RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reminders

(PXRM)

Patch 1007 National Reminder Update

Version 1.5
April 2010

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico
Preface

This documentation applies to those reminders distributed in patch 1007 of clinical reminders.
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1.0 Introduction

The newly released application, IHS PCC SUITE version 2.0, contained within it many new APIs for the logic used in the IHS HEALTH MAINTENANCE reminders used in IHS HEALTH SUMMARY. Rather than having logic for the CLINICAL REMINDERS application be different from that in Patient Care Context (PCC), it was felt that CLINICAL REMINDERS should take advantage of this logic.

As a result, many of the reminders have been changed to ONLY use computed findings to determine if the reminder is due or not. At the same time, asthma was moved to a “best practices” format. These will remain as clinical reminders but the logic was updated for the changes made to the asthma data. Immunization reminders were not changed since they currently use the forecaster to retrieve their data in computed findings.

The reminders that were affected were created as new reminders with the year 2009 appended to them so that they will require installation. These should replace the reminders currently in use at the site.

1.1 New Reminders Created

The following lists the new reminders created for this version.

- IHS-ALCOHOL SCREEN 2009
- IHS-ASTHMA CONTROL 2009
- IHS-ASTHMA ACTION PLAN 2009
- IHS-ASTHMA PRIM PROV 2009
- IHS-ASTHMA RISK EXACERBATION 2009
- IHS-ASTHMA SEVERITY 2009
- IHS-ASTHMA STEROID 2009
- IHS-COLON CANCER 2010
- IHS-DENTAL VISIT
- IHS-DEPRESSION SCREENING 2009
- IHS-DIAB ASPIRIN 2009
- IHS-DIABETES SCREENING
- IHS-DOMESTIC VIOLENCE 2009
- IHS-EPSDT EVALUATION
- IHS-FUNCTIONAL ASSESSMENT
- IHS-H1N1 IMMUN 2009
- IHS-HEARING TEST 2009
- IHS-MAMMOGRAM 2009
- IHS-OSTEOPOROSIS SCREENING
- IHS-PAP SMEAR 2009
1.2 Routines Edited

The following list shows the routines edited.

- **PXRMDATE** – Fixed a problem with leap year entries
- **PXRMPROB** – Fixed a problem with the lookup value is only the problem list
- **BPXRMASM** – Updated the asthma call with new best practices logic
- **BPXRMLALL** - Updated the aspirin allergy for a misspelling
- **BPXRMMIM3** - Updated to add H1N1 computed finding

1.3 New Routine

The following is the new routine:

- **BPXRMPCC** contains the entry points for the new computed findings

1.4 New/Edited Computer Findings

The following table shows the new/edited computer findings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Routine</th>
<th>Entry Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ALCOHOL 2009</td>
<td>BPXRMPCC</td>
<td>ALCOHOL</td>
</tr>
<tr>
<td>IHS-ALLERGY ASPIRIN 2009</td>
<td>BPXRMLALL</td>
<td>ALLASP</td>
</tr>
<tr>
<td>IHS-ASTHMA CONTROL</td>
<td>BPXRMASM</td>
<td>CONTROL</td>
</tr>
<tr>
<td>IHS-ASTHMA EXACERBATION</td>
<td>BPXRMASM</td>
<td>RISK</td>
</tr>
<tr>
<td>IHS-ASTHMA PLAN</td>
<td>BPXRMASM</td>
<td>PLAN</td>
</tr>
<tr>
<td>IHS-ASTHMA PRIMARY</td>
<td>BXPRMASM</td>
<td>PRIMARY</td>
</tr>
<tr>
<td>IHS-ASTHMA SEVERITY</td>
<td>BPXRMASM</td>
<td>SEVERITY</td>
</tr>
<tr>
<td>IHS-ASTHMA STEROIDS</td>
<td>BPXRMASM</td>
<td>STEROID</td>
</tr>
<tr>
<td>IHS-DENTAL 2009</td>
<td>BPXRMPCC</td>
<td>DENTAL</td>
</tr>
<tr>
<td>IHS-DEPRESSION 2009</td>
<td>BPXRMPCC</td>
<td>DEPRESS</td>
</tr>
<tr>
<td>IHS-DIAB ASPIRIN 2009</td>
<td>BPXRMLALL</td>
<td>ALLASP</td>
</tr>
<tr>
<td>IHS-DIABETES 2009</td>
<td>BPXRMPCC</td>
<td>DIABETES</td>
</tr>
<tr>
<td>IHS-EPDST 2009</td>
<td>BPXRMPCC</td>
<td>EPSDT</td>
</tr>
<tr>
<td>IHS-FUNCTION 2009</td>
<td>BPXRMPCC</td>
<td>FUNCTION</td>
</tr>
<tr>
<td>IHS-HEARING 2009</td>
<td>BPXRMPCC</td>
<td>HEAR</td>
</tr>
<tr>
<td>IHS-H1N1</td>
<td>BPXRMMIM3</td>
<td>H1N1</td>
</tr>
<tr>
<td>IHS-IPVS</td>
<td>BPXRMPCC</td>
<td>IPVS</td>
</tr>
<tr>
<td>IHS-MAMMOGRAM 2009</td>
<td>BPXRMPCC</td>
<td>MAMMO</td>
</tr>
<tr>
<td>IHS-OSTEO</td>
<td>BPXRMPCC</td>
<td>OSTEO</td>
</tr>
<tr>
<td>IHS-PAP 2009</td>
<td>BPXRMPCC</td>
<td>PAP</td>
</tr>
<tr>
<td>IHS-TOBACCO 2009</td>
<td>BPXRMPCC</td>
<td>TOBACCO</td>
</tr>
<tr>
<td>IHS-VISION 2009</td>
<td>BPXRMPCC</td>
<td>VISION</td>
</tr>
</tbody>
</table>
1.5 Manuals to Review

The site managers and clinical applications coordinators will need to review the manuals pxrm0150.1005o.pdf (Clinical Reminders Patch 1005 National Reminder Setup), Clinical Reminders Managers Manual, for information on reminder setup.

1.6 Review and Accomplish Steps in the Patch Notes

Sites need to review the list of reminders that are being sent in the patch. This list is in the next section and details what turns the reminder on and what turns it off.

If you have currently deployed the reminders and/or dialogs that you are updating, you should make the following changes:

The steps for update of National clinical reminders are:

1. If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there may be some problems. Use the following Fileman search to look for these findings. Remove them from the elements before installing the reminder. You can add them back after installation.

Fileman search:
Select OPTION: 3 SEARCH FILE ENTRIES
OUTPUT FROM WHAT FILE: PACKAGE/\ REMINDER DIALOG (330 entries)
-A- SEARCH FOR REMINDER DIALOG FIELD: ADDITIONAL FINDINGS (multiple)
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: ?
Answer with ADDITIONAL FINDINGS SUB-FIELD NUMBER, or LABEL:
.01 ADDITIONAL FINDINGS
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: .01
ADDITIONAL FINDINGS
-A- CONDITION: 'NULL <- "not null"
-B- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD:

IF: A// REMINDER DIALOG ADDITIONAL FINDINGS NOT NULL
DO YOU WANT THIS SEARCH SPECIFICATION TO BE CONSIDERED TRUE FOR CONDITION -A-
1) WHEN AT LEAST ONE OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFIES IT
2) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT
3) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT,
OR WHEN THERE ARE NO 'ADDITIONAL FINDINGS' MULTIPLES
CHOOSE 1-3: 1// 1
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD: ADDITIONAL FINDINGS (multiple)
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD:

THEN PRINT FIELD:
Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
2. Install the KIDS build. This build will only put the reminders and the dialogs into the Reminder Exchange file.

