



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS PCC Suite

(BJPC)

Designated Specialty Provider Management System User Manual

Version 2.0
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Preface

This manual provides information regarding the use of the Designated Specialty Provider Management System (BDP) v2.0 package.

Table of Contents

1.0	Introduction.....	1
2.0	Release Notes	3
2.1	Designated Provider Specialty Management (BDP)	3
2.2	PCC Data Entry (APCD)	3
2.2.1	Visit Re-Linker Log	3
2.2.2	Visit Delete/Merge Log	4
2.2.3	3M Present on Admission.....	4
2.2.4	Personal History (PHX)	4
2.2.5	Problem List Note Narrative Length.....	4
2.2.6	Provider Narrative Length.....	4
2.2.7	Patient Education (PED): Readiness to Learn.....	4
2.2.8	Asthma Control (ACON)	4
2.2.9	POV Stage	5
2.2.10	Problem List Classification Field.....	5
2.2.11	Reproductive Factors Mnemonics	5
2.3	PCC Health Summary (APCH)	5
2.3.1	Patient Wellness Handout Management	5
2.3.2	Health Summary Component (New) for Tallying Patient Wellness Handouts	6
2.3.3	Health Summary Component (New) for Patient Wellness Handout	6
2.3.4	Health Summary Component (New) for Meds - Controlled Substances	6
2.3.5	Health Summary Component Modification: Lab	6
2.3.6	Health Summary Component Modification: Medication	7
2.3.7	Health Summary Component Modification: Family History.....	7
2.3.8	Health Summary Component Modification: Reproductive Factors	7
2.3.9	Reminder (New): Osteoporosis Screening	7
2.3.10	Reminder (New): Assessment of Function	7
2.3.11	Reminder Modification: Pap and Mammogram Reminders	7
2.3.12	Reminder Modification: Alcohol Screening	8
2.3.13	Reminder Modification: Adult MMR 2-DOSE Version.....	8
2.3.14	Reminder Modification: Diabetes Screening.....	8
2.3.15	Reminder Modification: Colorectal Scope/XRAY	8
2.3.16	Asthma Action Plan (New Report)	8
2.3.17	Problem List Display	8
2.3.18	Supplement Modifications: Asthma	8
2.3.19	Reminders and Best Practice Prompts Text Modifications	8
2.3.20	Best Practice Prompts Modifications	9

2.4	PCC Management Reports (APCL)	9
2.4.1	Activity Reports.....	9
2.4.2	DEMO PATIENTS Report Filter.....	10
2.4.3	PGEN/VGEN Menus	10
2.4.4	PGEN/VGEN	10
2.5	QMAN (AMQQ).....	11
2.6	General Database (AUPN)	11
2.6.1	Table Changes	13
2.7	Other Changes	15
2.7.1	Asthma Severity Conversion	15
2.7.2	Taxonomies	15
2.7.3	New APIs for the VA Reminders.....	16
2.7.4	Family History Data Conversion	17
2.7.5	Reproductive History String Conversion.....	18
3.0	Data Entry Menu (DE).....	19
3.1	Update Designated Provider for One Patient (UPOP)	19
3.1.1	Add Provider (AD)	20
3.1.2	Change Provider (CP)	21
3.1.3	Delete Designated Provider (DE)	21
3.1.4	Health Summary (HS)	21
3.2	Update a Designated Provider's Patient Panel (UOP).....	22
3.2.1	Add Patient to List (AD)	23
3.2.2	Remove Patient from List (RM)	24
3.2.3	Health Summary (HS)	24
3.2.4	Change Desg Provider to Another (CP)	25
3.2.5	Resort Display of Patients (ST)	26
3.3	Add a New Desig Spec Provider for a Patient (ADD)	26
3.4	Modify Existing Desig Spec Provider for a Patient (MOD)	27
3.5	Delete an Individual Patient Record (DREC)	27
3.6	Update Provider Records from a Patient Template (TMPU).....	28
3.7	Delete Provider Records from a Patient Template (TMPD).....	29
3.8	Change All of One Provider's Patients to Another (CLOP).....	29
3.9	Loop Delete the Current Designated Provider (DLOP).....	30
3.10	Update ALL Patients from One Community to a DP (COMA).....	31
3.11	Update Records for Unassigned Patient by Category (LUNA)	31
3.12	Inquire about a Specific Patient Record (DISP).....	32
3.13	View History of a Patient's Specialty Providers (DHX).....	33
4.0	Reports Menu (RPTS).....	34
4.1	Inquire to a Specific Patient Record (DISP).....	34
4.2	Display History for a Specific Patient & Category (DHX)	35
4.3	Print Master Patient Listing By Category (Brief) (CLST)	36
4.4	Print Master Patient History By Category (HX)	37
4.5	Listing of Records By Date Updated (UPDT).....	39
4.6	Print Listing By Desg Provider and Date Range (PROV).....	40

4.7	Print Listing by Updating User and Date Range (USER)	43
4.8	Print All Records by Community of Residence (COML).....	44
4.9	Records with No Current Provider Assigned (UPR).....	45
5.0	Manager Menu (MGR).....	46
5.1	Add/Edit Provider Categories (CAT)	46
5.2	Print Listing of Provider Categories (LIST)	47
6.0	Appendix A: RPMS Rules of Behavior.....	49
6.1	All RPMS Users	49
6.1.1	Access	49
6.1.2	Logging On To The System.....	50
6.1.3	Information Accessibility	50
6.1.4	Accountability	51
6.1.5	Confidentiality	51
6.1.6	Integrity.....	52
6.1.7	Passwords.....	52
6.1.8	Backups.....	53
6.1.9	Reporting	53
6.1.10	Session Time Outs	54
6.1.11	Hardware	54
6.1.12	Awareness.....	54
6.1.13	Remote Access	54
6.2	RPMS Developers	55
6.3	Privileged Users.....	56
7.0	Glossary	58
8.0	Contact Information	59

1.0 Introduction

The Patient Care Component (PCC) database is the central repository for data in the Resource and Patient Management System (RPMS).

The PCC suite comprises the following RPMS components:

- IHS Dictionaries (AUPN)
- Standard Tables
- PCC Health Summary, including Health Maintenance Reminders (APCH)
- PCC Data Entry (APCD)
- PCC Management Reports, including PGEN/VGEN (APCL)
- Designated Specialty Provider Management (BDP)
- Q-Man (Query Manager) (AMQQ)
- Taxonomy Management (ATX)

The RPMS Designated Specialty Provider Management (DSPM) system BDP facilitates assignment of a panel or multiple panels of patients to a designated primary care provider. The system similarly permits assignment of a panel or panels of patients to one of several specialty care providers, such as a diabetes provider, home care provider, mental health provider, and others.

In addition to initial assignment of patients to primary care and specialty providers, the system facilitates easy changing of patients from one provider to another, and addition and deletion of individual patients from a provider's assigned panel.

The assignment of patient panels to primary care providers and to specialty care providers is intended to assist a facility's comprehensive care team in coordinating the overall care of patients. Additionally, it permits the display of important statistical information by provider panels.

The module includes the following functions:

- Add or edit a patient's healthcare provider assignment for the following standard treating specialty categories:

Code	Category
CM	Case Manager
CD	Chemical Dependency
DPCP	Designated Primary Provider
DM	Diabetes
HIVP	HIV Provider

Code	Category
HIVC	HIV Case Manager
HC	Home Care
MH	Mental Health
OB	OB Care
PHN	Public Health Nurse
RD	Renal Disease
SS	Social Services
WH	Women's Health

This list can be expanded to accommodate site-specific categories:

- Modify/change a specialty provider for an individual patient
- Add/update specialty provider assignments from a template of patients
- Delete current specialty providers from a template of patients
- Transfer assigned patients from one healthcare provider to another
- Update providers for all patients living in a specified community
- Display a specific healthcare provider's current patient panel
- Display provider assignments on patients' health summaries
- Provide links to/from the Women's Health, the Behavioral Health, and the Patient Registration systems. Any changes to patient's case manager/designated provider fields within those packages will also be incorporated into the Designated Specialty Provider package.
- Produce the following reports:
 - Inquiry to a Specific Patient Record
 - Display of a Patient's Provider Assignment History
 - Master Patient List, by Provider Category
 - Listing of a Specific Provider's Patient Panel
 - Listing of Patient Records (By Community of Residence)
 - Listing of all Patient's with No Current Designated Provider
 - User Data Entry/Update Workload reports

2.0 Release Notes

BJPC v2.0 contains the following modifications and enhancements. The identification number listed in the parentheses (e.g., CR#274) refers to the specific change request (CR) requirement.

2.1 Designated Provider Specialty Management (BDP)

The following modifications apply to the BDP application:

- **Do Not Display Flag:** Added functionality to allow the site to flag a provider category to not be displayed in the Demographic component of the health summary. This was accomplished by adding a new field to the BDP DESG SPEC PROV CATEGORY file called “DISPLAY ON HEALTH SUMMARY?.” The option called Add Local Provider Categories was renamed Add/Edit Provider Categories and this field was added to the list of data elements to update. (CR#295)
- **New Specialty Categories:** Added 3 new categories: HIV Case Manager, HIV Provider, and Public Health Nurse. (CR#274 and CR#102)
- **Populate New Specialty Categories:** Added a post-init action that copies the existing HIV Case Manager and HIV Provider from the HIV Management System to this package. (CR#274)

2.2 PCC Data Entry (APCD)

The following changes apply to the APCD application.

Family History Modifications

- Modified the FHX mnemonic to be a list manager-based interface that allows the user to add, edit, or delete Family History entries.(CR#216 and CR#320)
- Modified the entry of family history to stuff the ICD narrative if no provider narrative is entered. (CR #324)

2.2.1 Visit Re-Linker Log

Created a log to track all visits modified through the visit re-linker process. These visits have had 1 or more V File entries moved or “re-linked” to another visit. A report will list all visits that were modified by the re-linker process, and options are provided to purge the log and to display a visit by its Internal Entry Number (IEN) to make review of the visits easier. This is a prospective change, meaning that only visits affected by the re-linker after the installation date of this version (v2.0) of the IHS PCC Suite will be logged and reported. (CR#013)

2.2.2 Visit Delete/Merge Log

Created a log to keep track of all deleted or merged visits. A report will list all deleted or merged visits, and an option to purge the log is provided. The visit delete option was modified to prompt for a reason for the visit deletion; this prompt is optional. This is a prospective change, meaning that only visits deleted or merged after the installation date of this version (v2.0) of the IHS PCC Suite will be logged and reported.

