Clinical Reminders

(PXRM)

Addendum to Installation Notes

Version 2.0 Patch 1003
May 2015

Office of Information Technology (OIT)
Albuquerque, New Mexico
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 PXRM 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 (PXRM) 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/listserv/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 PXRM DIABETES.

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.
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
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- IHS-DIAB ASPIRIN FEMALE 2014
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- 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
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- 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
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- IHS-DIAB BP CONTROL 2014
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- IHS-DIAB HGBA1C CONTROL 2014
- IHS-DIAB NEPHRO SCR/MON 2014
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- 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.

**REMEMBER 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](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.

**REMININDER 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&AC_ID=0](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

4.3  IHS-ASTHMA PRIM PROV 2014

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

**REMININDER 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
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](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

**Note:** Patient is removed from cohort if documented allergy or ADR to both ACEI and ARB.

**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
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.


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-HGBAIC REEVALUATE:**

```plaintext
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.
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
Clinical Reminders Version 2.0 Patch 1003

• 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 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 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
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
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 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 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](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](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](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](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 – Forcaster 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

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 dialog](image)

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.

![Reminder Resolution: Asthma Primary Provider](image)

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.

![Reminder Resolution: Asthma Exacerbation](image)

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.

![Blood Pressure dialog](image)

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.

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.

Figure 5-9: Diabetes ACE/ARB dialog
5.10  IHS-DIAB ANTPLT KNOWN CVD 2014

This dialog allows documentation of Aspirin or Clopidogrel orders.

![Image: Diabetes Anti-platelet Therapy dialog](image)

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.

![Image: Diabetic Aspirin Male dialog](image)

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.

Figure 5-12: Diabetic Aspirin Female dialog

5.13 IHS-DIAB BP CONTROL 2014
This dialog allows documentation of blood pressure.

Figure 5-13: Diabetes BP Control dialog
5.14 IHS-DIAB EYE EXAM 2014

This dialog allows documentation of fundoscopic eye exams.

Figure 5-14: Diabetic Eye Exam dialog
5.15 IHS-DIAB FOOT EXAM 2014

This dialog allows documentation of foot exam and patient education.

![Diabetic Foot Exam dialog](image)

Figure 5-15: Diabetic Foot Exam dialog
5.16  IHS-DIAB HGBA1C 2014

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

![Reminder Resolution: DM HgbA1c](image)

Figure 5-16: Diabetic Hgba1c dialog

5.17  IHS-DIAB HGBA1C CONTROL 2014

This dialog includes documentation of implementation of an HgbA1c order.

![Reminder Resolution: DM HgbA1c Control](image)

Figure 5-17: Diabetic HgbA1c Control dialog
5.18 IHS-DM SCREENING 2014

This dialog includes documentation of implementation of HgbA1c order.

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.

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.

![HIV Screen dialog]

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 HEP A IMMUN 2014
- IHS-PED HEP B 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.

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.

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.

![Mammogram 40-49 Order dialog](image)

Figure 5-24: Mammogram 40-49 Order dialog
Figure 5-25: Mammogram Not Ordered dialog
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.

![Mammogram 50-74 Order dialog](image)

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.

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.

![Osteoporosis Screen dialog](image)

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.

![Image of 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.
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.

<table>
<thead>
<tr>
<th>Entry</th>
<th>Source</th>
<th>Date Packed</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>IHS-COLON CANCER 2007</td>
<td>08/28/2008@11:42:51</td>
</tr>
<tr>
<td>32</td>
<td>IHS-COLON CANCER 2010</td>
<td>02/04/2010@10:19:27</td>
</tr>
<tr>
<td>33</td>
<td>IHS-DENTAL VISIT</td>
<td>02/04/2010@10:19:41</td>
</tr>
<tr>
<td>34</td>
<td>IHS-DEPRESSION SCREEN 2008</td>
<td>05/22/2009@10:03:29</td>
</tr>
<tr>
<td>35</td>
<td>IHS-DEPRESSION SCREEN 2009</td>
<td>02/04/2010@10:19:56</td>
</tr>
<tr>
<td>36</td>
<td>IHS-DIAB ACE/ARB 2007</td>
<td>08/28/2008@11:43:30</td>
</tr>
<tr>
<td>37</td>
<td>IHS-DIAB ASPIRIN 2009</td>
<td>02/04/2010@10:20:10</td>
</tr>
<tr>
<td>38</td>
<td>IHS-DIAB EYE EXAM 2007</td>
<td>08/28/2008@11:44:46</td>
</tr>
<tr>
<td>39</td>
<td>IHS-DIAB HGBA1C 2007</td>
<td>08/28/2008@11:45:18</td>
</tr>
<tr>
<td>40</td>
<td>IHS-DIAB MICROALBUMIN 2007</td>
<td>08/28/2008@11:45:38CFE</td>
</tr>
</tbody>
</table>

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
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-FIELD:
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
<table>
<thead>
<tr>
<th>Status</th>
<th>Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td>609</td>
<td>IM INFLUENZA DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>610</td>
<td>IM INSTRUCTIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>611</td>
<td>IM IPV DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>612</td>
<td>IM IPV NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>613</td>
<td>IM MMR DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>614</td>
<td>IM MMR NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>615</td>
<td>IM PED CONTRAINDICATION SCREEN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>616</td>
<td>IM PEDIARIX DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>617</td>
<td>IM PEDIARIX NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>618</td>
<td>IM PNEUMO CRITERIA2</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>619</td>
<td>IM PNEUMO CRITERIA3</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>620</td>
<td>IM PNEUMO-PS CONTRAINDICATION</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>621</td>
<td>IM PNEUMO-PS CRITERIA1</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>622</td>
<td>IM PNEUMOVACCINE NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>623</td>
<td>IM VARICELLA DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>624</td>
<td>IM VARICELLA NOT DONE</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

Addendum to Installation Notes

May 2015

Dialog Preparation

Clinical Reminders Version 2.0 Patch 1003
EX.EntryName to select an 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 PXRM 1003 should be done by the appropriate IRM 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.