3. Review all the reminders and determine which ones should be activated at a site.

4. All sites should install the new reminders which have new terms, taxonomies and/or logic.

5. Sites who have not deployed reminders OR who have not made any modifications to National dialogs released in PXRM 1.5 patch 1005, do the following: (a) install all new reminder and dialogs, (b) link the dialog when prompted, (c) activate dialogs.

6. Site with deployed dialogs who have made local modifications to National Dialogs and/or who have local dialogs deployed, do the following:
   - Any modifications (particularly additional findings added to dialog elements) to the Nationally Deployed reminders might result in errors on install.

7. Modifications that will be overwritten when you install a dialog element, group of the same name from the exchange: (a) any populated field - resolution, finding item, dialog text, etc., (b) blank fields do not overwrite anything (so will not remove additional findings if you added them previously; this can cause errors on install and/or require manual updating).

8. Consider manually updating the dialogs.

1.7 Main Reminders Menu

The main reminders menu is called REMINDER CONFIGURATION and is found on the RPMS-EHR CONFIGURATION MENU (BEHOMENU). All setup is completed from this menu:
Reminder Configuration

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFM</td>
<td>Reminder Computed Finding Management</td>
</tr>
<tr>
<td>DEF</td>
<td>Reminder Definition Management</td>
</tr>
<tr>
<td>DLG</td>
<td>Reminder Dialog Management</td>
</tr>
<tr>
<td>EXC</td>
<td>Reminder Exchange</td>
</tr>
<tr>
<td>INF</td>
<td>Reminder Information Only Menu</td>
</tr>
<tr>
<td>PAR</td>
<td>Reminder Parameters</td>
</tr>
<tr>
<td>RPT</td>
<td>Reminder Reports</td>
</tr>
<tr>
<td>SPO</td>
<td>Reminder Sponsor Management</td>
</tr>
<tr>
<td>TAX</td>
<td>Reminder Taxonomy Management</td>
</tr>
<tr>
<td>TRM</td>
<td>Reminder Term Management</td>
</tr>
</tbody>
</table>

Figure 1-2: Options on Reminder Configuration menu
2.0 Reminder Definitions

Refer to RPMS Clinical Reminders Patch 1005 National Reminder Setup guide delivered with PXRM 1.5p1005 and the RPMS Clinical Reminders Managers Manual Setup and Maintenance guide.

2.1 Reminder Definition Menu (DEF)

Use the DEF option to view, edit, and copy reminders.

A site cannot edit national reminders; they will not show up on the list. However, they can be viewed using the option RI.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPY</td>
<td>Copy Reminder Definition</td>
</tr>
<tr>
<td>EDT</td>
<td>Add/Edit Reminder Definition</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire about Reminder Definition</td>
</tr>
<tr>
<td>LST</td>
<td>List Reminder Definitions</td>
</tr>
</tbody>
</table>

Figure 2-1: Options on the Reminder Definition Management menu

2.1.1 Inquire About Reminder Definitions (INQ)

Use the INQ option to select the reminder and display the data.

2.1.2 Copy Reminder Definition (CPY)

Use the CPY option to access the options on the Reminder Definition Management menu.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPY</td>
<td>Copy Reminder Definition</td>
</tr>
<tr>
<td>EDT</td>
<td>Add/Edit Reminder Definition</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire about Reminder Definition</td>
</tr>
<tr>
<td>LST</td>
<td>List Reminder Definitions</td>
</tr>
</tbody>
</table>

Figure 2-2: Options on the Reminder Definition Management menu

You can copy a national reminder and then edit that reminder. You cannot edit a national reminder. This allows you to change the ages, frequencies, or findings.
2.2 National Reminder Definitions - Changes

The following provides information the changes to the National Reminder Definitions.

2.2.1 IHS ALCOHOL SCREEN 2009

Denominator: All patients starting at age 13 years with no documented Alcohol Use Screening.

Definition (Frequency): Annually

LOGIC DETAIL:

Alcohol Use Screening Definition:
- V Exam 35 or Behavioral Health Module Alcohol Screening
- Measurements: V Measurement (PCC and BH) AUDC, AUDT, CRFT
- Health Factor with Alcohol/Drug Category (CAGE)
- ICD Codes: V POV V79.1
- Behavioral Health Module Diagnosis (POV) 29.1
- Patient Education Topics: V PATIENT ED or Behavioral Health Module AOD-SCR or CD-SCR

NOTE: Alcohol diagnoses (ICD Codes) do NOT meet this reminder.

Figure 2-3: Logic Detail

2.2.2 IHS-ASTHMA CONTROL 2009

Patients with asthma who do not have asthma Control documented in the past year. Asthma defined as:

1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.

Definition (Frequency): Annually.

LOGIC DETAIL:

Asthma Diagnosis:
- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A or H only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)
- Asthma Severity (Problem List Classification: category Asthma: 2-mild persistent, 3-moderate persistent, 4-severe persistent
- Active Asthma tag (iCare): Status Proposed or Accepted

Asthma Control:
- V Asthma Control, any value

Figure 2-4: Logic Detail
2.2.3 IHS-ASTHMA ACTION PLAN 2009
Patients with asthma who do not have a documented Action (Management) Plan in the past year. Asthma defined as:
1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.
4. last documented asthma control status “not well controlled” or “very poorly controlled” OR
5. history of asthma exacerbation in the past year; OR
6) at least one ER or Urgent Care visit in the past year with a primary diagnosis of asthma.
Definition (Frequency): Annually

LOGIC DETAIL:

Asthma Diagnosis:
- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A(mbulatory) or H(ospitalization) only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)
- Asthma Severity (Problem List Classification: category Asthma: 2-mild persistent, 3-moderate persistent, 4-severe persistent
- Active Asthma tag (iCare): Status Proposed or Accepted
- Control status: V Asthma Control values "not well controlled" or "very poorly controlled"

Asthma Exacerbation:
- Diagnosis (ICD Codes) (Service Category A(mbulatory) or H(ospitalization) only: V POV 493.01 EXT ASTHMA W STATUS ASTH; 493.02 EXTRINSIC ASTHMA, W ACUTE EXA; 493.11 INT ASTHMA W STATUS ASTH; 493.12 INTRINSIC ASTHMA, W ACUTE EXA; 493.21 CHR OBSTR ASTH WITH STAT ASTH; 493.22 CHR OBSTR ASTHMA W ACUTE EXA
- Emergency Room (ER) visit - Clinic code 30
- Urgent Care visit - Clinic code 80

Figure 2-5: Logic Detail

2.2.4 IHS-ASTHMA PRIM PROV 2009
Patients with asthma who do not have a Designated Primary Care Provider (DPCP) documented. Asthma defined as:
1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.
Definition (Frequency): As needed when no Designated Primary Care
Provider documented.