These options can be found on the following menu under the PCC Supervisor menu: (CR#239)

- VRLR List of Visits Modified by the Visit Re-Linker
- PVRL Purge Visit Re-linker Log
- PVDM List of Visits Deleted/Merged
- PUDM Purge Visit Delete/Merge Log
- VIEN Display a Visit by Visit IEN

2.2.3 3M Present on Admission

Added Present on Admission as a prompt in the 3M coder interface. (CR#254)

2.2.4 Personal History (PHX)

Added 2 new fields: Multiple Birth? and Multiple Birth Type to the PHX mnemonic. (CR#244)

2.2.5 Problem List Note Narrative Length

Expanded the Note Narrative to 160 characters. (CR#323)

2.2.6 Provider Narrative Length

All mnemonics that prompt for provider narrative will accept up to 160 characters for the provider narrative. This has been increased from 80 characters.

2.2.7 Patient Education (PED): Readiness to Learn

Added Readiness to Learn and resequenced the prompts according to the Education workgroup recommendations. (CR#242)

2.2.8 Asthma Control (ACON)

Added a new mnemonic, ACON, to update and record a patient's asthma control. (CR#240)

2.2.9 POV Stage

Disabled the stage prompt for asthma severity when an asthma diagnosis is entered; this function has been moved to the new Problem List Classification. (CR#278)

2.2.10 Problem List Classification Field

Added a new field in the BGP ASTHMA DXS taxonomy, Classification, to be prompted for when an asthma diagnosis is entered. Allowable values are 1, 2, 3, or 4, which stand for 1-Intermittent, 2-Mild Persistent, 3-Moderate Persistent, and 4-Severe Persistent. The following mnemonics were updated: PL, PO, and MP. (CR#207, CR#276)

2.2.11 Reproductive Factors Mnemonics

FP and RF mnemonics have been restructured to prompt for reproductive history with individual fields rather than a string.

2.3 PCC Health Summary (APCH)

The following changes apply to the APCH application.

2.3.1 Patient Wellness Handout Management

Created a new menu for managing patient wellness handouts (PWHs). The user can now select from 14 components to create a customized PWH.

Menu

PWH - Generate a Patient Wellness Handout

DEF - Update Default PWH for a Site

AAP - Print Asthma Action Plan

MPWT - Create/Modify Patient Wellness Type

TPWH - Number of PWHs Given to Patients Report

The following PWH components are available:

ACTIVITY LEVEL
ALLERGIES
ASK ME THREE QUESTIONS
BLOOD PRESSURE
CANCER SCREENING
CHOLESTEROL
DIABETES CARE
HEIGHT/WEIGHT/BMI
HIV SCREENING
IMMUNIZATIONS DUE
IMMUNIZATIONS RECEIVED
MEDICATIONS
PATIENT GOALS
QUALITY OF CARE TRANSPARENCY REPORT CARD

Two standard PWH types are distributed with this version:

- **Adult Regular:** contains all 14 components
- **Medication Reconciliation:** contains Medications and Allergies

A PWH log has been created. Each time a PWH is generated, the log will record the patient to whom the handout was given, the date, the location, and the user who generated the handout. A report has been developed to tally PWH production.

The default wellness handout to be used at a site can be defined by updating that field in the PCC Master control file using option DEF Update Default PWH for a Site.

2.3.2 Health Summary Component (New) for Tallying Patient Wellness Handouts

Created a new component to list the PWHs given to a patient.

2.3.3 Health Summary Component (New) for Patient Wellness Handout

Created a component to display the full PWH for a patient.

2.3.4 Health Summary Component (New) for Meds - Controlled Substances

Created a component to list all prescriptions for controlled substances.

2.3.5 Health Summary Component Modification: Lab

Added the date and time of lab results to both the LAB DATA - MOST RECENT BY DATE and the LABORATORY DATA - MOST RECENT components. (CR#171)

2.3.6 Health Summary Component Modification: Medication

Modified the text “on hold” to “active but not yet dispensed.”

2.3.7 Health Summary Component Modification: Family History

Modified the format to sort by the new Relationship field and display the new fields, and renamed the component to FAMILY HEALTH HISTORY. The component now displays the following fields: Relationship (to patient), Relation Description, Status (e.g., Living, Deceased, etc.), Diagnosis, Age at Onset; Multiple Birth (Y/N), and Type (e.g., Twin, etc.). If Status is “deceased,” Age at Death and Cause of Death are displayed. (CR#225, CR#325)

2.3.8 Health Summary Component Modification: Reproductive Factors

The previous Reproductive Factors (REPFAC) string display (G#P#LC#SA#TA#) has been changed to the following string, which is a concatenation of the new Reproductive History Component fields with each field separated by a semicolon. The entire string will be displayed for any patient who has *at least one value* in any of the Component fields.

Total # of Pregnancies #; Full Term #; Premature #; Abortions, Induced #; Abortions, Spontaneous #; Ectopic Pregnancies #; Multiple Births #; Living Children #

2.3.9 Reminder (New): Osteoporosis Screening

Added a reminder for osteoporosis screening in women ages 65 and older; the logic is consistent with the Clinical Reporting System (CRS) performance measure. The screening is due every two years. The reminder is turned off in the default package; to see this reminder on a health summary, a site must activate the reminder and attach it to the summary types. (CR#237)

2.3.10 Reminder (New): Assessment of Function

Added a reminder for assessment of function as an annual screening for patients 65 and older. Assessment of function includes assessing ability for toileting, bathing, shopping, etc. This data is captured in PCC using the EL mnemonic and it populates the V Elder file. The reminder is turned off in the default package; to see this reminder on a health summary, a site must activate the reminder and attach it to the summary types. (CR#188)

2.3.11 Reminder Modification: Pap and Mammogram Reminders

Modified the Pap and Mammogram health maintenance reminders to use the next due date in Women’s Health only if it is more current than the due date in Health Summary reminders. (CR#257)

2.3.12 Reminder Modification: Alcohol Screening

Added a check for Current Procedural Terminology (CPT) codes using the BGP ALCOHOL SCREENING CPTS taxonomy (99408, 99409, G0396, G0397, and H0049) in both PCC and the Behavioral Health module, making the reminder more consistent with the CRS performance measure. (CR#109)

2.3.13 Reminder Modification: Adult MMR 2-DOSE Version

Fixed this reminder to look for CPT codes, diagnosis codes, and procedure codes for the measles, mumps, and rubella (MMR) vaccines. (CR#109)

2.3.14 Reminder Modification: Diabetes Screening

Changed category to “General”. (CR#109)

2.3.15 Reminder Modification: Colorectal Scope/XRAY

Modified logic to reference BGP COLO PROCS and BGP SIG PROCS taxonomies, rather than individual procedure codes. (CR#109)

2.3.16 Asthma Action Plan (New Report)

Added the asthma action plan from the asthma register system to the health summary. This menu option can be found under the new PATIENT WELLNESS HANDOUT menu. The action plan has been redesigned according to the Asthma Workgroup specifications and includes new fields added in this PCC version as well as the previous version. (CR#281)

2.3.17 Problem List Display

Added classification to the problem list display if it is entered. (CR#277)

2.3.18 Supplement Modifications: Asthma

Redesigned the asthma supplement according to the Asthma Workgroup specifications and included new fields added in this PCC version as well as the previous version. (CR#289)

2.3.19 Reminders and Best Practice Prompts Text Modifications

Updated the description, logic, display text, and tooltips for all reminders and Best Practice prompts.

2.3.20 Best Practice Prompts Modifications

Updated the logic and text for the following Best Practice prompts:

- ASTHMA: ACTION PLAN
- ASTHMA: ADD/INCREASE INHALED STEROIDS
- ASTHMA: CONTROL CLASSIFICATION
- ASTHMA: FLU SHOT
- ASTHMA: INCREASED RISK FOR EXACERBATION
- ASTHMA: PRIMARY CARE PROVIDER
- ASTHMA: SEVERITY CLASSIFICATION

2.4 PCC Management Reports (APCL)

The following changes apply to the APCL application.

2.4.1 Activity Reports

Modified certain reports to prompt the user for two additional filters, Location of encounter and Clinic, which limit the report to a selected set of locations or clinics. The following reports, listed by discipline group, were updated: (CR#205)

- TSPR Time and Patient Services by Provider
- TSSU Time and Patient Services by Service Unit
- PPPR Primary Problem by Provider
- PPLO Primary Problem by Facility
- PPSU Primary Problem by Service Unit
- INPR Number of Individuals seen by Provider
- INSU Number of Individuals seen by Service Unit
- AGE Patient Services by Age and Sex
- TEN Top Ten Primary Diagnoses
- TSCR Time and Services by Provider for Chart Reviews

2.4.2 DEMO PATIENTS Report Filter

All PCC Management reports have been updated to prompt users whether to include a site's Demo/Test patients in their reports.

To use this feature, the site's demo patient search template must be updated to include all of its Demo/Test patients. This option is locked with the security key APCLZ UPDATE DEMO TEMPLATE, which should be assigned to the user or users who manage this list of patients. Choosing the new option, DPST Update the Demo/Test Patient Search Template (under OTH Other PCC Management Reports/Options in the PCC Management Reports menu), adds the Demo/Test patients to the list.

