

Overview of the Software

Main Features

Patient Management and Management Reports

The RPMS Women's Health Software functions in two main areas: Patient Management and Management Reports.

Patient Management is the portion of the software used to manage individual patients, their procedures, due dates and correspondence. Under the Patient Management menu it is possible to maintain patient data such as the date of the patient's next PAP smear or colposcopy or mammogram, patient's pregnancy and her EDC, as well as the patient's current PAP Regimen. It is also possible to track the patient's individual procedures: the date performed, the provider and clinic, the results or diagnosis, etc. Notifications (letters and phone calls) may also be tracked. This is also the section where CDC-funded sites complete CDC required data such as: Diagnostic Workup, Final Diagnosis of PAP/Colposcopy, Status of Treatment, etc. A file of form letters has been included in the software which allows the letters to be edited and personalized for a clinic's particular needs. Reminder letters can be queued months in advance of an appointment, to be printed and mailed out shortly before the appointment.

Management Reports is the portion of the software used to print epidemiological reports, such as the number of women who received a mammogram for the selected time period, or the number of patients having abnormal PAP results during a selected time period. Under Management Reports it is possible to produce lists of patients who are past their due dates for follow-up procedures. It is also possible to store program statistics by date for later comparison of program trends and progress.

Patients, Procedures, and Notifications

In the RPMS Women's Health Software there are three basic data elements: Patients, Procedures, and Notifications.

Patients refer to the women in the program register. Data stored under each patient includes demographic data, the patient's Case Manager, the patient's current or next PAP treatment need and its due date, the patient's PAP regimen and the date it began, the patient's current or next Mammogram treatment need and its due date, and other data. This type of data is referred to as the patient's Case Data.

Procedures refer to any of the Procedures tracked by the software. The table of Procedure Types includes PAP smear, colposcopy, mammogram, LEEP, cone biopsy, ECC, and others. The results or diagnosis associated with these procedures are chosen from a table of Bethesda-consistent terminology.

Notifications refer to any type of communication or correspondence with the patient, such as first, second and third letters, certified letters, phone calls, messages left, etc. Notifications which take the form of letters fall into two categories: *Results* letters and *Reminder* letters. *Results* letters inform the patient of the results of a recent procedure and are queued to print immediately. *Reminder* letters inform the patient of the need to schedule her next appointment and are queued to print at some time several weeks or months in the future.

The group of reports that look for the due dates of Patients' Treatment Needs, of Procedures, and of Notifications provide a comprehensive mechanism for guarding against losing patients to follow-up.