LOGIC DETAIL:

<table>
<thead>
<tr>
<th>Asthma Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A or H only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)</td>
</tr>
<tr>
<td>- Asthma Severity (Problem List Classification: category Asthma: 2-mild persistent, 3-moderate persistent, 4-severe persistent)</td>
</tr>
<tr>
<td>- Active Asthma tag (iCare): Status Proposed or Accepted</td>
</tr>
</tbody>
</table>

Designated Primary Care Provider:
- Designated Specialty Provider Management (DSPM): Provider role DPCP
- Patient File: Primary Care Provider

Figure 2-6: Logic Detail

2.2.5 IHS- ASTHMA RISK EXACERBATION

Patients with increased risk for asthma exacerbation, defined as:

1. Two or more ER, Urgent Care or inpatient visits in the last year (not on the same day) with a documented primary diagnosis of asthma; OR

2. One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent); OR

3. Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity 2, 3, or 4 (persistent); OR

4. At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least 2 weeks (14 days) before or after the ER/UC/inpatient visit.

Definition (Frequency): As needed.

LOGIC DETAIL:
Asthma Diagnosis:
- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A or H only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)

Asthma Severity - Problem List Classification: category Asthma Severity, any value

Emergency Room (ER) visit - Clinic code 30
Urgent Care visit - Clinic code 80
Inpatient (hospital) visit - Visit Service Category H

Oral Corticosteroids:
- Site defined Medications: V Medications in BGP RA GLUCOCORTICOIDs taxonomy
- VA Drug Class: V Medications as predefined in BGP RA GLUCOCORTICOIDs CLASS taxonomy

Figure 2-7: Logic Detail

2.2.6 IHS-ASTHMA SEVERITY 2009

Patients with asthma who do not have a documented Asthma Severity. Asthma defined as:

1. iCare active Asthma tag; OR
2. at least 3 instances of asthma primary diagnosis in the past 6 months.

LOGIC DETAIL:

Asthma Diagnosis:
- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A or H only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)

Asthma Severity - Problem List Classification: category Asthma Severity, any value: 1-intermittent, 2-mild persistent, 3-moderate persistent, 4-severe persistent
Asthma tag (iCare): Status Proposed or Accepted

Figure 2-8: Logic Detail

2.2.7 IHS-ASTHMA STEROID 2009

Patients with asthma who do not have a prescription in the past 6 months for inhaled corticosteroids. Asthma defined as:

1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.

Definition (Frequency): As needed when no current prescription.

LOGIC DETAIL:
Asthma Diagnosis:
- Diagnosis (ICD Codes) (not on same day, Primary dx only, and Service Category A or H only): V POV 493.00-493.92 (BGP ASTHMA DXS taxonomy)
- Asthma Severity (Problem List Classification: category Asthma: 2-mild persistent, 3-moderate persistent, 4-severe persistent
- Active Asthma tag (iCare): Status Proposed or Accepted

Inhaled Corticosteroids:
- Site defined Medications: V Medications in BAT ASTHMA INHALED STEROIDS taxonomy
- NDC (National Drug Codes: V Medications as predefined in BAT ASTHMA INHLD STEROIDS NDC taxonomy

**Figure 2-9: Logic Detail**

### 2.2.8 IHS-DENTAL VISIT

**Denominator:** All patients, all ages

**Definition (Frequency):** Annually

**LOGIC DETAIL:**

- **Dental Exam:**
  - V Dental ADA code 0000 or 0190
  - V Exam or Refusal: 30 Dental Exam
  - CHS visit with any ADA code

**Figure 2-10: Logic Detail**

### 2.2.9 IHS-DEPRESSION SCREEN 2009

All patients starting at age 18 years, without a documented mood disorder diagnosis in past year.

**Definition (Frequency):** Annually

**LOGIC DETAIL:**

- **Depression Screening:**
  - Exam: V Exam or Refusal 36 Depression Screening or Behavioral Health Module Depression Screening
  - ICD Codes: V POV V79.0
  - Patient Education Topics: V PATIENT ED or Behavioral Health Module DEP-SCR
  - Measurements: V Measurement PHQ2, PHQ9
  - Mood Disorders:
    - ICD Codes: V POV or BH diagnosis 291.89; 292.84; 293.83; 296*; 300.4; 301.13; 311 [BGP MOOD DISORDERS taxonomy]
    - BH Problem Codes: 14 or 15 Behavioral Health Module Diagnosis (POV) 14.

**Figure 2-11: Logic Detail**
2.2.10 IHS-DIAB ASPIRIN 2009
All patients with a diagnosis of diabetes should be evaluated to see if Aspirin therapy is appropriate. The reminder will be on if there is a diagnosis of diabetes in the past 2 years, no documented allergy to Aspirin and no current and filled Rx for Aspirin.

REMINDER DUE if patient has a diagnosis of diabetes in the past 2 years AND No documented allergy to Aspirin AND No current and filled RX for aspirin

Figure 2-12: Definition Detail

2.2.11 IHS-DIABETES SCREENING
All patients starting at age 18 years without a documented diagnosis of Diabetes on the Problem List.
Definition (Frequency): Every 3 years

LOGIC DETAIL:

Diabetes:
- Diagnosis (ICD Codes): Problem List 250.00-250.93 [DM SURVEILLANCE DIABETES taxonomy]

Blood Glucose Lab Test:
- Site defined Lab Tests: V Lab site defined tests in DM AUDIT GLUCOSE TESTS TAX
- LOINC codes: V Lab as predefined in APCH SCREENING GLUCOSE LOINC TAX

Figure 2-13: Logic Detail

2.2.12 IHS-DOMESTIC VIOLENCE 2009
Female patients starting at age 15.
Definition (Frequency): Annually

LOGIC DETAIL:

Domestic Violence/IPV Screening:
- Exam Codes: V Exam 34 or Behavioral Health Module IPV/DV Exam

Figure 2-14: Logic Detail

2.2.13 IHS-EPSDT EVALUATION
All patients starting on the date of birth through 20 years
Definition (Frequency): Total of 5 times at scheduled intervals:
1. Birth through 12 months
2. 1 through 4 years
3. 5 through 11 years
4. 12 through 17 years
5. 8 through 20 years

LOGIC DETAIL:

<table>
<thead>
<tr>
<th>EPSDT Screening Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Procedures (CPT Codes): V CPT</td>
</tr>
<tr>
<td>- Age less than 1 year: New Patient 99381; Established Patient 99391</td>
</tr>
<tr>
<td>- Age 1 through 4 years: New Patient 99382; Established Patient 99392</td>
</tr>
<tr>
<td>- Age 5 through 11 years: New Patient 99383; Established Patient 99393</td>
</tr>
<tr>
<td>- Age 12 through 17 years: New Patient 99384; Established Patient 99394</td>
</tr>
<tr>
<td>- Age 18 through 20 years: New Patient 99385; Established Patient 99395</td>
</tr>
</tbody>
</table>

Figure 2-15: Logic Detail

2.2.14 IHS-FUNCTIONAL ASSESSMENT

All patients starting at age 55 years

Definition (Frequency): Annually

LOGIC DETAIL:

<table>
<thead>
<tr>
<th>Any non-null values in V Elder Care for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one of the following ADL fields: toileting; bathing; dressing; transfers; feeding or continence</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>At least one of the following IADL fields: finances; cooking; shopping; housework/chores; medications or transportation.</td>
</tr>
</tbody>
</table>

Figure 2-16: Logic Detail

2.2.15 IHS-H1N1 IMMUN 2009

All patients over 6mos of age who need to get an H1N1 vaccination.