```
+ ComponFile       Entry       Category       Exists
V79.1                              X

MEASUREMENT TYPE
AUDT       X
CRFT       X
AUDC

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.

   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 9-2: List of Reminders in Reminder Exchange

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.

<table>
<thead>
<tr>
<th>Item Entry</th>
<th>Source</th>
<th>Date Packed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IHS-ACTIVITY SCREEN 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>2 IHS-ALCOHOL SCREEN 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>3 IHS-ALLERGY 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>4 IHS-ANTICOAG DURATION OF TX 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>5 IHS-ANTICOAG INR GOAL 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>6 IHS-ANTICOAG THERAPY END DATE 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>7 IHS-ASBI BNI 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
<tr>
<td>8 IHS-ASBY SCREENING 2013</td>
<td>USER@DEMO HOSPITAL</td>
<td>02/27/2014@10:08</td>
</tr>
</tbody>
</table>

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.
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.

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 PXRM PED 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 BPXRMPCC 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:

<table>
<thead>
<tr>
<th>Key</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Create a new entry by copying to a new name</td>
</tr>
<tr>
<td>I</td>
<td>Install or Overwrite the current entry</td>
</tr>
<tr>
<td>Q</td>
<td>Quit the install</td>
</tr>
<tr>
<td>S</td>
<td>Skip, do not install this entry</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Key</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Create a new entry by copying to a new name</td>
</tr>
<tr>
<td>I</td>
<td>Install or Overwrite the current entry</td>
</tr>
<tr>
<td>Q</td>
<td>Quit the install</td>
</tr>
<tr>
<td>S</td>
<td>Skip, do not install this entry</td>
</tr>
</tbody>
</table>

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 PXRM 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-HYPTERTENSION 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.

<table>
<thead>
<tr>
<th>ComponentFile</th>
<th>Entry</th>
<th>Category</th>
<th>Exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASUREMENT TYPE</td>
<td>BP</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### 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](image)

**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](image)
10.1.1 Reminder Dialog Management

Select Reminder Dialog Management from the Reminder Configuration Menu.