The following prompt now appears when a management report is run:

```
Select one of the following:
      I          Include ALL Patients
      E          Exclude DEMO Patients
      O          Include ONLY DEMO Patients
Demo Patient Inclusion/Exclusion: E//
```

Choose E to exclude any patient who is on the Demo/Test patient list from the report. Choose I to include all patients, including the Demo/Test patients, or choose O to include only the Demo/Test patients. (CR#287)

2.4.3 PGEN/VGEN Menus

Updated to allow the user to select one of three menu display options for the Selection, Print, and Sort items: 1) in a predefined order (the original display option); 2) in alphabetical order by item title; or 3) in order by category group. (CR#251)

2.4.4 PGEN/VGEN

Added the new Select/Sort/Print options listed below:

- Date of Last Osteoporosis Screen: added as a PGEN Select, Sort, and Print item because it's a new health maintenance reminder. (CR#226)
- Readiness to Learn: removed as a Health Factor PGEN and VGEN Select, Sort, and Print item, because it's no longer a health factor. (CR#242)
- Upcoming Appointments: added as a PGEN Select and Print item and a VGEN Print and Sort item. When used as a Select item, the user can select the appointment date range and appointment clinics. The report will list only patients who have an appointment in one of those clinics during that date range, and the Print item will display only upcoming or pending appointments. Walk-in and chart requests are excluded from the pending appointment display in the Print item. (CR#126)

- Problem List Date of Onset: added as a PGEN and VGEN Select and Print item. If used as a Select item, the user must enter the beginning and ending date and may specify a particular set of diagnoses. When used as a Print item, the system will print all entries from the problem list with the date of onset, unless this item was also used as a Select item. In this case only the problem list entries matching the selected diagnoses will be printed. (CR#072)
- Family History-related: Family History Dx, Family Hx and Relation, Family History Relation, Family Hx Narrative and Family Hx Description (diagnosis, narrative, age at onset, relation) were all added as PGEN and VGEN Select and Print items. (CR# Child315)
- Present on Admission (POA): added as a VGEN Select and Print item. (CR#062)
- CPT Modifier: added as a VGEN Select and Print item.

2.5 QMAN (AMQQ)

The following changes apply to the AMQQ application:

- Added DV as a synonym for IPV.
- Changed attribute text from PRIMARY PROVIDER to PRIMARY CARE PROVIDER
- Added upcoming appointments as a Print item when printing a list of patients in QMan.
- Corrected the diagnosis display for the IHS Prediabetes Register.
- Added Family History as a search option.
- Updated Health Factor selection to allow the user to enter a category to retrieve a list of its health factors.
- Added the ability to create a delimited output of the QMan results by having the output print to a screen, and then taking a screen capture of the delimited output.
- Added the ability to go directly to VGEN or PGEN's print output from QMan by creating a search template in QMan. When template creation is complete, the user is transferred to PGEN or VGEN.

2.6 General Database (AUPN)

- **V Asthma:** Added field .14 – Asthma Control. (CR#206)
- **V Lab:** Added field 1502 – FINDINGS to the V LAB file. This field will be populated by the Procedure Workflow Tracking System (BTPW) when the software is deployed. (CR#239)
- **V Patient Education:** Added Readiness to Learn as field 1102. (CR#242)

- **V Radiology:** Added field 1502 – FINDINGS to the V RADIOLOGY file. This field will be populated by the Procedure Workflow Tracking System (BTPW) when the software is deployed. (CR#239)
- **Personal History:** Added field .06 – MULTIPLE BIRTH? to the Personal History File. Patient Multiple Birth?: Yes/No/Unknown. (CR#244)
- **Personal History:** Added field .07 – MULTIPLE BIRTH TYPE to the Personal History file. Multiple Birth Type values: Twin, Unspecified (TU); Identical Twin (IT); Fraternal Twin (FT); Triplet (TR); Other Multiple (OTH). (CR#244)
- **Problem:** Expanded Note narrative to 160 characters. (CR#323)
- **Provider Narrative:** Expanded narrative to 160 characters. (CR#258)
- **FAMILY HISTORY FAMILY MEMBERS:** Created new file with the following fields (CR #199/CR #322):
 - .01 RELATIONSHIP
 - .02 PATIENT
 - .03 RELATION DESCRIPTION
 - .04 STATUS
 - .05 AGE AT DEATH
 - .06 CAUSE OF DEATH
 - .07 MULTIPLE BIRTH?
 - .08 MULTIPLE BIRTH TYPE
- **FAMILY HISTORY:** Modified the existing file (CR #199/CR #322):
 - Moved the Status field to the new FAMILY HISTORY FAMILY MEMBER file.
 - Added an asterisk (*) in front of the STATUS field to alert users that it will be going away.
 - Added field .09, which is a pointer to the Family History Family Member file.
 - Inactivated field .07 – Relationship.
 - Added new MULTIPLE BIRTH and MULTIPLE BIRTH TYPE fields. (CR#199)
 - Added CAUSE OF DEATH field, which is displayed if the STATUS field is DECEASED. (CR#199)
 - Added new AGE AT ONSET and AGE AT DEATH fields with the following choices:
 - In Infancy
 - Before age 20
 - At age 20-29
 - At age 30-39
 - At age 40-49

At age 50-59
60 and older
Age Unknown

- Inactivated the numeric Diagnosis Onset Age field.
- Changed field .01 to allow only ICD Diagnosis codes V16*; V17*; V18*; and V19*. (CR#245)
- REPRODUCTIVE FACTORS: Implemented requested changes to Reproductive Factors fields.
 - Added and/or activated the following new fields: Full Term (previous request); Premature Births (previous request for Preterm Births); Ectopic Pregnancies; Multiple Births.
 - Inactivated Parity and Abortions/Miscarriages/Ectopic Pregnancies fields.
- V Telehealth: Created new file with the following fields:
 - .01 Primary Modality
 - .02 Patient Name
 - .03 Visit
 - .04 Originating Date/Time
 - .05 Service Date/Time
 - .06 Secondary Modality
 - .07 Case ID
 - .08 Originating Provider
 - .09 Requesting Provider
 - .11 Service Delivery
 - .12 Originating Visit
 - .13 Status Field
 - .14 Duration
 - 110 Comments
 - 110 Link To Case

2.6.1 Table Changes

- PCC RELATIONSHIPS: Created new table for Family History.
- TELEHEALTH: Created new tables for Modality and Service Category.
- EXAM: Inactivated the following exam codes: (CR#241)
 - 23 Audiometric Screening
 - 08 Heart Exam
 - 05 Neck Exam

- **HEALTH FACTORS:** Modified the Health Factors file to display the category when a lookup is performed on the file, and to allow the user to type the category name to retrieve a list of health factors to choose from. (CR#255, CR#256, CR#217)

Changed the name of the following Health Factors: (CR#234)

OLD NAME	NEW NAME
ASTHMA TRIGGER-AIR POLLUTANTS	AIR POLLUTANTS
ASTHMA TRIGGER-ANIMAL	ANIMAL
ASTHMA TRIGGER-COCKROACHES	COCKROACHES
ASTHMA TRIGGER-DUST MITES	DUST MITES
ASTHMA TRIGGER-EXERCISE	EXERCISE
ASTHMA TRIGGER-MOLD	MOLD
ASTHMA TRIGGER-POLLEN	POLLEN
ASTHMA TRIGGER-TOBACCO SMOKE	TOBACCO SMOKE
BARRIERS TO LEARN-BLIND	BLIND
BARRIERS TO LEARN-DEAF	DEAF
BARRIERS TO LEARN-DOESN'T READ ENGLISH	DOESN'T READ ENGLISH
BARRIERS-FINE MOTOR SKILLS DEFICIT	FINE MOTOR SKILLS DEFICIT
BARRIERS TO LEARN-HARD OF HEARING	HARD OF HEARING
BARRIERS TO LEARNING-INTERPRETER NEEDED	INTERPRETER NEEDED
BARRIERS TO LEARNING-NO BARRIERS	NO BARRIERS
BARRIERS TO LEARNING-VALUES/BELIEFS	VALUES/BELIEFS
BARRIERS TO LEARN-VISUALLY IMPAIRED	VISUALLY IMPAIRED
SELF MONITORING BLOOD GLUCOSE-NO	NO
SELF MONITORING BLOOD GLUCOSE-REFUSED	REFUSED
SELF MONITORING BLOOD GLUCOSE-YES	YES
LEARNING PREFERENCE-DO/PRACTICE	DO/PRACTICE
LEARNING PREFERENCE-READ	READ
LEARNING PREFERENCE-SMALL GROUP	SMALL GROUP
LEARNING PREFERENCE-TALK	TALK
LEARNING PREFERENCE-VIDEO	MEDIA
RUBELLA IMMUNE	IMMUNE
RUBELLA NON-IMMUNE	NON-IMMUNE
RUBELLA STATUS INDETERMINATE	STATUS INDETERMINATE
TB-TX COMPLETE	TX COMPLETE
TB-TX INCOMPLETE	TX INCOMPLETE
TB-TX UNKNOWN	TX UNKNOWN
TB-TX UNTREATED	TX UNTREATED

Added the following Health Factors: (CR#234)

FACTOR	CATEGORY
CHANGE IN WEATHER	ASTHMA TRIGGERS
MENSES	ASTHMA TRIGGERS
OTHER TRIGGER	ASTHMA TRIGGERS
STRONG EMOTIONAL EXPRESSION	ASTHMA TRIGGERS
VIRAL INFECTION	ASTHMA TRIGGERS
LESS THAN 6 TH GRADE EDUCATION	ASTHMA TRIGGERS
RETIRED	OCCUPATION
TX IN PROGRESS	TB STATUS

Inactivated the following Health Factors: (CR#234)

FACTOR
BARRIERS TO LEARN-COGNITIVE IMPAIRMENT
DOES NOT SPEAK ENGLISH
EMOTIONAL IMPAIRMENT
BARRIERS-SIGN INTERPRETER NEEDED
READINESS TO LEARN-NOT READY
READINESS TO LEARN-PAIN
READINESS TO LEARN-RECEPTIVE
READINESS TO LEARN-SEVERITY OF ILLNESS
READINESS TO LEARN-UNRECEPTIVE
7-FOOD AND EXERCISE (MAINTAIN)

2.7 Other Changes

2.7.1 Asthma Severity Conversion

Used a conversion to move asthma severity from the V POV file to the Problem List. (CR#207)

2.7.2 Taxonomies

The following national taxonomies were added for use with the Asthma Supplement, Action Plan, and Best Practice Prompts:

- BAT ASTHMA SHRT ACT RELV NDC (reliever)
- BAT ASTHMA SHRT ACT RELV MEDS (reliever)
- BAT ASTHMA SHRT ACT INHLR NDC (reliever)
- BAT ASTHMA SHRT ACT INHLR MEDS (reliever)

- BAT ASTHMA LEUKOTRIENE NDC (controller)
- BAT ASTHMA LEUKOTRIENE MEDS (controller)
- BAT ASTHMA CONTROLLER NDC (controller)
- BAT ASTHMA INHLD STEROIDS NDC (controller)

2.7.3 New APIs for the VA Reminders

Added APIs for the VA Reminders package to retrieve the last of each item.
(CR#172)

Each call is in the following format:

S X=\$\$linelabel^APCLAPIR(dfn, beginning date, ending date)

where

dfn = Patient DFN

beginning date = internal fileman date to begin searching for the item; if blank, DOB will be used.

ending date = internal fileman date to end searching for the item; if blank, DT (today's date) will be used.

