



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reminders

(PXRM)

Addendum to Installation Notes

Version 2.0 Patch 1003
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Preface

This documentation applies to those reminders distributed in Version 2.0, Patch 1003 of Clinical Reminders.

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1.0 Introduction

1.1 In General

This guide was designed to supplement the patch installation notes and provide guidance in setting up the Clinical Reminders contained in the PXRМ V2.0 1003 patch. We strongly recommend reviewing this entire document before installing and setting up the Clinical Reminders 1003 patch.

This guide is intended to be used by the following individuals who are responsible for installing, supporting, maintaining, and testing this package:

- Information Resources Management (IRM)
- Clinical Application Coordinator (CAC)

1.2 Clinical Reminders Resources

This guide is intended to be used by individuals who have previous experience with the Clinical Reminders. Patch 1003 is not comprehensive. It includes those reminders that have taxonomies as part of the findings. Refer to Clinical Reminders (PXRМ) Addendum to Installation Notes (pxrm0200.1002o) for full documentation of the version 2.0 list of reminders. It also includes some updated immunization reminders that include updated reminder terms.

The dialogs for the reminders in p1003 were not changed from p1002 and can be viewed in the pxrm0200.1002o.

Clinical Reminders Office Hours: Office hours are announced periodically on the Electronic Health Record (EHR) and Reminders Listservs.

Clinical Reminders Listserv: Send a question to the EHR Reminders Listserv:
http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=159

2.0 What's New

This section provides an overview of the major changes in the Clinical Reminders p1003.

There are 35 reminders and dialogs in this patch, 28 of these use taxonomies in their logic. The remaining reminders and dialogs are immunization updates. The logic for the 28 taxonomy related reminders has changed slightly. New dialogs look the same as the 2013 dialogs but have been given new names with 2014 in them so that they will match the reminders.

The 28 reminders were changed to allow SNOMED problems to be used, as well as the original taxonomies. To do this, the taxonomies were replaced in each reminder with a reminder term. This reminder term contains the original taxonomy and a computed finding that will check the SNOMED term in the problem file against a subset of SNOMED terms. If the reminder term finds either the item in the taxonomy (PROBLEMS or Purpose of Visit - POV) or the computed finding (PROBLEMS), it will return a true.

Looking at the reminder terms, you will see two findings; the original taxonomy used in the 2013 reminders, and the new finding entitled IHS-SNOMED. This same computed finding is used in all the new reminder terms.

The field Computed Finding Parameter will contain the name of the Apelon Subset that will be used to determine if the problem is part of this cohort. In Figure 2-1, the Computed Finding Parameter is called PXRDIABETES.

Even though reminder terms are editable, sites should not change the item or this parameter since it is specific to the needs of the reminder.

IHS-DIABETES DX 2014	No. 35
Class:	VISN
Sponsor:	
Date Created:	
Review Date:	
Description:	
Edit History:	
Edit Date: MAR 11, 2014 14:37	Edit By: USER, DEMO
Edit Comments:	
Findings:	
Finding Item: IHS-DIABETES DX 2007 (FI(1)=TX(71))	
Finding Type: REMINDER TAXONOMY	
Beginning Date/Time: T-3Y	

Finding Item:	IHS-SNOMED (FI(2)=CF(681))
Finding Type:	REMINDER COMPUTED FINDING
Beginning Date/Time:	T-3Y
Computed Finding Parameter:	PXRM DIABETES

Figure 2-1: Computed Finding Parameter Field

2.1 Immunization Reminders

There were changes to several of the immunization reminders due to the changes to the Texas Children's Forecaster. This forecaster uses the Not Otherwise Specified (NOS) immunizations, so those items were added to the reminder terms.

2.2 New Reminders

- IHS-ASTHMA ACTION PLAN 2014
- IHS-ASTHMA CONTROL 2014
- IHS-ASTHMA PRIM PROV 2014
- IHS-ASTHMA RISK EXACERBATION 2014
- IHS-ASTHMA SEVERITY 2014
- IHS-ASTHMA STEROID 2014
- IHS-BLOOD PRESSURE 2014
- IHS-COLON CANCER 2014
- IHS-DIAB ACE/ARB 2014
- IHS-DIAB ANTPLT KNOWN CVD 2014
- IHS-DIAB ASPIRIN FEMALE 2014
- IHS-DIAB ASPIRIN MALE 2014
- IHS-DIAB BP CONTROL 2014
- IHS-DIAB EYE EXAM 2014
- IHS-DIAB FOOT EXAM 2014
- IHS-DIAB HGBA1C 2014
- IHS-DIAB HGBA1C CONTROL 2014
- IHS-DIAB NEPHRO SCR/MON 2014
- IHS-DIABETES SCREENING 2014
- IHS-HEP A ADULT IMMUN 2014
- IHS-HEP B ADULT IMMUN 2014

- IHS-HIV SCREEN 2014
- IHS-HPV IMMUN 2014
- IHS-LIPID FEMALE 2014
- IHS-LIPID MALE 2014
- IHS-MAMMOGRAM 40-49 2014
- IHS-MAMMOGRAM 50-74 2014
- IHS-MAMMOGRAM 75-100 2014
- IHS-OSTEOPOROSIS SCREEN 2014
- IHS-PAP SMEAR 21-29Y 2014
- IHS-PAP SMEAR 30-64Y 2014
- IHS-PED DT IMMUN 2014
- IHS-PED HEPA IMMUN 2014
- IHS-PED HEPB IMMUN 2014
- IHS-PED POLIO IMMUN 2014

2.3 Updated Reminder Dialogs

There were no dialog changes.

2.4 New Dialogs (with Associated Reminder)

- IHS-ASTHMA ACTION PLAN 2014
- IHS-ASTHMA CONTROL 2014
- IHS-ASTHMA PRIM PROV 2014
- IHS-ASTHMA RISK EXACERBATION 2014
- IHS-ASTHMA SEVERITY 2014
- IHS-ASTHMA STEROID 2014
- IHS-BLOOD PRESSURE 2014
- IHS-COLON CANCER 2014
- IHS-DIAB ACE/ARB 2014
- IHS-DIAB ANTPLT KNOWN CVD 2014
- IHS-DIAB ASPIRIN FEMALE 2014
- IHS-DIAB ASPIRIN MALE 2014

- IHS-DIAB BP CONTROL 2014
- IHS-DIAB EYE EXAM 2014
- IHS-DIAB FOOT EXAM 2014
- IHS-DIAB HGBA1C 2014
- IHS-DIAB HGBA1C CONTROL 2014
- IHS-DIAB NEPHRO SCR/MON 2014
- IHS-DIABETES SCREENING 2014
- IHS-HEP A ADULT IMMUN 2014
- HIS-HEP B ADULT IMMUN 2014
- IHS-HIV SCREEN 2014
- IHS-HPV IMMUN 2014
- IHS-LIPID FEMALE 2014
- IHS-LIPID MALE 2014
- IHS-MAMMOGRAM 40-49 2014
- IHS-MAMMOGRAM 50-74 2014
- IHS-MAMMOGRAM 75-100 2014
- IHS-OSTEOPOROSIS SCREEN 2014
- IHS-PAP SMEAR 21-29Y 2014
- IHS-PAP SMEAR 30-64Y 2014
- IHS-PED HEPA IMMUN 2014
- IHS-PED HEPB IMMUN 2014
- IHS-PED POLIO IMMUN 2014

3.0 Installation Checklist

Review the patch notes and this guide. The following steps should be performed by the appropriate IRM or CAC staff in the order that it is presented.

1. Review the list of reminders to determine which ones to install or activate (Section 4.0).
2. Remove old reminders from Reminder Exchange (Section 6.0). This is not required for this install but may make it easier to find the new reminders if the site has finished installation of all reminders from p1003.
3. Dialog Preparation: If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there may be some problems. Follow the instructions in this guide to look for the additional findings and remove them before installing the reminder. Add them back after installation (Section 7.0).
4. Install the KIDS build by appropriate IRM personnel (Section 8.0).

Note: After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

5. Install the reminders in Reminder Exchange that will be used at the facility (Section 9.0).
6. Install, link and enable the dialogs (Section 11.0).
7. If additional findings were removed in Step 5, add them back in. Consider manually updating the dialogs (Section 12.0). *Never* use an additional finding that is used in any other reminder dialog. Only absolutely unique finding items may be used as additional findings (Section 13.0).
8. Configure the EHR to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab (Section 14.0).
9. Inactivate Old Reminders.
10. Review the installed reminders and dialogs (Appendix A:).

4.0 Review National Reminder Definitions

The following provides information about all the National Reminder Definitions.

4.1 IHS-ASTHMA ACTION PLAN 2014

APPLICABLE TO: Patients with asthma who do not have a documented Action (Management) Plan in the past year.

REMINDER DUE: If patient has not had an Asthma Action Plan (Patient Ed ASM-SMP) documented in the past year, the Best Practice Prompt (BPP) is only active when patient has an Asthma Severity Classification of one of the following:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous six months
- Most recent asthma control of “very poorly controlled” or “not well controlled”
- Asthma exacerbation in the past year
- One of more ER
- Urgent Care visits in the past year with primary diagnosis of asthma

FREQUENCY: Annually

RESOLUTION: Documentation of an Asthma Action plan (Patient Ed ASM-SMP) will inactivate the ASTHMA ACTION PLAN BPP and resolve the reminder.

Refer to the application documents for logic and RPMS taxonomies, found at:

- http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- Indian Health Service (IHS) PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders (HMR) and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.2 IHS-ASTHMA CONTROL 2014

APPLICABLE TO: Patients with asthma who do not have a documented Asthma Control in the past year.

REMINDER DUE: If the patient has not had an asthma control documented (can be documented on Problem Edit when selecting as POV) in the past year.

The BPP is only active when the patient has one of the following Asthma Severity Classifications:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous six months

FREQUENCY: Annually.

RESOLUTION: This reminder resolves when the PCC BPP is no longer active.

Refer to the application documents for logic and RPMS taxonomies, found at:

- <http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&ACID=0>
- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.3 IHS-ASTHMA PRIM PROV 2014

APPLICABLE TO: Patients with asthma who do not have a documented Primary Care Provider.

REMINDER DUE: If a patient has asthma and does not have a documented Primary Care Provider.

The BPP is only active when patient has an Asthma Severity Classification of any one of the following:

- Persistent asthma

- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous six months

FREQUENCY: One day for all ages.

RESOLUTION: This reminder resolves when the PCC BPP is no longer active.

Refer to the application documents for logic and RPMS taxonomies, found at:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.4 IHS-ASTHMA RISK EXACERBATION 2014

This reminder uses a computed finding to get data from ASTHMA: INCREASED RISK FOR EXACERBATION BPP. The reminder is due while the patient is at an increased risk for exacerbation, and will not resolve while the BPP is active for the patient.

APPLICABLE TO: Patients with asthma who have had an active Asthma Risk for Exacerbation BPP.

REMINDER DUE: If the patient has asthma and has had an active Asthma Risk for Exacerbation BPP. Patients with increased risk for asthma exacerbation, defined as any one of the following:

- Two or more ER, Urgent Care or inpatient visits in the last year (not on the same day) with a documented primary diagnosis of asthma
- One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent)
- Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity Classification of mild, moderate, or severe persistent

- At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least two weeks (14 days) before or after the ER/UC/inpatient visit.

FREQUENCY: One day for all ages.

RESOLUTION: This reminder resolves when the PCC BPP is no longer active.

Refer to the application documents for logic and RPMS taxonomies, found at:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.5 IHS-ASTHMA SEVERITY 2014

APPLICABLE TO: Patients with asthma who do not have asthma severity documented on the problem list.

REMINDER DUE: If a patient does not have documented Asthma Severity Classification (on problem list). The BPP is only active when the patient has either of the following:

- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous six months

FREQUENCY: Annually.

RESOLUTION: This reminder resolves when the PCC BPP is no longer active.

Refer to the application documents for logic and RPMS taxonomies, found at:

- http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.6 IHS-ASTHMA STEROIDS 2014

APPLICABLE TO: A patient who uses inhaled corticosteroids, but has not had a prescription in the past six months.

REMINDER DUE: If patient does not have a prescription in the past six months for inhaled corticosteroids. Reminder will be due when the BPP is active.

FREQUENCY: One day for all ages.

RESOLUTION: This reminder uses a computed finding to receive data from PCC Best Practices.

Refer to the application documents for logic and RPMS taxonomies, found at:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.
- iCare Population Management GUI (BQI) *iCare User Manual*

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.7 IHS-BLOOD PRESSURE 2014

APPLICABLE TO: Patients age two and older. Hypertensive and diabetic patients are excluded from this reminder. This is a blood-pressure screening reminder for normal risk individuals.

REMINDER DUE: A patient who does not have hypertension or diabetes and meets all of the following:

- Last BP was over 139 OR 89
- No BP recorded in past 1 year if over 21 OR

- Under 21 and last DBP 85-89
- No BP recorded in past 2 years if age 2-20

FREQUENCY:

- One year for ages 21Y to 110Y
- Two years for ages 2Y to 20Y

RESOLUTION: Blood pressure at the recommended interval**BIBLIOGRAPHIC CITATION:** Healthy People 2020 Heart Disease and Stroke:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.8 IHS-COLON CANCER 2014

APPLICABLE TO: if age 51-75, with:

- No history of neoplasm of the colon
- No evidence of colonoscopy in the past nine years and nine months
- No evidence of sigmoidoscopy or barium enema in the past four years and nine months

This differs from previously released reminder due to a software defect in the handling of rank frequency used in resolution logic.

REMINDER DUE: If no fecal test done in past year, REMINDER ON if due within three months.**FREQUENCY:** Annually for ages 51Y to 75Y.**RESOLUTION:**

- Fecal test resulted
- Colonoscopy done (status N/A for years and nine months)
- Sigmoidoscopy (status N/A for four years and nine months)

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2008, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.9 IHS-DIAB ACE/ARB 2014

Diabetic patients who have hypertension or nephropathy should be evaluated for the appropriateness an ACEI or ARB therapy unless they are allergic to both.

APPLICABLE TO: A patient who meets all of the following:

- Has an active problem or diagnosis of diabetes
- Has either a diagnosis of nephropathy or hypertension, or a UA/CR >30
- Does not have an active, filled prescription for an ACEI or ARB

<p>Note: Patient is removed from cohort if documented allergy or ADR to both ACEI and ARB.</p>

REMINDER DUE: If patient has an active problem or diagnosis of diabetes and either a diagnosis of nephropathy or hypertension or a UA/CR >30 and does not have an active, filled prescription for an ACEI or ARB.

FREQUENCY: Annually.

RESOLUTION: Reminder resolved by current prescription for ACEI or ARB, including outside medications.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.10 IHS-DIAB ANTPLT KNOWN CVD 2014

APPLICABLE TO: Diabetic patients with known cardiovascular disease. These patients should be evaluated for the appropriateness for antiplatelet therapy. Reminder checks medication listing to see if patient is on aspirin or clopidogrel.

REMINDER DUE:

Patient meets all of the following:

- Has an active problem or visit diagnosis of diabetes in the past three years
- Has an active problem or visit diagnosis of CVD
- Is not on warfarin therapy
- Has no documented allergy to *both* aspirin and clopidogrel

- Has no current and filled RX for aspirin or clopidogrel

FREQUENCY: Annually.

RESOLUTION: Reminder resolved by current prescription for ACEI or ARB, including outside medications.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.11 IHS-DIAB ASPIRIN FEMALE 2014

Female diabetic patients over 60 years of age who have an additional risk for cardiovascular disease should be considered for aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

APPLICABLE TO: Female patient over 60 years of age who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

REMINDER DUE:

Patient meets all of the following:

- Is female
- Is over 60 years of age
- Has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past three years
- Is not on warfarin therapy
- Has no documented allergy to aspirin
- Has no current and filled RX for aspirin (clopidogrel will also resolve reminder)

FREQUENCY: Annually for ages 60Y to 99Y.

RESOLUTION: Current RX for aspirin. Clopidogrel will also resolve reminder.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

4.12 IHS-DIAB ASPIRIN MALE 2014

Male diabetic patients over 50 years of age who have an additional risk for cardiovascular disease should be considered for aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

APPLICABLE TO: Male patients, over 50 years of age, who have an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

REMINDER DUE: Patient meets all of the following:

- Is a male over 50 years of age
- Has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past three years
- Is not on warfarin therapy
- Has no documented allergy to aspirin
- Has no current and filled RX for aspirin (clopidogrel will also resolve reminder)

FREQUENCY: Annually for ages 50Y to 99Y

RESOLUTION: Current RX for aspirin. Clopidogrel will also resolve reminder

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.13 IHS-DIAB BP CONTROL 2014

APPLICABLE TO: Patient who has any of the following:

- An active problem-diagnosis of Diabetes
- A visit diagnosis of diabetes in the past three years, *and* no BP recorded in three months

REMINDER DUE: If SBP 130 or greater, or DBP 80 or greater.

FREQUENCY: Every three months for all ages.

RESOLUTION: Blood pressure taken during the recommended interval.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.14 IHS-DIAB EYE EXAM 2014

APPLICABLE TO: Patients with any of the following:

- An active problem of diabetes
- A visit diagnosis of diabetes in the past three years *and* no dilated eye exam in the past year

REMINDER DUE: If patient has any of the following:

- An active problem of diabetes
- A visit diagnosis of diabetes in the past three years, *and* no dilated eye exam in the past year

FREQUENCY: Annually for all ages.

RESOLUTION: Eye exam from the exam file or a Current Procedural Terminology (CPT) code for a fundoscopic eye exam documented.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.15 IHS-DIAB FOOT EXAM 2014

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past three years.

REMINDER DUE: If patient has any of the following:

- An active problem of diabetes

- A visit diagnosis of diabetes in the past three years, **and** no diabetic foot exam in the past year

FREQUENCY: Annually for all ages.

RESOLUTION: Diabetic Foot Exam Code documented.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.16 IHS-DIAB HGBA1C 2014

APPLICABLE TO: Patients with a diagnosis of diabetes in the past three years, AND no HGBA1C in the last six months.

REMINDER DUE: If patient has a diagnosis of diabetes in the past three years, AND no HGBA1C in the last six months.

FREQUENCY: six months for all ages.

RESOLUTION: HGBA1C lab result.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.17 IHS-DIAB HGBA1C CONTROL 2014

APPLICABLE TO: Patients with diabetes who have not had their A1C measured at least two times per year. Also, patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

REMINDER DUE:

- In six months if no A1C in past six months.
- In three months if the last A1C exceeds the site-defined threshold in the IHS-HGBA1C REEVALUATE term. Each site must edit this term and enter the threshold for this reminder. See the following instructions.

FREQUENCY: Patients with diabetes should have their A1C measured at least two times per year. Patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

RESOLUTION: HGBA1C lab result.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

IHS-HGBA1C REEVALUATE:

```

NAME: IHS-HGBA1C REEVALUATE Replace
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
  No existing text
  Edit? NO//

Select FINDING ITEM: HEMOGLOBIN A1C// Enter your sites HGBA1C test name. If
there are more than 1 HGBA1C lab tests setup at your site, you will need to
set each one up.

FINDING ITEM: HEMOGLOBIN A1C//
EFFECTIVE PERIOD:
USE INACTIVE PROBLEMS:
WITHIN CATEGORY RANK:
EFFECTIVE DATE:
MH SCALE:

CONDITION: I V>6.9// In this example: If the HGBA1C is greater than 6.9,
it will be due in 3 months. This condition may be modified.

Enter the condition for each lab added

CONDITION CASE SENSITIVE:
RX TYPE:

```

4.18 IHS-DIAB NEPHRO SCR/MON 2014

APPLICABLE TO: Patients who have an active problem diagnosis of diabetes or all of the following:

- Have a visit diagnosis of diabetes in the past three years
- Are not on long term dialysis
- Have no quantitative urine albumin (Urine Albumin-to-Creatinine Ratio or UACR)

- Have had Estimated Glomerular Filtration Rate (eGFR - requires a creatinine) in the past year

REMINDER DUE: If a patient has an active problem diagnosis of diabetes, or all of the following:

- Have a visit diagnosis of diabetes in the past three years
- Are not on long term dialysis
- Have no quantitative urine albumin (UACR)
- Have had eGFR (eGFR requires a creatinine) in the past year

FREQUENCY: Annually for all ages.

RESOLUTION: quantitative urine albumin (UACR) and eGFR lab result.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.19 IHS-DIABETES SCREENING 2014

APPLICABLE TO: Patients age 18 and older who do not have an active problem or visit diagnosis of diabetes in past 3 years.

REMINDER DUE: Patient is aged 18 and older, without diagnosis of diabetes on the problem list, and no glucose screening test documented in the past 3 years.

FREQUENCY: Three years for ages 18Y to 100Y.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC HMR.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the application documents for logic and RPMS taxonomies, found at:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

4.20 IHS-HEP A ADULT IMMUN 2014

APPLICABLE TO: Patients patient 18 or older, AND Immunization forecaster indicates Hep A is due.

IMMUNIZATIONS INCLUDED:

- IM. HEP A, NOS Finding #: 3
- IM HEP A, PED/ADOL, 2 DOSE Finding #: 1
- IM HEP A, PEDIATRIC, NOS

REMINDER DUE: patient 18 or older

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.21 IHS-HEP B ADULT IMMUN 2014

APPLICABLE TO: Patients patient 20 years or older.

REMINDER DUE: Patients 20 years or older, AND Immunization forecaster indicates Hep B is due.

IMMUNIZATIONS INCLUDED:

- IM HEP B, ADOLESCENT OR PEDIATRIC Finding #: 1
- IM HEP B, NOS

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.22 IHS-HPV IMMUN 2014

APPLICABLE TO: Patients 11 to 26 years old.

REMINDER DUE: Patients 11 to 26 years old, AND Immunization forecaster indicates HPV is due.

IMMUNIZATIONS INCLUDED:

- IM HPV QUADRIVALENT Finding #: 1
- IM HPV, bivalent Finding #: 2
- IM HPV, NOS

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.23 IHS-HIV SCREEN 2014

APPLICABLE TO: Patients 13 to 64 years old with no problem or diagnosis of HIV, and no HIV screening ever done.

