dosage, schedule, and side effects for each medication ordered		<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
The client will demonstrate management of psychiatric symptoms	Psychomotor activity is appropriate and spontaneous		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
	Verbalizations and behaviors reflect relief of substance abuse		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
The client will abstain from the use of drugs and alcohol	Demonstrate effective use of alternatives to substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Total objectives listed:		1	3	0	2	5	0	0

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