**Reminder Dialog Management**

<table>
<thead>
<tr>
<th>PAR</th>
<th>Reminder Parameters ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPT</td>
<td>Reminder Reports ...</td>
</tr>
<tr>
<td>SPO</td>
<td>Reminder Sponsor Management ...</td>
</tr>
<tr>
<td>TAX</td>
<td>Reminder Taxonomy Management ...</td>
</tr>
<tr>
<td>TRM</td>
<td>Reminder Term Management ...</td>
</tr>
<tr>
<td>TST</td>
<td>Reminder Test</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>IHS-ANTICOAG DURATION OF TX 2011</td>
<td>IHS-ANTICOAG DURATION OF TX</td>
</tr>
<tr>
<td>9</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2011</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ANTICOAG THERAPY END DATE 2011</td>
<td>IHS-ANTICOAG THERAPY END DA</td>
</tr>
<tr>
<td></td>
<td>IHS-ANTICOAG UA 2011</td>
<td>IHS-ANTICOAG UA 2011</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>IHS-ASBI BNI 2011</td>
<td>IHS-ASBI BNI 2011</td>
</tr>
<tr>
<td>14</td>
<td>IHS-ASBI SCREENING 2011</td>
<td>IHS-ASBI SCREENING 2011</td>
</tr>
<tr>
<td>15</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>IHS-ASTHMA CONTROL 2009</td>
<td>+ Next Screen  - Prev Screen  ?? More Actions</td>
</tr>
</tbody>
</table>

**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 PXRM 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.
### Figure 11-1: Beginning Instructions

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

<table>
<thead>
<tr>
<th>CPY</th>
<th>Copy Reminder Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDT</td>
<td>Reminder Term Edit</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire about Reminder Term</td>
</tr>
</tbody>
</table>

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.
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.

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.

```
<table>
<thead>
<tr>
<th>Sequence</th>
<th>Dialog Details</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dialog element: HD DEPRESSION SCREEN</td>
<td>Disable</td>
</tr>
<tr>
<td>20</td>
<td>Dialog element: EX DEPRESSION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resolution: DONE AT ENCOUNTER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finding type: EXAM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finding item: DEPRESSION SCREENING EX(35)]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional prompts: PXRM RESULT (EXAM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PXRM COMMENT</td>
</tr>
</tbody>
</table>
```

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:

<table>
<thead>
<tr>
<th>Active Reminders</th>
<th>JUN 12, 2012 13:06</th>
<th>PAGE 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>INACTIVE NAME</td>
<td>---------------------</td>
<td>--------</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED DT IMMUN 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED FLU IMMUN 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED FLU IMMUN 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED HEPA IMMUN 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED HEPA IMMUN 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED HEPB IMMUN 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED HEPB IMMUN 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHS-PED HibTiter IMMUN 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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(1,1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,1,"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(PXRMID,$J) array are:
^TMP(PXRMID,$J,157,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)^1&(1)
^TMP(PXRMID,$J,157,"REMINDER NAME")=Alcohol Screen
^TMP(PXRMID,$J,157,"RESOLUTION LOGIC")=1^(0)!FI(1)^0!1
^TMP(PXRMID,$J,157,"^FREQARNG")=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 13-99 and has no alcohol screening
^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 Addendum to Installation Notes Reviewing the Reminder and Dialog May 2015

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^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”,$J,157,”Alcohol Screen”,”TXT”,11)= Healthy People 2020 Substance Use
^TMP(“PXRHM”,$J,157,”Alcohol Screen”,”TXT”,12)=
=================================================================================================
^TMP(“PXRHM”,$J,157,”Alcohol Screen”,”TXT”,13)=
^TMP(“PXRHM”,$J,157,”Alcohol Screen”,”TXT”,16)= 07/25/2013 value - NORMAL/NEGATIVE; 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(PXRMD,$J) array are:
^TMP(PXRMD,$J,188,"PATIENT COHORT LOGIC")=1^SEX&AGE!FI(2)!1
^TMP(PXRMD,$J,188,"REMARK")=Lipid Profile Female
^TMP(PXRMD,$J,188,"RESOLUTION LOGIC")=0^FI(1)!1
^TMP(PXRMD,$J,188,"WARNING","NOFI",61)=Warning no findings items in
reminder term IHS-LIPID LAB TESTS
^TMP(PXRMD,$J,188,"FREQARNG")=1Y^Y

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)=

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Reviewing the Reminder and Dialog
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Lipid Profile Female

**Clinical Reminders Version 2.0 Patch 1003**

```
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",4)=REMINDER DUE if female age 4
5 to 64 and no lipid profile in past
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",5)=5 years, if diabetic of any
age and no lipid profile in 1 year.
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",6)=
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",7)= REMINDER ON if due within 3
months
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",8)=
^TMP("PXRHM","S",188,"Lipid Profile Female","TXT",9)=

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

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
```
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.

<table>
<thead>
<tr>
<th>Reminder</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-HgbA1c</td>
<td>DUE NOW</td>
</tr>
<tr>
<td>Tetanus Shot</td>
<td>DUE NOW</td>
</tr>
</tbody>
</table>

Figure 15-3: Reminders on Cover Sheet

15.4 View Reminders Icon

The reminder icon is an alarm clock.