REMINDER DUE: If patient is 13 to 64 years with no problem or diagnosis of HIV, and no HIV screening has ever been done.

FREQUENCY: Ninety-nine years – Once for ages 13 years to 64 years.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC HMR lookup.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Sexually Transmitted Infections:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.24 IHS-LIPID PROFILE FEMALE 2014

APPLICABLE TO: Female age 45 years to 64 years.

REMINDER DUE: If female age 45 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in one year.

FREQUENCY: 5 years for ages 45 years to 64 years.

RESOLUTION: Lipid profile lab result including and LDL.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.25 IHS-LIPID PROFILE MALE 2014

APPLICABLE TO: Male age 35 years to 64 years.

REMINDER DUE: If male age 35 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in one year.

FREQUENCY: Five years for ages 35 years to 64 years.

RESOLUTION: Lipid profile lab result including and LDL.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

4.26 IHS-MAMMOGRAM 40-49 2014

APPLICABLE TO: Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
 - Recommends screening mammograms every 2 years from age 50 through 74
 - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
 - Recommends screening mammograms every one to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
 - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
 - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

REMINDER DUE: Women aged 40 through 49 years who have not had Women's Health Mammogram education or mammogram documented in the past year.

FREQUENCY: Annually for ages 40 years to 49 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 40 through 49 years with documentation of Women's Health-Mammogram patient education or Mammogram.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the application documents for logic and RPMS taxonomies, found at:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

4.27 IHS-MAMMOGRAM 50-74 2014

APPLICABLE TO: Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
 - Recommends screening mammograms every 2 years from age 50 through 74
 - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
 - Recommends screening mammograms every one to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
 - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
 - Recommends screening mammograms yearly starting at age 40, as long as a woman is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

REMINDER DUE: Women aged 50 through 74 years who have not had Women's Health Mammogram education or mammogram documented in the past year.

FREQUENCY: Annually for ages 50 years to 74 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 50 through 74 years with documentation of Women's Health-Mammogram patient education or Mammogram.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

Refer to the application documents for logic and RPMS taxonomies, found at:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

4.28 IHS- MAMMOGRAM 75-100 2014

APPLICABLE TO: Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
 - Recommends screening mammograms every 2 years from age 50 through 74
 - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
 - Recommends screening mammograms every one to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
 - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
 - Recommends screening mammograms yearly starting at age 40, as long as a woman is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

REMINDER DUE: Women aged 75 through 100 years who have not had Women's Health Mammogram education or mammogram documented in the past year.

FREQUENCY: Annually for ages 75 years to 100 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 75 through 100 years with documentation of Women's Health-Mammogram patient education or Mammogram.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the application documents for logic and RPMS taxonomies, found at:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

4.29 IHS-OSTEOPOROSIS SCREEN 2014

APPLICABLE TO: Female patients, 65 and older, with no osteoporosis screening documents.

REMINDER DUE: For female patients, 65 and older, with no osteoporosis screening documents. IF osteoporosis or osteopenia, bone mineral density testing should be done every 2 years.

FREQUENCY: Once for female patients ages 65 years to 110 years.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC HMR look up.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2011:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the application documents for logic and RPMS taxonomies, found at:

- http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

4.30 IHS-PAP SMEAR 21-29Y 2014

APPLICABLE TO: Normal risk women every 3 years between the ages of 21 and 29.

REMINDER DUE: For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

FREQUENCY: Three years for ages 21 years to 29 years.

RESOLUTION: This reminder resolves using the RPMS data found by the PAP SMEAR HMR for Pap Smear.

Refer to the application documents for logic and RPMS taxonomies, found at:

- http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.31 IHS-PAP SMEAR 30-64Y 2014

APPLICABLE TO: Female patients with intact cervix ages 30 years to 64 years if no PAP test in past 3 years, OR if no PAP test AND HPV test documented in past 5 years.

REMINDER DUE: For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

FREQUENCY: Frequency is set to five years so regardless of tests done, the system will forecast a PAP due in five years. IF only a PAP test was done without HPV testing, the PAP test expires in three years and will be due.

RESOLUTION: This reminder resolves using the RPMS data found by the PAP SMEAR HMR for Pap Smear.

Refer to the application documents for logic and RPMS taxonomies, found at:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for HMRs and Appendix B for BPP.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.32 IHS-PED DT IMMUN 2014

APPLICABLE TO: patients at least six weeks and less than seven years old

REMINDER DUE: if patient at least six weeks and < seven years AND Immunization forecaster says DT is due AND patient is unable to tolerate the pertussis vaccine Immunizations included:

- IM DT (PEDIATRIC)

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.33 IHS-PED HEPA IMMUN 2014

APPLICABLE TO: Patient 12 mos and < 18 years old.

REMINDER DUE: If patient is 12 mos and < 18 years old, AND Immunization forecaster indicates Hep A is due.

IMMUNIZATIONS INCLUDED:

- IM HEP A, NOS Finding #: 3
- IM HEP A, PED/ADOL, 2 DOSE Finding #: 1
- IM HEP A, PEDIATRIC, NOS

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.34 IHS-PED HEPB IMMUN 2014

APPLICABLE TO: Patients 2 days to 19 years old.

REMINDER DUE: If patient is 2 days to 19 years old, AND Immunization forecaster indicates Hep B is due.

IMMUNIZATIONS INCLUDED:

- IM HEP B, ADOLESCENT OR PEDIATRIC Finding #: 1
- IM HEP B, NOS

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.35 IHS-PED POLIO IMMUN 2014

APPLICABLE TO: Patients 6 weeks to 18 years old.

REMINDER DUE: If patient is 6 weeks to 18 years old, AND Immunization forecaster indicates polio is due.

IMMUNIZATIONS INCLUDED:

- IM IPV Finding #: 1
- IM POLIO, NOS

FREQUENCY: One day – Forecaster is run whenever patient is selected.

RESOLUTION: Forecaster does not indicate immunization is due.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

5.0 National Reminder Dialogs

5.1 IHS-ASTHMA CONTROL 2014

Reminder Resolution: Asthma Control

REMINDER ON : if patient has asthma and does not have Asthma Control documented in the past year . Asthma control should be documented at each asthma visit using the Reminder Dialog or when documenting POV on the Integrated Problem List.

CONTROL

Asthma is well controlled.

Asthma is not well controlled.

Asthma is very poorly controlled.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-1: Asthma Control dialog

5.2 IHS-ASTHMA ACTION PLAN 2014

Asthma management documentation uses the Asthma Self Management Plan patient education topic.

Reminder Resolution: Asthma Action Plan

REMINDER DUE: if patient has asthma and does not have an Asthma Action (Self Management) Plan education topic (ASM-SMP) documented.

Asthma Action Plan can be printed through RPMS Patient Wellness Menu option AAP, Ad Hoc Health Summary (AAP) OR a Health Summary Button and document education topic below:

Patient and/or family reviewed and discussed their asthma management

- 1 - -

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-2: Reminder Resolution: Asthma Action Plan dialog

5.3 IHS-ASTHMA PRIM PROV 2014

This dialog does not have any data entry. The user is instructed on what actions should be taken in PCC or in other components in the EHR to resolve the reminder.

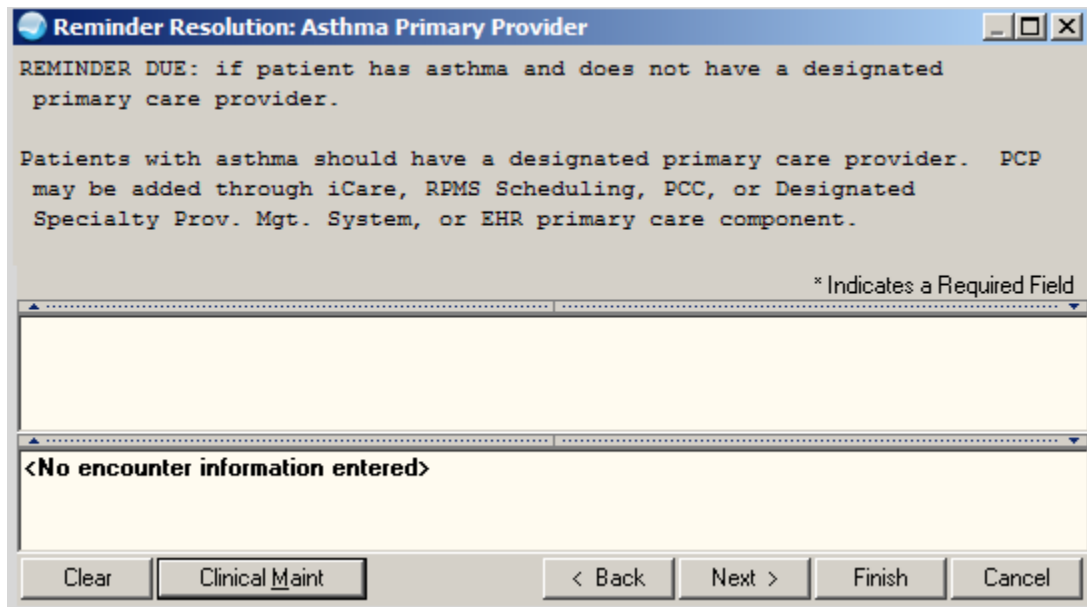


Figure 5-3: Reminder Resolution: Asthma Primary Provider

5.4 IHS-ASTHMA RISK EXACERBATION 2014

This dialog does not have any data entry. The user is instructed on what actions should be taken in PCC or in other components in the EHR to resolve the reminder.

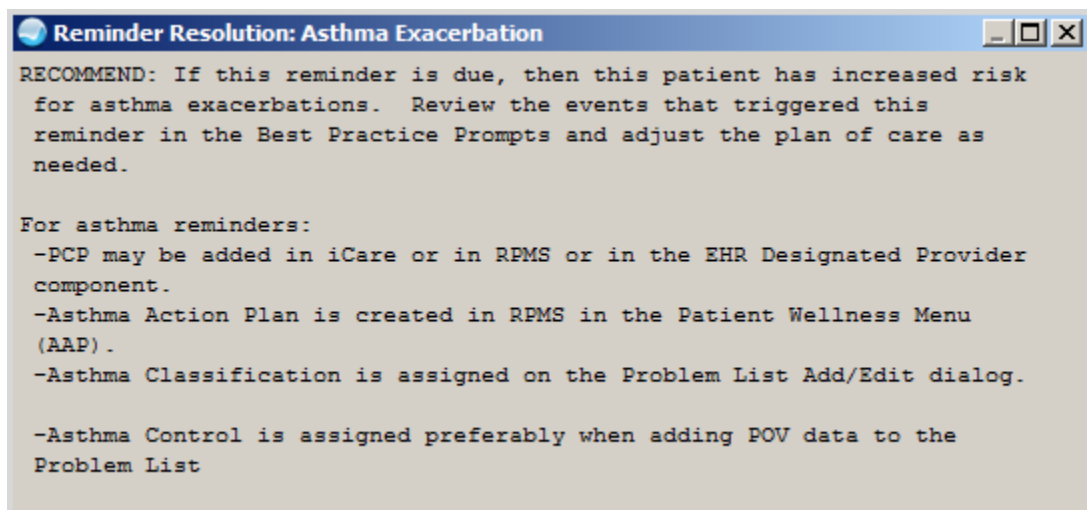


Figure 5-4: Reminder Resolution: Asthma Exacerbation dialog

5.5 IHS-ASTHMA SEVERITY 2014

This dialog does not have any data entry. The user is instructed on what actions should be taken in PCC or in other components in the EHR to resolve the reminder.

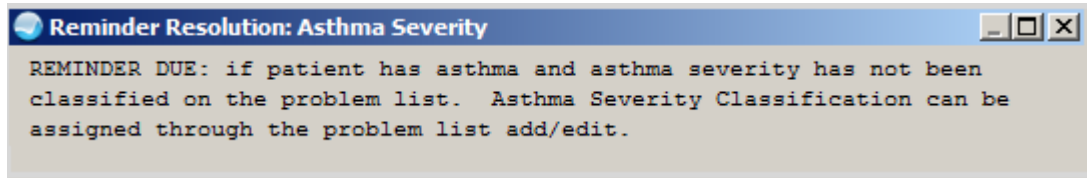


Figure 5-5: Reminder Resolution: Asthma Severity dialog

5.6 IHS-ASTHMA STEROID 2014

This dialog allows documentation of a steroid medication order. Sites should make an order menu for asthma steroid meds.

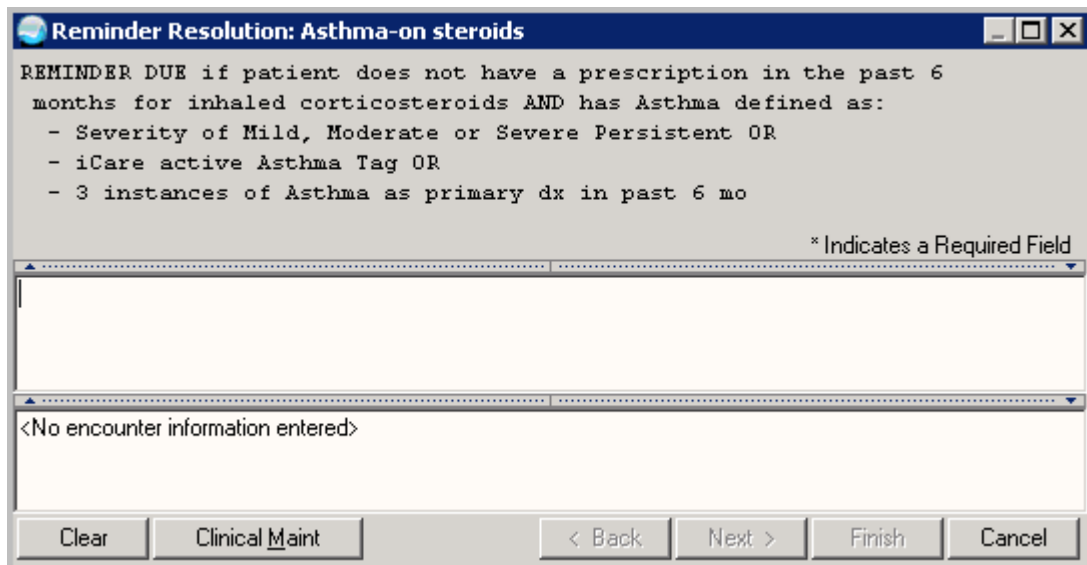


Figure 5-6: Asthma Steroids dialog

5.7 IHS-BLOOD PRESSURE 2014

This dialog allows documentation of the blood pressure.

Reminder Resolution: Blood Pressure

REMINDER ON: This is a blood pressure screening reminder.
Blood pressure should be taken every two years for children 2-20.
Yearly BP for those over 21 OR if last diastolic BP 85-89.
Blood pressure should be taken every visit if last systolic was >139 OR diastolic>89.
Last BP None found

Check to record blood pressure.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Blood Pressure:
Patient blood pressure recorded.
140/90

Vital Measurements: **BP**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-7: Blood Pressure dialog

5.8 IHS-COLON CANCER 2014

This dialog allows documentation of colon cancer screening and education. The dialog has been expanded to include documentation of implementation of standing order.

Reminder Resolution: Colon Cancer

COLON CA TEST ORDERED TODAY

Order for Fecal test for Colon Screening

- per standing order
- per provider order
- per provider referral

Order for Colonoscopy

- per standing order
- per provider order
- per provider referral

Educated patient on importance of Colon cancer screening tests.

Level of Understanding: * Good

Education duration: 0

Readiness to Learn: (None selected)

Comment: _____

COLON CA TEST NOT ORDERED

Fecal test cards previously ordered.

HISTORICAL DATA

Historical colonoscopy reported.

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Colon Cancer:
Educated patient on importance of Colon cancer screening tests.
Level of Understanding: Good

Patient Educations: CA-TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-8: Colon Cancer dialog

5.9 IHS-DIAB ACE/ARB 2014

This dialog allows documentation of an ACE/ARB medication order. Sites should make an order menu for ACE/ARB.

Reminder Resolution: DM ACE/ARB

Patients with diabetes and hypertension or nephropathy should be considered for ACE Inhibitor or ARB therapy.

Order for Ace/Arb medication

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Colon Cancer:
Educated patient on importance of Colon cancer screening tests.
Level of Understanding: Good

DM ACE/ARB:
Order for Ace/Arb medication

Patient Educations: CA-TESTS
Orders: Allergy Cold Meds...

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-9: Diabetes ACE/ARB dialog

5.10 IHS-DIAB ANTPLT KNOWN CVD 2014

This dialog allows documentation of Aspirin or Clopidogrel orders.

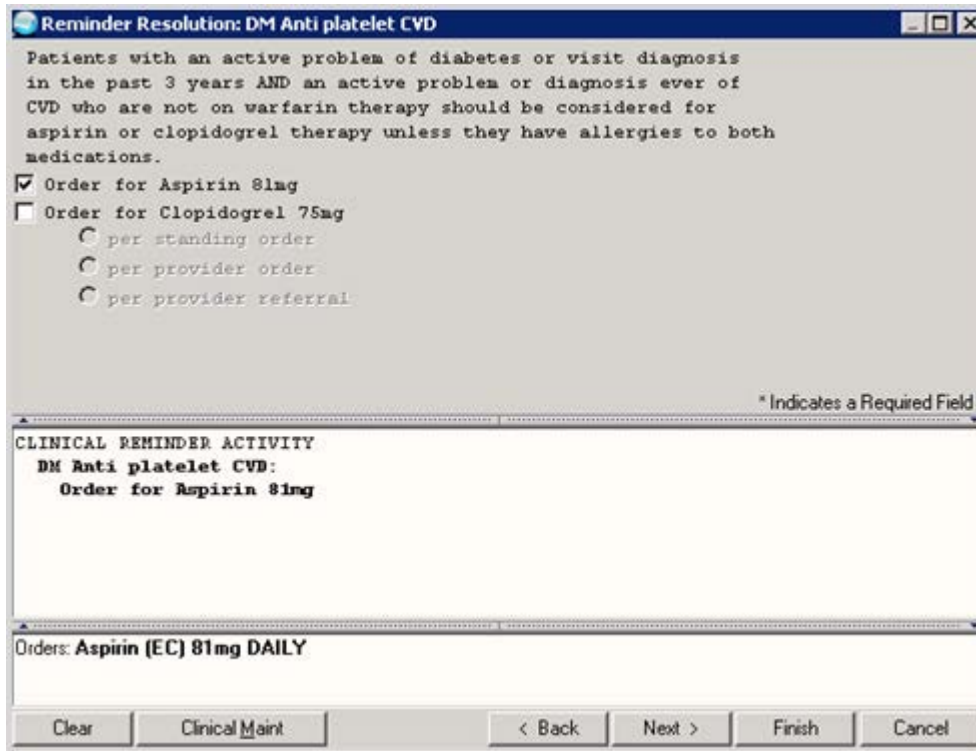


Figure 5-10: Diabetes Anti-platelet Therapy dialog

5.11 IHS-DIAB ASPIRIN MALE 2014

This dialog allows documentation of an aspirin order for a male.

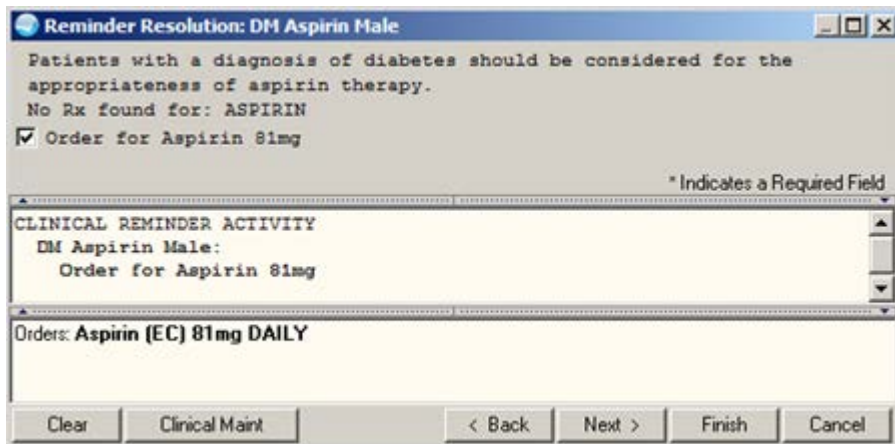


Figure 5-11: Diabetic Aspirin Male dialog

5.12 IHS-DIAB ASPIRIN FEMALE 2014

This dialog allows documentation of an aspirin order for a female.

Reminder Resolution: DM Aspirin Female

Patients with a diagnosis of diabetes should be considered for the appropriateness of aspirin therapy.
No Rx found for: ASPIRIN
 Order for Aspirin 81mg

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
DM Aspirin Female:
Order for Aspirin 81mg

Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-12: Diabetic Aspirin Female dialog

5.13 IHS-DIAB BP CONTROL 2014

This dialog allows documentation of blood pressure.

Reminder Resolution: DM BP Control

Patients with diabetes need their BP monitored every 3 months. If the last SBP is 130 or greater or DBP is 80 or greater, BP needs to be monitored at every visit. Last BP: None found
 Check to record blood pressure.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
DM Aspirin Male:
Order for Aspirin 81mg

Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-13: Diabetes BP Control dialog

5.14 IHS-DIAB EYE EXAM 2014

This dialog allows documentation of fundoscopic eye exams.

Reminder Resolution: DM Eye Exam

Fundoscopic eye exams should be done yearly on patients with diabetes.
Last eye exam: None Found

Patient had a dilated pupil eye exam at this encounter.
Result of Exam: * Normal/negative
Comment: Eye exam Normal

Patient had a complete dilated pupil eye exam done previously
Exam Result: Normal/negative Date: * April 14 2015
Location: *
Comment:

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
DM Eye Exam:
Patient had a dilated pupil eye exam at this encounter.
Result of Exam: Normal/negative
Comment: Eye exam Normal
Patient had a complete dilated pupil eye exam done previously
Exam Result: Normal/negative
Date: April 14, 2015

Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical)

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-14: Diabetic Eye Exam dialog

5.15 IHS-DIAB FOOT EXAM 2014

This dialog allows documentation of foot exam and patient education.