The output of each call is in the following format:

1 or 0^date^item^value^visit ien^file^file ien

where

piece 1 = 1 if item found, 0 if no item found in the date range

piece 2 = date of last item found

piece 3 = text of item found

piece 4 = result

piece 5 = ien of visit on which item was found

piece 6 = file in which item was found (usually a V File #)

piece 7 = ien of V File in which entry was found

The following APIs have been added:

Alcohol Screening	\$\$REMAISC^APCLAPIR
Depression Screening	\$\$REMDEPS^APCLAPIR
Assessment of Function	\$\$REMAOF^APCLAPIR
Blood Pressure	\$\$REMBP^APCLAPIR
Breast Exam	\$\$REMBRST^APCLAPIR
Cholesterol	\$\$REMCHOL^APCLAPIR
Dental Exam	\$\$REMDENT^APCLAPIR
Diabetes Screening	\$\$REMGLUC^APCLAPIR
Intimate Partner Violence Screening	\$\$REMIPVS^APCLAPIR
EPSDT Screening	\$\$REMEPSDT^APCLAPIR
Head Circumference	\$\$REMHCB^APCLAPIR
Hearing Exam	\$\$REMHEAR^APCLAPIR
Height	\$\$REMHT^APCLAPIR
Influenza Immunization	\$\$REMFLU^APCLAPIR
Mammogram	\$\$REMMAMM^APCLAPIR
Osteoporosis Screening	\$\$REMOSTEO^APCLAPIR
Pap Smear	\$\$REMPAP^APCLAPIR
Pelvic Exam	\$\$REMPEVL^APCLAPIR
Physical Exam	\$\$REMPHYS^APCLAPIR
Pneumovax	\$\$REMPNEU^APCLAPIR
Rectal Exam	\$\$REMRECT^APCLAPIR
Rubella	\$\$REMRUBEL^APCLAPIR
TD	\$\$REMTD^APCLAPIR
Tobacco Screening	\$\$REMTOPS^APCLAPIR
Tonometry	\$\$REMTON^APCLAPIR
Visual Acuity Exam	\$\$REMVAE^APCLAPIR
Weight	\$\$REMWT^APCLAPIR

2.7.4 Family History Data Conversion

Added a post-init routine to perform the following tasks: (CR#199 and CR#321)

- Convert the relationship and status data from the Family History file and move it to the new Family History Family Member file.
- Stuff a family member of UNKNOWN into the Family member field for all entries that currently have no Relation/Family member entered.
- Convert the existing numeric diagnosis onset age (if any) to the corresponding new Age of Onset codes.

2.7.5 Reproductive History String Conversion

Converted the existing Reproductive History field to new fields. If the existing Reproductive History field is populated with a number, including the “0” option, any existing values in the string are copied to new fields as follows:

- G = Gravida
- P = Full Term
- LC = Living Children
- SA = Spontaneous Abortions
- TA = Therapeutic Abortions

3.0 Data Entry Menu (DE)

The options on the Data Entry Menu (DE) are shown below:

```

*****
*                INDIAN HEALTH SERVICE                *
*  DESIGNATED SPECIALTY PROVIDER MGT SYSTEM  *
*                VERSION 1.0, Sep 10, 2004                *
*****

      DEMO HOSPITAL
      Data Entry Menu

UPOP  Update Designated Providers for One Patient
UOP   Update a Specialty Provider's Patient Panel
ADD   Add a new Desig Spec Provider for a Patient
MOD   Modify Existing Desig Spec Provider for a Patient
DREC  Delete an Individual Patient Record
TMPU  Update Provider Records from a Patient Template
TMPD  Delete Provider Records from a Patient Template
CLOP  Change all of one Provider's Patients to Another
DLOP  Loop Delete the current Designated Provider
COMA  Update ALL patients from one Community to a DP
LUNA  Update Records for Unassigned Patients by Category
DISP  Inquire to a Specific Patient Record
DHX   View History of a Patient's Specialty Providers

Select Data Entry Menu Option:

```

Figure 3-1: Designated Specialty Provider Management System Data Entry menu

3.1 Update Designated Provider for One Patient (UPOP)

Use the UPOP option to edit the designated provider for a specified patient.

To edit a patient's designated provider, follow these steps:

1. At the "Select Data Entry Menu Option" prompt, type **UPOP** and press Enter.
2. At the "Enter Patient Name" prompt, type the name of the patient.

The Designated Providers screen is displayed, as shown below:

Designated Providers	Jan 13, 2009 14:47:23	Page:	1 of	1

Designated Provider List for: DEMO, JOHNNIE RUTH		HRN: DH 118774		

#	Category	Provider		
Updated				
1	DESIGNATED PRIMARY PROVIDER	NPROVIDER, ERIN D		
11/21/2005				
2	WOMEN'S HEALTH CASE MANAGER	SPROVIDER, JEROME		
12/22/2004				
3	DIABETES	THETA, SHIRLEY		
12/19/2008				
?? for more actions + next screen - prev screen				
AD	Add Provider	DE	Delete Designated Provider	
CP	Change Provider	HS	Health Summary	
Select Item(s): Quit//				

Figure 3-2: Sample Update Designated Provider for One Patient information

The following actions are available at the “Select Item(s)” prompt:

- If you are not on the last page, type + to go to the next page.
- If you are not on the first page, type - to go to the previous page.
- Type **Q** to quit the screen.
- Use one of the actions listed above the prompt.

3.1.1 Add Provider (AD)

Use the AD action to add a provider in a specified provider category to the Designated Providers screen.

To add a provider, follow these steps:

1. At the “Select Item(s)” prompt, type **AD** and press Enter.
2. At the “Enter the Provider Category” prompt, type the provider category name or code.
3. At the “Enter Provider Name” prompt, type the provider name. The application indicates that the provider was successfully added as the designated provider for the specified category and returns to the “Select Item(s)” prompt.

3.1.2 Change Provider (CP)

Use the CP action to change the provider.

To change a provider, follow these steps:

1. At the “Select Item(s)” prompt, type **CP** and press Enter.
2. At the “Select item to change” prompt, type an integer specifying the record to be changed.
3. At the “Enter New Designated provider” prompt, type the provider name. The application indicates that the provider was successfully added as the designated provider and returns to the “Select Item(s)” prompt.

3.1.3 Delete Designated Provider (DE)

Use the DE action to remove a designated provider from the list.

To remove a provider, follow these steps:

1. At the “Select Item(s)” prompt, type **CP** and press Enter.
2. At the “Select item to change” prompt, type an integer specifying the record to be deleted.
3. Confirm the deletion at the “Please confirm?” prompt by typing **Y** or **N**. If you type **Y**, the designated provider is removed from the list. If you type **N**, nothing is removed from the list and the application returns to the “Select Item(s)” prompt.

3.1.4 Health Summary (HS)

Use the HS option to display the health summary for a specified patient.

To display a health summary, follow these steps:

1. At the “Select Item(s)” prompt, type **HS** and press Enter.
2. At the “Select health summary type name” prompt, type the name of the health summary.

The Output Browser screen displays the Health Summary information, as shown below:

```

OUTPUT BROWSER          Dec 19, 2008 12:48:16      Page:    1 of    4
PCC Health Summary for DEMO,CORRINE ALYSE

** CONFIDENTIAL PATIENT INFORMATION -- 12/19/2008 12:48 PM [SJT] **
***** DEMO,CORRINE ALYSE #155243      (DENTAL SUMMARY) pg 1 *****

----- DEMOGRAPHIC DATA -----

DEMO,CORRINE ALYSE      DOB: NOV 30,1989 19 YRS  FEMALE  no blood type
DEMO TRIBE, NM                      SSN:
                                MOTHER'S MAIDEN NAME: ARMACHAIN, JANICE GAYLE
(H) 555-555-8673          FATHER'S NAME: DEMO,HENRY ALLEN
BIRDTOWN (13 MT. NOBLE RD,WHITTIER,NC,28789)

LAST UPDATED: JUN 25,2003          ELIGIBILITY: PENDING VERIFICATION

NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT?
                                DATE RECEIVED BY PATIENT:
                                WAS ACKNOWLEDGEMENT SIGNED?

+          Enter ?? for more actions                                >>>
+   NEXT SCREEN          -   PREVIOUS SCREEN          Q   QUIT
Select Action: +//

```

Figure 3-3: Sample Health Summary report

The following actions are available at the “Select Action” prompt:

- If you are not on the last page, type + to go to the next page.
- If you are not on the first page, type - to go to the previous page.
- Type **Q** to quit the screen and return to the “Select Item(s)” prompt.

3.2 Update a Designated Provider’s Patient Panel (UOP)

Use the UOP option to edit a designated provider’s patient panel.

To edit a patient panel, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **UOP** and press Enter.
2. At the “Designated Provider Name” prompt, type the name of the provider.

The View/Update Designated Prov screen is displayed:

View/Update Designated Prov				Dec 19, 2008 12:02:47	Page: 1 of 1

Patients with Designated Provider: THETA,SHIRLEY					

#	HRN	PATIENT NAME	DOB	SEX	LAST VISIT
PROV	TYPE				
1	103477	DEMO,BIANCA SHOOK	May 19, 1935	F	Mar 03, 1998
DIABETES					

Figure 3-4: Sample View/Update Designated Prov screen

The following actions are available at the “Select Action” prompt:

- If you are not on the last page, type + to go to the next page.
- If you are not on the first page, type - to go to the previous page.
- Type **Q** to quit the screen.
- Use one of the actions listed above the prompt.

3.2.1 Add Patient to List (AD)

Use the AD action to add a patient to the designated provider’s list.