The Basic Patient Management Loop

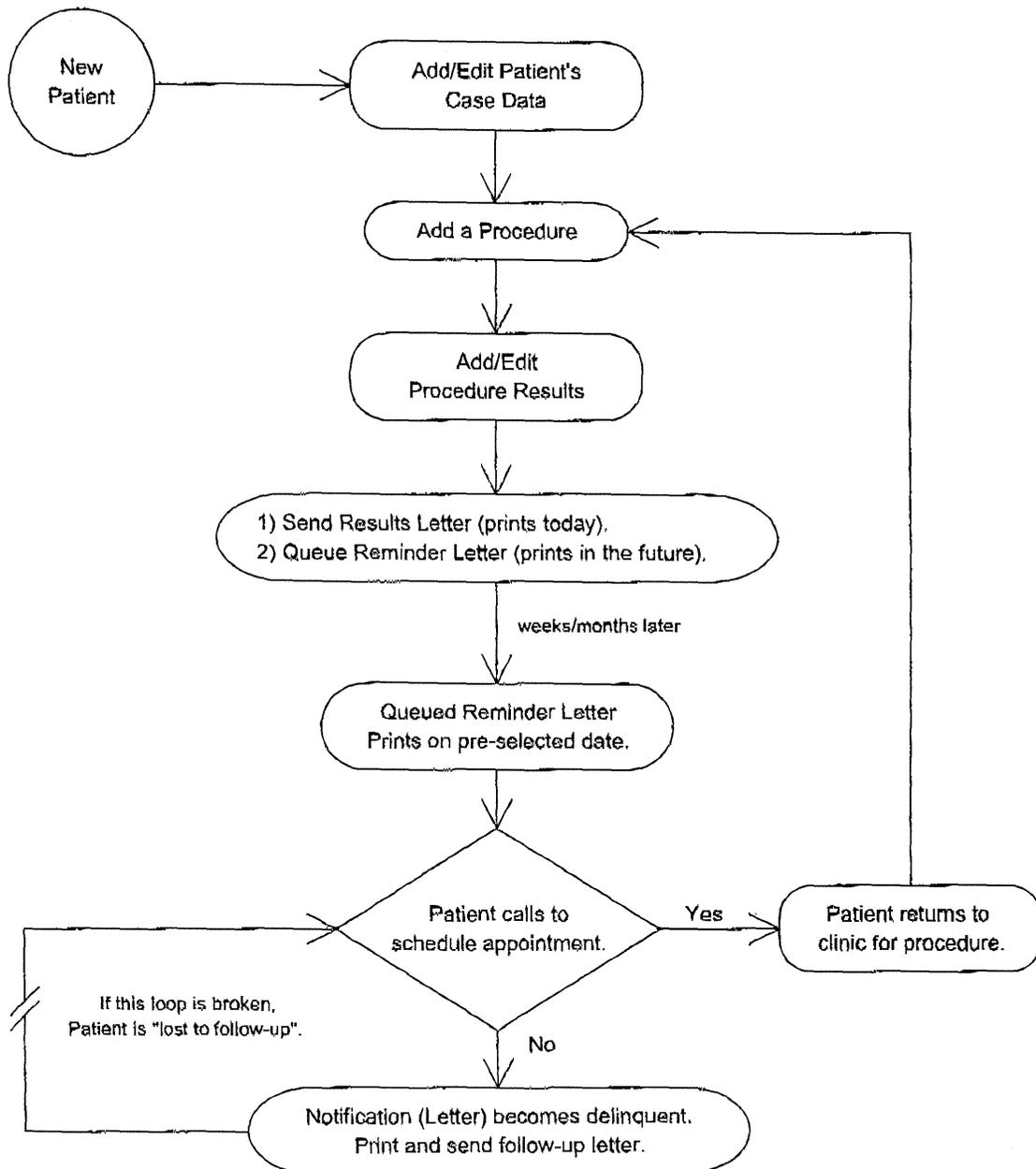
The function of the RPMS Women's Health Software is best understood in terms of the **Basic Patient Management Loop** (please refer to the flowchart on the following page).

The loop is a sequence of events that occur over and over again during a patient's life.

This software uses the concept of Procedures and Notifications being *open* and *closed*. Procedures and Notifications will become delinquent if they are not *closed* by the "Complete by (Date)" field found in the Notification and Procedure screens. If a Procedure or Notification is not *closed* by its due date, this will be an indicator that the patient may be "lost" to follow-up. Generally, a Procedure is closed when the results or diagnosis for that Procedure are entered; a Notification is closed either at the time it is printed (as in the case of a *results* letter) or when the patient returns for her next appointment (as in the case of a *reminder* letter).

An example of the Basic Patient Management Loop would be the following: A new patient presents to the clinic for care. The patient's Case Data (PAP and MAM treatment needs, EDC, etc.) are entered into the RPMS Women's Health program. Next, some Procedure is performed (such as a PAP smear). The Procedure is entered into the computer, an accession number is assigned to the procedure, and the specimen is sent to a lab for diagnosis. After a period of days, results are returned from a lab and entered for the Procedure and this Procedure is then *closed*. At that time, one and possibly two separate Notification letters are selected from the Purpose of Notification file: the first letter, a *results* letter, informs the patient of the results of the procedure. This letter is printed immediately. The second letter, a *reminder* letter, will advise the patient to call the clinic in order to schedule her next appointment. This second letter is queued to print one year later (assuming the PAP was normal). One year later, in response to the *reminder* letter, the patient calls to schedule her next appointment. When she returns to the clinic for her next Procedure, the Patient Management Loop begins again: procedure... results...*results* letter & *reminder* letter...call for an appointment...procedure. When the patient returns for a Procedure, it is important to *close* the *reminder* letter that prompted her appointment; otherwise, the *reminder* letter will be left *open* and begin to show up as delinquent on the past due reports.