Reminder Resolution: DM Foot Exam

Diabetic patients should have a complete diabetic foot exam done yearly. This includes a visual exam, sensory exam, and pedal pulses.

Last foot exam: None Found

Patient had a complete diabetic foot exam at this visit.

Exam Result: (None selected)

Visual inspection of feet was done at this visit. Result: Normal Abnormal

Patient's feet were examined for sensation. Type of exam: Monofilament Pinprick

Pedal pulses were assessed. Results: Normal Abnormal

Patient had a complete diabetic foot exam done previously.

Patient was educated about diabetic foot care. Instruction was given in how to examine the feet, the wearing of socks and shoes, signs of problems and when to see a provider.

Level of Understanding: Good

Education duration: 0

Readiness to Learn: (None selected)

Comment: _____

* Indicates a Required Field

DM Foot Exam:
Complete Diabetic foot exam
Patient was educated about diabetic foot care. Instruction was given in how to examine the feet, the wearing of socks and shoes, signs

Patient Educations: DM-FOOT CARE AND EXAMINATIONS COMPLETE
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE
Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-15: Diabetic Foot Exam dialog

5.16 IHS-DIAB HGBA1C 2014

This dialog includes documentation of implementation of quick order for HgbA1c.

Figure 5-16: Diabetic Hgba1c dialog

5.17 IHS-DIAB HGBA1C CONTROL 2014

This dialog includes documentation of implementation of an HgbA1c order.

Figure 5-17: Diabetic HgbA1c Control dialog

5.18 IHS-DM SCREENING 2014

This dialog includes documentation of implementation of HgbA1c order.

Reminder Resolution: DM Screening

Patients over 18 with no diagnosis of diabetes, should be screened every 3 years.

Last 1 GLUCOSE: No Results Found

Order for Glucose test

per standing order

per provider order

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

DM HgbA1c:
Order for Hemoglobin A1c

DM HgbA1C Control:
Order for Hemoglobin A1c

DM Screening:
Order for Glucose test

Orders: HgbA1c

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-18: DM Screening dialog

5.19 IHS-DIAB NEPHRO SCR/MON 2014

This dialog allows documentation of nephropathy lab test orders. Sites must make an order menu containing the nephropathy labs that are being used at the facility. The reminder is resolved by Urine albumin and eGFR. eGFR is calculated from creatinine.

Reminder Resolution: DM Nephropathy Screen

REMINDER DUE : Patient has active problem or visit diagnosis of Diabetes in past 3 years and NOT on long term dialysis AND no quantitative urine albumin(UACR) AND eGFR in past year.

Order for Nephropathy tests

- per standing order
- per provider order
- per provider referral

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

- DM HgbA1c:
Order for Hemoglobin A1c
- DM HgbA1C Control:
Order for Hemoglobin A1c
- DM Screening:
Order for Glucose test
- DM Nephropathy Screen:

Orders: EGFR, HgbA1c

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-19: Diabetic Nephropathy dialog

5.20 IHS-HIV SCREEN 2014

This dialog includes an order for HIV screening test to resolve the reminder and patient education documentation.

Figure 5-20: HIV Screen dialog

5.21 IHS_IMMUNIZATIONS

- IHS-HEP A ADULT IMMUN 2014
- IHS-HEP B ADULT IMMUN 2014
- IHS-HPV IMMUN 2014
- IHS-PED DT IMMUN 2014
- IHS-PED HEPA IMMUN 2014
- IHS-PED HEPB IMMUN 2014

- IHS-PED POLIO IMMUN 2014

Figure 5-21: Reminder Resolution: HepB Adult Immunization

5.22 IHS-LIPID FEMALE 2014

This dialog has been expanded to include documentation of implementation of a lipid assessment order.

Reminder Resolution: Lipid Profile Female

Patient's last LIPID PROFILE was: |LAST LIPID PROFILE|

Order for Lipid Profile

- per standing order
- per provider order
- per provider referral

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Lipid Profile Female:
Order for Lipid Profile per standing order

Orders: **Lipid Profile**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-22: Lipid Female dialog

5.23 IHS-LIPID MALE 2014

This dialog has been expanded to include documentation of implementation of a lipid assessment order.

Reminder Resolution: Lipid Profile Male

Patient's last LIPID PROFILE was: |LAST LIPID PROFILE|

Order for Lipid Profile

per standing order

per provider order

per provider referral

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Lipid Profile Male:
Order for Lipid Profile

Orders: Lipid Profile

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-23: Lipid Male dialog

5.24 IHS-MAMMOGRAM 40 – 49 2014

This dialog allows resolution by education or mammogram for ages 40-49. Dialog was updated to also include documentation of BIRAD category for historical mammograms.

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

Order for Mammogram

- per standing order
- per provider order
- per provider referral

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

REFERRAL DONE - Referral already given to patient at previous visit.

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:
Order for Mammogram per standing order

Orders: **Bilateral Mammogram**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-24: Mammogram 40-49 Order dialog

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

Order for Mammogram

- per standing order
- per provider order
- per provider referral

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

Comment:

REFERRAL DONE - Referral already given to patient at previous visit.

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:
SCHEDULED - Patient has mammogram scheduled already.

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-25: Mammogram Not Ordered dialog

Reminder Resolution: Mammogram 40-49
per provider referral

MAMMOGRAM NOT ORDERED TODAY

- SCHEDULED - Patient has mammogram scheduled already.
- REFERRAL DONE - Referral already given to patient at previous visit.
- EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

- HISTORICAL Screening Mammogram reported
 - Date: * January 3 2014
 - Location: * Other
 - Results and Source of info: * Per Patient-Needs Addl Imaging
 - Per Report-No detectable malignancy
 - Per Report-Needs Addl Imaging
 - Per Report-No Interval Change
 - Per Patient-Normal
 - Per Patient-Needs Addl Imaging
 - Per Patient-No Interval Change
 - Per Patient-Results Unknown
- HISTORICAL Unilateral Diagnostic Mammogram reported
- HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:
 HISTORICAL Screening Mammogram reported
 Date: January 3, 2014

Procedures: **MAMMOGRAM SCREENING (Historical)**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-26: Historical Mammogram Documentation

5.25 IHS-MAMMOGRAM 50 – 74 2014

This dialog allows resolution by education or mammogram for ages 50-74. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See Section 5.24 for others.

Reminder Resolution: Mammogram 50-74

MAMMOGRAM ORDERED

Order for Mammogram

per standing order

per provider order

per provider referral

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

REFERRAL DONE - Referral already given to patient at previous visit.

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 50-74:
Order for Mammogram per standing order

Orders: Bilateral Mammogram

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-27: Mammogram 50-74 Order dialog

5.26 IHS-MAMMOGRAM 75 – 100 2014

This dialog allows resolution by education or mammogram for ages 75-100. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See Section 5.24 for others.

Reminder Resolution: Mammogram 75-100

MAMMOGRAM ORDERED

Order for Mammogram

per standing order

per provider order

per provider referral

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

REFERRAL DONE - Referral already given to patient at previous visit.

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 75-100:
Order for Mammogram per standing order

Orders: Bilateral Mammogram

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-28: Mammogram 50-74 Order dialog

5.27 IHS-OSTEOPOROSIS SCREENING 2014

This dialog includes documentation of implementation of standing order. If the site receives reports of osteoporosis screening studies other than Dexascan, copy the dialog element and populate with the appropriate CPT (consult coding staff) and add to the historical data section of the dialog.

Reminder Resolution: Osteoporosis Screening

BONE DENSITY TEST ORDERED

Bone density test ordered today

- per standing order
- per provider order
- per provider referral .

-Patient educated on follow through.

Educated patient on importance of osteoporosis screening tests.

Level of Understanding: *

Education duration:

Readiness to Learn:

Comment:

BONE DENSITY TEST NOT ORDERED

Bone density test previously ordered.

HISTORICAL DATA

Historical dexascan (axial) reported.

Date: *

Location: *

Results and Source of info: *

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Osteoporosis Screening:

- Bone density test ordered today .
- Patient educated on follow through.

Procedures: **DXA BONE DENSITY AXIAL (Historical)**

Patient Educations: **WH-OSTEOPOROSIS**

Orders: **Dexascan**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-29: Osteoporosis Screen dialog

5.28 IHS-PAP TEST 21 – 29 2014

Reminder dialog allows documentation of order for Pap for ages 21 through 29 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy.

Note: Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.

Figure 5-30: PAP Test 21 – 29 Years dialog

5.29 IHS-PAP TEST 30 – 64 2014

Reminder dialog allows documentation of order for Pap for ages 30 through 64 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy.

Note: Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.

Reminder Resolution: Pap test 30-64Y

Age 30-64, normal risk, recommend PAP + HPV every 5 years
OR PAP every 3 years

PAP ORDER FOR TODAY

Order for PAP and HPV testing
 per standing order
 per provider order
 per provider referral

Order for PAP, HPV and STD Testing
 per standing order
 per provider order
 per provider referral

PAP NOT ORDERED TODAY

ENTER HISTORICAL PAP or HYSTERECTOMY

Historical Pap reported.
 Historical Hysterectomy Reported.

CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Pap test 30-64Y:
Order for PAP, HPV and STD Testing

Orders: LRZSET PAP

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-31: PAP Test 30 – 64 Years dialog

6.0 Remove Old Reminders from Exchange

Follow these instructions to remove the old reminders from displaying in the Reminder Exchange. This is an optional step. It does not inactivate the reminders from the system. There are 35 new reminders and it is recommended that you clear the old National Reminders (IHS prefix, no year appended OR 2007, 2008, 2009, 2010, 2011, 2012 appending, and only 2013 reminders that are being replaced by the incoming patch) out of exchange prior to installing the patch.

	Entry	Source	Date Packed
+			
31	IHS-COLON CANCER 2007	HAGER@DEMO HOSPITA	08/28/2008@11:42:51
32	IHS-COLON CANCER 2010	HAGER@DEMO HOSPITA	02/04/2010@10:19:27
33	IHS-DENTAL VISIT	HAGER@DEMO HOSPITA	02/04/2010@10:19:41
34	IHS-DEPRESSION SCREEN 2008	HAGER@DEMO HOSPITA	05/22/2009@10:03:29
35	IHS-DEPRESSION SCREEN 2009	HAGER@DEMO HOSPITA	02/04/2010@10:19:56
36	IHS-DIAB ACE/ARB 2007	HAGER@DEMO HOSPITA	08/28/2008@11:43:30
37	IHS-DIAB ASPIRIN 2009	HAGER@DEMO HOSPITA	02/04/2010@10:20:10
38	IHS-DIAB EYE EXAM 2007	HAGER@DEMO HOSPITA	08/28/2008@11:44:46
39	IHS-DIAB HGBA1C 2007	HAGER@DEMO HOSPITA	08/28/2008@11:45:18
40	IHS-DIAB MICROALBUMIN 2007	HAGER@DEMO HOSPITA	08/28/2008@11:45:38CFE
	Create Exchange File Entry	IH	Installation History
CHF	Create Host File	LHF	Load Host File
CMM	Create MailMan Message	LMM	Load MailMan Message
DFE	Delete Exchange File Entry	LR	List Reminder Definitions
IFE	Install Exchange File Entry	RI	Reminder Definition Inquiry
	Select Action: Next Screen//	DFE	
	Select Entry(s): (1-10): 31-40		Enter the number(s) of the reminder(s)
	that you wish to delete. You may		Enter a number, a list, or a range e.g.,
	1,3,5 or 2-4,8.		

Figure 6-1: Removing Old Reminders from Exchange

7.0 Dialog Preparation

The following describes Dialog Preparation.

If the site has not made any changes to the existing national dialogs, skip to the next section.

If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there might be some problems. Print the following FileMan search to look for these findings. Remove them from the elements before installing the reminder. Add them back after installation.

```
Select OPTION: 3 SEARCH FILE ENTRIES
OUTPUT FROM WHAT FILE: PACKAGE// REMINDER DIALOG (330 entries)
-A- SEARCH FOR REMINDER DIALOG FIELD: ADDITIONAL FINDINGS (multiple)
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: ?
Answer with ADDITIONAL FINDINGS SUB-FIELD NUMBER, or LABEL:
.01 ADDITIONAL FINDINGS
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: .01
ADDITIONAL FINDINGS
-A- CONDITION: 'NULL <- "not null"
-B- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD:
-B- SEARCH FOR REMINDER DIALOG FIELD:
IF: A// REMINDER DIALOG ADDITIONAL FINDINGS NOT NULL
DO YOU WANT THIS SEARCH SPECIFICATION TO BE CONSIDERED TRUE FOR CONDITION -
A-
1) WHEN AT LEAST ONE OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFIES IT
2) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT
3) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT,
OR WHEN THERE ARE NO 'ADDITIONAL FINDINGS' MULTIPLES
CHOOSE 1-3: 1// 1
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD: ADDITIONAL FINDINGS (multiple)
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
THEN PRINT ADDITIONAL FINDINGS SUB-FIE
THEN PRINT FIELD:
Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
NAME
ADDITIONAL FINDINGS
-----
EX DEPRESSION
V79.0
IM INFLUENZA DONE
V04.8
IM INFLUENZA NASAL
V04.8
IM INFLUENZA SPLIT
V04.8
IM INFLUENZA WHOLE
V04.8
5 MATCHES FOUND
```

Figure 7-1: FileMan Search


```

BEH>REM>DLG>DLG ... CV (change view) to Element or Group (depending on
whether the component with the additional finding is an element of a group)
Dialog List                               Apr 11, 2012 14:01:32           Page: 39 of
47
DIALOG VIEW (DIALOG ELEMENTS)

+Item Dialog Name                          Dialog type
Status
 609 IM INFLUENZA DONE                      Dialog Element
 610 IM INSTRUCTIONS                        Dialog Element
 611 IM IPV DONE                             Dialog Element
 612 IM IPV NOT DONE                         Dialog Element
 613 IM MMR DONE                             Dialog Element
 614 IM MMR NOT DONE                         Dialog Element
 615 IM PED CONTRAINDICATION SCREEN          Dialog Element
 616 IM PEDIARIX DONE                        Dialog Element
 617 IM PEDIARIX NOT DONE                    Dialog Element
 618 IM PNEUMO CRITERIA2                     Dialog Element
 619 IM PNEUMO CRITERIA3                     Dialog Element
 620 IM PNEUMO-PS CONTRAINDICATION           Dialog Element
 621 IM PNEUMO-PS CRITERIAL                   Dialog Element
 622 IM PNEUMOVACCINE NOT DONE                Dialog Element
 623 IM VARICELLA DONE                        Dialog Element
 624 IM VARICELLA NOT DONE                    Dialog Element
+          + Next Screen  - Prev Screen  ?? More Actions
>>>
AD  Add          CV  Change View          INQ  Inquiry/Print
CO  Copy Dialog  PT  List/Print All        QU  Quit
Select Item: Next Screen//609                <select the dialog element to edit>
Dialog Name:  IM INFLUENZA DONE

CURRENT DIALOG ELEMENT/GROUP NAME: IM INFLUENZA DONE
Used by:  GRP FLU SHOT (Dialog Group)

NAME: IM INFLUENZA DONE//
DISABLE:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER//
ORDERABLE ITEM:
FINDING ITEM: INFLUENZA [TIV], SEASONAL, INJ//
DIALOG/PROGRESS NOTE TEXT:
Influenza immunization was administered today.

  Edit? NO//
ALTERNATE PROGRESS NOTE TEXT:
  No existing text
  Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: V04.8// @
  SURE YOU WANT TO DELETE? Y
Select ADDITIONAL FINDINGS: ?          <Check for any more additional findings.>
                                         <Here there are none.>

  You may enter a new ADDITIONAL FINDINGS, if you wish
  Enter additional finding items for this dialog element.
  Enter one of the following:
    ED.EntryName to select a EDUCATION TOPICS
    IM.EntryName to select a IMMUNIZATIONS
    ST.EntryName to select a SKIN TEST

```

```
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTORS
CPT.EntryName to select a PROCEDURE
ICD9.EntryName to select a ICD9 DIAGNOSIS
VM.EntryName to select a VITAL TYPE
Q.EntryName to select a ORDER DIALOG
MT.EntryName to select a MEASUREMENT
```

To see the entries in any particular file type <Prefix.??>

```
Select ADDITIONAL FINDINGS:^ <enter>
```

Figure 7-2: Removal of Additional Findings

8.0 Install the KIDS Build

Installation of PXRМ 1003 should be done by the appropriate IRМ personnel using the instructions in the patch notes.

Installation of p1003 will put the reminders into the REMINDER EXCHANGE file. It *does not* install them. The new reminders will not work until they are installed and activated.

9.0 Install the Reminder

Follow these instructions to install the national reminders. The CAC or other designated person should then install them using REMINDER EXCHANGE.

Note: Once the patch has been installed, the immunization reminders will not function properly until they are installed through exchange.

9.1 Programmer Access

Programmer access is required to install the reminders that contain a new computed finding. If you do not have programmer access (@ level FileMan access) the following message is displayed when attempting to install reminders that contain a new computed finding:

```
Only programmers can install routines
Only programmers can install Reminder Computed Findings
```

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Findings in the Reminder Exchange.

Exchange File Components	Feb 09, 2012 16:56:44	Page:	4 of 7
+ ComponeFile Entry		Category	Exists
V79.1			X
MEASUREMENT TYPE			
AUDT			X
CRFT			X
AUDC			X
ORDER DIALOG			
GMRCZ MENTAL HEALTH			
GMRCZ PH CONSULT			
REMINDER COMPUTED FINDINGS			
2 IHS-ALCOHOL 2009			X
TIU TEMPLATE FIELD			
3 ASBI NOTE INSTRUCTIONS			X
+ + Next Screen - Prev Screen ?? More Actions			
IA Install all Components	IS	Install Selected Components	
Select Action: Next Screen//			

Figure 9-1: Reminder Components in Exchange

If there are new computed findings and the Clinical Applications Coordinator does not have @ access, follow these steps to complete the installation:

1. Ask the site manager or other personnel who have Programmer Access to log on under their credentials.
2. Navigate to the Reminder Exchange and use Install Selected (IS).
3. Install the new Computed Findings following the instructions in the next section.

Never overwrite a routine!

4. After the Computed Findings are installed, the Clinical Applications Coordinator may then install the new reminders. All of the 2014 reminders have a computed finding.

9.2 Installing the Reminder

1. Select Reminder Exchange from the Reminder Configuration menu. A list of packed reminders that reside in the RPMS file system is displayed.

Item	Entry	Source	Date Packed
1	IHS-ACTIVITY SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@10:08
2	IHS-ALCOHOL SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@10:08
3	IHS-ALLERGY 2013	USER@DEMO HOSPITA	02/27/2014@10:08
4	IHS-ANTICOAG DURATION OF TX 2013	USER@DEMO HOSPITA	02/27/2014@10:08
5	IHS-ANTICOAG INR GOAL 2013	USER@DEMO HOSPITA	02/27/2014@10:08
6	IHS-ANTICOAG THERAPY END DATE 2013	USER@DEMO HOSPITA	02/27/2014@10:08
7	IHS-ASBI BNI 2013	USER@DEMO HOSPITA	02/27/2014@10:08
8	IHS-ASBY SCREENING 2013	USER@DEMO HOSPITA	02/27/2014@10:08
+ + Next Screen - Prev Screen ?? More Actions			
CFE	Create Exchange File Entry	IH	Installation History
CHF	Create Host File	LHF	Load Host File
CMM	Create MailMan Message	LMM	Load MailMan Message
DFE	Delete Exchange File Entry	LR	List Reminder Definitions
IFE	Install Exchange File Entry	RI	Reminder Definition Inquiry
Select Action: Next Screen//			

Figure 9-2: List of Reminders in Reminder Exchange

Note: Use the Up and Down arrows to scroll through the list. If searching for a specific reminder, use the command SL to search for the reminder name.