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.
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.
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.

**Reminder Inquiry Data**

- **Print Name:** EPSDT Evaluation
- **Class:** NATIONAL
- **Related VA-Reminder:** IHS-EPSDT SCREENING 2013
- **Reminder Dialog:** IHS-EPSDT SCREENING 2013
- **Description:** Reminder for a preventive medicine evaluation for those under 20

**REMINDER DUE:**
- Total of 5 times at scheduled intervals: Age less than 1 yr:

**REMINDER ON:** 3 months before due
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
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-EPSDT 2009)

Web Sites:

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

15.4.3 Look at the Reminder Icons

Figure 15-8 explains the various Reminder icons.

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
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' for 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.
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 Medroxyprogesterone Injections Replace
INACTIVE FLAG: 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:

```plaintext
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",FIELD")=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.
```

Addendum to Installation Notes

Common Install Questions and Issues

May 2015
REMINDER DIALOG entry IM-PNEUM-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.

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.
Select Reminder Dialog Management Option: DLG

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              >>>

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)

<table>
<thead>
<tr>
<th>Item</th>
<th>Dialog Type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CPT 92002</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>2</td>
<td>CPT 92004</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>3</td>
<td>CPT 92012</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>4</td>
<td>CPT 92014</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>5</td>
<td>CPT 92015</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>
Select Item: Next Screen/AD

Select DIALOG to add: IM PNEUMOVAX-2 DONE

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 PXRM STANDING ORDER).

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

<========T========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)

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: YES

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: YES

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: YES

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
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).
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](image)

### 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:

   (DEMO INDIAN HOSPITAL)

   DDM1 Edit Document Definitions
**Select Document Definitions (Manager) Option:** DDM4
Create Objects

(DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST/

<table>
<thead>
<tr>
<th>Objects</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACTIVE MEDICATIONS  A</td>
</tr>
<tr>
<td>2</td>
<td>ACTIVE MEDS COMBINED  A</td>
</tr>
<tr>
<td>3</td>
<td>ACTIVE MEDS IN AND OUT  A</td>
</tr>
<tr>
<td>4</td>
<td>ACTIVE MEDS INPATIENT  A</td>
</tr>
<tr>
<td>5</td>
<td>ACTIVE MEDS ONE LIST  A</td>
</tr>
<tr>
<td>6</td>
<td>ACTIVE MEDS OUTPATIENT  A</td>
</tr>
<tr>
<td>7</td>
<td>ACTIVE PROBLEMS  A</td>
</tr>
<tr>
<td>8</td>
<td>ACTIVE PROBLEMS W/O DATES  A</td>
</tr>
<tr>
<td>9</td>
<td>ADDRESS-ONE LINE  A</td>
</tr>
<tr>
<td>10</td>
<td>ADMITTING DX  A</td>
</tr>
<tr>
<td>11</td>
<td>ADMITTING PROVIDER  A</td>
</tr>
<tr>
<td>12</td>
<td>ALLERGIES/ADR  A</td>
</tr>
<tr>
<td>13</td>
<td>ASTHMA CONTROLLER MEDS  A</td>
</tr>
<tr>
<td>14</td>
<td>ASTHMA REGISTRY  A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objects</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>LAST LAB INR 3  A</td>
</tr>
<tr>
<td>110</td>
<td>LAST LAB PANEL (CHEM PANEL)  A</td>
</tr>
<tr>
<td>111</td>
<td>LAST LAB PANEL (SAMPLE)  I</td>
</tr>
<tr>
<td>112</td>
<td>LAST LAB PANEL LIPID  A</td>
</tr>
<tr>
<td>113</td>
<td>LAST LAB TEST (BRIEF)  I</td>
</tr>
<tr>
<td>114</td>
<td>LAST LAB TEST (NO CAP)  I</td>
</tr>
<tr>
<td>115</td>
<td>LAST LAB TEST (SAMPLE)  I</td>
</tr>
<tr>
<td>116</td>
<td>LAST LAB TEST DATE (SAMPLE)  I</td>
</tr>
<tr>
<td>117</td>
<td>LAST MAMM  A</td>
</tr>
<tr>
<td>118</td>
<td>LAST MEASUREMENT LIST  A</td>
</tr>
<tr>
<td>119</td>
<td>LAST MEASUREMENT LIST  A</td>
</tr>
<tr>
<td>120</td>
<td>LAST MED (SAMPLE)  I</td>
</tr>
<tr>
<td>121</td>
<td>LAST MED CLASS (SAMPLE)  I</td>
</tr>
<tr>
<td>122</td>
<td>LAST MED CLASS/PHARM PT (SAMPLE)  I</td>
</tr>
</tbody>
</table>

