

The diagram illustrates the relationship between Recommendations & Notes and Patient Identifiers. Recommendations & Notes is a large box containing five items, each with a numbered icon and a description. Patient Identifiers is a separate box to the right.

Recommendations & Notes	Patient Identifiers
1. Feedback for DC needs to be more like 'grs' (feedback as well as list of grs)	
2. Match in RxHx more prominent	
3. Swap RxHx and Notes	
4. Indicator for how many Rx's in Hx	
5. Priority: High	

Rx Form

Rx Hx

RxHx vs Notes	GPI	DC	Other
Likes the RxHx on the side	Notifies GPI Match quickly	Rx display is cleaner (b)	if they change the link, what has to be updated is reflected? depends. if the change is small right away notify
Feedback: Likes Hx history on the right info, gives more space	Commented on moving RxHx closer to the Hx information	Likes Rx Hx filter (3 users)	Full rx link looks like he has to look at it (in rx Hx)
Feedback: The more general to go through, the more I like the rx history position	Went to Rx History Next (after rx)	Not looked for feedback related to DC.	Suggested a hover over or hyperlink for additional RxHx info (B)
Likes Rx Hx on left side	Commented at rx Hx after notes (switch them)	Saw the GPI - does having the top one really help if they're going to go through and try to find the match	B mentioned verifying some on the history. Ways to make same doctor apparent?
History should come before notes	Is doing with "job and" and more complicated gets straight to history	Make the RxHx GPI flag bigger	Hx checks duplicates/iterations (DUR)

SIG

The diagram illustrates the relationship between various data fields and their layout in a system. It is organized into columns labeled 'Date Written', 'In Layout', 'DAW', 'Data', 'Editing', 'Layout', and 'SIG Usage'.

Key Data Fields and Relationships:

- Qty:**
 - Is not an exact value as well (has trailing zeros but her it's match so it's ok)
 - They are thrown off by the missing quantities
 - He does notice that the quantities might be missing if there was a system check
- Sig:**
 - She knows the written date with just the date without a label
 - She knows the written date first. Didn't see written date on the file
 - She knows the system knows the sig is something to look at on the following page one
- ExRx:**
 - She knows the system knows the sig is something to look at on the following page one
 - She knows the system knows the sig is something to look at on the following page one
- DAW:**
 - It's trouble picking up that wasn't working that it was different because they are case and mixed is with cyrillics
- Data:**
 - Could like the expand the full exrx info (A)
 - Make long drug names visible without scrolling (A)
- Editing:**
 - Would expect to fill out sig code if she left field or tab
- Layout:**
 - Would want to use quick sigs
 - Would expect to fill out sig code if she left field or tab
- SIG Usage:**
 - Would want to use quick sigs
 - Would expect to fill out sig code if she left field or tab

Other Notes:

- Unclear which is the ERx vs Rx (A)
- Want clear what fields were editable (A)
- Recommendations & Notes:
 - Matching tags regarding QTY
 - Consistency: We need data for if patient had touched it?
 - Priority: These seem to be nice to have, rather than imperative to fixing. However, these are easy changes.

eRx Note and DAW2

Recommendations & Notes (MD + DAWZ)