Select Action: Next Screen// SL
Search for: //DEPRESSION

Figure 9-3: Further Instructions

2. Select IFE – Install Exchange File Entry to install the reminder.
3. Enter the number of the reminder to install.

```

Clinical Reminder Exchange   Mar 07, 2014 09:49:04           Page:   1 of   9
Exchange File Entries

Item Entry                               Source                               Date Packed
 1 IHS-ACTIVITY SCREEN 2013             USER@DEMO HOSPITA 02/27/2014@10:08
 2 IHS-ALCOHOL SCREEN 2013             USER@DEMO HOSPITA 02/27/2014@10:08
 3 IHS-ALLERGY 2013                    USER@DEMO HOSPITA 02/27/2014@10:08
 4 IHS-ANTICOAG DURATION OF TX 2013    USER@DEMO HOSPITA 02/27/2014@10:08
 5 IHS-ANTICOAG INR GOAL 2013          USER@DEMO HOSPITA 02/27/2014@10:08
 6 IHS-ANTICOAG THERAPY END DATE 2013  USER@DEMO HOSPITA 02/27/2014@10:08
 7 IHS-ASBI BNI 2013                   USER@DEMO HOSPITA 02/27/2014@10:08
 8 IHS-ASBY SCREENING 2013             USER@DEMO HOSPITA 02/27/2014@10:08
+
+ Next Screen - Prev Screen   ?? More Actions
CFE Create Exchange File Entry      IH  Installation History
CHF Create Host File                LHF Load Host File
CMM Create MailMan Message          LMM Load MailMan Message
DFE Delete Exchange File Entry      LR  List Reminder Definitions
IFE Install Exchange File Entry     RI  Reminder Definition Inquiry
Select Action: Next Screen// IFE  Install Exchange File Entry
Select Entry(s): (1-8): 2
    
```

Figure 9-4: Installing Reminders

4. Use the Up and Down arrows to view the individual components of the reminder. Before starting an installation, examine the list of components in the packed reminder and determine which ones already exist on the system. Decide what to do with each component and have a plan of action before proceeding with the installation.

```

Reminder:      IHS-ACTIVITY SCREEN 2013
Source:        USER,DEMO at DEMO HOSPITAL
Date Packed:  02/27/2014@10:08
Package Version: 2.0

Description:
REMINDER DUE if age 5 and older AND no activity health factor AND no
exercise education documented in past year

=====
Bibliographic citation: Healthy People 2010, Physical Activity
Developer:  IHS Office of Information Technology
Funding Source:  Indian Health Service
Release:  2013
=====

Keywords:
No keywords given

Components:

EDUCATION TOPICS
  HPDP-EXERCISE                                     X

HEALTH FACTORS
  ACTIVITY LEVEL                                   X
    
```

INACTIVE	X
SOME ACTIVITY	X
ACTIVE	X
VERY ACTIVE	X
REMINDER TERM	
1 IHS-ACTIVITY LEVEL	X
2 IHS-EXERCISE EDUCATION	X
REMINDER DEFINITION	
3 IHS-ACTIVITY SCREEN 2013	X
REMINDER DIALOG	
4 IHS-ACTIVITY SCREEN 2013	X

Figure 9-5: Sample Exchange File Components Window

5. Notice that for each item in the reminder, a check is now made and displayed to indicate if the item in exchange matches the item in the file. Users are not asked about the elements if there is a match. This will make the installation much slower:
 - REMINDER TERM entry named IHS-ACTIVITY LEVEL already exists and the packed component is identical, skipping.
 - REMINDER TERM entry named IHS-EXERCISE EDUCATION already exists and the packed component is identical, skipping.
 - REMINDER DEFINITION entry named IHS-ACTIVITY SCREEN 2013 already exists and the packed component is identical, skipping.
6. If there is not a match, the application will ask what to do about all the elements in this reminder. If the item exists on the system, the default will be to skip installing it again. If it is new, the default is to install it.
 - a. Select the component to install (#2).
 - b. Accept the default.

```

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW,
what do you want to do?

Select one of the following:

C          Create a new entry by copying to a new name
I          Install or Overwrite the current entry
Q          Quit the install
S          Skip, do not install this entry

Enter response: I//

```

Figure 9-6: Remaining Instructions

7. INSTALL REMINDER AND DIALOG – There are two choices, IA or IS. Choose IA to install all components.

During installation, a routine will compare the checksum of the item on the system to the one in exchange. If they are identical it will not update the item on the database.

8. Install the reminder dialog and all components with no further changes: Y// YES:
 - REMINDER DIALOG entry named PXRMPED READY TO LEARN already exists and the packed component is identical, skipping.
 - REMINDER DIALOG entry named ED HPDP-EXERCISE already exists and the packed component is identical, skipping.
 - REMINDER DIALOG entry named GP ACTIVITY ED already exists and the packed component is identical, skipping.
 - REMINDER DIALOG entry named HF ACTIVITY INACTIVE already exists and the packed component is identical, skipping.
9. If it is not identical, the application will ask what to do about all the elements in this reminder. If it is new, the default is to install it.
10. Accept all the defaults when loading the reminder unless a previous version of reminders was loaded. In that case, always re-install the reminder definition itself but not any of the other elements.

Never overwrite a routine!

```

Routine BXRMPCC already EXISTS,
                <Never overwrite a routine through the exchange!>
but packed routine is different, what do you want to do?

    Select one of the following:

        C          Create a new entry by copying to a new name
        I          Install or Overwrite the current entry
        Q          Quit the install
        S          Skip, do not install this entry

Enter response: S//
                <SKIP DO NOT REINSTALL THIS ENTRY. Never overwrite the routine!>

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW,
what do you want to do?

    Select one of the following:

        C          Create a new entry by copying to a new name
        I          Install or Overwrite the current entry
        Q          Quit the install
        S          Skip, do not install this entry

Enter response: I//
Take the default. If this is a new component, it will default to "install".

TIU TEMPLATE FIELD entry IHS ADDL SIGN already EXISTS,
what do you want to do?
  
```



```

Select one of the following:

      C      Create a new entry by copying to a new name
      I      Install or Overwrite the current entry
      Q      Quit the install
      S      Skip, do not install this entry

Enter response: S//
Take the default. If this is a new component, it will default to "install".

REMINDER DEFINITION entry IHS-DEPRESSION SCREEN 2011 already EXISTS,
what do you want to do?

      Select one of the following:

      C      Create a new entry by copying to a new name
      I      Install or Overwrite the current entry
      Q      Quit the install
      S      Skip, do not install this entry

Enter response: S// If you have loaded a previous version of the reminders
before, install/overwrite the reminder definition. If this is the first
time you have loaded this reminder, accept the default of I to install.

```

Figure 9-7: Example of Reminder Installation

If installing the Depo Provera Reminder, create the PXRМ Depo Provera health summary object, as described in Section 6.0.

Proceed to the next section to install the dialogs.

9.3 Taxonomy Error

A taxonomy is a selection of International Classification of Diseases (ICD) 9 procedure, ICD9 diagnosis, and/or CPT procedure codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

This section describes an error that may occur during install and how to fix the error by manually creating the taxonomy and re-installing the reminder.

```

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=1^1
MSG("DIERR",1)=701
MSG("DIERR",1,"PARAM",0)=3
MSG("DIERR",1,"PARAM",3)=403.9
MSG("DIERR",1,"PARAM","FIELD")=.01
MSG("DIERR",1,"PARAM","FILE")=811.23102
MSG("DIERR",1,"TEXT",1)=The value '403.9 ' for field SELECTABLE DIAGNOSIS
in SELECTABLE DIAGNOSIS SUB-FIELD in file REMINDER TAXONOMY is not valid.
MSG("DIERR","E",701,1)=

```

REMINDER TAXONOMY entry IHS-HYPERTENSION 2007 did not get installed!
Examine the above error message for the reason.

Figure 9-8: Taxonomy Error Example

9.3.1 Create the Taxonomy Manually

1. Write down the exact name of the taxonomy that displayed in the error.
2. Finish the installation of the reminder.
3. Create the taxonomy: Reminder Configuration Menu > Reminder Taxonomy Management > Edit Taxonomy Item.

Note: Enter the EXACT name of the taxonomy from the error.

4. Use the descriptions of the taxonomies found in Appendix B: to enter all the groupings of ICD0, ICD9, and/or CPT codes that apply to this taxonomy. For a single entry, the low value and the high value are the same entry. For ranges, enter the lowest entry in the range and then the highest. The computer will add all codes in that range.

```
Select Reminder Taxonomy: IHS-HYPERTENSION 2007
  Are you adding IHS-HYPERTENSION 2007' as a new REMINDER TAXONOMY? No//YES
NAME: IHS-HYPERTENSION 2007  Replace
BRIEF DESCRIPTION:
  CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
PATIENT DATA SOURCE: //EN,PL      <---
USE INACTIVE PROBLEMS:
INACTIVE FLAG:
ICD0 Range of Coded Values
Select ICD0 LOW CODED VALUE:
ICD9 Range of Coded Values
Select ICD9 LOW CODED VALUE: // 401.0 <---
  ICD9 LOW CODED VALUE: //401.0
  ICD9 HIGH CODED VALUE: //      405.99 <---
Select ICD9 LOW CODED VALUE:
CPT Range of Coded Values
Select CPT LOW CODED VALUE:
```

Figure 9-9: Adding a Taxonomy

5. Return to Reminder Exchange and reinstall the reminder.
6. Accept all of the defaults. When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

ComponenFile	Entry	Category	Exists
MEASUREMENT TYPE			
BP			X

```

REMINDER TAXONOMY
  1  IHS-HYPERTENSION 2007                X
  2  IHS-DIABETES DX 2007                 X

REMINDER TERM
  3  IHS-HIGH DIASTOLIC                   X
  4  IHS-HIGH BP 2007                     X

REMINDER DEFINITION
  5  IHS-BLOOD PRESSURE 2011              X

REMINDER DIALOG
+      + Next Screen  - Prev Screen  ?? More Actions
IA  Install all Components          IS  Install Selected Component
Select Action: Next Screen//

```

Figure 9-10: Sample Exchange File Components Window Showing X in Exists Column

10.0 Install the Dialogs

This section provides information regarding the installation of dialogs.

Note: In reminder exchange, after installing the reminder, the Dialog Components screen is displayed.

1. Choose IA: Install ALL.
2. One of the prompts asks which reminder to attach to the dialog.
3. The dialogs and the reminders have the same name, so they can be easily linked.
4. After installing, make sure that there is an X under the Exists column on the screen.

```
Dialog Components          Feb 06, 2012 18:07:32          Page:    1 of    1
Packed reminder dialog:  IHS-BLOOD PRESSURE 2011

  Item  Seq.  Dialog Findings                                     Type
Exists
  1           IHS-BLOOD PRESSURE 2011                         dialog
  2     1     HD BLOOD PRESSURE
                Finding: *NONE*                               element
  3     5     VM BLOOD PRESSURE
                Finding: BP (MEASUREMENT TYPE)                 element

          + Next Screen  - Prev Screen  ?? More Actions
DD  Dialog Details      DT  Dialog Text      IS  Install Selected
DF  Dialog Findings     DU  Dialog Usage     QU  Quit
DS  Dialog Summary      IA  Install All

Select Action: Quit// IA
Components not used by any other dialogs.
Install reminder dialog and all components with no further changes: Y//
YES
Reminder Dialog IHS-BLOOD PRESSURE 2011is not linked to a reminder.
Select Reminder to Link: IHS-BLOOD PRESSURE 2011
```

Figure 10-1: Sample Dialog Components sequence

10.1 Activate the Dialog

All dialogs are inactive if they are loaded from reminder exchange. This section describes how to activate the dialog so that they are visible within the EHR.

```
Reminder Configuration

CFM  Reminder Computed Finding Management ...
DEF  Reminder Definition Management ...
DLG  Reminder Dialog Management ...
EXC  Reminder Exchange
INF  Reminder Information Only Menu ...
```

```

PAR    Reminder Parameters ...
RPT    Reminder Reports ...
SPO    Reminder Sponsor Management ...
TAX    Reminder Taxonomy Management ...
TRM    Reminder Term Management ...
TST    Reminder Test

```

Figure 10-2: Options on Reminder Configuration Menu

Use the DLG option to access the options on the Reminder Dialog Management menu.

10.1.1 Reminder Dialog Management

Select Reminder Dialog Management from the Reminder Configuration Menu.

```

Reminder Dialog Management

DLG    Reminder Dialogs
PAR    Dialog Parameters ...

```

Figure 10-3: Options on the Reminder Dialog Management Menu

1. Use the DLG option to access the options on the Reminder Dialog Management menu.
2. Choose CV and then choose D for dialogs.
3. Select the number of the item to edit.
4. Select the dialog. It will say Disabled instead of Linked.
5. Choose ED (Edit/Delete Dialog). The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.
6. Enter @ to delete this and type YES when it asks SURE YOU WANT TO DELETE?
7. Type ^ to quit editing. The dialog now says Linked.

10.1.2 Dialog Does Not Link Automatically

Perform these steps if a dialog name under Linked Dialog Name and Dialog status is not displayed:

```

REMINDER VIEW (ALL REMINDERS BY NAME)

Item Reminder Name                               Linked Dialog Name & Dialog Status
8  IHS-ANTICOAG DURATION OF TX 2011             IHS-ANTICOAG DURATION OF TX
9  IHS-ANTICOAG INR GOAL 2011                   IHS-ANTICOAG INR GOAL 2011
10 IHS-ANTICOAG OCCULT BLOOD 2011               IHS-ANTICOAG OCCULT BLOOD 2
11 IHS-ANTICOAG THERAPY END DATE 2011          IHS-ANTICOAG THERAPY END DA

```

```

12 IHS-ANTICOAG UA 2011 IHS-ANTICOAG UA 2011
13 IHS-ASBI BNI 2011 IHS-ASBI BNI 2011
14 IHS-ASBI SCREENING 2011

IHS-ASBI SCREENING 2011
15 IHS-ASTHMA ACTION PLAN 2011

16 IHS-ASTHMA CONTROL 2009
+ + Next Screen - Prev Screen ?? More Actions
>>>
AR All reminders LR Linked Reminders QU Quit
CV Change View RN Name/Print Name
Select Item: Next Screen//15

REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
Item Dialog Name Latest Update Linked Reminders

Other dialogs generated from this reminder:

1 IHS-ASTHMA ACTION PLAN 2011 *NONE*

+ Next Screen - Prev Screen ?? More Actions
>>>
AD Autogenerate Dialog QU Quit
LR Link Reminder
Select Item: Quit// LR

REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
LINKED REMINDER DIALOG: IHS-ASTHMA ACTION PLAN 2011

Dialog Selection List Feb 13, 2012 18:12:01 Page: 1 of
1
REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
Item Dialog Name Latest Update Linked Reminders

This reminder is linked to dialog:

1 IHS-ASTHMA ACTION PLAN 2011 IHS-ASTHMA ACTION PLAN

+ Next Screen - Prev Screen ?? More Actions
>>>
AD Autogenerate Dialog QU Quit
LR Link Reminder
Select Item: Quit//
    
```

Figure 10-4: Reminder Dialog – Linking Dialog to the Reminder

11.0 Review Reminder Terms

This section details information about reviewing reminder terms. It describes how to review and populate reminder terms.

Reminder terms that are education topics, exams, health factors or VA drug classes are installed automatically when the build is installed and need not be edited. Reminder terms that are laboratory tests or individual drugs should be edited by the site. Since each site has different lab tests or drugs, these terms come empty and therefore, reminders will not resolve until they are populated.

The following are reminder terms that must be checked in PXR 2.0p1003. If OVERWRITE was used when installing the term, a previously-populated term may have been overwritten. Refer to Appendix C: for a detailed list of all reminder terms and their contents.

All of the new reminders have a new reminder term that should not be edited by sites.

However, review the reminder terms that follow to make sure that the local items did not get overwritten.

- IHS-ASPIRIN
- IHS-DIAB NEPHROPATHY LABS
- IHS-FECAL OCCULT BLOOD
- IHS-HGBA1C
- IHS-HGBA1C REEVALUATE
- IHS-LIPID LAB TESTS
- IHS-MAMMOGRAM TERMS
- IHS-PAP SMEAR
- IHS-URINE ALBUMIN

Reminder Configuration Menu > Reminder Term Management > Inquire about Reminder Term menu option.

Review the term first using the Inquire about Reminder Term menu option.

```

Reminder Term Management

CPY      Copy Reminder Term
EDT      Reminder Term Edit
INQ      Inquire about Reminder Term

Select Reminder Term Management Option:  INQ

Inquire about Reminder Term
Select Reminder Term:  IHS-HGBA1c

```

```

1   IHS-HGBA1C      VISN
2   IHS-HGBA1C REEVALUATE      VISN
CHOOSE 1-2: 1   IHS-HGBA1C      VISN
DEVICE:  VIRTUAL TERMINAL      Right Margin: 80//

-----
IHS-HGBA1C
-----
Class: VISN
Sponsor:
Date Created:
Review Date:
Description:
The lab tests at a site that are the hemoglobin A1c test
Edit History:
Edit Date: NOV 11,2004 11:50 Edit By: HAGER,MARY G
Edit Comments:
Findings:
<- The finding may be blank. Follow the instructions to enter the items
that are being used by the site.
```

Figure 11-1: Beginning Instructions

Edit the Reminder: Select Reminder Term Edit from the Reminder Term Management Menu.

```

CPY   Copy Reminder Term
EDT   Reminder Term Edit
INQ   Inquire about Reminder Term

Select Reminder Term Management Option EDT

Select Reminder Term:      IHS-HGBA1C      VISN
...OK? Yes//      (Yes)

NAME: IHS-HGBA1C//
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
The lab tests at a site that are the hemoglobin A1c test

Edit? NO//
Select FINDING ITEM: // ??

Choose from:
HGBA1C
HGB A1C (REF)
HGB A1C (WWH)

You may enter a new FINDINGS, if you wish
Enter one of the following:
DR.EntryName to select a DRUG
ED.EntryName to select a EDUCATION TOPIC
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTOR
IM.EntryName to select a IMMUNIZATION
LT.EntryName to select a LABORATORY TEST
MT.EntryName to select a MEASUREMENT TYPE
OI.EntryName to select a ORDERABLE ITEM
```



```

RP.EntryName to select a RADIOLOGY PROCEDURE
CF.EntryName to select a REMINDER COMPUTED FINDING
TX.EntryName to select a REMINDER TAXONOMY
ST.EntryName to select a SKIN TEST
DC.EntryName to select a VA DRUG CLASS
DG.EntryName to select a VA GENERIC
VM.EntryName to select a VITAL MEASUREMENT

```

To see the entries in any particular file type <Prefix.??>

If you simply enter a name then the system will search each of the above files for the name you have entered. If a match is found the system will ask you if it is the entry that you desire.

However, if you know the file the entry should be in, then you can speed processing by using the following syntax to select an entry:

```

<Prefix>.<entry name>
or
<Message>.<entry name>
or
<File Name>.<entry name>

```

Also, you do NOT need to enter the entire file name or message to direct the look up. Using the first few characters will suffice.

```
Select FINDING ITEM: HGBA1C// LT.HGBA1C
```

```

Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM)
HGBA1C
...OK? Yes// YES
FINDING ITEM: HGBA1C//
EFFECTIVE PERIOD:
USE INACTIVE PROBLEMS:
WITHIN CATEGORY RANK:
EFFECTIVE DATE:
MH SCALE:
CONDITION:
CONDITION CASE SENSITIVE:
RX TYPE:
Select FINDING ITEM:
Input your edit comments.
Edit? NO//

```

Figure 11-2: Adding a Lab Test to a Lab Reminder Term

If there is more than one test that will satisfy the reminder, enter each one!

12.0 Manually Update Dialogs

This section describes manually updating dialogs.

Reminders have been changed to **not allow** the adding of any ICD code as a finding. POV must be attached to Problems with the release of EHR p13, and as a result, the finding type of ICD has been removed from the reminder dialog file.

If additional findings were previously removed, add them back in. Consider manually updating the dialogs. If a dialog was modified, installation of a new dialog element/group with the same name from the exchange will overwrite any of the following:

- Populated Field Resolution
- Finding Item
- Dialog Text, and so on

Blank fields do not overwrite anything and will not remove additional findings previously added. This can cause errors on install and/or require manual updating.

13.0 EHR Reminder Configuration

This section describes how to configure the EHR to display the reminders. Sites can choose to activate the reminders just for specific users during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab.

This section describes how to remove the old reminders from the EHR and add the new ones. If the site does not use the reminder, then do not add the reminder to EHR because it will always show up as due.

Follow these steps to remove the old reminders from the display:

1. From EHR, click the reminder clock (🕒).
2. Select Action > Edit Cover Sheet Reminder List. Reminders can be edited for the System, Division, Service, Location, User Class or User.

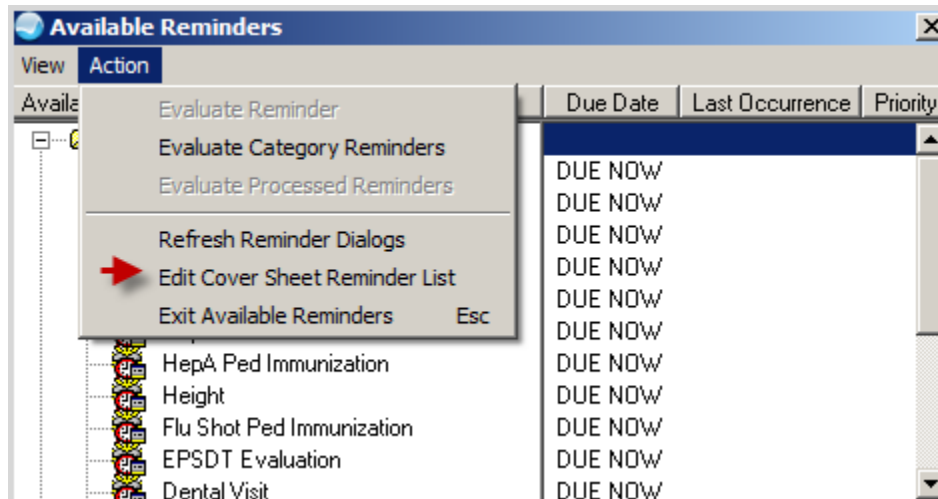


Figure 13-1: Reminder Configuration

Note: Sites can choose to activate the reminders for specific users during a testing phase.

3. Remove old reminders from the System Level once they are ready to deploy the new reminders across the facility. Double-click the old reminders listed in the bottom-right pane to remove it from the cover sheet list.
4. Select the reminders with the date 2011 from the Available Reminders & Categories column.
5. Double-click to add them to the System Level Reminders column.

Note: The IHS-IMMUNIZATION FORECAST 2013 reminder must be at the top of the list.