...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

<table>
<thead>
<tr>
<th>Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
</tr>
<tr>
<td>112</td>
</tr>
<tr>
<td>113</td>
</tr>
<tr>
<td>114</td>
</tr>
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<td>119</td>
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<tr>
<td>120</td>
</tr>
<tr>
<td>121</td>
</tr>
<tr>
<td>122</td>
</tr>
<tr>
<td>123</td>
</tr>
<tr>
<td>124</td>
</tr>
</tbody>
</table>

+         ?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\^BTIUPCC(DFN,"LAB PANEL NAME")

Description
Description Edit
Basics
Technical Fields
Try
Quit

Select Action: Quit\// TECHNICAL FIELDS
OBJECT METHOD:  S X=$$LABPANL^BTIUPCC(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

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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AAO NURSE SCREENING BUNDLE 6.2009</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
</tr>
<tr>
<td>3</td>
<td>IHS-ALCOHOL SCREEN 2007</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
</tr>
<tr>
<td>5</td>
<td>IHS-ALLERGY</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>IHS-ALLERGY 2011</td>
<td>IHS-ALLERGY 2011</td>
</tr>
<tr>
<td>7</td>
<td>IHS-ANTICOAG CBC 2011</td>
<td>IHS-ANTICOAG CBC 2011</td>
</tr>
<tr>
<td>8</td>
<td>IHS-ANTICOAG DURATION OF TX 2011</td>
<td>IHS-ANTICOAG DURATION OF TX</td>
</tr>
<tr>
<td>9</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2011</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ANTICOAG THERAPY END DATE 2011</td>
<td>IHS-ANTICOAG THERAPY END DA</td>
</tr>
<tr>
<td>12</td>
<td>IHS-ANTICOAG UA 2011</td>
<td>IHS-ANTICOAG UA 2011</td>
</tr>
<tr>
<td>13</td>
<td>IHS-ASBI BNI 2011</td>
<td>IHS-ASBI BNI 2011</td>
</tr>
<tr>
<td>14</td>
<td>IHS-ASBI SCREENING 2011</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
</tr>
<tr>
<td>16</td>
<td>IHS-ASTHMA CONTROL 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Next Screen - Prev Screen ?? More Actions</td>
<td></td>
</tr>
</tbody>
</table>

Select Item: Next Screen

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
### DIALOG VIEW (DIALOG ELEMENTS)

<table>
<thead>
<tr>
<th>Status</th>
<th>Item Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 ASBI CPT COMM INS 30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>8 ASBI CPT MEDICAID</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>9 ASBI CPT MEDICAID 15 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>10 ASBI CPT MEDICARE 15-30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>11 ASBI CPT MEDICARE 30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>12 ASBI ED AOD-COMPLICATIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>13 ASBI ED AOD-CULTURAL/SPirit</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>14 ASBI ED AOD-DISEASE PROCESS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>15 ASBI ED AOD-FOLLOWUP</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>16 ASBI ED AOD-HEALTH PROMOTION DISEASE PR</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>17 ASBI ED AOD-HELP LINE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>18 ASBI ED AOD-INFORMATION AND REFERRAL</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>19 ASBI ED AOD-INJURIES</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>20 ASBI ED AOD-LIFESTYLE ADAPTATIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>21 ASBI ED AOD-MEDICATIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>22 ASBI ED AOD-NUTRITION</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

+ 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)