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graph LR; A[Recommendation] --> B[Decide whether to hold left and/or MD name if there's a match]; C[Recommendations] --> D["- Move DAWZ to the top<br/>- More emphasis when it exists"]; E[Notes] --> F["Source (E, P) to additional Rx Info?"];
```

Recommendation

Decide whether to hold left and/or MD name if there's a match

Recommendations

- Move DAWZ to the top
- More emphasis when it exists

Notes

Source (E, P) to additional Rx Info?

High, DAWZ is source for errors and change is easy

Data	Layout	Layout	DAW2	Other
<p>Previews</p> <p>hiding Md names if both match (A)</p>	<p>Previews missing</p> <p>hiding Md names for both match (A)</p> <p>not read</p> <p>checkboxes to be on and</p>	<p>Previews</p> <p>also note closer to the fix</p>	<p>Previews DAW2 and notes at top or for sport show ideas if there is none (all users)</p>	<p>Previews</p> <p>also note would help her (pt or hub)</p>
<p>Hide the Md NPI if it matches (A)</p>	<p>Previews</p> <p>Likes the Md 150 miles alert (2 users)</p>	<p>Previews</p> <p>Preferences and also notes can be hidden when no info is available (A)</p>	<p>Previews</p> <p>DAW 2 preference should pop out more</p>	
<p>Working for Name instead of NPI</p>	<p>Working for</p> <p>Would rather Dr info just on top or both left and right</p>	<p>OK with DAW at the bottom (B)</p>	<p>DAW2 should have more emphasis as it is a source for errors</p>	
<p>Previews is glanced at not super important</p>	<p>Previews</p> <p>not to do</p> <p>if the left is empty and the right is populated</p>	<p>Mentioned liking DAW preference at the bottom (B)</p>	<p>Previews</p> <p>would like a highlight box</p> <p>DAW2 it could easily be overlooked (A)</p>	

State Regs

Importance of Data	ix
B: State Regs: let the system help me	Likes hover on state regs (contradicts what she said on mark prizes)
Glances at State Regs	For state reg ask would still like to be able to expand and see it (B)
State Regs are hardly viewed	Likes that full state reg is there instead of having to open (B)
Noticing the left column user mentioned again that the state regs are not really needed (B)	Noticed that State Reg needed to be accepted (b)

RAW/Fill Later

LaTeX

LaTeX Later
not used often
(it's good to be at
bottom of rx
forms)

LaTeX

LaTeX Later
feels like it should
be part of the
stuff (B)

LaTeX

LaTeX Later
feels weird

LaTeX

LaTeX Later
and release as written
does not look as
part of the rx (B)

Notes/DE Reminders

[illegible]

Comms

Q How to create
account for services
A need to be more obvious

Q Looking at an MD
Carter, it was unclear
to them how to choose
the procedure
(Improve Practitioner
Selection)

Q Did you place hold
on the
A tried to place hold
first. Examine this
process

Label Communications	Ability to edit comms	Verbs
<p>Known Required text</p> <p>know what to do with the clarification letter stuff</p>	<p>Known</p> <p>Communications were hard to find</p>	<p>Known</p> <p>Likes automatic verse but will open to check</p>
<p>Known</p> <p>when doing letters if they click next into first or not</p>	<p>Known</p> <p>Didn't immediately know what the communications area is (5 of 6 users)</p>	<p>Known</p> <p>the needed documentation caused automatic gc com</p>
<p>Known</p> <p>Labels communicate very low tool first before adding the build in the comms into the need more info tool (A)</p>	<p>Label Comms</p>	<p>Known</p> <p>like the "I" for the P and clicked the "I" for the verses, wouldn't know how to check them"</p>
<p>Known</p> <p>Clicked on info Required text, and it didn't do it. He did fax first. (B)</p>	<p>Known</p> <p>Ability to edit the added Md request</p>	<p>Known</p> <p>Wants to be able to edit Preview (B)</p>
	<p>Known</p> <p>Thought the comms were for additional information about the patients</p>	<p>Known</p> <p>Asking about free text on MD Fax</p>
	<p>Known</p> <p>granted me and they did the fax and then they would require them to be able to save the data</p>	<p>Known</p> <p>3:3 like the auto-send verse</p>
	<p>Known</p> <p>again wanted to edit (B)</p>	

Approve/Info Required/Holds

info required makes for think something may be missing. instead of using it as a button	Wants "Approve" etc near actual Rx form (A)	for TRILLY new user's, does the Approve/need info really help them know what to do?
Thinks that "Review" is "Info Needed" (usually has hot key)	for TRILLY new user's, does the Approve/need info really help them know what to do?	for TRILLY new user's, does the Approve/need info really help them know what to do?
is he had to reach again for require more info. remembered once he knew he had to question if he stopped.	for TRILLY new user's, does the Approve/need info really help them know what to do?	for TRILLY new user's, does the Approve/need info really help them know what to do?

System Feedback

[illegible]

Layout/Design

[illegible]

Top Bar (Rx Summary + First Fill)

The diagram illustrates the relationship between a 'Top Summary' and a 'First Fill'. Both are represented as 2x2 grids of colored boxes.

Top Summary (Left):

- Liked the concept of the top toolbar** (Green box)
- Info on the Drug at top is not clear for 90/90/1** (Red box)
- S1: Doesn't understand the usefulness of top part of the prototype** (Pink box)
- Didn't need top bar (focus directly at patient instead, redundant call users)** (Blue box)

First Fill (Right):

- Saw the first fill** (Green box)
- Unsure of what "Fill 1" in top bar means or why she would expect to know** (Pink box)
- Fill Number: thought it might be 1/x not first fill** (Yellow box)
- First fill is not intuitive** (Red box)
- Understood the top as Drug and Doctor matching** (Green box)
- A: Re: the header summary "not getting much out of this"** (Pink box)
- A: didn't notice the First Fill indicator** (Pink box)

Notifications

The diagram consists of four colored rectangular boxes arranged in a square pattern, each containing text. The boxes are connected by thin black lines forming a square frame.

- Top Left (Pink box):** "Innate when things were saved, and confirmed when things change (A)"
- Top Right (Light Blue box):** "How does BPS work? Set it right up before they die so we don't have to else you can't see at their point (B)"
- Bottom Left (Dark Blue box):** "History
- Background
- Event count & timing
- All CID Cases - resources
- Address
- Profile"
- Bottom Right (Yellow box):** "A MID Center is far from simple. When questioned, the officer has to deal with this. Helpdesk doesn't generally address this."

In the center of the diagram, there is text that reads: "Position – right now bottom right is where notifications (C) will be sent".

Hot Keys

- hockeys: MD Comm Event saving & closing the MD Comm requires clicks
 - Add Note
 - Profile
- Jumping back and forth. Does like the whole reg is there rather than opening with keystroke
- A MD Comm is far from its information. When questioned, he didn't have an issue with this. Hockeys could probably address this.

Misc

<p>likes they didn't seem all that bad to cancel before for changing drug</p>	<p>is very used to see this data and would prefer to see it.</p>	<p>How to think of this? Indicated that this was the right type > P</p>	<p>A "worry" of the system is that it will be used to reference to the current and previous leading score... leads to a small number of people</p>	<p>takes care of these things for continuous IV used where they are at the top (somebody from elukazab)</p>
<p>B: going column by column</p>	<p>wants to see price (copy this)</p>	<p>Associates why she's choosing generic is she doesn't see that? (A. eligibility)</p>	<p>For seeing the full information, original data, and then the results with any additional information that is added to the software and not just "used" for the</p>	<p>A couple days ago, we had a meeting with the software in 10/20 with the data and the data in the software. I had a discussion</p>

IRIS

[illegible]