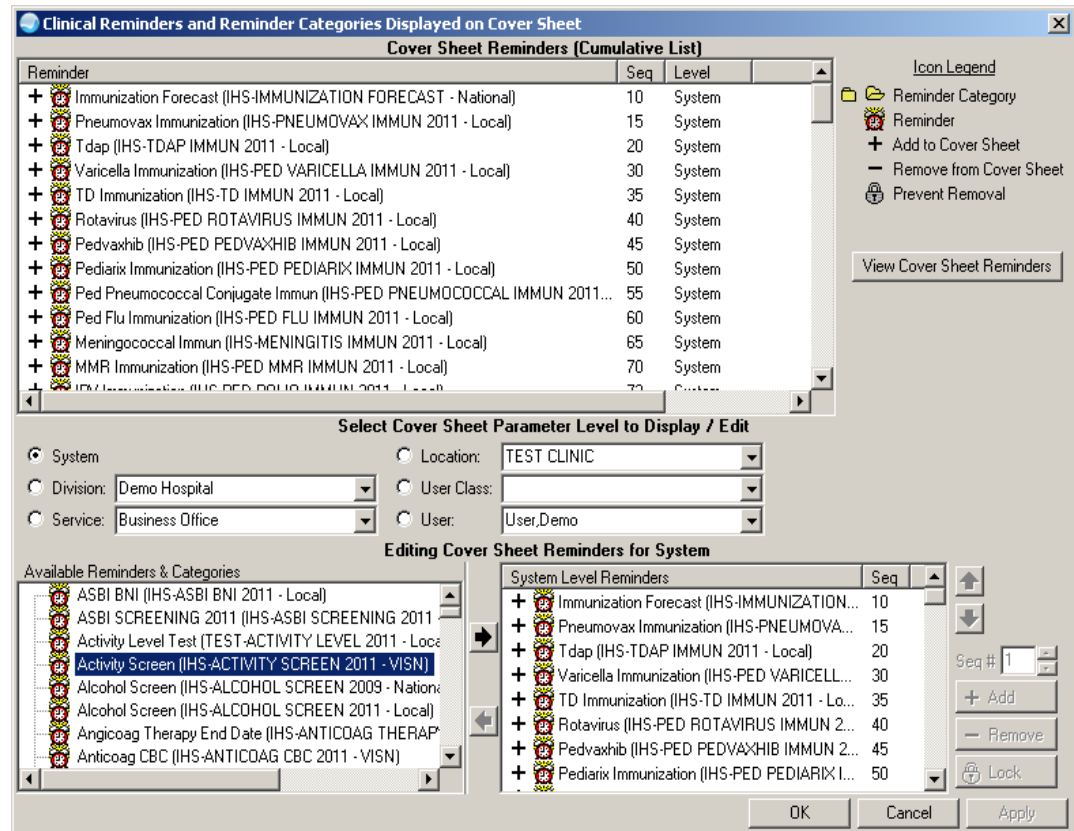


Figure 13-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet page

The following dialogs were not intended to be set up as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.

- IHS-ASBI BNI 2013
- IHS-ASBI SCREENING 2013
- IHS-ASTHMA INTAKE 2013 IHS-MED ED 2013
- IHS-MED THERAPY MNGT 2013
- IHS-PED KINRIX IMMUN 2013 IHS-PED MMRV IMMUN 2013
- IHS-PED PEDIARIX IMMUN 2013
- IHS-PED TWINRIX IMMUN 2013
- IHS-PHN HOSP DC VISIT 2013

- IHS-PHQ9 SCREEN 2013
- IHS-SCREENING BUNDLE 2013

14.0 Inactivate the Old Reminder and Dialog

This section provides information about inactivating the old reminder and dialog.

When the new reminders are active, inactivate the old dialogs and all the old reminders:

1. Inactivate the dialog through the Reminder Dialog menu option. Select Reminder Dialog Management > Reminder Dialogs > Select Reminder # > Select Dialog # > Edit/Delete Dialog > Enter YES at the DISABLED prompt.

```
Dialog Edit List          Aug 07, 2009 09:49:04          Page:   1 of   2
REMINDER DIALOG NAME: IHS-DEPRESSION SCREEN 2008
Sequence      Dialog Details                                     Disabled
  1           Dialog element: HD DEPRESSION SCREEN

20           Dialog element: EX DEPRESSION
             Resolution: DONE AT ENCOUNTER
             Finding type: EXAM
             Finding item: DEPRESSION SCREENING [EX(35)]
             Additional prompts: PXRМ RESULT (EXAM)
                                 PXRМ COMMENT

+           + Next Screen - Prev Screen  ?? More Actions
DP  Progress Note Text  INQ  Inquiry/Print
Select Sequence: Next Screen// E  Edit/Delete Dialog
NAME: IHS-DEPRESSION SCREEN 2008  Replace
DISABLE: YES
```

Figure 14-1: Dialog Edit List Window

2. Use the Activate/Inactivate Reminders Menu Option to inactivate the Reminder: Select RPMS-EHR Configuration Master Menu Option > Reminder Managers Menu Option > Reminder Definition Management > Activate/Inactivate Reminders.

```
DEMO INDIAN HOSPITAL          RPMS-EHR Management          Version 1.1
                               Reminder Definition Management

CPY   Copy Reminder Definition
EDT   Add/Edit Reminder Definition
INQ   Inquire about Reminder Definition
LST   List Reminder Definitions
RA    Activate/Inactivate Reminders <--

Select Reminder Definition Management Option: RA

Select REMINDER DEFINITION NAME: IHS-ASTHMA CONTROL
  1   IHS-ASTHMA CONTROL 2009          NATIONAL
  2   IHS-ASTHMA CONTROL 2011          NATIONAL
CHOOSE 1-2: 1  IHS-ASTHMA CONTROL 2009          NATIONAL
INACTIVE FLAG: I
```

Figure 14-2: Inactivating the Old Reminder and Dialog

3. Print a FileMan report listing all of the Active Reminder Definitions:
 - a. At the “OUTPUT FROM WHAT FILE: REPRODUCTIVE FACTORS” prompt, type REMINDER DEFINITION and press Enter.
 - b. At the “-A- SEARCH FOR REMINDER DEFINITION FIELD” prompt, type 1.6 and press Enter.
 - c. At the “-A- CONDITION” prompt, type Null and press Enter.
 - d. At the “-B- SEARCH FOR REMINDER DEFINITION FIELD” prompt, press Enter.
 - e. At the “IF: A” prompt, press Enter to accept the default (INACTIVE FLAG NULL).
 - f. At the “STORE RESULTS OF SEARCH IN TEMPLATE” prompt, press Enter.
 - g. At the “SORT BY” prompt, press Enter to accept the default (NAME).
 - h. At the “START WITH NAME” prompt, press Enter to accept the default (FIRST).
 - i. At the “FIRST PRINT FIELD” prompt, type .01;L50 and press Enter.
 - j. At the “THEN PRINT FIELD” prompt, type 1.6;L10 and press Enter.
 - k. At the “Heading (S/C): REMINDER DEFINITION SEARCH Replace” prompt, press Enter.
 - l. At the “STORE PRINT LOGIC IN TEMPLATE” prompt, press Enter.
 - m. At the “DEVICE: CONSOLE Right Margin: 80” prompt, do one of the following:
 - To scroll on the screen, press Enter.
 - To have the session log on, type **0;80;99999** and press Enter.

The list will look similar to Figure 14-3:

Active Reminders	JUN 12, 2012	13:06	PAGE 9
INACTIVE NAME			FLAG

IHS-PED DT IMMUN 2012			
IHS-PED DTAP IMMUN 2008			
IHS-PED DTAP IMMUN 2011			
IHS-PED DTAP IMMUN 2012			
IHS-PED FLU IMMUN 2011			
IHS-PED FLU IMMUN 2012			
IHS-PED HEP A IMMUN 2011			
IHS-PED HEP A IMMUN 2012			
IHS-PED HEP B IMMUN 2011			
IHS-PED HEP B IMMUN 2012			
IHS-PED HIBTITER IMMUN 2011			

Figure 14-3: Active Reminders List from FileMan

15.0 Reviewing the Reminder and Dialog

This section describes how to review the reminder and dialog.

15.1 Reminder Test

Refer to RPMS Clinical Reminders Managers Manual Setup and Maintenance Guide for instructions on testing reminders.

1. Select Reminder Test (TST) from the Reminder Configuration menu.
2. Enter a patient name and the reminder.
3. Use the scroll bar to scroll backwards and view the data.

This is an example of a reminder test for IHS-ALCOHOL SCREEN 2013. This reminder is due for this patient. The elements of the FIEVAL array are:

```
FIEVAL(1)=1
FIEVAL(1,1)=1
FIEVAL(1,1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,1,"DATE")=3130725
FIEVAL(1,1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,1,"VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"DATE")=3130725
FIEVAL(1,"FILE NUMBER")=811.4
FIEVAL(1,"FINDING")=31;PXRMD(811.4,
FIEVAL(1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,"VALUE")=NORMAL/NEGATIVE
FIEVAL("AGE")=1
FIEVAL("AGE",1)=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3140307
FIEVAL("PATIENT AGE")=56
FIEVAL("SEX")=1
```

The elements of the ^TMP(PXRMD,\$J) array are:

```
^TMP(PXRMD,$J,157,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)^(1)&(1)
^TMP(PXRMD,$J,157,"REMINDER NAME")=Alcohol Screen
^TMP(PXRMD,$J,157,"RESOLUTION LOGIC")=1^(0)!FI(1)^(0)!1
^TMP(PXRMD,$J,157,"zFREQARNG")=1Y^13Y^99Y
```

The elements of the ^TMP("PXRHM",\$J) array are:

```
^TMP("PXRHM",$J,157,"Alcohol Screen")=RESOLVED^3140725^3130725
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",1)=Frequency: Due every 1 year
for ages 13Y to 99Y.
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",2)=REMINDER DUE: Patient is aged
13-9
9 and has no alcohol screening
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",3)=(exam, measurement, health
factor,
POV) documented in the past year.
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",4)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",5)=***This reminder resolves
using the RPMS data found by the PCC Health
```



```

^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",6)=Maintenance Reminder look
up***
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",7)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",8)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",9)=
=====
=====
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",10)=      Reference:  US
Preventive Ser
vices Taskforce 2013,
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",11)=      Healthy People 2020
Substance
Use
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",12)=
=====
=====
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",13)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",14)=Resolution: Last done
07/25/2013
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",15)= Computed Finding: IHS-
ALCOHOL 20
09
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",16)= 07/25/2013 value -
NORMAL/NEGAT
IVE; Exam: ALCOHOL SCREENING
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",17)=

Formatted Output:

                                --STATUS-- --DUE DATE-- --LAST DONE--

Alcohol Screen                    RESOLVED    07/25/2014    07/25/2013

Frequency: Due every 1 year for ages 13Y to 99Y.
REMINDER DUE: Patient is aged 13-99 and has no alcohol screening
(exam, measurement, health factor, POV) documented in the past year.

***This reminder resolves using the RPMS data found by the PCC Health
Maintenance Reminder look up***

=====
Reference:  US Preventive Services Taskforce 2013,
Healthy People 2020 Substance Use
=====

Resolution: Last done 07/25/2013
Computed Finding: IHS-ALCOHOL 2009
07/25/2013 value - NORMAL/NEGATIVE; Exam: ALCOHOL SCREENING
    
```

Figure 15-1: Reminder Test Output

This is an example of a reminder test for the IHS-LIPID FEMALE reminder. The patient has diabetes and therefore should have a lipid test done yearly.

```

Enter date for reminder evaluation: Mar 07, 2014// (MAR 07, 2014)

Display all term findings? N// YES

The elements of the FIEVAL array are:
    
```

```

FIEVAL(1)=0
FIEVAL(2)=1
FIEVAL(2,1)=1
FIEVAL(2,1,"CODEP")=8723
FIEVAL(2,1,"CONDITION")=1
FIEVAL(2,1,"CSUB","DATE ENTERED")=3120302
FIEVAL(2,1,"CSUB","DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,1,"CSUB","PRIORITY")=C
FIEVAL(2,1,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"CSUB","STATUS")=A
FIEVAL(2,1,"DAS")=292
FIEVAL(2,1,"DATE")=3140307
FIEVAL(2,1,"DATE ENTERED")=3120302
FIEVAL(2,1,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,1,"FILE NUMBER")=9000011
FIEVAL(2,1,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,1,"FINDING")=71;PXD(811.2,
FIEVAL(2,1,"PRIORITY")=C
FIEVAL(2,1,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"STATUS")=A
FIEVAL(2,"CODEP")=8723
FIEVAL(2,"CONDITION")=1
FIEVAL(2,"CSUB","DATE ENTERED")=3120302
FIEVAL(2,"CSUB","DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"CSUB","PRIORITY")=C
FIEVAL(2,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"CSUB","STATUS")=A
FIEVAL(2,"DAS")=292
FIEVAL(2,"DATE")=3140307
FIEVAL(2,"DATE ENTERED")=3120302
FIEVAL(2,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"FILE NUMBER")=9000011
FIEVAL(2,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,"FINDING")=71;PXD(811.2,
FIEVAL(2,"PRIORITY")=C
FIEVAL(2,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"STATUS")=A
FIEVAL("AGE")=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3140307
FIEVAL("PATIENT AGE")=56
FIEVAL("SEX")=1

Term findings:

The elements of the ^TMP(PXR MID,$J) array are:
^TMP(PXR MID,$J,188,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^(1)&(1)!1
^TMP(PXR MID,$J,188,"REMINDER NAME")=Lipid Profile Female
^TMP(PXR MID,$J,188,"RESOLUTION LOGIC")=0^(0)!FI(1)^(0)!0
^TMP(PXR MID,$J,188,"WARNING","NOFI",61)=Warning no findings items in
reminder term IHS-LIPID LAB TESTS
^TMP(PXR MID,$J,188,"zFREQARNG")=1Y^^

The elements of the ^TMP("PXRHM",$J) array are:
^TMP("PXRHM",$J,188,"Lipid Profile Female")=DUE NOW^DUE NOW^unknown
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",1)=Frequency: Due every 1
year
for all ages.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",2)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",3)=

```

```

^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",4)=REMINDER DUE if female
age 4
5 to 64 and no lipid profile in past
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",5)=5 years, if diabetic of
any
age and no lipid profile in 1 year.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",6)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",7)= REMINDER ON if due
within 3
months
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",8)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",9)=
=====
=====
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",10)= Reference:
American Diabetes Association Recommendations 2013,
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",11)= Million Hearts,
Healthy
People 2020, Diabetes, Heart Disease
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",12)= and Stroke, IHS
Division of Diabetes Treatment and Prevention.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",13)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",14)=
=====
=====
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",15)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",16)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",17)=Cohort:
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",18)= Problem Diagnosis:
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",19)= 03/07/2014 250.50
DMII OP
HTH NT ST UNCNTRL Priority: CHRONIC
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",20)= Status: CHRONIC
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",21)= Prov. Narr. -
|9093013
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",22)=

Formatted Output:

--STATUS-- --DUE DATE-- --LAST DONE--

Lipid Profile Female DUE NOW DUE NOW unknown

Frequency: Due every 1 year for all ages.

REMINDER DUE if female age 45 to 64 and no lipid profile in past
5 years, if diabetic of any age and no lipid profile in 1 year.

REMINDER ON if due within 3 months

=====
Reference: American Diabetes Association Recommendations 2013,
Million Hearts, Healthy People 2020, Diabetes, Heart Disease
and Stroke, IHS Division of Diabetes Treatment and Prevention.
=====

Cohort:
Problem Diagnosis:
03/07/2014 250.50 DMII OPHTH NT ST UNCNTRL Priority: CHRONIC
Status: CHRONIC
Prov. Narr. - |9093013
    
```

Figure 15-2: Reminder Test Output

15.2 View Reminders Due

Users will generally report when a reminder is due and should not be. However, they are less likely to notice and report when a reminder is not due but it should be, or not applicable when it should be.

The CAC must test for this specifically or risk deploying a reminder system that will omit patients erroneously. Doing so results in missed opportunities to screen, monitor, and identify interventions for high-risk patients.

Do the following:

1. Log on to the RPMS-EHR application. If any new reminders or dialogs were installed, log off, and then log on again.
2. Pick a patient who would have one of the reminders applicable and due. The reminder alarm clock should be red for someone with a reminder due:
 - Click the alarm clock to see a list of reminders due.
 - Right click a reminder due to review any of the options in the drop-down menu.
3. Pick a patient who would have one of the reminders applicable, but not due. The reminder alarm clock should be blue for someone with a reminder resolved.
4. Pick a patient who would not have one of the reminders applicable:
 - The reminder clock should be white for someone with a reminder that is not applicable to them.
 - Be sure to check all the reminders before adding them to the system level

15.3 View Reminders on Cover Sheet

Figure 15-3 shows Reminders that are Due Now or Due Soon on Cover Sheet.

Reminders	
Reminder ▲	Date
P-HgbA1c	DUE NOW
Tetanus Shot	DUE NOW

Figure 15-3: Reminders on Cover Sheet

15.4 View Reminders Icon

The reminder icon is an alarm clock.

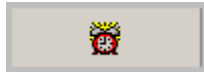


Figure 15-4: Reminder Icon

The clock appears red if reminders are due, and blue if there is nothing due. Clicking the clock displays when reminders are due, and when it was last done.

1. Click the Reminder icon (in the toolbar) to open the list of items to view.

Available Reminders	Due Date	Last Occurrence	Priority
Due			
Height	08/20/2009	08/20/2008	
HepA Ped Immunization	DUE NOW		
IPV Immunization	DUE NOW		
Lipid Profile Female	DUE NOW		
MMR Immunization	DUE NOW	08/20/2008	
Weight	02/19/2009	08/20/2008	
TD Immunization	DUE NOW		
Varicella Immunization	DUE NOW		
Asthma Management Plan	DUE NOW		
Asthma Primary Provider	DUE NOW		
Asthma Severity	DUE NOW		
Asthma-on steroids	DUE NOW		
Asthma Control	DUE NOW		
DM Dental Exam	DUE NOW		
EPSDT Evaluation	DUE NOW		
Dental Visit	DUE NOW		
Applicable			
Not Applicable			
All Evaluated			
Other Categories			

Figure 15-5: Sample of Available Reminders

2. Right-click any item in the list and a selection of items from which to choose appears.

15.4.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due. For the new reminders with computed findings, it will display only the item returned in the PCC reminder call.

The clinical maintenance displays in two places:

- Right-click the reminder and select Clinical Maintenance.
- While processing the reminder dialog, select the Clinical Maintenance button from the bottom of the screen.

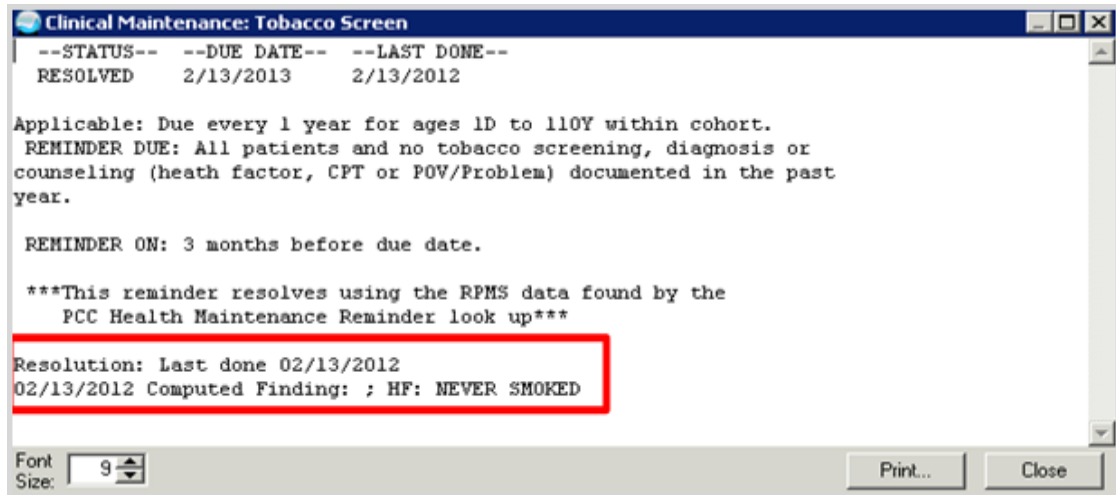
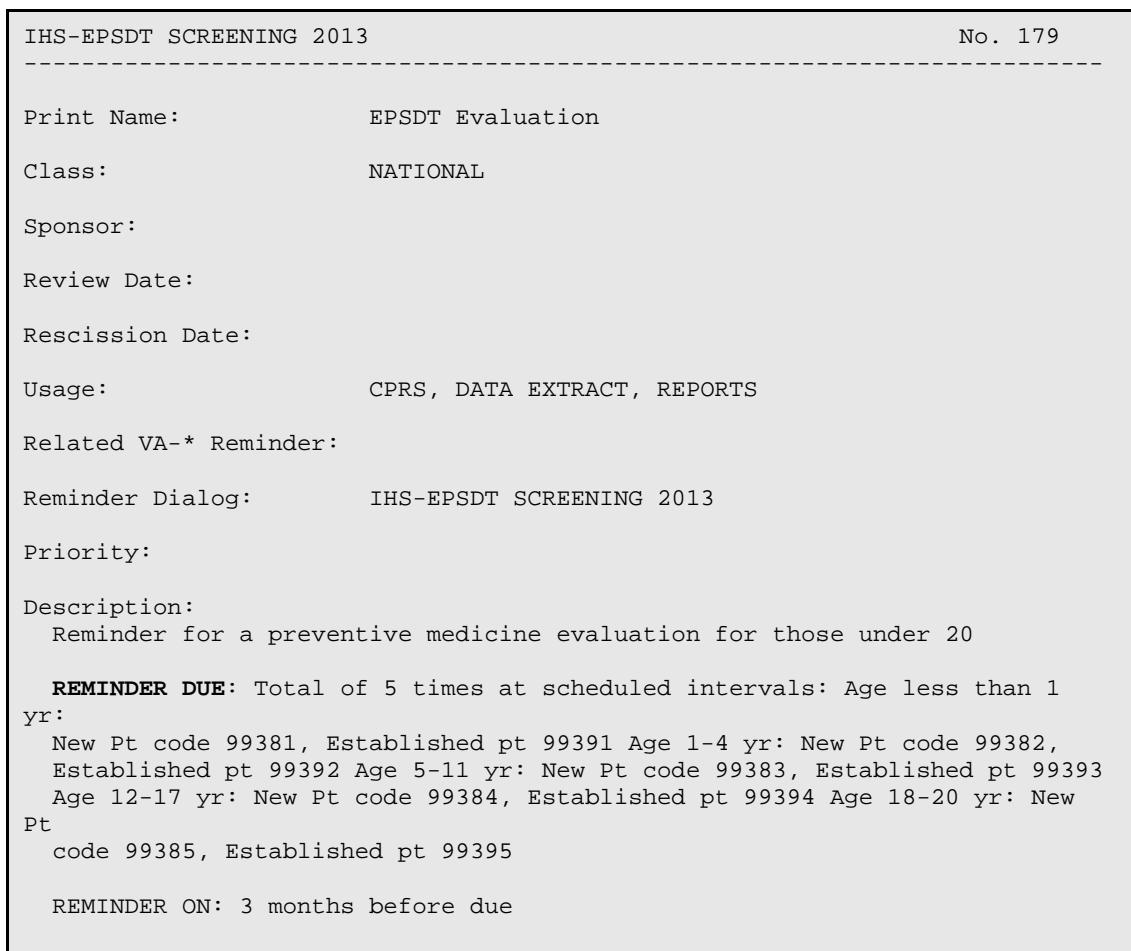


Figure 15-6: Clinical Maintenance screen

15.4.2 Do a Reminder Inquiry

A reminder inquiry displays the reminder logic. Reminder Inquiry data can be displayed by right clicking the reminder and selecting Reminder Inquiry.



```

=====
Bibliographic citation:  Early Periodic Screening, Diagnosis,
and Treatment (EPSDT) Program
Developer:  IHS Office of Information Technology
Funding Source:  Indian Health Service
Release:  2013
=====

Technical Description:
This reminder uses a computed finding to get data from PCC Health
Maintenance Reminder to resolve the reminder.

Baseline Frequency:

    Do In Advance Time Frame:  Do if DUE within 3 months
    Sex Specific:
    Ignore on N/A:
    Frequency for Age Range:  1 year for ages 1D to 20Y
    Match Text:
    No Match Text:

Findings:

---- Begin: IHS-EPSDT 2009 (FI(1)=CF(39)) -----
           Finding Type: REMINDER COMPUTED FINDING
           Use in Resolution Logic: OR
---- End: IHS-EPSDT 2009 -----

General Patient Cohort Found Text:

Reminder for a preventive medicine evaluation for those under 20
-----

REMINDER DUE: Total of 5 times at scheduled intervals: Age
less than 1 yr: New Pt code 99381, Established pt 99391
Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr:
New Pt code 99383, Established pt 99393 Age 12-17 yr:
New Pt code 99384, Established pt 99394 Age 18-20 yr:
New Pt code 99385, Established pt 99395

REMINDER ON: 3 months before

=====
Reference:  Early Periodic Screening, Diagnosis, and Treatment
(EPSDT) Program
=====

General Patient Cohort Not Found Text:

Reminder for a preventive medicine evaluation for those under 20
-----

REMINDER DUE: Total of 5 times at scheduled intervals: Age
less than 1 yr: New Pt code 99381, Established pt 99391
Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr:
New Pt code 99383, Established pt 99393 Age 12-17 yr:
New Pt code 99384, Established pt 99394 Age 18-20 yr:
New Pt code 99385, Established pt 99395

REMINDER ON: 3 months before

```



```

=====
Reference:  Early Periodic Screening, Diagnosis, and Treatment
(EPSTD) Program
=====

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)

Expanded Patient Cohort Logic:
(SEX)&(AGE)

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
FI(1)

Expanded Resolution Logic:
FI(IHS-EPSTD 2009)

Web Sites:

Web Site URL:  http://mchb.hrsa.gov/epsdt/
Web Site Title: EPSTD Information
Description:
    
```

Figure 15-7: Reminder Inquiry of a Reminder

15.4.3 Look at the Reminder Icons

Figure 15-8 explains the various Reminder icons.