To add a patient, follow these steps:

1. At the “Select Item(s)” prompt, type **AD** and press Enter.
2. At the “Enter Patient Name” prompt, type the name of the patient.
3. At the “Enter the Type of Designated Provider” prompt, type the code for the type of designated provider.

The new patient name is added to the list.

3.2.2 Remove Patient from List (RM)

Use the RM action to remove a specified patient from the designated provider's list.

To remove a patient, follow these steps:

1. At the "Select Item(s)" prompt, type RM and press Enter.
2. At the "Remove which selected item" prompt, type the number of the item containing the name of the patient that you want to remove.

There is no confirmation.

3.2.3 Health Summary (HS)

Use the HS option to display the health summary for a specified patient.

To display a health summary, follow these steps:

1. At the "Select Item(s)" prompt, type **HS** and press Enter.
2. At the "Enter Patient Name" prompt, type the name of the patient.
3. At the "Select health summary type name" prompt, type the name of the health summary.

The Output Browser screen displays the Health Summary information for a dental summary type, as below:

OUTPUT BROWSER	Dec 19, 2008 12:48:16	Page: 1 of 4
PCC Health Summary for DEMO,CORRINE ALYSE		
** CONFIDENTIAL PATIENT INFORMATION -- 12/19/2008 12:48 PM [SJT] ** ***** DEMO,CORRINE ALYSE #155243 (DENTAL SUMMARY) pg 1 *****		
----- DEMOGRAPHIC DATA -----		
DEMO,CORRINE ALYSE	DOB: NOV 30,1989 19 YRS FEMALE no blood type	
DEMO TRIBE, NM	SSN:	
	MOTHER'S MAIDEN NAME: ARMACHAIN, JANICE GAYLE	
(H) 555-555-8673	FATHER'S NAME: DEMO,HENRY ALLEN	
BIRDTOWN (13 MT. NOBLE RD,WHITTIER,NC,28789)		
LAST UPDATED: JUN 25,2003		ELIGIBILITY: PENDING VERIFICATION
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT?		
DATE RECEIVED BY PATIENT:		
WAS ACKNOWLEDGEMENT SIGNED?		
+ Enter ?? for more actions		>>>
+ NEXT SCREEN	- PREVIOUS SCREEN	Q QUIT
Select Action: +//		

Figure 3-5: Sample Health Summary Report

The following actions are available at the “Select Action” prompt:

- If you are not on the last page, type + to go to the next page.
- If you are not on the first page, type - to go to the previous page.
- Type **Q** to quit the screen and return to the “Select Items” prompt.

3.2.4 Change Desg Provider to Another (CP)

Use the CP action to change the designated provider of a selected record to another.

To change a designated provider, follow these steps:

1. At the “Select Item(s)” prompt, type **CP** and press Enter.
2. At the “Change which selected item” prompt, type the number of the item to be changed.
3. At the “Enter New Designated Provider Name” prompt, type the name of the provider.

3.2.5 Resort Display of Patients (ST)

Use the ST action to sort records by patient or by category.

To sort records, follow these steps:

1. At the “Select Item(s)” prompt, type **ST** and press Enter.
2. At the “Enter Type of Lister Display Sort” prompt, type an integer to specify how to sort the records: **1** (by patient) or **2** (by category).
3. The screen refreshes displaying the newly sorted list and returns to the “Select Item(s)” prompt.

3.3 Add a New Desig Spec Provider for a Patient (ADD)

Use the ADD option to add a new designated specialty provider record. If the patient has already been assigned an existing provider for the category selected, you must use the Modify Data Entry Menu (MOD) or the Update One Designated Provider’s Patient List (UOP) options to change the existing provider for this patient’s category type.

To add a designated specialty provider, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **ADD** and press Enter.
2. At the “Select Patient Name” prompt, type the name of the patient, or type **??** to display a list of currently assigned providers organized by category.

The application displays information about the current designated provider for the selected patient, as shown below:

CURRENT DESIGNATED PROVIDERS - BY PROVIDER CATEGORY TYPE	
Assigned to Patient: DEMO,CORRINE ALYSE	

CATEGORY TYPE	**CURRENT PROVIDER ASSIGNED**
1 DESIGNATED PRIMARY PROVIDER	OXPROVIDER,DAMA J
2 MENTAL HEALTH	KWPROVIDER,BLAKE T
3 CHEMICAL DEPENDENCY	JKPROVIDER,HILLANE S
4 CASE MANAGER	<None Currently Assigned>
5 DIABETES	TQPROVIDER,LIZ

Figure 3-6: Sample data about the current designated provider for the patient

3. At the “Do you want to continue with adding a new Designated Provider?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.

4. At the “Provider Category” prompt, type the provider category.
5. At the “Select New Designated Provider” prompt, type the name of the provider.

A summary of the information being added is displayed.

6. At the “Do you wish to Continue with the Adding of the new Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.4 Modify Existing Desig Spec Provider for a Patient (MOD)

Use the MOD option to modify a patient’s existing designated specialty provider records. If the specified provider has already been assigned to the patient for the selected category, the record will not be updated.

To modify a patient’s specialty provider, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **MOD** and press Enter.
2. At the “Select Patient Name” prompt, type the name of the patient.
3. At the “Do you want to continue changing one of the above Designated Providers?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
4. At the “Provider Category” prompt, type the provider category.
5. At the “Select New Designated Provider” prompt, type the name of the provider.

A summary of the information being changed is displayed.

6. At the “Do you wish to Continue Changing to a new Current Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.5 Delete an Individual Patient Record (DREC)

Use the DREC option to delete an existing designated specialty provider for a selected individual patient and provider category type.

To delete a designated specialty provider, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **DREC** and press Enter.
2. At the “Select Patient Name” prompt, type the name of the patient.

The current designated providers and category types for the patient are displayed.

3. At the “Do you want to continue Deleting one of the above Designated Providers?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
4. At the “Provider Category” prompt, type the provider category.

A summary of the information to be changed is displayed.
5. At the “Do you wish to Continue Deleting the Current Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.6 Update Provider Records from a Patient Template (TMPU)

Use the TMPU option to automatically add or update records from a patient template. The system prompts for the template name, the provider name, and the provider category type, and then automatically loops through the template of patients and adds or updates the current provider for the selected category type. If an existing patient’s current provider and category type are the same as those specified, no update occurs.

To update provider records from a template, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **TMPU** and press Enter.
2. At the “Select Search Template” prompt, type the name of the patient template to be used.

The number of patient records in the selected template is displayed.
3. At the “Select New Designated Provider” prompt, type the name of the provider.
4. At the “Do you want to continue changing the Designated Provider for each patient in this Template?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
5. At the “Provider Category” prompt, type the provider category.

A summary of the information being changed is displayed.

6. At the “Do you wish to Continue Changing to a new Current Designated Provider?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.7 Delete Provider Records from a Patient Template (TMPD)

Use the TMPD option to automatically delete provider records from a patient template. The system prompts for the template name and provider category type, and then automatically loops through the template of patients and deletes the current provider for the specified category type. If a patient listed in the template does not currently exist in the management system, no action will be taken.

To delete provider records, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **TMPU** and press Enter.
2. At the “Select Search Template” prompt, type the name of the patient template.

The number of patient records in the selected template is displayed.

3. At the “Select Existing Designated Provider” prompt, type the name of the provider.
4. At the “Do you want to continue Deleting the Designated Provider for each patient in this template?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
5. At the “Provider Category” prompt, type the name of the category.

A summary of the information being changed is displayed.

6. At the “Do you wish to Continue Deleting the Current Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.8 Change All of One Provider’s Patients to Another (CLOP)

Use the CLOP option to automatically change all records with a specific designated provider to a new designated provider. The system prompts for the old provider name, the new provider name, and the desired provider category type, and then automatically loops through all records and changes them to the new provider for the selected category type. If a patient’s existing provider and category types are the same as those specified, no update occurs.

To change all of a provider’s records to a new designated provider, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **TMPU** and press Enter.
2. At the “Select Existing Designated Provider” prompt, type the name of the existing provider.

The number of patients assigned to the existing provider is displayed.

3. At the “Do you want to continue changing the Designated Provider for each Patient?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
4. At the “Select New Designated Provider” prompt, type the name of the new provider.
5. At the “Provider Category” prompt, type the provider category.

A summary of the information being changed is displayed.

6. At the “Do you wish to Continue Changing to a new Current Designated Provider?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.9 Loop Delete the Current Designated Provider (DLOP)

Use the DLOP option to automatically delete all records for the existing designated provider. After the provider category type has been selected, the program automatically loops through all records and deletes the existing provider for this category type.

To delete the current designated provider, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **DLOP** and press Enter.
2. At the “Select Existing Designated Provider” prompt, type the name of the existing provider.

The number of patients assigned to the provider is displayed.

3. At the “Do You Want to Continue Deleting the Designated Provider for Each Patient?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
4. At the “Provider Category” prompt, type the provider category.

A summary of the information being changed is displayed.

5. At the “Do You Wish to Continue Deleting the Current Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.10 Update ALL Patients from One Community to a DP (COMA)

You use the COMA option to automatically update the designated provider for existing patients living in a selected community. The system prompts for the community name, the designated provider name, and the designated provider category type, and then automatically loops through all existing patient records and updates the designated provider for the selected category type. If a patient's current provider, category type, and community are the same as those specified, no update occurs.

To update a community's designated provider, follow these steps:

1. At the "Select Data Entry Menu Option" prompt, type **DLOP** and press Enter.
2. At the "Select a Particular Community" prompt, type the name of the community.
3. At the "Select New Designated Provider" prompt, type the name of the new designated provider for that community.
4. At the "Do you want to continue changing the Designated Provider for each Patient living in this Community?" prompt, type **Y** to continue, or type **N** to return to the "Select Data Entry Menu Option" prompt.
5. At the "Provider Category" prompt, type the provider category.

A summary of the information being changed is displayed.

6. At the "Do you wish to Continue Deleting the Current Designated Provider?" prompt, type **Y** to display a confirmation message, or type **N** to return to the "Select Data Entry Menu Option" prompt.

3.11 Update Records for Unassigned Patient by Category (LUNA)

Use the LUNA option to automatically update all records with no designated provider to a new designated provider. The system prompts only for the new provider name and the provider category type, and then automatically loops through all records with no existing provider and assigns these patients to the new provider for the selected category type.