Basic Patient Management Loop



Patient Name: [REDACTED]
Street: [REDACTED]
Cty/St/Zip: [REDACTED]

Chart#: [REDACTED]
Patient Phone: [REDACTED]
Unique ID: [REDACTED]

Case Manager: RILEY, MARY Inactive Date: NO DATE
Breast Tx Need: Mammogram, Screening (by 03/07/2010)
Cervical Tx Need: Follow-up PAP (by 11/25/2009)
PAP Regimen: Pq4mx3, Pq6mx2, Pqy (began 04/09/2009)

Family Hx of Breast CA: no family history
Currently Pregnant:
Date Enrolled: 04/16/1996

DES Daughter:
Referral Source:

Race 1: AMERICAN INDIAN OR ALASKA NATIVE
Income Eligible: Income Eligible Date:

----- Text of NOTES -----

1991 HX CERVICAL LAZER CONIZATION

6/06 rpt pap 4 mos. per Dr TD. TD called pt 6/21/06 re:pap and informed her that she must go to FPC to re-reg. for CDP & then make f/u appt here. TM Ltr sent.

9/06 reminder pap ltr sent.

11/30/06 dnka for pap.

12/19/06 CF GRN. 12/20/06 od ltr sent.

10/02/07 screening mammogram negative

Colpo sched 12/0/08 mr

APPT SCHED W/AW 1/8/09 FOR CONSULT. LTR SENT. TC LM RE: APPT, CM. WILL NEED CA TX PROG IF LEEP ETC., PROB. NEED BEFORE AW APPT. GYN APPT 1/8/09, AW SCHED. CONE 1/27/09. CA TX PROGRAM 1/7/09.

01/15/09, scheduled mammo at SR Radiology 02/23/09 at 1:45 Referral given to pt.

2/12/09 Per AW pt cancelled CONE due to illness. Margie from AW office called said she LM couple of times to call, pt hasn't. Sent note needs surg.

2/16/09 tc to pt. said sick, felt better, then sick again, may make SCIHP appt. VU need for CONE, but needs to be better for anesthesia.

3/4/09 Pt at clinic. Said had pre-op this wk, still w/some coughing but OK for surg. per AW. CONE sched. 3/10/09

03/06/09 screening mammogram negative

03/11/09 mnl sent, rml queued, cdp cycle submitted

3/24/09 CM submitted

4/7/09 post cone f/u as per AW, pap q 4m x3, then q6mo x 2, unless abn. If all NL then q yr. TM

8/09 More Matters sent. TM

----- End of Patient Printout -----

Patient Name: [REDACTED]
Street: [REDACTED]
Cty/St/Zip: [REDACTED]

Chart#: [REDACTED]
Patient Phone: [REDACTED]
Unique ID:

Case Manager: BERG, ROBERTA Inactive Date: NO DATE
Breast Tx Need: CBE and MAM (by 08/08/2010)
Cervical Tx Need: Routine PAP (by 10/06/2007)
PAP Regimen: Pqy (annually) (began 10/10/2006)

Family Hx of Breast CA: >1 1st degree relatives
Currently Pregnant:
Date Enrolled: 10/05/2006

DES Daughter:
Referral Source:

Race 1: AMERICAN INDIAN OR ALASKA NATIVE
Income Eligible: Income Eligible Date:

----- Text of NOTES -----

CBE 05/08/09 with TN, lump, thickening both breasts. Rec: mammo and U/S.
DNKA mammo 05/21/09 at Sutter. Re-scheduled for 06/02/09, DNKA. Needs
CDP.

06/25/09 MNOD letter sent

7/24/09 enrolled CDP. Mammo/U/S scheduled Santa Rosa Radiology 08/07/09
Benign, BIRADS 2.

08/27/09

Letter sent re: come in for repeat CBE and assessment
of need for BX or not, per TN.

09/09/09 Phone message left to make appt. for CBE w/TN

09/18/09 CBE w/TN. Palpable hard nodule under scar tissue from previous
breast bx. Will order U/S for a closer look. If WNL, will go back to
routine screening .

09/21/09 PC to pt. palpable area is still painful.

appt made for left breast U/S 09/30/09 at Redwood Regional.

Asked that prior films be requested for comparison.

09/30/09 left breast U/S, repeat scanning of the left periareolar area
between 12 and 3:00 again demonstrates several subcentimeter periareolar
cysts as noted previously, the largest of which measures only 4mm. There
is alteration of the echotexture related to the BX scar, but no
suspicious findings are seen. Benign, BIRADS 2. Manage patient on a
clinical basis. Per Dr. Nguyen, return to routine screening schedule,
08/2010.

10/06/09 CDP cycle submitted, CM done. BU result letter sent, rml queued.

----- End of Patient Printout -----