Figure 15-8: Reminders Tab on Icon Legend dialog

15.5 View Reminders on the Health Summary

Reminders in a Health Summary can be viewed on the Reports tab. Users can either create a VA Health Summary type for reminders or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

If reminders to health summaries have been added, these should be updated by removing the old reminders and adding in the ones that came with this patch.

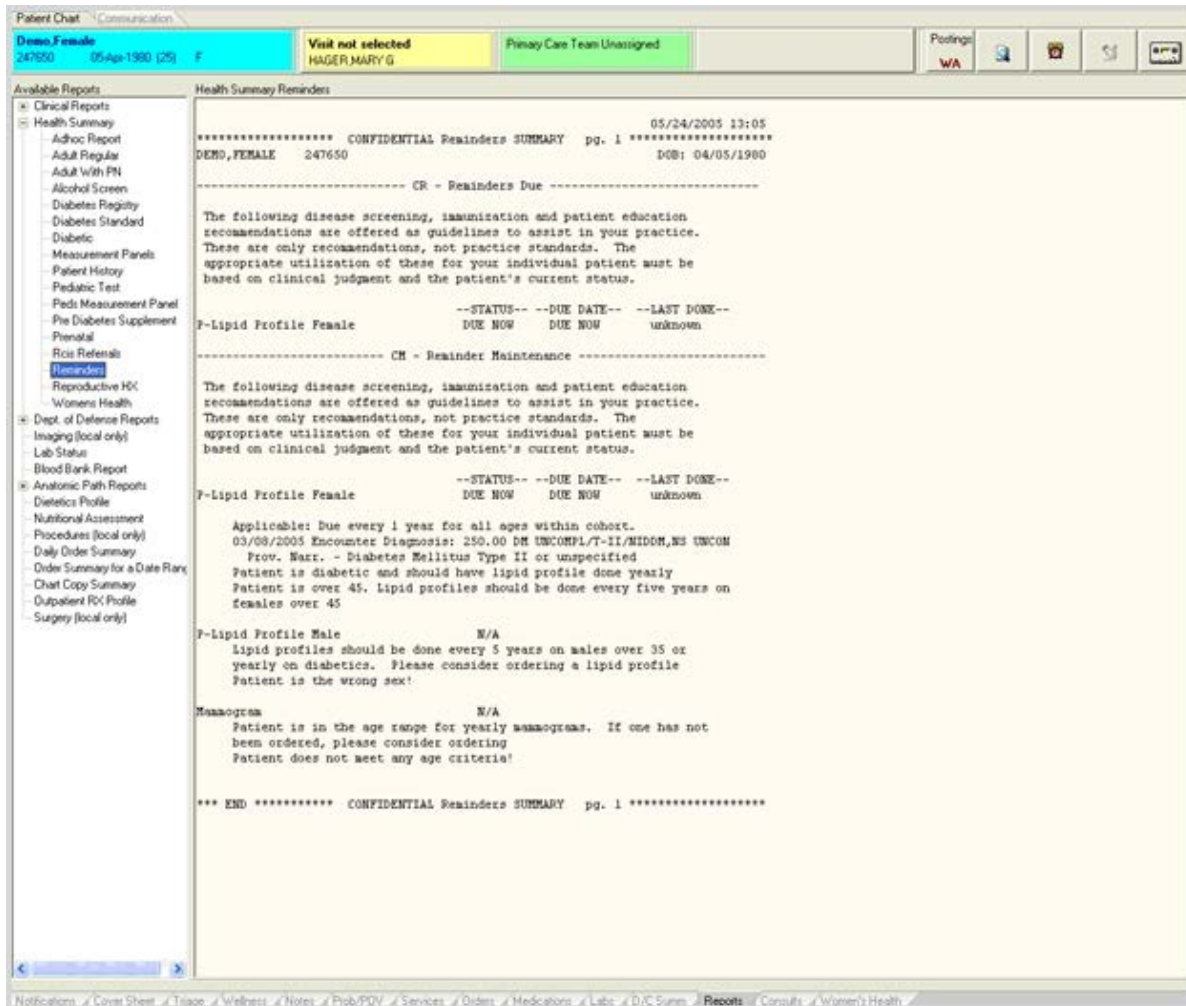


Figure 15-9: Health Summary Reminders on Report tab

Appendix A: Common Install Questions and Issues

This section describes common install issues, questions, and solutions.

A.1 All Immunization Reminders show as DUE After Patch is Loaded

After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

If any immunization reminders are deployed, immediately install the immunization reminders. It is not necessary to move these into production immediately but the new immunization reminders should eventually replace the old ones.

A.2 Programmer Access Message During Installation

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ fileman access), the following message is displayed when installing reminders that contain a new computed finding:

```
Only programmers can install routines.  
Only programmers can install Reminder Computed Findings.
```

Figure A-1: Messages

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange. Detailed instructions are available in Section 9.1.

A.3 Taxonomy Error Message During Installation

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

To resolve this issue, create the template manually using the detailed instructions in Section 9.3.

A.4 Error on Install from Exchange: EDUCATION TOPICS Entries

```

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot
Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone
Injections' f
or field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason

Warning there are 2 EDUCATION TOPICS entries with the name FP-Depot
Medroxyprogesterone Injections Install reminder dialog and all components
with no further changes:NO//NO

```

Figure A-2: Error Example

This error occurs when two Patient Education Topics have the same name (the system notes which one has a duplicate). Most systems have a few of these so this error may be encountered.

FIX:

The site manager must change the name of one of the EDUCATION topics (FileMan edit access is necessary). A number or letter can be appended to the name.

Do not change the name of the ACTIVE Pt Ed topic!

After the site manager has edited the entry, reinstall the reminder.

```

^VA FileMan

Enter or Edit File Entries
  Print File Entries
  Search File Entries
  Modify File Attributes
  Inquire to File Entries
  Utility Functions ...
  Data Dictionary Utilities ...
  Transfer Entries
  Other Options ...

```

```

Select VA FileMan Option:

Select VA FileMan Option: enter or Edit File Entries

INPUT TO WHAT FILE: EDUCATION TOPICS//
EDIT WHICH FIELD: ALL//

Select EDUCATION TOPICS NAME: FP-DEPO
1.          FP-DEPOT MEDROXYPROGESTERONE INJECTIONS          FP-DPO
2.          FP-Depot Medroxy progesterone Injections FP-FPO

CHOOSE 1-2:

Select EDUCATION TOPICS NAME:      FP-Depot Medrocyprogesterone Injections
FP-DPO
NAME: FP-Depot Medrocyprogesterone Injections      Replace
INACTIVE FLAG: INACTIVE                          <This topic is inactive>

Select EDUCATION TOPICS NAME:      FP-Depot Medroxyprogesterone Injections
FP-DPO
NAME: FP-Depot Medroxyprogesterone Injections      Replace:Injections With
Injections OLD
INACTIVE FLAG: INACTIVE^                          <Type caret (^) to quit>

Select EDUCATION TOPICS NAME:      FP-Depot Medroxyprogesterone Injections
OLD

```

Figure A-3: Instructions

Reinstall the reminder dialog and the error will be gone.

A.5 Error Encountered Installing IHS-Pneumovax Immun 2012 Dialog

This error has occurred at multiple sites. It is not common, but if encountered, follow these steps:

ERROR ENCOUNTERED:

```

Dialog Components          Oct 01, 2008 09:20:39          Page:    1 of
3
Packed reminder dialog: IHS-PNEUMOVAX IMMUN 2011

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM",1)='90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)='90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '90764' for field ADDITIONAL FINDINGS in
ADDI
TIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.

```

```

MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
Dialog Components           Mar 13, 2012 16:24:24           Page: 1

```

Figure A-4: Error Encountered

FIX:

Manually create IM-PNEUMOVAX-2 DONE dialog element.

Reinstall the dialog and replace the element with the IM-PNEUMOVAX-2 DONE element created in the previous step.

```

RPMS-EHR Configuration Master Menu

ART   Adverse Reaction Tracking Configuration ...
CCX   Chief Complaint Configuration ...
CON   Consult Tracking Configuration ...
EDU   Patient Education Configuration ...
ENC   Encounter Context Configuration ...
EXM   Exam Configuration ...
HFA   Health Factor Configuration ...
IMM   Immunization Configuration ...
LAB   Lab Configuration ...
MED   Medication Management Configuration ...
NOT   Notification Configuration ...
ORD   Order Entry Configuration ...
PAT   Patient Context Configuration ...
PHX   Personal Health Hx Configuration ...
PLS   Problem List Configuration ...
POV   POV Configuration ...
PRC   Procedure Configuration ...
REM   Reminder Configuration ...
RPT   Report Configuration ...
SPL   Spellchecking Configuration ...
TIU   TIU Configuration ...
VIT   Vital Measurement Configuration ...

Select RPMS-EHR Configuration Master Menu Option: Reminder Configuration
YAKAMA HEALTH CENTER IHS      RPMS-EHR Management      Version 1.1
                               Reminder Configuration

CFM   Reminder Computed Finding Management ...
DEF   Reminder Definition Management ...
DLG   Reminder Dialog Management ...
EXC   Reminder Exchange
INF   Reminder Information Only Menu ...
PAR   Reminder Parameters ...
RPT   Reminder Reports ...
SPO   Reminder Sponsor Management ...
TAX   Reminder Taxonomy Management ...
TRM   Reminder Term Management ...
TST   Reminder Test

Select Reminder Configuration Option: DLG

```

```

YAKAMA HEALTH CENTER IHS      RPMS-EHR Management          Version 1.1
Reminder Dialog Management

DLG      Reminder Dialogs
PAR      Dialog Parameters ...

Select Reminder Dialog Management Option: DLG

REMINDER VIEW (ALL REMINDERS BY NAME)

REMINDER VIEW (ALL REMINDERS BY NAME)

+Item Reminder Name                               Linked Dialog Name & Dialog Status
126 IHS-PED ROTAVIRUS IMMUN 2008                 IHS-PED ROTAVIRUS IMMUN 200
127 IHS-PED ROTAVIRUS IMMUN 2011                 IHS-PED ROTAVIRUS IMMUN 201
128 IHS-PED TD IMMUNIZATION                     WS-PED GROUP
129 IHS-PED VARICELLA IMMUN                      WS-PED GROUP
130 IHS-PED VARICELLA IMMUN 2008                 IHS-PED VARICELLA IMMUN 200
Disabled
131 IHS-PED VARICELLA IMMUN 2011                 IHS-PED VARICELLA IMMUN 201
132 IHS-PNEUMOVAX IMMUN 2008                     IHS-PNEUMOVAX IMMUN 2008
Disabled
133 IHS-PNEUMOVAX IMMUN 2011                     IHS-PNEUMOVAX IMMUN 2011
134 IHS-PNEUMOVAX IMMUNIZATION                 WS-ADULT IMM GRP
135 IHS-PPD                                     IHS-PPD
136 IHS-RUBELLA IMMUNITY 2011                   IHS-RUBELLA IMMUNITY 2011
137 IHS-SENIOR HEIGHT                           IHS-SENIOR HEIGHT
Disabled
138 IHS-SENIOR HEIGHT 2011                       IHS-SENIOR HEIGHT 2011
139 IHS-SENIOR VISION 2009                       IHS-SENIOR VISION 2009
Disabled
140 IHS-SENIOR VISION 2011                       IHS-SENIOR VISION 2011
141 IHS-TD IMMUN 2008                             IHS-TD IMMUN 2008
Disabled
+          + Next Screen    - Prev Screen    ?? More Actions          >>>
AR  All reminders          LR  Linked Reminders      QU  Quit
CV  Change View           RN  Name/Print Name
Select Item: Next Screen// CV

      Select one of the following:

          D      Reminder Dialogs
          E      Dialog Elements
          F      Forced Values
          G      Dialog Groups
          P      Additional Prompts
          R      Reminders
          RG     Result Group (Mental Health)
          RE     Result Element (Mental Health)

TYPE OF VIEW: R// E

Dialog List          Jul 29, 2008 08:38:47          Page: 1 of 26
DIALOG VIEW (DIALOG ELEMENTS)

Item Dialog Name          Dialog type          Status
1  CPT 92002              Dialog Element
2  CPT 92004              Dialog Element
3  CPT 92012              Dialog Element
4  CPT 92014              Dialog Element
5  CPT 92015              Dialog Element
    
```

```

6 CPT 92250 Dialog Element
7 CPT 99202 Dialog Element
8 CPT 99203 Dialog Element
9 CPT 99204 Dialog Element
10 CPT 99205 Dialog Element
11 CPT 99212 Dialog Element
12 CPT 99213 Dialog Element
13 CPT 99214 Dialog Element
14 CPT 99215 Dialog Element
15 CPT BREAST PELVIC G0101 Dialog Element
16 CPT COLONOSCOPY Dialog Element
+ + Next Screen - Prev Screen ?? More Actions
>>>
AD Add CV Change View INQ Inquiry/Print
CO Copy Dialog PT List/Print All QU Quit
Select Item: Next Screen//AD

Select DIALOG to add: IM PNEUMOVAX-2 DONE <use this name>
Are you adding IM PNEUMO-PS2 DONE as
a new REMINDER DIALOG (the 490TH)? No// YES
Not used by any other dialog

NAME: IM PNEUMOVAX-2 DONE//
DISABLE:
CLASS: L
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER
...OK? Yes// YES

ORDERABLE ITEM:

FINDING ITEM: IM.PNEUMO
1 PNEUMOCOCCAL PNEUMO-PS 33
2 PNEUMOCOCCAL CONJUGATE PNEUM-CONJ 100
3 PNEUMOCOCCAL, NOS PNEUMOCOCC 109
CHOOSE 1-3: 1
DIALOG/PROGRESS NOTE TEXT:
No existing text
Edit? NO// YES

=[ WRAP ]=[ INSERT ]====< DIALOG/PROGRESS NOTE TEXT >====[ <PF1>H=Help ]===
Patient received pneumo-ps at this encounter{FLD:IHS PXR M STANDING ORDER}.

When you are done typing, exit by selecting the F1(function key) plus the
letter E:

<=====T=====T=====T=====T=====T=====T=====
ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: ICD9.V03.82

Searching for a ICD9 DIAGNOSIS, (pointed-to by ADDITIONAL FINDINGS)

Searching for a ICD9 DIAGNOSIS
V03.82 V03.82 VACC FOR STREPTOCOCCUS PNEUMON
...OK? Yes// YES
Select ADDITIONAL FINDINGS:

```



```

Select SEQUENCE: 1
  ADDITIONAL PROMPT/FORCED VALUE: PXRM LOT NUMBER          prompt      NATIONAL
    ...OK? Yes/ YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED: YES
Select SEQUENCE: 2
  ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM SITE            prompt      NATIONAL
    ...OK? Yes// YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED: YES
Select SEQUENCE: 3
  ADDITIONAL PROMPT/FORCED VALUE: PXRM VOLUME             prompt      NATIONAL
    ...OK? Yes/ YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED:
Select SEQUENCE: 4
  ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM VIS DATE        prompt
  NATIONAL
    ...OK? Yes// YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED:
Select SEQUENCE: 5
  ADDITIONAL PROMPT/FORCED VALUE: PXRM COMMENT            prompt      NATIONAL
    ...OK? Yes// YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED:
Select SEQUENCE:
Input your edit comments.
Edit? NO//

NOW go to the Exchange and install the reminder and dialog again. After
the Error in the dialog installation:

Install reminder dialog and all components with no further changes:Y// YES
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM",1)=`90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) `90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=`90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118

```

```

MSG("DIERR",2,"TEXT",1)=The value ``90764' for field ADDITIONAL FINDINGS in
ADDI
TIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
COMPONENT DIALOG entry IM PNEUMO-PS2 DONE 2011 does not exist.

Select one of the following:

D          Delete (from the reminder/dialog)
P          Replace (in the reminder/dialog) with an existing entry
Q          Quit the install

Enter response: P
Select REMINDER DIALOG NAME: IM PNEUMOVAX-2 DONE
...OK? Yes// YES

Reminder Dialog IHS-PNEUMOVAX IMMUN 2011 is not linked to a reminder.
Select Reminder to Link: IHS-PNEUMOVAX IMMUN 2011
    
```

Figure A-5: Instructions

A.6 After Installed in Reminder Exchange Findings say None

It can be confusing when you first look at the dialog definitions. Here is an example where the dialog definition looks like the finding items did not load correctly. In the exchange file, it looks like the finding did not load. This is because some components of dialogs do not have findings and this is expected. (Refer to second screen shot).

Item	Seq.	Dialog Findings	Type	Exists
1		IHS-TOBACCO SCREEN 2007	dialog	X
2	1	HD TOBACCO Finding: *NONE*	element	X
3	5	GRP TOBACCO SCREEN Finding: *NONE*	group	X
4	5.5	HF LIFETIME NON-SMOKER OTHER Finding: NON-TOBACCO USER (HEALTH FACTOR)	element	X
5	5.10	GRP CURRENT/PREVIOUS SMOKING Finding: *NONE*	group	X
6	5.10.5	GRP CURRENT SMOKER Finding: *NONE*	group	X
7	5.10.5.1	HF CURRENT SMOKER Finding: CURRENT SMOKER (HEALTH FACTOR)	element	X

+ Next Screen - Prev Screen ?? More Actions
 DD Dialog Details DT Dialog Text IS Install Selected
 DF Dialog Findings DU Dialog Usage QU Quit
 DS Dialog Summary IA Install All
 Select Action: Next Screen//

Figure A-6: List of Findings

In Figure A-6, notice that the Groups (under Type) do not have findings. This is expected. Navigate to the Group Edit screen and look at the detail of the Group (see Figure A-7). Note that each element in the group has an appropriate finding.