To update records with no designated provider, follow these steps:

1. At the "Select Data Entry Menu Option" prompt, type **LUNA** and press Enter.
2. At the "Select Patient Name" prompt, type the name of the patient.

3. At the “Do you want to continue changing the Designated Provider for each Patient?” prompt, type **Y** to continue, or type **N** to return to the “Select Data Entry Menu Option” prompt.
4. At the “Select New Designated Provider” prompt, type the name of the provider.
5. At the “Provider Category” prompt, type the provider category.

A summary of the information to be changed is displayed.

6. At the “Do you wish to Continue Updating to a new Current Designated Provider?” prompt, type **Y** to display a confirmation message, or type **N** to return to the “Select Data Entry Menu Option” prompt.

3.12 Inquire about a Specific Patient Record (DISP)

Use this option for a quick screen display of the patient’s current designated specialty providers. The system prompts for an individual patient’s name. The display lists the specific provider specialty category, along with the date of last recording and the last user who updated the record. If no current provider is assigned to a category, the display states “<None Currently Assigned>”.

To display a patient’s designated specialty providers, follow these steps:

1. At the “Select Data Entry Menu Option” prompt, type **DISP** and press Enter.
2. At the “Select Patient Name” prompt, type the name of the patient.

A list of currently assigned providers is displayed, organized by category as shown below:

Select PATIENT NAME: PATIENT, GERTRUDE			F 01-01-1901 000000366		
1000000					
Designated Providers		Sep 15, 2008 14:11:27	Page:	1 of	1
-----			-----		
Designated Provider List for: PATIENT, GERTRUDE			HRN: DH 100000		
-----			-----		
Category	Current Provider		Updated		
Updated by					
DESIGNATED PRIMARY PROVIDER	PROVIDER, ELISTA C		09/15/07		
LASTNAME, USER					
CASE MANAGER	PROVIDER, MARY S		10/31/07		
LASTNAME, USER					
WOMEN'S HEALTH CASE MANAGER	DEMO, FRIEDA K		06/30/08		
LASTNAME, USER					

Figure 3-7: Inquiring about a specific patient record

3.13 View History of a Patient's Specialty Providers (DHX)

Use the DHX option to display a detailed history listing of a patient's designated specialty provider for a selected provider category. The system prompts for an individual patient and a provider specialty category, and then displays the current designated specialty provider record along with the old provider history, date of recording, and the user who updated the record.

To display a patient's specialty provider history, follow these steps:

1. At the "Select Data Entry Menu Option" prompt, type **DHX** and press Enter.
2. At the "Enter Patient Name" prompt, type the name of the patient.
3. At the "Select Item(s): Quit/" prompt, type the number of the provider specialty category.

At the "Device" prompt, type the name of the output device to print the report, or press the Enter key to display the report on screen as shown below.

ENTER THE PATIENT NAME: PATIENT, GERTRUDE F 01-01-1901 000000366 100000		
Designated Providers	Sep 15, 2008 14:18:29	Page: 2 of 0

Designated Provider List for: PATIENT, GERTRUDE HRN: DH 100000		

Category	Current Provider	Updated
Updated by		
DESIGNATED PRIMARY PROVIDER	BRADLEY, FONDA C	09/03/08
LASTNAME, USER		
History Detail:		
OLD Provider	Updated	Updated by
PROVIDER, ELISTA C	09/15/07	LASTNAME, USER
PROVIDER, MARTHA	04/26/08	USER2, FIRSTNAME
BRADLEY, FONDA C	09/03/08	LASTNAME, USER
CASE MANAGER	DEMO, JEROME	09/15/08
LASTNAME, USER		
History Detail:		
OLD Provider	Updated	Updated by
PROVIDER, MARY S	10/31/07	LASTNAME, USER
DEMO, JEROME	09/15/08	LASTNAME, USER
WOMEN'S HEALTH CASE MANAGER	PROVIDER, ELISTA C	08/21/08
USER2, FIRSTNAME		
History Detail:		
OLD Provider	Updated	Updated by
DEMO, FRIEDA K	06/30/08	LASTNAME, USER
PROVIDER, ELISTA C	08/21/08	USER2, FIRSTNAME
OLD PROVIDER: PROVIDER, BILL	12/23/03	USER, DEMO

Figure 3-8: Displaying history for a specific patient & category (Sample Report)

4.0 Reports Menu (RPTS)

The options on the Reports Menu are shown below:

```
*****
*               INDIAN HEALTH SERVICE               *
*  DESIGNATED SPECIALTY PROVIDER MGT SYSTEM  *
*               VERSION 1.0, Sep 10, 2004          *
*****

                DEMO HOSPITAL
                Reports Menu

DISP  Inquire to a Specific Patient Record
DHX   View History of a Patient's Specialty Providers
CLST  Print Master Patient Listing By Category (Brief)
HX    Print Master Patient History By Category
UPDT  Listing of Records By Date Updated
PROV  Print Listing By Desg Provider and Date Range
USER  Print Listing By User Who Created and Date Range
COML  Print All Records By Community or Residence
UPR   Records with No Current Provider Assigned

Select Reports Menu Option:
```

4.1 Inquire to a Specific Patient Record (DISP)

Use the DISP option to display the designated providers for a specified patient.

To display a patient's designated providers, follow these steps:

1. At the "Select Reports Menu Option" prompt, type **DISP** and press Enter.
2. At the "Enter Patient Name" prompt, type the patient name.

The application displays the Designated Providers screen, as shown below:

Designated Providers	Dec 19, 2008 15:41:19	Page: 1 of 1

Designated Provider List for: DEMO,CORRINE ALYSE		HRN: DH 155243

Category	Current Provider	Updated
Updated by		
DESIGNATED PRIMARY PROVIDER	OXPROVIDER,DAMA J	12/19/08
THETA,SHIRLEY		
MENTAL HEALTH	KWPROVIDER,BLAKE T	11/14/08
GAMMA,CIN		
CHEMICAL DEPENDENCY	JKPROVIDER,HILLANE S	11/10/08
GAMMA,CIN		
CASE MANAGER		11/14/08
GAMMA,CIN		
DIABETES	TQPROVIDER,LIZ	11/10/08
GAMMA,CIN		
Select Item(s): Quit//		

Figure 4-1: Sample Designated Providers for a patient

4.2 Display History for a Specific Patient & Category (DHX)

Use the DHX option to display a history of designated providers and categories for a specified patient.

To display a patient's designated provider history, follow these steps:

1. At the "Select Reports Menu Option" prompt, type **DISP** and press Enter.
2. At the "Enter Patient Name" prompt, type the patient name.

The application displays the Designated Providers screen, as shown below:

Designated Providers	Dec 19, 2008 15:44:54	Page: 1 of 0

Designated Provider List for: DEMO,CHRISTA DANIELLE HRN: DH 172684		

Category	Current Provider	Updated
Updated by		
SOCIAL SERVICES	PVPROVIDER, JEROME	12/19/08
TETER, SHIRLEY		
History Detail:		
OLD Provider		Updated
Updated by		
PVPROVIDER, JEROME		12/19/08
TETER, SHIRLEY		
RENAL DISEASE		12/19/08
TETER, SHIRLEY		
History Detail:		
OLD Provider		Updated
Updated by		
SCPROVIDER, ONE		12/19/08
THETA, SHIRLEY		
THETA, SHIRLEY		12/19/08
THETA, SHIRLEY		
Select Item(s): Quit//		

4.3 Print Master Patient Listing By Category (Brief) (CLST)

Use the CLST option to display a report listing of all records, subtotaled by the current specialty provider category. The report displays the category, patient name, last current provider, and the date last updated.

To display a list of patients by provider category, follow these steps:

1. At the “Select Reports Menu Option” prompt, type **CLST** and press Enter.
2. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below.

A sample report is shown below.

BDP DESG SPECIALTY PROVIDER LIST	DEC 19, 2008	15:46	PAGE 1
PROVIDER CATEGORY	PATIENT NAME	LAST CURRENT PROVIDER	
UPDATED			

CANCER	ANDERSON, SONYA M	ETEST, JENNIFER J	
11/25/08			

SUBCOUNT 1			
CASE MANAGER	ALPHA, CHI	VTEST, JOY A	
12/12/08			
CASE MANAGER	ASHE, MELINDA	EIPROVIDER, USER	
09/03/08			
CASE MANAGER	BROWN, EDITH LAVERNE	PVPROVIDER, JEROME	
09/15/08			
CASE MANAGER	CATOLSTER, FREDDIE	SPAULDING, MARY R	
07/08/08			
CASE MANAGER	DEMO, CORRINE ALYSE		
11/14/08			
CASE MANAGER	FRIES, BETTYE JO	STEST, MARTHA	
10/17/08			
CASE MANAGER	SMITH, ANGELA	EWPROVIDER, AMANDA D	
03/05/08			

SUBCOUNT 7			

Figure 4-2: Printing Master Patient Listing by Category (Brief)

4.4 Print Master Patient History By Category (HX)

Use the HX option to produce a report listing a detailed history of a patient's selected designated specialty provider. The report is sorted by the provider category, with each patient listed for each category. The current designated specialty provider record is displayed with the old provider history, date of recording, and the user who updated the record.

To list the history of a patient's designated specialty providers, follow these steps:

1. At the "Select Reports Menu Option" prompt, type **HX** and press Enter.
2. At the "Device" prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below..

A sample report is shown below.

BDP DESG SPECIALTY PROVIDER LIST	JAN 30, 2004	15:29	PAGE 1

PROVIDER CATEGORY: CASE MANAGER			
PATIENT NAME: PATIENT, GERTRUDE		HEALTH RECORD: 100006	
PROVIDER CATEGORY: CASE MANAGER			
CURRENT PROVIDER: PROVIDER, BILL			
DATE UPDATED: 12/23/03		USER UPDATED: PROVIDER, LORI	
HISTORY DETAIL:			
OLD PROVIDER: PROVIDER, GREGORY	10/15/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, JOE	10/15/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, DONN	10/15/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, BILL	12/23/03	PROVIDER, LORI	
PROVIDER CATEGORY: CHEMICAL DEPENDENCY			
PATIENT NAME: PATIENT, NATALIE		HEALTH RECORD: 100001	
PROVIDER CATEGORY: CHEMICAL DEPENDENCY			
CURRENT PROVIDER:			
DATE UPDATED: 12/22/03		USER UPDATED: PROVIDER, LORI	
HISTORY DETAIL:			
OLD PROVIDER: PROVIDER, DAVID	12/22/03	PROVIDER, LORI	
PROVIDER CATEGORY: DESIGNATED PRIMARY PROVIDER			
PATIENT NAME: PATIENT, HELEN		HEALTH RECORD: 100001	
PROVIDER CATEGORY: DESIGNATED PRIMARY PROVIDER			
CURRENT PROVIDER:			
DATE UPDATED: 01/21/04		USER UPDATED: PROVIDER, LORI	
HISTORY DETAIL:			
OLD PROVIDER: PROVIDER, DAVID	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	12/22/03	PROVIDER, LORI	
PATIENT NAME: PATIENT, MELANIE		HEALTH RECORD: 100000	
PROVIDER CATEGORY: DESIGNATED PRIMARY PROVIDER			
CURRENT PROVIDER: PROVIDER, GREGORY			
DATE UPDATED: 01/21/04		USER UPDATED: PROVIDER, LORI	
HISTORY DETAIL:			
OLD PROVIDER: PROVIDER, DAVID	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	12/22/03	PROVIDER, LORI	
PATIENT NAME: PATIENT, MOLLY		HEALTH RECORD: 100000	
PROVIDER CATEGORY: DESIGNATED PRIMARY PROVIDER			
CURRENT PROVIDER: PROVIDER, GREGORY			
DATE UPDATED: 01/21/04		USER UPDATED: PROVIDER, LORI	
HISTORY DETAIL:			
OLD PROVIDER: PROVIDER, DAVID	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	11/26/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	12/22/03	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, BILL	01/21/04	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, DAVID	01/21/04	PROVIDER, LORI	
OLD PROVIDER: PROVIDER, GREGORY	01/21/04	PROVIDER, LORI	

Figure 4-3: Master patient history by category

4.5 Listing of Records By Date Updated (UPDT)

Use the UPDT option to display a report listing records updated for a user in a specified date range. The report output includes the category type, patient name, current provider, and date of last update.

To list updated records, follow these steps:

1. At the “Select Reports Menu Option” prompt, type **UPDT** and press Enter.
2. At the “Enter beginning Update Date” prompt, type the beginning date of the date range.
3. At the “Enter ending Update Date” prompt, type the ending date of the date range.
4. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below..

A sample report is shown below.

BDP DESG SPECIALTY PROVIDER LIST			DEC 19, 2008 15:54	PAGE 1
PROVIDER CATEGORY	PATIENT NAME		LAST CURRENT PROVIDER	
UPDATED				

CHEMICAL DEPENDENCY 11/25/08	CAMPBELL, DAVID ALVIN		GEBREMARIAM, CINDY	
CANCER 11/25/08	ANDERSON, SONYA M		ETEST, JENNIFER J	
CHEMICAL DEPENDENCY P 12/04/08	BAKER, MARJORIE LANIER		QFPROVIDER, RUSSELL	
PUBLIC HEALTH NURSE 12/08/08	BAKER, MARJORIE LANIER		STEST, JANET O	
PUBLIC HEALTH NURSE 12/12/08	LEDFOORD, ETHEL L		BPROVIDER, JEAN C	
WOMEN'S HEALTH CASE 12/12/08	ALPHA, CHI		RAY, KATHY R	
CASE MANAGER 12/12/08	ALPHA, CHI		VTEST, JOY A	
DESIGNATED PRIMARY P 12/18/08	BROWN, ESIAH		TXPROVIDER, FRANKLIN	
DESIGNATED PRIMARY P 12/19/08	DEMO, CORRINE ALYSE		OXPROVIDER, DAMA J	
HOME CARE 12/19/08	DEMO, BIANCA SHOOK			
DIABETES 12/19/08	DEMO, JOHNNIE RUTH		TETER, SHIRLEY	
DIABETES 12/19/08	DEMO, BIANCA SHOOK		TETER, SHIRLEY	
RENAL DISEASE 12/19/08	DEMO, CHRISTA DANIELLE			
SOCIAL SERVICES 12/19/08	DEMO, CHRISTA DANIELLE		PVPROVIDER, JEROME	
DESIGNATED PRIMARY P 12/19/08	DEMO, KYLE VANCE		OXPROVIDER, DAMA J	

COUNT	15			

Figure 4-4: Listing of Records By Date Updated

4.6 Print Listing By Desg Provider and Date Range (PROV)

Use the PROV option to produce a report listing records updated for a specific date range and current designated provider. The report output includes the category type, patient name, current provider, and date last updated.

1. To list updated records for a specified date range, follow these steps:
2. At the "Select Reports Menu Option" prompt, type **UPDT** and press Enter.

3. At the “Enter beginning Update Date” prompt, type the beginning date of the date range.
4. At the “Enter ending Update Date” prompt, type the ending date of the date range.
5. At the “Want to Include a particular Current Designated Provider?” prompt, type **Y** or **N**.

If you type **Y** at this prompt, the “Enter Provider Name” prompt is displayed.
Type the provider name.

6. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below..

A sample report is shown below.

BDP DESG SPECIALTY PROVIDER LIST		DEC 19, 2008 16:00	PAGE 1
PROVIDER CATEGORY	PATIENT NAME	LAST CURRENT PROVIDER	
UPDATED			

CANCER 11/25/08	ANDERSON, SONYA M	ETEST, JENNIFER J	
PUBLIC HEALTH NURSE 12/12/08	LEDFORD, ETHEL L	BPROVIDER, JEAN C	
DESIGNATED PRIMARY P 12/19/08	DEMO, CORRINE ALYSE	OXPROVIDER, DAMA J	
DESIGNATED PRIMARY P 12/19/08	DEMO, KYLE VANCE	OXPROVIDER, DAMA J	
DIABETES 11/10/08	PSI, DELTA	TQPROVIDER, LIZ	
DIABETES 11/10/08	DEMO, CORRINE ALYSE	TQPROVIDER, LIZ	
CHEMICAL DEPENDENCY P 12/04/08	BAKER, MARJORIE LANIER	QFPROVIDER, RUSSELL	
CHEMICAL DEPENDENCY 11/10/08	PSI, DELTA	CVPROVIDER, JAMES R	
CHEMICAL DEPENDENCY S 11/10/08	DEMO, CORRINE ALYSE	JKPROVIDER, HILLANE	
CASE MANAGER 12/12/08	ALPHA, CHI	VTEST, JOY A	
PUBLIC HEALTH NURSE 12/08/08	BAKER, MARJORIE LANIER	STEST, JANET O	
DESIGNATED PRIMARY P 12/18/08	BROWN, ESIAH	TXPROVIDER, FRANKLIN	
SOCIAL SERVICES 12/19/08	DEMO, CHRISTA DANIELLE	PVPROVIDER, JEROME	
MENTAL HEALTH 11/14/08	PSI, DELTA	KWPROVIDER, BLAKE T	
MENTAL HEALTH 11/14/08	DEMO, CORRINE ALYSE	KWPROVIDER, BLAKE T	
CHEMICAL DEPENDENCY 11/25/08	CAMPBELL, DAVID ALVIN	GEBREMARIAM, CINDY	
DIABETES 12/19/08	DEMO, JOHNNIE RUTH	TETER, SHIRLEY	
DIABETES 12/19/08	DEMO, BIANCA SHOOK	TETER, SHIRLEY	
WOMEN'S HEALTH CASE 12/12/08	ALPHA, CHI	RAY, KATHY R	

COUNT	19		

Figure 4-5: Printing a Listing by Designated Provider and Date Range

4.7 Print Listing by Updating User and Date Range (USER)

Use the USER option to produce a report that lists the records updated for a specific date range and updating user. The report output includes the category type, patient name, current provider, date, and the user who made the update.

To print a listing for a particular user and date range, follow these steps:

1. At the “Select Reports Menu Option” prompt, type **USER** and press Enter.
2. At the “Enter beginning Update Date” prompt, type the beginning date of the date range.
3. At the “Enter ending Update Date” prompt, type the ending date of the date range.
4. At the “Want to Include a particular User Who Updated Record?” prompt, type **Y** to continue, or type **N**.

If you typed **Y**, type the user name at the “Enter User Name” prompt.

5. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below.

A sample report is shown below:

LISTING BY USER UPDATE			JAN 30, 2004	15:42	PAGE 1
CATEGORY	PATIENT NAME	LAST CURRENT PROVIDER	UP DT	USER	UPDT
DPCP	PATIENT, MICHELLE	BPPROVIDER, FRAN	01/21/04	PROVIDER, LORI	
DPCP	PATIENT, SHARLENE		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, DALE		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, MADGE		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, TONI		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, MARLEY		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, SHANNON		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, KAIA		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, MARLEY		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, CLAUDIA		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, YVONNE		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, GRETCHEN		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, AMY LYNN		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, PAMELA		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, HELEN		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, LAVERNE		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, GEORGIA		01/21/04	PROVIDER, LORI	
DPCP	PATIENT, CONNIE		01/21/04	PROVIDER, LORI	

Figure 4-6: Printing Listing by Updating User and Date Range

4.8 Print All Records by Community of Residence (COML)

Use the COML option to produce a report that shows all records sorted by the patient's current community of residence. Within each community listed, the report displays each patient's provider category, the current designated specialty provider, and the date last updated.

To list all records by community of residence, follow these steps:

1. At the "Select Reports Menu Option" prompt, type **COML** and press Enter.
2. At the "Device" prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below.