<table>
<thead>
<tr>
<th>Status</th>
<th>Item Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>277 HD LIPID</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>278 HD MAMMO ALREADY SCHEDULED</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>279 HD MAMMO REFERRAL DONE</td>
<td>Dialog Element</td>
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<tr>
<td></td>
<td>280 HD MAMMOGRAM EDUCATION</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>281 HD MED COUNSELING INFO</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>282 HD MED PROBLEM LIST</td>
<td>Dialog Element</td>
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<td></td>
<td>283 HD MENINGITIS TEXT</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>284 HD MMR TEXT</td>
<td>Dialog Element</td>
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<td>285 HD MTM ADDL INFO</td>
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<td></td>
<td>286 HD MTM FOLLOW UP</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>287 HD NEPHRO SCREEN</td>
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<td>288 HD NEWBORN HEARING</td>
<td>Dialog Element</td>
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<td>289 HD OSTEOPOROSIS SCREENING</td>
<td>Dialog Element</td>
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<tr>
<td></td>
<td>290 HD PAP NOT DONE TEXT</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>291 HD PED FLU</td>
<td>Dialog Element</td>
</tr>
<tr>
<td></td>
<td>292 HD PEDAL PULSES</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

+ 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:
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).
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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>BPXRM DIABETIC EYE</td>
<td>A</td>
</tr>
<tr>
<td>30</td>
<td>BPXRM FOOT EXAM</td>
<td>A</td>
</tr>
<tr>
<td>31</td>
<td>BPXRM HEAD CIRCUMFERENCE</td>
<td>A</td>
</tr>
<tr>
<td>32</td>
<td>BPXRM HEIGHT</td>
<td>A</td>
</tr>
<tr>
<td>33</td>
<td>BPXRM HGB AND HCT</td>
<td>A</td>
</tr>
<tr>
<td>34</td>
<td>BPXRM HGBA1C</td>
<td>A</td>
</tr>
<tr>
<td>35</td>
<td>BPXRM INTIMATE PARTNER VIOLENCE</td>
<td>A</td>
</tr>
<tr>
<td>36</td>
<td>BPXRM LIPID PROFILE</td>
<td>A</td>
</tr>
<tr>
<td>37</td>
<td>BPXRM MAMMOGRAM</td>
<td>A</td>
</tr>
<tr>
<td>38</td>
<td>BPXRM TOBACCO SCREEN</td>
<td>A</td>
</tr>
<tr>
<td>39</td>
<td>CHIEF COMPLAINT TODAY</td>
<td>A</td>
</tr>
<tr>
<td>40</td>
<td>COMMUNITY</td>
<td>A</td>
</tr>
<tr>
<td>41</td>
<td>CONTRACEPTION-BRIEF</td>
<td>A</td>
</tr>
<tr>
<td>42</td>
<td>CONTRACEPTION-EXPANDED</td>
<td>A</td>
</tr>
</tbody>
</table>

<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=SSLAB^BTIUPCC(+G(DFN),"HGBA1C")`

Description

<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: 
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.

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.
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:**

<table>
<thead>
<tr>
<th>NEW</th>
<th>New Reminder Parameters</th>
<th>(ORQQPX NEW REMINDER PARAMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Use New Reminder Parameters may be set for the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 User USR [choose from NEW PERSON]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Service SRV [choose from SERVICE/SECTION]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Division DIV [DEMO INDIAN HOSPITAL]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 System SYS [DEMO.OKLAHOMA.IHS.GOV]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Package PKG [ORDER ENTRY/RESULTS REPORTING]</td>
</tr>
</tbody>
</table>

Enter selection: RICHARDS, SUSAN P

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Instance</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>USR: RICHARDS,SUSAN P</td>
<td>1</td>
<td>NO</td>
</tr>
</tbody>
</table>

*<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](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]
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?

![Reminder Due Date](image)

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 PXRM 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

<table>
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<th>ICD9 RANGE</th>
<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>LOW</td>
<td>HIGH</td>
<td>LOW</td>
</tr>
<tr>
<td></td>
<td>493.00</td>
<td>493.92</td>
<td></td>
</tr>
</tbody>
</table>

Figure B-1: IHS-ASTHMA 2007

B.2 IHS-BILATERAL MASTECTOMY 2008

<table>
<thead>
<tr>
<th>Patient Data Source:</th>
<th>EN, PL, IN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Code Sets:</th>
<th>ICD9 RANGE</th>
<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW HIGH</td>
<td>LOW HIGH</td>
<td>LOW HIGH</td>
</tr>
<tr>
<td></td>
<td>85.42</td>
<td>85.42</td>
<td>85.42</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient Data Source:</th>
<th>EN, PL, IN</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Code Sets:</th>
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<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW HIGH</td>
<td>LOW HIGH</td>
<td>LOW HIGH</td>
</tr>
<tr>
<td></td>
<td>45.22 45.22</td>
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<td>G0105 G0105</td>
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Addendum to Installation Notes

Reminder Taxonomies

May 2015

120
B.3.2  IHS-COLORECTAL CANCER

Patient Data Source:
EN, PL

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<tbody>
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<td>V10.05</td>
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</table>

Figure B-3: IHS-COLONOSCOPY 2007

B.3.3  IHS-SIGMOIDOSCOPY

Patient Data Source:
EN, PL, IN

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<th>ICD9 RANGE</th>
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Figure B-4: IHS-COLORECTAL CANCER

B.3.4  IHS-DIABETES DX 2007

Patient Data Source:
EN, PL

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Figure B-5: HS-SIGMOIDOSCOPY

B.3.5  IHS-DIABETES PROBLEMS ONLY

Patient Data Source:
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</table>

Figure B-6: IHS-DIABETES DX 2007

Figure B-7: Diabetes Problems Only
B.3.6 IHS-DIABETIC NEPHROPATHY

Patient Data Source:
EN, PL

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Figure B-8: Diabetic Nephropathy Codes

B.3.7 IHS-DIALYSIS

Patient Data Source:
EN, PL

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<th>ICD0 RANGE</th>
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</thead>
<tbody>
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</table>

Figure B-9: Dialysis Codes

B.3.8 IHS-FUNDOSCOPIC EYE CODES 2007

Patient Data Source:
EN

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<tbody>
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Figure 4.9 Fundoscopic Eye Codes

22.1.15 IHS-HYPERTENSION 2007

Patient Data Source:
EN, PL

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Figure B-10: Hypertension Codes

B.3.9 IHS-HYPERTENSION 2007

Patient Data Source:
EN, PL, IN

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### B.3.10 IHS-HYSTEROECTOMY 2009

<table>
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### B.3.11 IHS-ISCHEMIC HEART DISEASE 2007

<table>
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<td>412.</td>
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<tr>
<td>414.0</td>
<td>414.9</td>
</tr>
<tr>
<td>428.0</td>
<td>428.9</td>
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<td>429.2</td>
<td>429.2</td>
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</table>

### B.3.12 IHS-OSTEOPOROSIS DX

<table>
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<tr>
<th>Patient Data Source:</th>
<th>EN, PL</th>
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<tbody>
<tr>
<td>ICD9 RANGE</td>
<td>ICD0 RANGE</td>
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<tr>
<td>LOW</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 |

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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/

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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:
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

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

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
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  

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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// |
C.33 IHS – POLIO IMMUNIZATION

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

Choose from:
IM IPV Finding #: 1
IM POLIO, NOS

C.34 IHS – SIGMOIDOSCOPY 2014

CLASS: VISN/
FINDING ITEM:
TX IHS-SIGMOIDOCOPY

C.35 IHS – URINE ALBUMIN 2014

CLASS: VISN
FINDING ITEM:

Figure C-32: IHS-OSTEOPOROSIS 2014

Figure C-33: IHS – POLIO IMMUNIZATION

Figure C-34: IHS-SIGMOIDOSCOPY 2014

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_SNONMED.

- 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Routine</th>
<th>Entry Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ALLERGY ASPIRIN 2009</td>
<td>BPXRMALL</td>
<td>ALLASAP</td>
</tr>
<tr>
<td>IHS-ALLERGY ACE/ARBS</td>
<td>BPXRMA1</td>
<td>AAREM</td>
</tr>
<tr>
<td>IHS-ALLERGY EGG</td>
<td>BPXRMALL</td>
<td>ALLEGG</td>
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<tr>
<td>IHS-ALLERGY PLAVIX</td>
<td>BPXRMALL</td>
<td>ALLCLOP</td>
</tr>
<tr>
<td>IHS-ASTHMA CONTROL</td>
<td>BPXRMA2M</td>
<td>CONTROL</td>
</tr>
<tr>
<td>IHS-ASTHMA EXACERBATION</td>
<td>BPXRMA2M</td>
<td>RISK</td>
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<td>IHS-ASTHMA PLAN</td>
<td>BPXRMA2M</td>
<td>PLAN</td>
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<td>BPXRMA2M</td>
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<td>IHS-ASTHMA SEVERITY</td>
<td>BPXRMA2M</td>
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<td>IHS-ASTHMA STEROIDS</td>
<td>BPXRMA2M</td>
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<tr>
<td>IHS-BLOOD PRESSURE 2011</td>
<td>BPXRMPCC</td>
<td>DENTAL</td>
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<tr>
<td>IHS-DIAB ASPIRIN 2009</td>
<td>BPXRMALL</td>
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<td>IHS-DIABETES 2009</td>
<td>BPXMRPCC</td>
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<td>IHS-HIV</td>
<td>BPXRMPCC</td>
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<td>IHS-MAMMOGRAM 2009</td>
<td>BPXRMPCC</td>
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<td>IHS-OSTEO 2009</td>
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<td>IHS-PAP 2009</td>
<td>BPXRMPCC</td>
<td>PAP</td>
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<td>IHS-SNOMED</td>
<td>BPXRMNO</td>
<td>SNO</td>
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</table>
# Appendix E: Reminder Parameter Summary

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

- REM Reminder Managers Menu ... [PXRM MANAGERS MENU]
- CP CPRS Reminder Configuration [PXRM CPRS CONFIGURATION]
- XX General Parameter Tools ... [XPAR MENU TOOLS]

This table describes the menu paths for each parameter:

<table>
<thead>
<tr>
<th>Name</th>
<th>RPMS-EHR Master Menu</th>
<th>CPRS Config Menu</th>
<th>XX Menu</th>
<th>What Does It Do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reminder GUI Resolution Active</td>
<td>REM</td>
<td>PAR</td>
<td>ACT</td>
<td>RA</td>
</tr>
<tr>
<td>Add/Edit Reminder Categories</td>
<td>REM</td>
<td>PAR</td>
<td>CAT</td>
<td>CA</td>
</tr>
<tr>
<td>Allow EHR Configuration in GUI</td>
<td>REM</td>
<td>PAR</td>
<td>CFG</td>
<td>PXRM EHR CONFIGURATION</td>
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<tr>
<td>EHR Cover Sheet Reminder List</td>
<td>REM</td>
<td>PAR</td>
<td>CVR</td>
<td>CS</td>
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<tr>
<td>EHR Lookup Categories</td>
<td>REM</td>
<td>PAR</td>
<td>LKP</td>
<td>CL</td>
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<tr>
<td>Default Outside Location</td>
<td>REM</td>
<td>PAR</td>
<td>LOC</td>
<td>OL</td>
</tr>
<tr>
<td>New Reminder Parameters</td>
<td>REM</td>
<td>PAR</td>
<td>NEW</td>
<td>NP</td>
</tr>
<tr>
<td>Name</td>
<td>RPMS-EHR Master Menu</td>
<td>CPRS Config Menu</td>
<td>XX Menu</td>
<td>What Does It Do?</td>
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<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Progress Note Headers</td>
<td>REM</td>
<td>PAR</td>
<td>PNH</td>
<td>PN</td>
</tr>
<tr>
<td>Position Reminder Text at Cursor</td>
<td>REM</td>
<td>PAR</td>
<td>POS</td>
<td>PT</td>
</tr>
<tr>
<td>New Cover Sheet Reminders Parameter</td>
<td></td>
<td></td>
<td>ORQQPX COVER SHEET REMINDERS</td>
<td>This just lists an RPMS view of what is configured from the GUI dialog. You will not alter this parameter from the RPMS side.</td>
</tr>
<tr>
<td>Reminder Dialogs Allowed as Templates</td>
<td>TIU</td>
<td>PAR</td>
<td>REM</td>
<td>TIU TEMPLATE REMINDER DIALOGS</td>
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## Acronym List

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<th>Meaning</th>
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<td>Best Practice Prompt</td>
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<tr>
<td>CAC</td>
<td>Clinical Application Coordinator</td>
</tr>
<tr>
<td>CPT</td>
<td>Current Procedural Terminology</td>
</tr>
<tr>
<td>CRS</td>
<td>Clinical Reporting System</td>
</tr>
<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>eGFR</td>
<td>Estimated Glomerular Filtration Rate</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<tr>
<td>HMR</td>
<td>Health Maintenance Reminder</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
</tr>
<tr>
<td>IHS</td>
<td>Indian Health Service</td>
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<tr>
<td>IRM</td>
<td>Information Resources Management</td>
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<tr>
<td>NOS</td>
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<tr>
<td>POV</td>
<td>Purpose of Visit</td>
</tr>
<tr>
<td>RPMS</td>
<td>Resource and Patient Management System</td>
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<tr>
<td>UACR</td>
<td>Urine Albumin-to-Creatinine Ratio</td>
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</table>
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/](http://www.ihs.gov/helpdesk/)

**Email:** support@ihs.gov