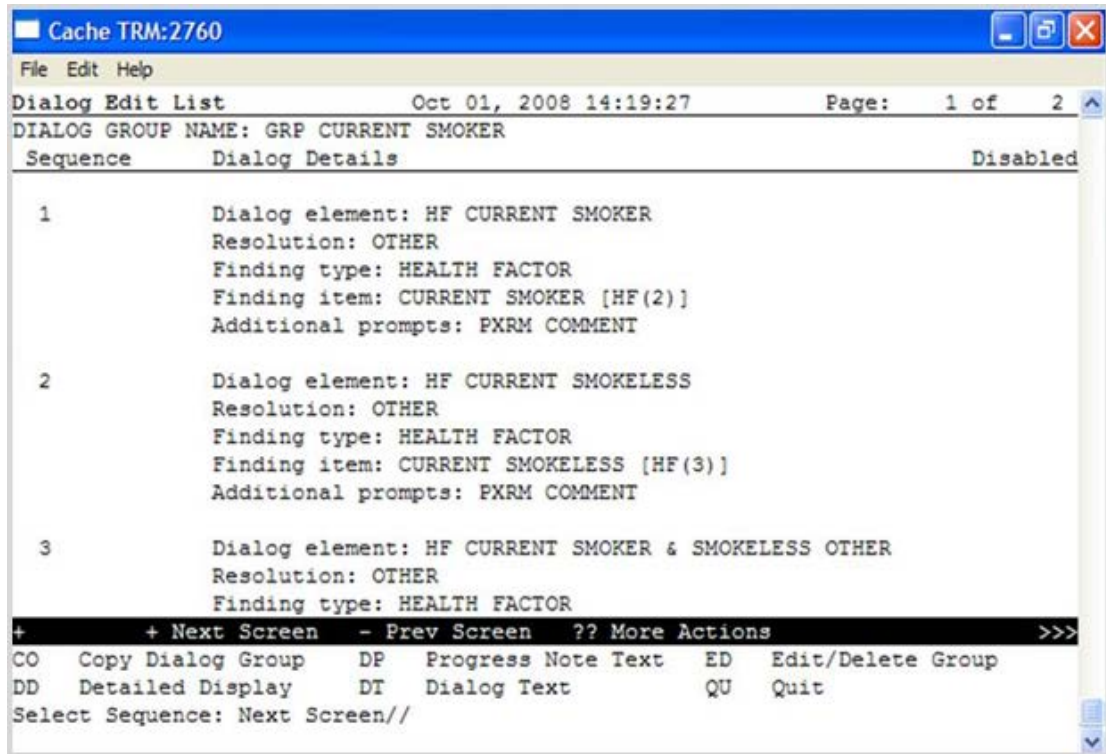


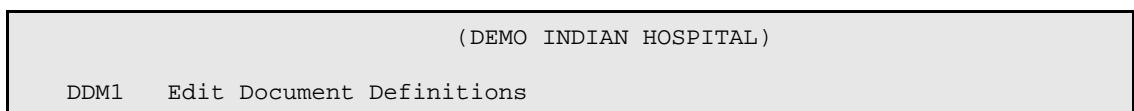
Figure A-7: Group Edit Screen

A.7 The BPXRM Objects do not work

A.7.1 The BPXRM LIPID PROFILE Object does not display Last Lipid Profile Results

The BPXRM LIPID PROFILE object is not working and will be fixed in a future TIU patch. In the meantime create another object and use it in the dialog.

1. Create a new object containing the site’s LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object:
 - a. Select RPMS-EHR Configuration Master Menu > TIU Configuration > TIU Menu For Medical Records > TIU Maintenance Menu > Document Definitions (Manager) > Document Definitions (Manager).
 - b. Instructions:



```

DDM2  Sort Document Definitions
DDM3  Create Document Definitions
DDM4  Create Objects
DDM5  List Object Descriptions
DDM6  Create TIU/Health Summary Objects
DDM7  Title Headers/Footers

Select Document Definitions (Manager) Option: DDM4
Create Objects

                                (DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects

                                Status
1      ACTIVE MEDICATIONS                A
2      ACTIVE MEDS COMBINED                A
3      ACTIVE MEDS IN AND OUT              A
4      ACTIVE MEDS INPATIENT              A
5      ACTIVE MEDS ONE LIST                A
6      ACTIVE MEDS OUTPATIENT              A
7      ACTIVE PROBLEMS                    A
8      ACTIVE PROBLEMS W/O DATES           A
9      ADDRESS-ONE LINE                    A
10     ADMITTING DX                        A
11     ADMITTING PROVIDER                  A
12     ALLERGIES/ADR                       A
13     ASTHMA CONTROLLER MEDS              A
14     ASTHMA REGISTRY                     A
+      ?Help   >ScrollRight  PS/PL PrintScrn/List  +/-
>>>
      Find                Detailed Display/Edit    Copy/Move
      Change View         Try                       Quit
      Create              Owner

Select Action: Next Screen/ Find
Search for://LAST LAB PANEL (SAMPLE)

                                Objects

                                Status
+
109    LAST LAB INR 3                    A
110    LAST LAB PANEL (CHEM PANEL)        A
111    LAST LAB PANEL (SAMPLE)            I
112    LAST LAB PANEL LIPID                A
113    LAST LAB TEST (BRIEF)              I
114    LAST LAB TEST (NO CAP)              I
115    LAST LAB TEST (SAMPLE)              I
116    LAST LAB TEST DATE (SAMPLE)         I
117    LAST MAMM                           A
118    LAST MEASUREMENT LIST                A
119    LAST MEASUREMENT LIST                A
120    LAST MED (SAMPLE)                    I
121    LAST MED CLASS (SAMPLE)              I
122    LAST MED CLASS/PHARM PT (SAMPLE)     I
+      ?Help   >ScrollRight  PS/PL PrintScrn/List  +/-
>>>
...searching for 'LAST LAB PANEL (sample)'

```

```

Stop Here? Yes//

Select Action: Next Screen// COPY

Select Entry to Copy: (109-122):111
<Enter the number of the LAST LAB PANEL (SAMPLE). Yours may be different.>

Copy into (different) Name: LAST LAB PANEL (SAMPLE)
  Replace SAMPLE With LIPID PROFILE
Replace
  LAST LAB PANEL (LIPID PROFILE)

OBJECT copied into File Entry #665
Press RETURN to continue or '^' or '^ ^' to exit:
  Feb 14, 2012 15:38:44      Page: 8 of 21
                              Objects

+
111 LAST LAB PANEL (LIPID PROFILE)      Status
112 LAST LAB PANEL (SAMPLE)            I
113 LAST LAB PANEL LIPID                A
114 LAST LAB TEST (BRIEF)              I
115 LAST LAB TEST (NO CAP)              I
116 LAST LAB TEST (SAMPLE)              I
117 LAST LAB TEST DATE (SAMPLE)         I
118 LAST MAMM                           A
119 LAST MEASUREMENT LIST               A
120 LAST MEASUREMENT LIST               A
121 LAST MED (SAMPLE)                   I
122 LAST MED CLASS (SAMPLE)             I
123 LAST MED CLASS/PHARM PT (SAMPLE)    I
124 LAST PAIN                           A
+      ?Help  >ScrollRight  PS/PL PrintScrn/List  +/-
>>>
  Find          Detailed Display/Edit      Copy/Move
  Change View   Try                          Quit
  Create        Owner

Select Action: Next Screen// DETAILED
Select Entry: (111-124): 111
Object LAST LAB PANEL (LIPID PROFILE)

Basics
  Name: LAST LAB PANEL (LIPID PROFILE)
  Abbreviation:
  Print Name:
  Type: OBJECT
  IFN: 665
  National
  Standard: NO
  Status: INACTIVE
  Owner: CLINICAL COORDINATOR

Technical Fields
  Object Method: S X=$$LABPANL^BTIUCC(DFN,"LAB PANEL NAME")

Description
  ? Help      +, - Next, Previous Screen  PS/PL
  Basics      Find                          Description Edit
  Technical Fields  Delete
  Try         Quit

Select Action: Quit// TECHNICAL FIELDS

```

```

OBJECT METHOD:  S X=$$LABPANL^BTIU PCC(DFN,"LAB PANEL NAME")
  Replace LAB PANEL NAME With LIPID PANEL

Replace the words LAB PANEL NAME with the exact name of the LIPID PANEL
that is being used at the facility.

Select Action: Quit// BASICS

NAME: LAST LAB PANEL (LIPID PROFILE)  Replace
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR  Replace
STATUS: (A/I): INACTIVE// A                                <now activate the object>

```

2. Edit the dialog and replace the BPXRM LIPID PROFILE with the object created in Step 1.
 - a. Use the Reminder Dialogs Menu Option to make these changes: Reminder Configuration > Reminder Dialog Management Menu > Reminder Dialogs.
 - b. Instructions:

```

REMINDER VIEW (ALL REMINDERS BY NAME)

Item Reminder Name                               Linked Dialog Name & Dialog Status
1  AAO NURSE SCREENING BUNDLE 6.2009
2  IHS-ACTIVITY SCREEN 2011                     IHS-ACTIVITY SCREEN 2011
3  IHS-ALCOHOL SCREEN 2007
4  IHS-ALCOHOL SCREEN 2011                     IHS-ALCOHOL SCREEN 2011
5  IHS-ALLERGY
6  IHS-ALLERGY 2011                             IHS-ALLERGY 2011
7  IHS-ANTICOAG CBC 2011                       IHS-ANTICOAG CBC 2011
8  IHS-ANTICOAG DURATION OF TX 2011           IHS-ANTICOAG DURATION OF TX
9  IHS-ANTICOAG INR GOAL 2011                 IHS-ANTICOAG INR GOAL 2011
10 IHS-ANTICOAG OCCULT BLOOD 2011             IHS-ANTICOAG OCCULT BLOOD 2
11 IHS-ANTICOAG THERAPY END DATE 2011        IHS-ANTICOAG THERAPY END DA
12 IHS-ANTICOAG UA 2011                       IHS-ANTICOAG UA 2011
13 IHS-ASBI BNI 2011                          IHS-ASBI BNI 2011

Disabled
14 IHS-ASBI SCREENING 2011
15 IHS-ASTHMA ACTION PLAN 2011                IHS-ASTHMA ACTION PLAN 2011
16 IHS-ASTHMA CONTROL 2009

+          + Next Screen  - Prev Screen  ?? More Actions
>>>
AR  All reminders          LR  Linked Reminders      QU  Quit
CV  Change View           RN  Name/Print Name
Select Item: Next Screen// CV
Select one of the following:

      D      Reminder Dialogs
      E      Dialog Elements
      F      Forced Values
      G      Dialog Groups
      P      Additional Prompts
      R      Reminders
      RG     Result Group (Mental Health)
      RE     Result Element (Mental Health)

TYPE OF VIEW: R// E

```

```

DIALOG VIEW (DIALOG ELEMENTS)

+Item Dialog Name          Dialog type
Status
  7 ASBI CPT COMM INS 30 MIN      Dialog Element
  8 ASBI CPT MEDICAID           Dialog Element
  9 ASBI CPT MEDICAID 15 MIN     Dialog Element
 10 ASBI CPT MEDICARE 15-30 MIN  Dialog Element
 11 ASBI CPT MEDICARE 30 MIN     Dialog Element
 12 ASBI ED AOD-COMPLICATIONS   Dialog Element
 13 ASBI ED AOD-CULTURAL/SPIRIT Dialog Element
 14 ASBI ED AOD-DISEASE PROCESS  Dialog Element
 15 ASBI ED AOD-FOLLOWUP        Dialog Element
 16 ASBI ED AOD-HEALTH PROMOTION DISEASE PR Dialog Element
 17 ASBI ED AOD-HELP LINE       Dialog Element
 18 ASBI ED AOD-INFORMATION AND REFERRAL Dialog Element
 19 ASBI ED AOD-INJURIES        Dialog Element
 20 ASBI ED AOD-LIFESTYLE ADAPTATIONS Dialog Element
 21 ASBI ED AOD-MEDICATIONS     Dialog Element
 22 ASBI ED AOD-NUTRITION       Dialog Element
+      + Next Screen  - Prev Screen  ?? More Actions
CO Copy Dialog          PT List/Print All      QU Quit
Select Item: Next Screen// SL SL
Search for: HD LIPID
Stop Here: YES

                <HD LIPID should be highlighted at the top of the screen:>

DIALOG VIEW (DIALOG ELEMENTS)

+Item Dialog Name          Dialog type
Status
 277 HD LIPID                Dialog Element
 278 HD MAMMO ALREADY SCHEDULED Dialog Element
 279 HD MAMMO REFERRAL DONE   Dialog Element
 280 HD MAMMOGRAM EDUCATION   Dialog Element
 281 HD MED COUNSELING INFO    Dialog Element
 282 HD MED PROBLEM LIST      Dialog Element
 283 HD MENINGITIS TEXT       Dialog Element
 284 HD MMR TEXT              Dialog Element
 285 HD MTM ADDL INFO         Dialog Element
 286 HD MTM FOLLOW UP         Dialog Element
 287 HD NEPHRO SCREEN        Dialog Element
 288 HD NEWBORN HEARING       Dialog Element
 289 HD OSTEOPOROSIS SCREENING Dialog Element
 290 HD PAP NOT DONE TEXT     Dialog Element
 291 HD PED FLU               Dialog Element
 292 HD PEDAL PULSES         Dialog Element
+      + Next Screen  - Prev Screen  ?? More Actions
AD Add                   CV Change View          INQ Inquiry/Print
CO Copy Dialog          PT List/Print All      QU Quit

Select Item: Next Screen//      277
                <Enter the number of the HD LIPID element. Yours may be different.>

CURRENT DIALOG ELEMENT/GROUP NAME: HD LIPID
Used by: IHS-LIPID FEMALE 2011 (Reminder Dialog)
         IHS-LIPID MALE 2011 (Reminder Dialog)

NAME: HD LIPID//
DISABLE:

```

```

CLASS: VISN//
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE:
ORDERABLE ITEM:
FINDING ITEM:
DIALOG/PROGRESS NOTE TEXT:
Patient's last LIPID PROFILE was:
|BPXRM LIPID PROFILE|

Edit? NO// y

==[ WRAP ]==[ INSERT ]=====< DIALOG/PROGRESS NOTE TEXT >====[ Patient's
last LIPID PROFILE was:
|BPXRM LIPID PROFILE|
<Replace BPXRM LIPID PROFILE with the name of the object that you created.
Select F1 key and E key to exit and save the changes>

<=====T=====T=====T=====T=====T=====T=====T=====
ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO// ^
<type caret (^) to exit>

```

3. Log off of EHR and log on again.
4. Test the object by processing the IHS-LIPID dialogs on a patient who has a recent lipid profile result.
5. Confirm that the last lipid profile results display.

A.7.2 The BPXRM HGBA1C Object does not display Last Lab Data

This might occur with any of the BPXRM (lab test) objects. This object must contain the name of the HGBA1C lab test that is being used at the facility.

This example describes how to map the HGBA1C lab test that is used at the facility to the BPXRM HGBA1C object.

1. Go to DDM4 in the TIU menu.
2. Select RPMS-EHR Configuration Master Menu > TIU Configuration > TIU Menu For Medical Records > TIU Maintenance Menu > Document Definitions (Manager).

```

(DEMO INDIAN HOSPITAL)

DDM1  Edit Document Definitions
DDM2  Sort Document Definitions
DDM3  Create Document Definitions
DDM4  Create Objects
DDM5  List Object Descriptions
DDM6  Create TIU/Health Summary Objects
DDM7  Title Headers/Footers

```



```

Select Document Definitions (Manager) Option: DDM4
Create Objects

                                (DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects                          Oct 29, 2008 17:34:35          Page:    3 of    27
                                Objects

+                               Status
29    BPXRM DIABETIC EYE                A
30    BPXRM FOOT EXAM                   A
31    BPXRM HEAD CIRCUMFERENCE          A
32    BPXRM HEIGHT                      A
33    BPXRM HGB AND HCT                 A
34    BPXRM HGBA1C                      A
35    BPXRM INTIMATE PARTNER VIOLENCE  A
36    BPXRM LIPID PROFILE               A
37    BPXRM MAMMOGRAM                   A
38    BPXRM TOBACCO SCREEN              A
39    CHIEF COMPLAINT TODAY             A
40    COMMUNITY                         A
41    CONTRACEPTION-BRIEF               A
42    CONTRACEPTION-EXPANDED            A
+    ?Help    >ScrollRight    PS/PL PrintScrn/List    +/-    >>>
      Find    Detailed Display/Edit    Copy/Move
      Change View    Try    Quit
      Create    Owner

Select Action: Next Screen// DET
Select Entry: (29-42): 36
<Enter the number of the BPXRM HGBA1C from above. Yours may be different.>

Object BPXRM HGBA1C

Basics
      Name:    BPXRM HGBA1C
      Abbreviation:
      Print Name:
      Type:    OBJECT
      IFN:    49
      National
      Standard:    NO
      Status:    ACTIVE
      Owner:    CLINICAL COORDINATOR

Technical Fields
      Object Method:    S X=$$SLAB^BTIU PCC(+$(DFN),"HGBA1C")

Description
+    ? Help    +, - Next, Previous Screen    PS/PL
      Basics    Find    Description Edit
      Technical Fields    Delete
      Try    Quit
Select Action: Next Screen/BASICS
      <Go to Basics to inactivate the object so you can edit it.>

Edit Owner and Status only; Entry not Inactive
CLASS OWNER: CLINICAL COORDINATOR Replace
STATUS: (A/I): ACTIVE// I    <Inactivate the entry so you can edit it.>
    
```

```

Object BPXRM HGBA1C

Basics
  Name:      BPXRM HGBA1C
  Abbreviation:
  Print Name:
  Type:      OBJECT
  IFN:       49
  National
  Standard:  NO
  Status:    INACTIVE                                <Must be inactive>
  Owner:     CLINICAL COORDINATOR

Technical Fields
  Object Method:  S X=$$SLAB^BTIUPCC(+$G(DFN),"HGBA1C")

Description
+      ? Help      +, - Next, Previous Screen      PS/PL
  Basics          Find          Description Edit
  Technical Fields Delete
  Try             Quit
Select Action: Next Screen// technical
<Edit the technical field to replace HGBA1C with the exact name of the test
that is used by your facility.>

OBJECT METHOD:  S X=$$SLAB^BTIUPCC(+$G(DFN),"HGBA1C")

Replace HGBA1C With HGB A1C
  <Use the exact name of the HGBA1C test that is in use at your facility.>

Detailed Display      Feb 14, 2012 15:07:14      Page: 1 of
2
                        Object BPXRM HGBA1C

Basics
  Name:      BPXRM HGBA1C
  Abbreviation:
  Print Name:
  Type:      OBJECT
  IFN:       49
  National
  Standard:  NO
  Status:    INACTIVE
  Owner:     CLINICAL COORDINATOR

Technical Fields
  Object Method:  S X=$$SLAB^BTIUPCC(+$G(DFN),"HGB A1C")
                        <Double check the name of the test>

Description
+      ? Help      +, - Next, Previous Screen      PS/PL
  Basics          Find          Description Edit
  Technical Fields Delete
  Try             Quit
Select Action: Next Screen//Basics
                        <Now go back into Basics to activate the object.>

NAME: BPXRM HGBA1C//
ABBREVIATION:
PRINT NAME:

```

```

CLASS OWNER: CLINICAL COORDINATOR  Replace
STATUS: (A/I): INACTIVE//  ACTIVE

Object BPXRM HGBA1C

Basics
    Name:      BPXRM HGBA1C
    Abbreviation:
    Print Name:
    Type:      OBJECT
    IFN:       49
    National
    Standard:  NO
    Status:    ACTIVE
    Owner:     CLINICAL COORDINATOR

Technical Fields
    Object Method:  S X=$$SLAB^BTIUPCC(+$G(DFN),"HGB A1C")

Description
+      ? Help      +, - Next, Previous Screen      PS/PL
    Basics          Find          Description Edit
    Technical Fields      Delete
    Try              Quit
Select Action: Next Screen//Q
    
```

Figure 15-10: How to Map the HGBA1C Lab Test

A.8 Medication Reminders – Last Occurrence Date

Reminders that use medications in the resolution logic: DM-ASPIRIN, DM-ACE/ARB, DM-ANTIPLATLET CVD use the last fill date as the LAST OCCURRENCE DATE.

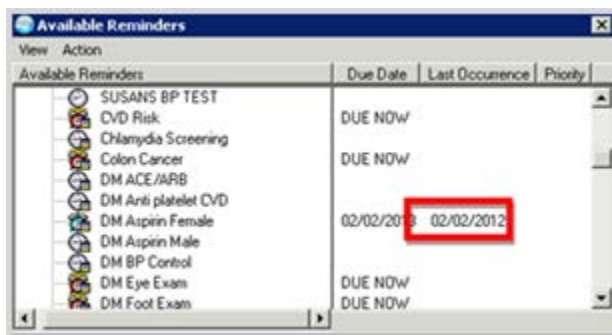


Figure A-8: Example of DM Aspirin Reminder Filled on 2/2/2012

If the medication is an OUTSIDE MEDICATION, it will display today’s date as the LAST OCCURRENCE DATE. In Figure A-9, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The reminder uses TODAY’S date as the LAST OCCURRENCE DATE. In this example, today is 2/14/2012.

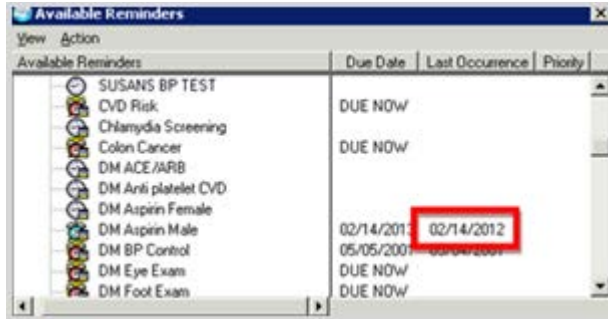


Figure A-9: Example of Outside Med Displayed on 2/14/2012

A.9 Problems Getting Reminders Visible for Everyone

If reminders show up for most users but not for others, the culprit is likely in the parameters. Usually it means that the NEW parameter is set to YES for system, but NO at a lower level, such as class or user.

Entering parameters is easiest from the RPMS-EHR Master Configuration menu > REM Reminder Configuration > PAR Reminder Parameters Menu > New Reminder Parameters.

Instructions:

```

NEW      New Reminder Parameters      (ORQQPX NEW REMINDER PARAMS)

Use New Reminder Parameters may be set for the following:

1  User      USR      [choose from NEW PERSON]
2  Service   SRV      [choose from SERVICE/SECTION]
3  Division  DIV      [DEMO INDIAN HOSPITAL]
4  System    SYS      [DEMO.OKLAHOMA.IHS.GOV]
5  Package   PKG      [ORDER ENTRY/RESULTS REPORTING]

Enter selection:  RICHARDS, SUSAN P

Parameter          Instance          Value
-----
-
USR: RICHARDS,SUSAN P      1                NO
<If this were set to no, like here, this user would only see what was set
up in the cover sheet reminder list (CVR above) and not what was set up in
the GUI reminder configuration. To remove, edit the parameter and @ at the
prompt so the value is empty>

SYS: YAKIMA-HC.PRT.IHS.GOV      1                YES
    
```

A.10 Reminder Due when it should not be Due

This can happen if the reminder uses HMR or BPP in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

Examples:

My patient has a recent chlamydia test, but the IHS-CHLAMYDIA reminder shows as due.