A sample report is shown below:

LISTING BY COMMUNITY		JAN 30, 2004	15:46	PAGE 1
PROVIDER				
CATEGORY	PATIENT NAME	CURRENT PRV		UPDT DT

CURRENT COMMUNITY: 5 MILE WASH				
SOCIAL SER	PATIENT, MIRIAM	PROVIDER, BILL		12/29/03
DESIGNATED	PATIENT, ERNEST			10/17/03
DESIGNATED	PATIENT, ERNEST			10/17/03
SOCIAL SER	PATIENT, COLLEEN	PROVIDER, BILL		12/29/03

SUBCOUNT 4				
CURRENT COMMUNITY: BABY ROCKS				
SOCIAL SER	PATIENT, PAUL	PROVIDER, BILL		12/29/03
SOCIAL SER	PATIENT, FRANCES	PROVIDER, BILL		12/29/03
SOCIAL SER	PATIENT, SARAH	PROVIDER, BILL		12/29/03
MENTAL HEA	PATIENT, SARAH	PROVIDER, BILL		
MENTAL HEA	PATIENT, SARAH			

SUBCOUNT 5				

CURRENT COMMUNITY: BIG MOUNTAIN				
MENTAL HEA	PATIENT, ANNE			
SOCIAL SER	PATIENT, JEANINE	PROVIDER, BILL		12/29/03
DESIGNATED	PATIENT, SHARLENE			01/21/04
SOCIAL SER	PATIENT, SHARLENE			12/22/03
WOMENS HEA	PATIENT, SHARLENE			12/01/03
DESIGNATED	PATIENT, MINDY			12/29/03
WOMENS HEA	PATIENT, MINDY	PROVIDER, JOE		12/29/03
SOCIAL SER	PATIENT, MINDY	PROVIDER, BILL		12/29/03
RENAL DISE	PATIENT, MINDY			
OB CARE	PATIENT, MINDY	PROVIDER, LORI		12/29/03
MENTAL HEA	PATIENT, MINDY	PROVIDER, DAVID		12/29/03
SOCIAL SER	PATIENT, EDWARD	PROVIDER, BILL		12/29/03
SUBCOUNT 12				
TOTAL COUNT 21				

Figure 4-7: Printing All Records by Community of Residence

4.9 Records with No Current Provider Assigned (UPR)

Use the UPR option to produce a report that lists all patient records for which no current provider is assigned. The report lists the provider categories and the patients within each category who have no current provider assigned.

Note: To assign providers to records with no current provider, use the data entry menu option LUNA- Update Records for Unassigned Patients by Category.

To list patients with no provider assigned, follow these steps:

1. At the “Select Reports Menu Option” prompt, type **UPR** and press Enter.
2. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below.

A sample report is shown below.

UNASSIGNED PATIENT RECORDS		MAR 2, 2004 14:57	PAGE 1
PROVIDER CATEGORY	PATIENT NAME	LAST CURRENT PROVIDER	

CHEMICAL DEPEND	PATIENT, GERTRUDE	No Provider Currently Assigned	
DESIGNATED PRIM	PATIENT, ERNEST	No Provider Currently Assigned	
DESIGNATED PRIM	PATIENT, BLAIR	No Provider Currently Assigned	
WOMENS HEALTH	PATIENT, GERTRUDE	No Provider Currently Assigned	

Figure 4-8: Records with No Current Provider Assigned

5.0 Manager Menu (MGR)

The options on the Manager menu are shown below:

```

*****
*               INDIAN HEALTH SERVICE               *
* DESIGNATED SPECIALTY PROVIDER MGT SYSTEM *
*               VERSION 1.0, Sep 10, 2004           *
*****
                        DEMO HOSPITAL
                        Manager Menu

CAT   Add/Edit Provider Categories
LIST  Print Listing of Provider Categories

Select Manager Menu Option:

```

5.1 Add/Edit Provider Categories (CAT)

Use the CAT option to add or edit provider categories in the Specialty Category list.

To add or edit provider categories, follow these steps:

1. At the “Select Manager Menu Option” prompt, type **CAT** and press Enter.
2. At the “Select BDP DESG SPEC PROV CATEGORY NAME” prompt, type the name of the category.
 - If the name is an existing category, the name is displayed followed by “No Editing.”
 - If the name is a new category, at the “Are you adding ‘(new category name)’ as a new DBP DESG SPEC PROV CATEGORY (the [xx TH])?” prompt, type **Y** to continue, or type **N** to return to the “Select Manager Menu Option” prompt.
3. At the “MNEMONIC” prompt, type the mnemonic for the category.

Subsequent prompts depend on the mnemonic selected.

```

Select BDP DESG SPEC PROV CATEGORY NAME: CANCER MANAGER

Are you adding 'CANCER MANAGER' as a new BDP DESG SPEC PROV
CATEGORY the 11TH)? No// Y (Yes)

BDP DESG SPEC PROV CATEGORY MNEMONIC: CM

```

Figure 5-1: Adding local provider categories example

```
Select BDP DESG SPEC PROV CATEGORY NAME: cancer      CA
NAME: CANCER//    (No Editing)
MNEMONIC: CA//
WOMEN'S HEALTH RELATED?: ??

    Choose from:
        1      YES
        0      NO
WOMEN'S HEALTH RELATED?: 0  NO
DISPLAY ON HEALTH SUMMARY?: ??

    Choose from:
        Y      YES
        N      NO
DISPLAY ON HEALTH SUMMARY?: y  YES

Select BDP DESG SPEC PROV CATEGORY NAME:
```

Figure 5-2: Example of editing an existing local provider category

5.2 Print Listing of Provider Categories (LIST)

Use the LIST option to print a list of provider categories.

To list provider categories, follow these steps:

1. At the “Select Manager Menu Option” prompt, type **CAT** and press Enter.
2. At the “Start With Name: FIRST//” prompt, press Enter.
3. At the “Device” prompt, type the name of the output device to print the report, or press Enter to display the report on screen as shown below.

A sample report is shown below.

BDP	DESG	SPEC	PROV	CATEGORY	LIST	MAR 16, 2004	11:35	PAGE 1
NAME					MNEMONIC	FILE	LINK	NAME

CANCER					CA			
CASE MANAGER					CM			
CHEMICAL DEPENDENCY					CD	MHSS PATIENT DATA		
DESIGNATED PRIMARY PROVIDER					DPCP	PATIENT		
DIABETES					DM			
Domestic Violence					DV			
HIV CASE MANAGER					HIVC			
HIV PROVIDER					HIVP			
HMD DIABETES CLINIC					HMDD			
HOME CARE					HC			
MENTAL HEALTH					MH	MHSS PATIENT DATA		
OB CARE					OB			
PHYSICIAN ONLY					MDO			
RENAL DISEASE					RD			
SNOWBIRD PROVIDER					SB			
SOCIAL SERVICES					SS	MHSS PATIENT DATA		
WOMENS HEALTH CASE MANAGER					WH	BW PATIENT		

Figure 5-3: Example of provider categories report

6.0 Appendix A: RPMS Rules of Behavior

The information in this required section was written by the IHS Office of Information Technology. It does not contain any information about the functionality of the software.

6.1 All RPMS Users

In addition to these rules, each application may include additional RoBs, which may be defined within the individual application's documentation (e.g., PCC, Dental, Pharmacy).

6.1.1 Access

RPMS users shall:

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or non-public agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Chapter 6 OMS Limited Personal Use of Information Technology Resources TN 03-05," August 6, 2003.

Users shall not:

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform your OFFICIAL duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their job or by divulging information to anyone not authorized to know that information

6.1.2 Logging On To The System

RPMS users shall:

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after 5 successive failed login attempts within a specified time period (e.g., one hour).

6.1.3 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

Users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.
- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their PC.
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all department and agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes

6.1.4 Accountability

Users shall:

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their PC.
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all department and agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

6.1.5 Confidentiality

Users shall:

- Be aware of the sensitivity of electronic and hardcopy information, and protect it accordingly.
- Store hardcopy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media, prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all HIPAA regulations to ensure patient confidentiality

Users shall not:

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting

6.1.6 Integrity

Users shall:

- Protect your system against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

Users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware or public domain software on/with the system without your manager's written permission and without scanning it for viruses first

6.1.7 Passwords

Users shall:

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha, numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts, or batch files.
- Change password immediately if password has been seen, guessed or otherwise compromised; and report the compromise or suspected compromise to your ISSO.
- Keep user identifications (ID) and passwords confidential

Users shall not:

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).

- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per 8 characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

6.1.8 Backups

Users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment

Users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware or public domain software on/with the system without your manager's written permission and without scanning it for viruses first.

6.1.9 Reporting

Users shall:

- Contact and inform your ISSO that you have identified an IT security incident and you will begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in IHS SOP 05-03, Incident Handling Guide

Users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

6.1.10 Session Time Outs

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

Users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10-minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on your screen after some period of inactivity.

6.1.11 Hardware

Users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment

Users shall not:

- Eat or drink near system equipment

6.1.12 Awareness

Users shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS Manuals for the applications used in their jobs.

6.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.

- Ensure adequate storage of files, removal and non-recovery of temporary files created in processing sensitive data, virus protection, intrusion detection, and provides physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote users shall:

- Remotely access RPMS through a virtual private network (VPN) when ever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures

Remote users shall not:

- Disable any encryption established for network, internet and web browser communications

6.2 RPMS Developers

Developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available

Developers shall not:

- Access live production systems without obtaining appropriate written access, shall only retain that access for the shortest period possible to accomplish the task that requires the access.

- Write any code that adversely impacts RPMS, such as backdoor access, “Easter eggs,” time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

6.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators have added responsibilities to ensure the secure operation of RPMS.

Privileged users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need to know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, CISO, and systems owner.
- Protect the supervisor, superuser or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.

- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and back up files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Follow industry best standards for systems they are assigned to; abide by all Department and Agency policies and procedures

Privileged users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

7.0 Glossary

Community

Patients are grouped by the communities in which they live. This grouping can be used to perform mass updates to patient records.

Device

The printer the report is sent to for printing. The device can also be the terminal screen.

Fields

Fields are a collection of related information that make up a record. Fields on a display screen function like blanks on a form. For each field, a prompt is displayed to enter a specific type of data. There are nine basic field types in RPMS programs, each of which collects a specific type of information.

ListMan

A specific format of system interface. Information is presented in lists that are followed by a menu of action options

Loop

The system process that scans all records. Usually refers to mass updates of a specific set of data.

Mnemonic

An abbreviation used to name an option or report used in the RPMS packages.

Prompt

The phrase or word(s) used to indicate that input is required from the user.

Site Specific Categories

Categories of providers that are not included in the 10 standard provider categories already loaded in the Designated Specialty Provider package.

Standard Treating Specialty Categories

The 10 standard categories of care already loaded in the Designated Specialty Provider package.

8.0 Contact Information

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

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: support@ihs.gov