REMINDER DUE if immunization forecaster indicated H1N1 vaccine is due

Figure 2-17: Definition Detail

2.2.16 IHS-HEARING TEST 2009

All patients at age 4 with no documented hearing test from ages 3 to 4 years.
Definition (Frequency): One time. This reminder will continue to appear for patients through age 7 years, until the test is documented.

LOGIC DETAIL:

Hearing Test:
- Exam Codes: V Exam 17-HEARING (Inactive), 23-AUDIOMETRIC (Inactive), 24-AUDIOMETRIC THRESHOLD (Inactive)
- Screening Diagnosis (ICD Codes): V POV V72.11, V72.19
- Measurements: V Measurement HEARING or AUDIOMETRY
- Procedures (CPT Codes): V CPT 92553, 92552, 92555, 92556

Figure 2-18: Logic Detail

2.2.17 IHS-MAMMOGRAM 2009
All females starting at age 50 years through age 69 years.
Definition (Frequency): Annually

LOGIC DETAIL:

The due date is derived by comparing any PCC data to any Women's Health application. If a BREAST TX Need is documented in WH, the date is compared to the most recent PCC procedure (V Rad, V CPT, V POV or V Procedure), if any. If the WH due date is greater than the PCC date, use the WH date. If no WH procedure or procedure date exists, the due date is calculated from the most recent PCC procedure, if any. Otherwise the procedure is due Now.

Mammogram:
Diagnosis (ICD Codes): V76.11, V76.12 [BGP MAMMOGRAM ICDS taxonomy]
- Procedures (CPT Codes): V Radiology or V CPT: 76083 (old code) 76090-76092, (old codes) G0206, G0204, G0202 [BGP CPT MAMMOGRAM taxonomy]
- Procedures (ICD Codes): V Procedures 87.36, 87.37 [BGP MAMMOGRAM PROCEDURES taxonomy]
- Women's Health (BW) Procedure: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat

Figure 2-19: Logic Detail

2.2.18 IHS-OSTEOPOROSIS SCREENING
All female patients starting at age 65 years with no documented history of osteoporosis.
Definition (Frequency): Biannually (every two years)

LOGIC DETAIL:
Osteoporosis Screening Definitions:
- Procedures (CPT Codes): V CPT 76070-76076; 76977; 77078-77081; G0130
  [BGP OSTEO SCREEN CPTS taxonomy]
- Procedures (ICD Codes): V Procedure 88.98 (Quantitative CT); V82.81
  (Special screening for other conditions, Osteoporosis)

Osteoporosis Diagnosis:
Diagnosis (ICD Codes): POV 733.* [BGP OSTEOPOROSIS DXS]

2.2.19 IHS-PAP SMEAR 2009
All females without a history of a hysterectomy starting at age 18 years.
Definition (Frequency): Every 3 years
LOGIC DETAIL:

Last Pap Smear from PCC is retrieved. The Women's Health application is then checked. If there is a CX TX need documented, compare that to PCC. If the date is greater than the date displayed in PCC, use the date from the WH package as the "Last Done" date. If no date or unknown in WH, the due date is calculated from the most recent PCC procedure, if any. Otherwise the procedure is due Now.

Pap Smear:
- LOINC codes: V Lab as predefined in BGP PAP LOINC CODES taxonomy
- Diagnosis (ICD Codes): V POV V67.01; V76.2; V72.31; V72.32; V72.3; V76.47; 795.06 [BGP PAP SMEAR DXS taxonomy]
- Procedures (ICD Codes): V Procedure 91.46 [BGP PAP PROCEDURES taxonomy]
- Procedures (CPT codes): V CPT 88141-88167; 88174-88175; G0101; G0123; G0124; G0141; G0143; G0145; G0147; G0148; P3000; P3001; Q0091 [BGP CPT PAP taxonomy]
- Women's Health Procedures: PAP SMEAR

Hysterectomy:
- Procedures (ICD Codes): V Procedure 68.4-68.8 [BGP HYSTERECTOMY PROCEDURE taxonomy]
- Procedures (CPT codes): V CPT 51925; 56308 (old code); 58150; 58152; 58200-58294; 58458; 58550-58554; 58951; 58953-58954; 58956; 59135 [BGP HYSTERECTOMY CPTS taxonomy]
- Diagnosis (ICD Codes): V POV 618.5 Site defined Lab Tests: V Lab site defined tests in [BGP PAP SMEAR TAX]

2.2.20 IHS-SENIOR VISION 2009
All patients starting at age 65 years.
LOGIC DETAIL:

Visual Acuity Exam:
- Exam Codes: V Exam 19 Vision Exam (Inactive)
- Measurements: V Measurement VU VISION UNCORRECTED or VC VISION CORRECTED
2.2.21  IHS-TOBACCO SCREEN 2009

All patients starting at age 13 years

Definition (Frequency): Annually

LOGIC DETAIL:

Tobacco Screening:
- Health Factors: V Health Factor in any category TOBACCO
- Diagnoses (ICD Codes): V POV or Problem List 305.1; 305.1* (old codes);
  649.00-649.04; V15.82 [BGP GPRA SMOKING DXS taxonomy]
- V Dental: ADA 1320
- Procedures (CPT Codes): V CPT 1034F; 1035F; 1036F [BGP TOBACCO USE CPTS
  taxonomy] or 99406; 99407; G0375 (old code); G0376 (old code) [BGP
  TOBACCO SCREEN CPTS taxonomy]

2.2.22  IHS-COLON CANCER 2010

All patients starting at age 50.

Definition (Frequency) Depends on the type of procedure done.

LOGIC DETAIL:

This reminder is built around the most common screening tool - fecal
testing. More invasive screening tools (barium enema, sigmoidoscopy, and
colonoscopy) remove the patient from the requirement for yearly fecal
testing then restore them to the requirement 9 years 9 months after
colonoscopy, 4 years 9 months after sigmoidoscopy or BE. This differs
from previously released reminder due to a software defect in the
handling of rank frequency used in resolution logic. The fix to that
defect is in development.

Sites should alert providers that the Colon Cancer Screening Fecal will
show as "not applicable" if there is a diagnosis of colon cancer
(unchanged from prior release), sigmoidoscopy/barium enema in past 4yr
9mo (change from from prior release).

The dialog still offers the opportunity to enter historical colonoscopy
and order colonoscopy.

REMINDER APPLICABLE if age 51-80
- and no history of neoplasm of the colon
-and no evidence of colonoscopy in past 9yrs 9mos
-and no evidence of sigmoidoscopy or barium enema in past 4yrs 9mos

REMINDER DUE if no Fecal test done in past year
REMINDER ON if due within 3 months

REMINDER RESOLVED
-Fecal test resulted
-Colonoscopy done (status N/A for 9yrs 3mos)
-Sigmoidoscopy or barium enema (status N/A for 4yrs 9mos)

REMINDER RESOLVED
-Fecal test resulted
-Colonoscopy done (status N/A for 9yrs 9mos)
-Sigmoidoscopy or barium enema (status N/A for 4yrs 9mos)
3.0 Reminder Exchange

The instructions below are on how to install the national reminders. Installation of patch 1007 will put the reminders into the REMINDER EXCHANGE file. The clinical application coordinator should then install them using REMINDER EXCHANGE.

3.1 Install the Reminder

Start in the Reminder Configuration menu. Choose Reminder Exchange (EXC).

![Reminder Configuration](image)

**Figure 3-1: Options on Reminder Configuration menu**

Below is how the Exchange File Entries are managed in the GUI.

![Clinical Reminder Exchange](image)

**Figure 3-2: Sample Clinical Reminder Exchange window**

The reminder should be visible in exchange. Use IFE – Install Exchange File Entry.
Enter the number of the IHS-DEPRESSION SCREEN 2009 to install.

Select Action: (IFE/DFE/IH): IFE//

Figure 3-3: Sample Exchange File Components window

Two choices, IA or IS. Choose IA to install all components.

As you install, you will be asked what you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.

**Take all the defaults as you load the reminder** unless you have loaded a previous version of reminders. then, always re-install the reminder itself.

**EXAMPLE:** Computed finding already exists on the system.

```
Routine BPXRMPCC already EXISTS, *NEVER overwrite a routine through the exchange!*
but packed routine is different, what do you want to do?

Select one of the following:

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

Enter response: S// <SKIP DO NOT REINSTALL THIS ENTRY>

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 already EXISTS,
```
what do you want to do?

Select one of the following:

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

Enter response: S// <- SKIP (if it is new then it will default to I to install)

Figure 3-4: Example of computed finding already on system

3.2 Install the Dialog

The second part is to install the dialog pieces. At the top left, the computer tells you that you are looking at the Dialog Components. Choose **IA**: Install ALL

![Sample Dialog Components window](image)

Figure 3-5: Sample Dialog Components window

One of the prompts will often ask you which reminder to which to attach the dialog.

The dialogs and the reminders have the same name so they can be easily linked.

After installing, make sure that there is an X under the Exists column on the screen.
3.3 Quick Orders in Dialogs

Several of the dialogs allow the user to order items. When you are installing the dialogs, the computer will ask you to replace the “quick order” that comes in the reminder with one at your site unless you have a quick order with the same name. Make sure you have quick orders for these items already created, or a list of your local quick orders, when you load the reminder.

You may replace any quick order for a menu on install. For instance, if you want to have a small menu so the provider can choose between Screening and Diagnostisc Mammograms, then you could create a menu called ORZM MAMMOGRAM FOR REMINDERS and place both options on the menu. You could do this also with Dexascan – if you wish to offer your clinicians DXA, SXA for example you could create a menu called ORZM BONE DENSITY TESTS FOR REMINDERS and place the options on the menu. When you install the dialog, if you do not have the exact quick order name you will be offered a choice to replace it with your local.

If not, you can choose to either exit installing the dialog or just not install that dialog element. If your site does not do mammograms, that would be the correct choice.

ORZ FOBT for fecal occult blood laboratory test
GMRCZ COLONOSCOPY for a colonoscopy consult
LRZ GLUCOSE OUTPT – for diabetes screening
LRZSET STD WITH PAP – An order set of pap smear and other STD lab tests
LRZSET PAP – Pap smear test(s)
ORZ DEXASCAN - for osteoporosis screening (consult or radiology)
ORZ MAMMOGRAM – for mammography (consult or radiology)

3.4 Activate the Dialog

All dialogs are inactive if they are loaded in reminder exchange.

It is important to remember to active the dialog before using it in the RPMS-EHR application.

<table>
<thead>
<tr>
<th>Reminder Configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFM</td>
</tr>
<tr>
<td>DEF</td>
</tr>
<tr>
<td>DLG</td>
</tr>
<tr>
<td>EXC</td>
</tr>
<tr>
<td>INF</td>
</tr>
<tr>
<td>PAR</td>
</tr>
<tr>
<td>RPT</td>
</tr>
<tr>
<td>SPO</td>
</tr>
</tbody>
</table>
3.4.1 Reminder Dialog Management (DLG)

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

![Reminder Dialog Management]

**Figure 3-7: Options on the Reminder Dialog Management menu**

3.4.2 Reminder Dialogs (DLG)

Use the DLG option to access the Reminder View window.

![Reminder Dialogs]

Choose CV and then choose D for dialogs.
Choose the number of the item you wish to edit.

1. Select the dialog. It will say Disabled instead of Linked

9. Choose ED (Edit/Delete Dialog)

10. The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace

11. Enter @ to delete this and say YES when it asks SURE YOU WANT TO DELETE?
12. Then you can use the ^ to quit editing. The dialog should now say Linked.

3.4.3 Dialog Doesn’t Link Automatically

If you see a NONE under the source reminder after uploading from reminder exchange, follow these steps:

1. Enter the number of the reminder to edit.

13. Type E to edit the reminder at the “Select Item” prompt (as shown below).

```
Select Sequence: Next Screen// e Edit/Delete Dialog
NAME: IHS-ALCOHOL SCREEN/
```

Figure 3-12: Indicating the Name to delete/edit

14. Remove the DISABLE data (as shown below).

```
DISABLE: DISABLED IN EXCHANGE Replace @
SURE YOU WANT TO DELETE? Yes
```

Figure 3-13: Delete process

15. Enter the Source Reminder – Reminders and dialogs have the same name (as shown here).
Figure 3-14: Reminders and dialogs have the same name
4.0  Reminder Taxonomy Management

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies in patch 5 of PXRM 1007 that will be installed through the exchange.

4.1  Reminder Taxonomies Released in Previous Patches

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

***A site might need to make its own taxonomy if the import does not work***

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail. Refer to Section 11.0 of the Clinical Reminders Patch 1005 National Reminder Set Up guide.

4.1.1  IHS-ASTHMA 2007

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

Figure 4-1: IHS-ASTHMA 2007

4.1.2  IHS-BILATERAL MASTECTOMY 2008

Patient Data Source:
EN, PL, IN

<table>
<thead>
<tr>
<th>Code Sets:</th>
<th>ICD9 RANGE</th>
<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW</td>
<td>HIGH</td>
<td>LOW</td>
</tr>
<tr>
<td></td>
<td>85.42</td>
<td>85.42</td>
<td>85.44</td>
</tr>
</tbody>
</table>

Figure 4-2: IHS-BILATERAL MASTECTOMY 2008

4.1.3  Taxonomies for IHS-COLON CANCER 2009

The following provides information the various taxonomies for colon cancer.
4.1.3.1 IHS-BARIUM EMENA

Patient Data Source:
EN, PL, IN

Code Sets:
<table>
<thead>
<tr>
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<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
</tr>
</thead>
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<td>LOW</td>
</tr>
<tr>
<td>74270</td>
<td>74280</td>
<td>74270</td>
</tr>
<tr>
<td>G0106</td>
<td>G0106</td>
<td>G0106</td>
</tr>
<tr>
<td>G0120</td>
<td>G0120</td>
<td>G0120</td>
</tr>
</tbody>
</table>

Figure 4-3: 4.1.3.1 IHS-BARIUM EMENA

4.1.3.2 IHS-COLONOSCOPY 2007

Patient Data Source:
EN, PL, IN

Code Sets:
<table>
<thead>
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<th>ICD9 RANGE</th>
<th>ICD0 RANGE</th>
<th>CPT RANGE</th>
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</thead>
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</tr>
<tr>
<td>45.22</td>
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</tr>
<tr>
<td>76.51</td>
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<tr>
<td>44388</td>
<td>44394</td>
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<tr>
<td>G0120</td>
<td>G0120</td>
<td>G0120</td>
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</tbody>
</table>

Figure 4-4: 4.1.3.2 IHS-COLONOSCOPY 2007

4.1.3.3 IHS-COLORECTAL CANCER

Patient Data Source:
EN, PL

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<td>V10.05</td>
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Figure 4-5: IHS-COLORECTAL CANCER

4.1.3.4 IHS-FECAL OCCULT LAB TEST

Patient Data Source:
EN, PL

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Patch 1007 National Reminder Update
April 2010
Reminder Taxonomy Management
27
4.1.3.5 IHS-SIGMOIDOSCOPY

<table>
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<th>Patient Data Source:</th>
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Figure 4-7: IHS-SIGMOIDOSCOPY

4.1.4 IHS-DIABETES 2007

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

| Code Sets: |
| ICD9 RANGE | ICD0 RANGE | CPT RANGE |
| LOW        | HIGH       | LOW       |
| 250.00     | 250.93     |           |

Figure 4-7: IHS-SIGMOIDOSCOPY

4.2 Updated and New Reminder Taxonomies

The following are the updated and new reminder taxonomies in patch 6 of PXRM 1007 that will be installed through the exchange.

***A site might need to make its own taxonomy if the import does not work***

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail. Refer to Section 11.0 of the Clinical Reminders Patch 1005 National Reminder Set Up guide.
### 4.2.1 IHS-DIABETES PROBLEMS ONLY

**Patient Data Source:**
- PL

**Code Sets:**

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<td>LOW</td>
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<td>250.93</td>
<td>LOW</td>
</tr>
</tbody>
</table>

Figure 4-8: 4.2.1 IHS-DIABETES PROBLEMS ONLY

### 4.2.2 IHS-HYSTERECTOMY 2009

**Patient Data Source:**
- EN, PL, IN

**Code Sets:**

<table>
<thead>
<tr>
<th>Code Set</th>
<th>ICD9 Range</th>
<th>ICD0 Range</th>
<th>CPT Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW</td>
<td>HIGH</td>
<td>LOW</td>
</tr>
<tr>
<td>IHS-HYSTERECTOMY 2009</td>
<td>68.4</td>
<td>68.9</td>
<td>LOW</td>
</tr>
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</table>

Figure 4-9: IHS-HYSTERECTOMY 2009

### 4.2.3 IHS-OSTEOPOROSIS DX

**Patient Data Source:**
- EN, PL

**Code Sets:**

<table>
<thead>
<tr>
<th>Code Set</th>
<th>ICD9 Range</th>
<th>ICD0 Range</th>
<th>CPT Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOW</td>
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<td>LOW</td>
</tr>
<tr>
<td>IHS-OSTEOPOROSIS DX</td>
<td>733.00</td>
<td>733.99</td>
<td>LOW</td>
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</table>

Figure 4-10: IHS-OSTEOPOROSIS DX
4.2.4 IHS-BILATERAL MASTECTOMY 2008

<table>
<thead>
<tr>
<th>Patient Data Source:</th>
<th>EN, PL, IN</th>
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</thead>
<tbody>
<tr>
<td>Code Sets:</td>
<td></td>
</tr>
<tr>
<td>ICD9 RANGE</td>
<td>ICD0 RANGE</td>
</tr>
<tr>
<td>LOW  HIGH</td>
<td>LOW  HIGH</td>
</tr>
<tr>
<td>85.42  85.42</td>
<td>85.42  85.44</td>
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<tr>
<td>Figure 4-11: IHS-BILATERAL MASTECTOMY 200</td>
<td></td>
</tr>
</tbody>
</table>

4.2.5 IHS-MAMMOGRAM 2008

<table>
<thead>
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<th>EN, PL, IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Sets:</td>
<td></td>
</tr>
<tr>
<td>ICD9 RANGE</td>
<td>ICD0 RANGE</td>
</tr>
<tr>
<td>LOW  HIGH</td>
<td>LOW  HIGH</td>
</tr>
<tr>
<td>V76.11  V76.12</td>
<td>87.36  87.36</td>
</tr>
<tr>
<td>87.37  87.37</td>
<td>G0204  G0204</td>
</tr>
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<td>Figure 4-12: IHS-MAMMOGRAM 2008</td>
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</tbody>
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4.2.6 IHS-PAP CODES 2008

<table>
<thead>
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<th>Patient Data Source:</th>
<th>EN, PL, IN</th>
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</thead>
<tbody>
<tr>
<td>Code Sets:</td>
<td></td>
</tr>
<tr>
<td>ICD9 RANGE</td>
<td>ICD0 RANGE</td>
</tr>
<tr>
<td>LOW  HIGH</td>
<td>LOW  HIGH</td>
</tr>
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<td>V76.47  V76.47</td>
<td>91.46  91.46</td>
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<td>V76.49  V76.49</td>
<td>Q0091  Q0091</td>
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<tr>
<td>V72.3  V72.3</td>
<td>88174  88175</td>
</tr>
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<td>V76.2  V76.2</td>
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</tr>
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<td>Figure 4-13: IHS-PAP CODES 2008</td>
<td></td>
</tr>
</tbody>
</table>
5.0 Reminder Term Management (TRM)

Refer to RPMS Clinical Reminders Patch 1005 National Reminder Setup guide delivered with PXRM 1.5p1005 and the RPMS Clinical Reminders Managers Manual Setup and Maintenance guide.

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

Figure 5-1: Options for Reminder Term Management

5.1 Updated Reminder Terms

The following are updated reminder terms in PXRM 1.5p1007.

5.1.1 IHS-ASPIRIN

5.1.2 IHS-FECAL OCCULT BLOOD

5.1.3 IHS-H1N1 IMMUNIZATION

5.1.4 IHS-LIPID LAB TESTS
6.0 Reminder Computed Findings

The following provides information about new or changed computer findings.

6.1 Previously Released or Changed Computed Findings

IHS-ALLERGY EGG
IHS-ALLERGY ASPIRIN 2009

6.2 New Immunization Computed Finding

The immunization computed finding looks at the Immunization Forecaster to return whether the patient is due for a particular immunization. For this to function properly you must have your Immunization package set up properly. Please refer to the Immunization Package (BI) documentation.

IHS-H1N1

6.3 New Computed Findings

These computed findings look in the Health Summary package – both PCC Health Maintenance Reminders and PCC Best Practices Prompts. For this to function properly, you must properly set up the taxonomies associated with this package. To test functionality, you should activate and set these up on a test health summary. Please refer to the BJPC 2.0 documentation.

IHS-ALCOHOL 2009
IHS-ASTHMA CONTROL
IHS-ASTHMA EXACERBATION
IHS-ASTHMA PLAN
IHS-ASTHMA PRIMARY
IHS-ASTHMA SEVERITY
IHS-ASTHMA STEROIDS
IHS-DENTAL 2009
IHS-DEPRESSION 2009
IHS-DIABETES 2009
IHS-EPSDT 2009
IHS-FUNCTION 2009
IHS-HEARING 2009
IHS-IPVS 2009
IHS-MAMMOGRAM 2009
IHS-OSTEO 2009
IHS-PAP 2009
IHS-TOBACCO 2009
IHS-VISION 2009

RPMS Taxonomies used in Computed Finding logic that returns findings from PCC Health Maintenance Reminders and Best Practices Prompts. (Refer to BJPC 2.0 documentation)

APCH SCREENING GLUCOSE LOINC
BAT ASTHMA INHALED STEROIDS
BAT ASTHMA INHLD STEROIDS NDC
BGP ASTHMA DXS
BGP CPT MAMMOGRAM
BGP GPRA SMOKING DXS
BGP MAMMOGRAM ICDS
BGP MAMMOGRAM PROCEDURES
BGP MOOD DISORDERS
BGP OSTEOPOROSIS DXS
BGP RA GLUCOCORTICOIDS
BGP RA GLUCOCORTICOIDS CLASS
BGP TOBACCO SCREEN CPTS
BGP TOBACCO USE CPTS
DM AUDIT GLUCOSE TESTS TAX
DM SURVEILLANCE DIABETES
7.0 National Reminder Dialogs

The dialogs were not changed for those reminders with 2009 in them. Most of the dialogs were updated in patch 1005 and those dialogs were renamed for 2009 so that it would be easy to enter them but there data was not changed. Dialogs that have significant changes in them or new dialogs are displayed below.

7.1 Asthma Management Plan

Asthma management was changed to an education topic so this reminder dialog was updated to store this asthma data.

![Figure 7-1: Reminders Resolution Asthma Management Plan window]

7.2 Dental Visit

The dental visit reminder does have a place to enter a dental exam if it cannot be captured through a dental code visit or through other codes. This would mainly be used when seeing a dentist outside the facility.
7.3 Senior Vision

The following window captures data entered into the V measurement file.
7.4 Osteoporosis Screen

This dialog is intended to capture the screening test done and education given.

![Reminder Resolution: Osteoporosis Screening](image)

Figure 7-4: Reminder Resolution Osteoporosis Screening window

7.5 Mammogram

The mammogram dialog contains orders for mammograms, education given and documentation for historical entries.
7.6 Colon Cancer

The colon cancer reminder allows documentation of blood tests, colonoscopy, and education given to the patient.
7.7 **EPSDT**

This is information only on the E&M codes needed for this reminder.
Clinical Reminders (PXRM) v1.5

Figure 7-7: Reminder Resolution EPSDT Evaluation

7.8 Pap Smear

Document pap smear as lab data or historical paps.

Figure 7-8: Reminder Resolution Pap Smear
7.9 **Diabetes Screening**

Quick order for entry of laboratory glucose test.

![Reminder Resolution: Diabetes Screening](image)

Figure 7-9: Reminder Resolution Diabetes Screening
7.10 H1N1 IMMUNIZATION

Figure 7-10: Reminder Resolution H1N1 Immunization

7.11 Adding Quick Orders

Several of these reminders will be using Quick Orders in the dialogs.

Sites can either:

- Create quick orders with the same names as the ones in the dialogs
- Replace the quick order (or quick order menu) in the dialog with one they are currently using at their site
- Remove the quick order from the dialog.

Which action the site chooses to make will depend on how they handle the process or if the exam is currently performed at the site (e.g., mammograms or Dexascans).

The quick orders in this patch are

- ORZ FOBT for fecal occult blood laboratory test
- GMRCZ COLONOSCOPY for a colonoscopy consult
- LRZ GLUCOSE OUTPT – for diabetes screening
- LRZSET STD WITH PAP – An order set of pap smear and other STD lab tests
- LRZSET PAP – Pap smear test(s)
- ORZ DEXASCAN - for osteoporosis screening (consult or radiology)
- ORZ MAMMOGRAM – for mammography (consult or radiology)
8.0 EHR Reminder Configuration

Follow these steps.

1. Reminder the reminders that will replaced from the GUI list - you don’t want to have two reminders for the same item.

2. Select the reminders with the date 2009 from the left column and add them to the GUI list.

---

Note: Remove from the “System Level Reminders” (in the Editing Cover Sheet Reminder for System group box).

---
Clinical Reminders and Reminder Categories Displayed on Cover Sheet window

**Note:** Move highlighted item in “Available Reminders & Categories” group box to the System Level Reminders group box.

3. When the new reminder are active, inactive the old dialogs.

Dialog Edit List window

Figure 8-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet window

Figure 8-3: Dialog Edit List window
4. You can also choose to inactivate the old reminders if desired. Because this option was missed on the new menus, you will need to use the old reminder manager menu to do it.

```
Select Reminder Managers Menu Option: RM  Reminder Definition Management

RL  List Reminder Definitions
RI  Inquire about Reminder Definition
RE  Add/Edit Reminder Definition
RC  Copy Reminder Definition
RA  Activate/Inactivate Reminders

Figure 8-4: Options on the Reminder Definition Management menu
```

5. Use the RE option.

```
Select Reminder Definition Management Option: RE  Add/Edit Reminder Definition

Select Reminder Definition
RL  List Reminder Definitions
RI  Inquire about Reminder Definition
RE  Add/Edit Reminder Definition
RC  Copy Reminder Definition
RA  Activate/Inactivate Reminders

Select REMINDER DEFINITION NAME: IHS-DEPRESSION
1  IHS-DEPRESSION SCREEN       NATIONAL
2  IHS-DEPRESSION SCREEN 2008   NATIONAL
3  IHS-DEPRESSION SCREEN 2009   LOCAL

CHOOSE 1-3: 2  IHS-DEPRESSION SCREEN 2008   NATIONAL
INACTIVE FLAG: YES

Figure 8-5: Using the RE option
```
9.0 Reminder Test

Refer to RPMS Clinical Reminders Patch 1005 National Reminder Setup guide delivered with PXRM 1.5, patch1005 and the RPMS Clinical Reminders Managers Manual Setup and Maintenance guide for instructions on testing reminders.
10.0 Reminders Due

Follow these steps:

1. Log into the RPMS-EHR application. If you were already logged on, you will need to log off and then log back on again.

2. Pick a patient who would have one of the reminders due.

   The reminder alarm clock should be RED in someone with a reminder due.
   If you click on the alarm clock, you should see a list of reminders due.
   Right-click on the reminder due and review any of the options in the drop-down menu

3. Be sure to check all the reminders before adding them to the system level.

10.1 Reminders on Cover Sheet

Below shows Reminders on Cover Sheet.

![Reminders Table]

Figure 10-1: Sample Reminders on Cover Sheet

10.2 Reminders Icon

The reminder icon is an alarm clock. The clock appears red if reminders are due and blue if there is nothing due. This displays when a reminder is due and when it was last done.
Figure 10-2: View of RPMS-EHR application

Click on the reminder icon (in the toolbar) to open up the list of items to view.
Right-click on any item in the list and there will be a selection of items from which to choose.

### 10.2.1 Clinical Maintenance

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

The new reminders have only 1 finding and that is the computed finding. All of the logic is done by this routine.

<table>
<thead>
<tr>
<th>IHS-EPSDT EVALUATION</th>
<th>No. 105</th>
</tr>
</thead>
<tbody>
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<td>Print Name:</td>
<td>EPSDT Evaluation</td>
</tr>
<tr>
<td>Class:</td>
<td>NATIONAL</td>
</tr>
<tr>
<td>Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
<tr>
<td>Usage:</td>
<td>CPRS, DATA EXTRACT, REPORTS</td>
</tr>
<tr>
<td>Related VA-* Reminder:</td>
<td></td>
</tr>
<tr>
<td>Reminder Dialog:</td>
<td>IHS-EPSDT EVALUATION</td>
</tr>
<tr>
<td>Priority:</td>
<td></td>
</tr>
<tr>
<td>Reminder Description:</td>
<td>Reminder for a preventive medicine evaluation for those under 20</td>
</tr>
<tr>
<td>Technical Description:</td>
<td>Uses PCC API to evaluate logic</td>
</tr>
<tr>
<td>Edit History:</td>
<td></td>
</tr>
<tr>
<td>Edit date:</td>
<td>Aug 05, 2009@13:31:40</td>
</tr>
<tr>
<td>Edit by:</td>
<td>HAGER, MARY G</td>
</tr>
<tr>
<td>Baseline Frequency:</td>
<td></td>
</tr>
</tbody>
</table>

Applicable: Due every 1 year for ages 5Y to 11Y within cohort.
REMINDER DUE if NO Health Factors in category TOBACCO OR Diagnoses (ICD codes) $< FT$ or problem list 305.1; 540.90-549.04, V15.02 OR V dental: ADA 1320 OR Procedures (CPT Codes) 10357, 10367, 99406, 60375, 60376
REMINDER ON if due within 3 months
Resolution: Last done 05/20/2009
05/20/2009 Computed Finding: ; HF: SMOKER IN HOME

Figure 10-4: Sample Clinical Maintenance window
Do In Advance Time Frame: Do if DUE within 3 months
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 1 year for ages 7D to 21Y
Match Text:
No Match Text:

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

General Patient Cohort Found Text:
REMINDER DUE: Total of 5 times at scheduled intervals: Age less 1 yr: New Pt code 99381, Established pt 99391 Age less 1-4 yr: New Pt code 99382, Established pt 99392 Age less 5-11 yr: New Pt code 99383, Established pt 99393 Age less 12-17 yr: New Pt code 99384, Established pt 99394 Age less 18-20 yr: New Pt code 99385, Established pt 99395
REMINDER ON: 3 months before due

General Patient Cohort Not Found Text:
General Resolution Found Text:
General Resolution Not Found Text:
Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient: (SEX)&(AGE)

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

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

Expanded Resolution Logic:
FI(IHS-EPSDT 2009)

Web Sites:

Figure 10-5: Sample Reminder Inquiry for EPSDT

10.2.3 Look at the Reminder Icons

Below explains the various Reminder icons.
10.3 Reminders in Health Summary

You can also view the Reminders in Health summary on the Reports tab.

Users can either create a VA Health Summary type for reminders as below, or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Sites will need to have installed the HEALTH SUMMARY COMPONENTS (BHS) package before they can use VA Health Summary. Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

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

Figure 10-6: Reminders Tab on Icon Legend dialog
Figure 10-7: Sample Health Summary Reminders on Report tab
11.0 **Appendix A - National Reminders Information**

The following provides information about National Reminders.

11.1 **National Reminders List**

The following table is the up-to-date list of currently release EHR (Clinical) Reminders with a list of taxonomies, terms, computed findings (CF’s), Quick Orders, and Objects in each, and in which the patch was released with a link to documentation about the specific patch.

The RPMS taxonomies are shown in next table.

<table>
<thead>
<tr>
<th>Reminder</th>
<th>PXRM 1.5 Patch</th>
<th>Reminder Taxonomies</th>
<th>Reminder Term</th>
<th>CF’s</th>
<th>Quick Orders</th>
<th>Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ALCOHOL SCREEN 2009</td>
<td>1007</td>
<td>***RPMS taxonomies</td>
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<td>IHS-ALLERGY</td>
<td>1005</td>
<td>PCALLERGY</td>
<td>IHS-ALCOHOL 2009</td>
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<td></td>
</tr>
<tr>
<td>IHS-ASTHMA CONTROL 2009</td>
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</tr>
<tr>
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<td>IHS-ASTHMA 2007</td>
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<td>Reminder Term</td>
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<td>Objects</td>
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<td>IHS-BLOOD PRESSURE</td>
<td>IHS-HIGH DIASTOLIC IHS-HIGH BP 2007</td>
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<tr>
<td>IHS-COLON CANCER 2009</td>
<td>IHS-FECAL OCCULT BLOOD</td>
<td>ORZ FOBT GMRCZ COLONOCOPY</td>
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<td>IHS-DENTAL VISIT 2009</td>
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<td>IHS-ACE/ARB</td>
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<td>IHS-DIAB ASPIRIN 2009</td>
<td>IHS-ASPIRIN</td>
<td>IHS-ALLERGY ASPIRIN 2009 PSOZ ASPIRIN (EC) 81MG DAILY</td>
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## 11.2 RPMS Taxonomies

The following table provides a list of Reminder Taxonomies, Reminder Terms, Reminder Computed Findings, and the RPMS Taxonomies.

In the last column are the taxonomies in the Health Maintenance Reminders and Best Practice Prompts. Reminder Computer Findings use this logic to resolve reminders. If your reminders are not resolving properly, check the taxonomies in the last column. Refer to the BJPC 2.0 documentation.

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April 2010

Appendix A - National Reminders Information

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12.0 Appendix B: Rules of Behavior

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

12.1 All RPMS User

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).

12.1.1 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.

12.1.2 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).

12.1.3 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 polices and procedures prior to interconnection to or transferring data from RPMS.
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout 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.
• Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

12.1.4 Accountability

Users Shall:

• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout 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.
• Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

12.1.5 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

12.1.6 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.

12.1.7 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.

12.1.8 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.

12.1.9 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.

12.1.10 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.

Users Shall Not:

• 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.

12.1.11 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:

• Do not eat or drink near system equipment

12.1.12 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.

12.1.13 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

12.2 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.

• 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.

• Shall observe separation of duties policies and procedures to the fullest extent possible.

• Shall 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.
• Shall use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.

• Shall follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.

• Shall document and implement security processes whenever available

Developers Shall Not:

• 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.

• Not release any sensitive agency or patient information.

12.3 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.

• Shall 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.

• Not release any sensitive agency or patient information.
13.0 **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](http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm)

**Email:** support@ihs.gov