My patient has a recent prescription for asthma inhaled steroid, but the IHS-ASTHMA STEROIDS reminder shows as due. My patient's (best practice/ HMR) reminder shows as due when it should not be due.

These reminders use the data found by the HMR or Best Practice to determine if they are due or not. Look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or Clinical Reporting System (CRS).

1. Review the Logic Detail for the HMR or BPP logic in one of the following locations:
 - http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
 - IHS PCC Suite (BJPC) PCC Health Summary User Manual Appendix A for HMR, and Appendix B for BPP.
 - iCare Population Management GUI (BQI) iCare User Manual
 - PCC HMR and BPP Menu
 - iCare: Click on the glossary button and select Reminders Glossary (health summary reminders) or BPP Glossary
2. Confirm that the lab test/medication/etc. item that the reminder is looking at is a member of the taxonomy.

Example:

The CHLAMYDIA HMR uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia tests that is being used by the facility.

Instructions:

LOGIC DETAIL: (from iCare Glossary or Health Summary User Manual Appendix)

Chlamydia Test Definition:
 - Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810 [BGP CHLAMYDIA CPTS]

- LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]
 - Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA TESTS TAX]
 <The lab test used at the facility must be a member of this taxonomy.>

3. This taxonomy can be populated with the appropriate labs/drugs through iCare or CRS.

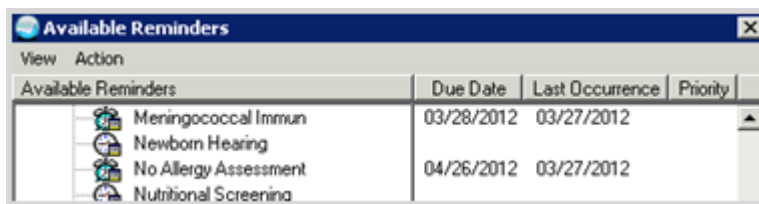
iCare:

1. To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key. Add the test being used at the facility.
2. Log on to iCare > Tools > Taxonomy Maintenance > View/Edit Taxonomy Entries > All Site Populated > Lab Tests > BGP Chlamydia Tests > add the chlamydia lab tests that are ordered at the facility.

CRS:

1. To edit the taxonomy, you must possess the appropriate security keys and menu options or ask the appropriate staff to edit the taxonomy.
2. At the CRS Main Menu, select System Setup > Taxonomy Setup > Taxonomy Setup-All CRS Reports > Select a Taxonomy > add the chlamydia lab tests that are ordered at the facility.

Why is the Due Date Tomorrow?



Available Reminders	Due Date	Last Occurrence	Priority
Meningococcal Immun	03/28/2012	03/27/2012	
Newborn Hearing			
No Allergy Assessment	04/26/2012	03/27/2012	
Nutritional Screening			

Figure A-10: Reminder Due Date

The reminder is due to check tomorrow to see if the immunization is due. This is the case for all immunization reminders; several of the anti-coagulation and asthma reminders, and CVD reminder.

A.11 Access Violation Error When Processing Dialogs

An Access Violation Error occurs while processing a dialog and the Clinical Maintenance Button is selected from within the dialog. Upon exiting or saving the dialog, the error message in Figure A-11 is displayed:

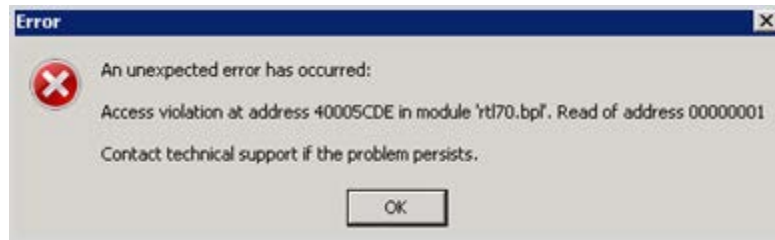


Figure A-11: Access Violation Error

This is a known issue that will be fixed in a future RPMS-EHR patch. If this error occurs, log off of RPMS-EHR and log on again. Avoid using the **CLINICAL MAINTENANCE** button when processing dialogs. Instead, right-click on a reminder or reminder dialog and select **Clinical Maintenance**.

Appendix B: Reminder Taxonomies

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies of PXR 1008 that will be installed through the exchange.

If this is a first time installation of this category of reminder (example: Asthma) then the Reminder Taxonomy will be installed through the exchange.

B.1 IHS-ASTHMA 2013

Code Sets:					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
493.00	493.92				

Figure B-1: IHS-ASTHMA 2007

B.2 IHS-BILATERAL MASTECTOMY 2008

Patient Data Source:					
EN,PL,IN					
Code Sets:					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		85.42	85.42		
		85.44	85.44		

Figure B-2: IHS-BILATERAL MASTECTOMY 2008

B.3 Taxonomies for IHS-COLON CANCER 2014

The following provides information the various taxonomies for colon cancer.

B.3.1 IHS-COLONOSCOPY 2007

Patient Data Source:					
EN,PL,IN					
Code Sets:					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		45.22	45.22	45355	45355
		45.23	45.23	45378	45387
		45.25	45.25	G0105	G0105
		76.51	76.51	G0121	G0121
				44388	44394
				44397	44397
				44394	44394
				45391	45391

Figure B-3: IHS-COLONOSCOPY 2007

B.3.2 IHS-COLORECTAL CANCER

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

-					
153.0	153.9			44150	44153
154.0	154.1			44155	44156
197.5	197.5			44210	44212
V10.05	V10.05				

Figure B-4: IHS-COLORECTAL CANCER

B.3.3 IHS-SIGMOIDOSCOPY

Patient Data Source:					
EN,PL,IN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

-					
		45.24	45.24	45330	45345
		45.42	45.42	G0104	G010

Figure B-5: HS-SIGMOIDOSCOPY

B.3.4 IHS-DIABETES DX 2007

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.00	250.93				

Figure B-6: IHS-DIABETES DX 2007

B.3.5 IHS-DIABETES PROBLEMS ONLY

Patient Data Source:					
PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.00	250.93				

Figure B-7: Diabetes Problems Only

B.3.6 IHS-DIABETIC NEPHROPATHY

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.40	250.43				

Figure B-8: Diabetic Nephropathy Codes

B.3.7 IHS-DIALYSIS

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
V45.1	V45.12			90963	90966
				90967	90970

Figure B-9: Dialysis Codes

B.3.8 IHS-FUNDOSCOPIC EYE CODES 2007

Patient Data Source:					
EN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
V72.0	V72.0			92012	92012
				92014	92015
				92002	92002
				92004	92004
				92250	92250
Figure 4.9 Fundoscopic Eye Codes					
22.1.15				IHS-HYPERTENSION 2007	
Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
401.0	405.99				

Figure B-10: Hypertension Codes

B.3.9 IHS-HYPERTENSION 2007

Patient Data Source:					
EN,PL,IN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
401.0	405.99				

Figure B-11: IHS-HYPERTENSION 2007

B.3.10 IHS-HYSTERECTOMY 2009

Patient Data Source:					
EN, PL, IN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		68.4	68.9	51925	51925
				56308	56308
				58150	58150
				58152	58152
				58200	58200
				58552	58554
				58953	58954
				59525	59525
				58951	58951
				58550	58550
				58205	58205
				58210	58210
				58240	58240
				58260	58260
				58262	58265
				58267	58267
				58270	58270
				58275	58275
				58280	58280
				58285	58285
				58290	58294
				58548	58548
				58570	58570
				59135	59135

Figure B-12: Hysterectomy Codes

B.3.11 IHS-ISCHEMIC HEART DISEASE 2007

Patient Data Source:					
EN, PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
410.0	412.				
414.0	414.9				
428.0	428.9				
429.2	429.2				

Figure B-13: Ischemic Heart Disease Codes

B.3.12 IHS-OSTEOPOROSIS DX

Patient Data Source:					
EN, PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

733.00	733.09
--------	--------

Figure B-14: Osteoporosis Codes

Appendix C: Reminder Terms

C.1 IHS-ASTHMA CONTROL

```
CLASS: VISN
FINDING ITEM:
WELL CONTROLLED (FI(1)=ASM(1))
NOT WELL CONTROLLED (FI(2)=ASM(2))
VERY POORLY CONTROLLED (FI(3)=ASM(3))
```

Figure C-1: Used in IHS-ASTHMA CONTROL 2014 Reminder

C.2 IHS-ACE/ARB

```
CLASS: VISN
DESCRIPTION: Groupings of ace/arb drugs
FINDING ITEM: CV800
FINDING ITEM: CV805
```

Figure C-2: Used in IHS-DIAB ACE/ARB 2014 Reminder

C.3 IHS-ASPIRIN

```
CLASS: VISN
FINDING ITEM: ASPIRIN
```

Figure C-3: Used in IHS-DIAB ANTIPLT KNOWN CVD 2014, IHS-DIAB ASPIRIN FEMALE 2014, IHS-DIAB ASPIRIN MALE 2014 Reminders

C.4 IHS-ASTHMA 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-ASTHMA 2013
```

Figure C-4: Used in IHS-ASTHMA 2014

C.5 IHS-BILATERAL MASTECTOMY 2014

```
CLASS: VISN//
FINDING ITEM:
TX IHS-BILATERAL MASTECTOMY 2008
```

Figure C-5: IHS-BILATERAL MASTECTOMY 2014

C.6 IHS-CLOPIDOGREL

```
CLASS:VISN
```

```
FINDING ITEM: CLOPIDOGREL (FI(1)=DG(3467))
```

Figure C-6: Used in IHS-DIAB ANTIPLT KNOWN CVD 2014, IHS-DIAB ASPIRIN FEMALE 2014, IHS-DIAB ASPIRIN MALE 2014 Reminders

C.7 IHS-COLONOSCOPY 2014

```
CLASS: VISN//
FINDING ITEM:
TX IHS-COLONOSCOPY 2007
```

Figure C-7: IHS-COLONOSCOPY 2014

C.8 IHS-COLORECTAL CANCER 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-COLORECTAL CANCER
```

Figure C-8: IHS-COLORECTAL CANCER 2014

C.9 IHS-DIAB NEPHROPATHY LABS

```
CLASS: VISN
FINDING ITEM:
```

Figure C-9: Used in IHS-DIAB ACE/ARB 2014 Reminder

C.10 IHS-DIABETES DX 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-DIABETES DX 2007
```

Figure C-10: IHS-DIABETES DX 2014

C.11 IHS-DIABETES PROBLEMS 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-DIABETES DX 2007
```

Figure C-11: IHS-DIABETES PROBLEMS 2014

C.12 IHS-DIABETIC NEPHROPATHY 2014

```
CLASS: VISN//
```

```
FINDING ITEM:
CF   IHS-SNOMED
TX   IHS-DIABETIC NEPHROPATHY
```

Figure C-12: IHS-DIABETIC NEPHROPATHY 2014

C.13 IHS-DIALYSIS 2014

```
CLASS: VISN//
FINDING ITEM:
CF   IHS-SNOMED
TX   IHS-DIALYSIS
```

Figure C-13: IHS-DIALYSIS 2014

C.14 IHS-DM BLOOD PRESSURE

```
CLASS: VISN
NAME: IHS-DM BLOOD PRESSURE
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>129)!($P(V,"/",2)>79)
```

Figure C-14: Used in IHS-DIAB BP CONTROL 2014 Reminder

C.15 IHS-EGFR

```
CLASS: VISN
FINDING ITEM:
```

Figure C-15: Used in IHS-DIAB NEPHRO SCR/MON 2014 Reminder

C.16 IHS-FECAL OCCULT BLOOD

```
CLASS: VISN
FINDING ITEM:
```

Figure C-16: IHS-Fecal Occult Blood 2014 Information

C.17 FUNDOSCOPIC EYE CODES 2014

```
CLASS: VISN//
FINDING ITEM:
TX   IHS-FUNDOSCOPIC EYE CODES 2007
```

Figure C-17: FUNDOSCOPIC EYE CODES 2014

C.18 IHS – HEBADULT IMMUNIZATION

```
CLASS: VISN//
SPONSOR:
```

```

REVIEW DATE:
DESCRIPTION:
  No existing text
  Edit? NO//

Choose from:
IM   HEP B, NOS                               Finding #: 2
IM   HEP B, ADULT                             Finding #: 1

```

Figure C-18: IHS – HEBADULT IMMUNIZATION

C.19 IHS – HEPA IMMUNIZATION

```

CLASS: VISN//
SPONSOR:
REVIEW DATE:
DESCRIPTION:
  No existing text
  Edit? NO//

Choose from:
IM   HEP A, NOS                               Finding #: 3
IM   HEP A, PED/ADOL, 2 DOSE                 Finding #: 1
IM   HEP A, PEDIATRIC, NOS                   Finding #: 2

```

Figure C-19: IHS – HEPA IMMUNIZATION

C.20 IHS – HEPADULT IMMUNIZATION

```

CLASS: VISN//
SPONSOR:
REVIEW DATE:
DESCRIPTION:
  No existing text
  Edit? NO//

Choose from:
IM   HEP A, ADULT                             Finding #: 1
IM   HEP A, NOS                               Finding #: 2

```

Figure C-20: IHS – HEPADULT IMMUNIZATION

C.21 IHS – HEPBADULT IMMUNIZATION

```

CLASS: VISN//
SPONSOR:
REVIEW DATE:
DESCRIPTION:
  Hep B vaccine from immunization file

  Edit? NO//

Choose from:
IM   HEP B, ADOLESCENT OR PEDIATRIC           Finding #: 1
IM   HEP B, NOS                               Finding #: 2

```


IM HEP B,ADULT	Finding #: 3
----------------	--------------

Figure C-21: IHS – HEPBADULT IMMUNIZATION

C.22 IHS – HPV IMMUNIZATION

CLASS: LOCAL//	
SPONSOR:	
REVIEW DATE:	
DESCRIPTION:	
No existing text	
Edit? NO//	
Choose from:	
IM HPV QUADRIVALENT	Finding #: 1
IM HPV, bivalent	Finding #: 2
IM HPV,NOS	Finding #: 3

Figure C-22: IHS – HPV IMMUNIZATION

C.23 IHS – HGBA1C

CLASS: VISN
DESCRIPTION: The lab tests at a site that are the hemoglobin A1c test
FINDING ITEM:

Figure C-23: Used in IHS-DIAB HGBA1C 2011, IHS-DIAB HGBA1C CONTROL 2011 Reminders

C.24 IHS – HGBA1C REEVALUATE

CLASS: VISN
FINDING ITEM: HEMOGLOBIN A1C (FI(1)=LT(97))
CONDITION: I V>6.9
Condition: Enter the threshold for every lab added. By default the threshold is set to 6.9. I V>6.9 will make the reminder due every 3 months if the HEMOGLOBIN A1C is above 6.9.

Figure C-24: Used in IHS-DIAB HGBA1C CONTROL 2014 Reminder

C.25 IHS – HIGH DIASTOLIC

CLASS: LOCAL
FINDING ITEM: BP
EFFECTIVE PERIOD: 1Y
CONDITION: I (\$P(V,"/",2)>84)&(\$P(V,"/",2)<90)

Figure C-25: Used in IHS-BLOOD PRESSURE 2014 Reminder

C.26 IHS – HIGH BP 2007

NAME: IHS-HIGH BP 2007

```
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)
```

Figure C-26: Used in IHS-BLOOD PRESSURE 2014 Reminder

C.27 IHS – HIV 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-HIV DX 2011
```

Figure C-27: IHS-HIV 2014

C.28 IHS – HYPERTENSION 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-HYPERTENSION 2007
```

Figure C-28: IHS-HYPERTENSION 2014

C.29 IHS – HYSTERECTOMY 2014

```
CLASS: VISN//
FINDING ITEM:
TX IHS-HYSTERECTOMY 2009
```

Figure C-29: IHS-HYSTERECTOMY 2014

C.30 IHS – ISCHEMIC HEART DISEASE 2014

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-ISCHEMIC HEART DISEASE 2007
```

Figure C-30: IHS-ISCHEMIC HEART DISEASE 2014

C.31 IHS – LIPID LAB TESTS

```
CLASS: VISN
FINDING ITEM:
```

Figure C-31: Used in IHS-LIPID FEMALE 2014 and IHS-LIPID MALE 2014 Reminders

C.32 IHS-OSTEOPOROSIS 2014

```
CLASS: VISN//
```

```
FINDING ITEM:
CF   IHS-SNOMED
TX   IHS-OSTEOPOROSIS 2014
```

Figure C-32: IHS-OSTEOPOROSIS 2014

C.33 IHS – POLIO IMMUNIZATION

```
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
DESCRIPTION:
  No existing text
  Edit? NO//

Choose from:
IM   IPV
IM   POLIO, NOS
```

Finding #: 1

Figure C-33: IHS – POLIO IMMUNIZATION

C.34 IHS – SIGMOIDOSCOPY 2014

```
CLASS: VISN//
FINDING ITEM:
TX   IHS-SIGMOIDOCOPY
```

Figure C-34: IHS-SIGMOIDOSCOPY 2014

C.35 IHS – URINE ALBUMIN 2014

```
CLASS: VISN
FINDING ITEM:
```

Figure C-35: Used in IHS-DIAB NEPHRO SCR/MON 2014 Reminder

Appendix D: Reminders Using Computed Findings

All the reminders in this patch use the computed finding IHS_SNOMED.

- Returns a YES or NO if a problem is in a SNOMED subset
- The subset name is entered in the COMPUTED FINDING PARAMETER file
- The other computed findings used in these patches follow

Computed Findings Entry Points

Name	Routine	Entry Points
IHS-ALLERGY ASPIRIN 2009	BPXRMALL	ALLASP
IHS-ALLERGY ACE/ARBS	BPXRMAL1	AAREM
IHS-ALLERGY EGG	BPXRMALL	ALLEGG
IHS-ALLERGY PLAVIX	BPXRMALL	ALLCLOP
IHS-ASTHMA CONTROL	BPXRMASM	CONTROL
IHS-ASTHMA EXACERBATION	BPXRMASM	RISK
IHS-ASTHMA PLAN	BPXRMASM	PLAN
IHS-ASTHMA PRIMARY	BXPRMASM	PRIMARY
IHS-ASTHMA SEVERITY	BPXRMASM	SEVERITY
IHS-ASTHMA STEROIDS	BPXRMASM	STEROID
IHS-BLOOD PRESSURE 2011	BPXRMPCC	DENTAL
IHS-DIAB ASPIRIN 2009	BPXRMALL	ALLASP
IHS-DIABETES 2009	BPXMRPCC	DIABETES
IHS-HIV	BPXRMP1	HIV
IHS-MAMMOGRAM 2009	BPXRMPCC	MAMMO
IHS-OSTEO 2009	BPXRMPCC	OSTEO
IHS-PAP 2009	BPXRMPCC	PAP
IHS-SNOMED	BPXRMSNO	SNO

Appendix E: Reminder Parameter Summary

This section describes the locations of the menu options that are used when configuring reminders. Reminders may be configured in three different menu options:

- REM Reminder Managers Menu ... [PXRMANAGERS MENU]
- CP CPRS Reminder Configuration [PXRMCPRS CONFIGURATION]
- XX General Parameter Tools ... [XPARMENU TOOLS]

This table describes the menu paths for each parameter:

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
Reminder GUI Resolution Active	REM PAR ACT	RA	PXRMCPRS REMINDERS ACTIVE	Activates reminder system in EHR
Add/Edit Reminder Categories	REM PAR CAT	CA		Creates a folder with selected reminders to hang under "other"
Allow EHR Configuration in GUI	REM PAR CFG		PXRMCPRS EHR CONFIGURATION	Gives permission to use GUI configuration dialog. Restrict to user or CAC user class
EHR Cover Sheet Reminder List	REM PAR CVR	CS	ORQQPX SEARCH ITEMS	The "old" way of setting up GUI view. Must set prior to activation and before setting new parameter
EHR Lookup Categories	REM PAR LKP	CL	PXRMCPRS LOOKUP CATEGORIES	Sets up the categories (folders) under "other" in GUI
Default Outside Location	REM PAR LOC	OL	ORQQPX DEFAULT LOCATIONS	Can set defaults for the PXRMCPRS OUTSIDE LOCATION prompt used in dialogs
New Reminder Parameters	REM PAR NEW	NP	ORQQPX NEW REMINDER PARAMS	After reminders are activated, set NEW so EHR displays configuration done on GUI set up instead of Cover Sheet reminder list

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
Progress Note Headers	REM PAR PNH	PN	PXRM PROGRESS NOTE HEADERS	Can change the text in progress note. Delivered as "Clinical reminder activity"
Position Reminder Text at Cursor	REM PAR POS	PT	ORQQPX REMINDER TEXT AT CURSOR	Puts reminder text at cursor rather than bottom of note
New Cover Sheet Reminders Parameter			ORQQPX COVER SHEET REMINDERS	This just lists an RPMS view of what is configured from the GUI dialog. You will not alter this parameter from the RPMS side.
			ORQQPX REMINDER FOLDERS	This will tell you what folders the users have set for view DANEO: Due, Applicable, Not Applicable, All Evaluated, Other
Reminder Dialogs Allowed as Templates	TIU PAR REM		TIU TEMPLATE REMINDER DIALOGS	Once set, will allow dialog to be used in TIU template editor to create a reminder dialog template

Acronym List

Acronym	Meaning
BPP	Best Practice Prompt
CAC	Clinical Application Coordinator
CPT	Current Procedural Terminology
CRS	Clinical Reporting System
DM	Diabetes Mellitus
eGFR	Estimated Glomerular Filtration Rate
EHR	Electronic Health Record
HMR	Health Maintenance Reminder
ICD	International Classification of Diseases
IHS	Indian Health Service
IRM	Information Resources Management
NOS	Not Otherwise Specified
POV	Purpose of Visit
RPMS	Resource and Patient Management System
UACR	Urine Albumin-to-Creatinine Ratio

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov