RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reminders

(PXRM)

Patch 1007 National Reminder Update

Version 1.5
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Division of Information Resource Management
Albuquerque, New Mexico

Preface

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

Table of Contents

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

- IHS-SENIOR VISION 2009
- IHS-TOBACCO SCREEN 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
- BPXMRALL - Updated the aspirin allergy for a misspelling
- BPXRMIM3 - 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.

Name	Routine	Entry Points
IHS-ALCOHOL 2009	BPXRMPCC	ALCOHOL
IHS-ALLERGY ASPIRIN 2009	BPXRMALL	ALLASP
IHS-ASTHMA CONTROL	BPXRMASM	CONTROL
IHS-ASTHMA EXACERBATION	BPXRMASM	RISK
IHS-ASTHMA PLAN	BPXRMASM	PLAN
IHS-ASTHMA PRIMARY	BXPRMASM	PRIMARY
IHS-ASTHMA SEVERITY	BPXRMASM	SEVERITY
IHS-ASTHMA STEROIDS	BPXRMASM	STEROID
IHS-DENTAL 2009	BPXRMPCC	DENTAL
IHS-DEPRESSION 2009	BPXRMPCC	DEPRESS
IHS-DIAB ASPIRIN 2009	BPXRMALL	ALLASP
IHS-DIABETES 2009	BPXMRPCC	DIABETES
IHS-EPDST 2009	BPXRMPCC	EPSDT
IHS-FUNCTION 2009	BPXRMPCC	FUNCTION
IHS-HEARING 2009	BPXMRPCC	HEAR
IHS-H1N1	BPXRMIM3	H1N1
IHS-IPVS	BPXRMPCC	IPVS
IHS-MAMMOGRAM 2009	BPXRMPCC	MAMMO
IHS-OSTEO	BPXRMPCC	OSTEO
IHS-PAP 2009	BPXRMPCC	PAP
IHS-TOBACCO 2009	BPXRMPCC	TOBACCO
IHS-VISION 2009	BPXRMPCC	VISION

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


THEN PRINT FIELD:
Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
```

```
NAME
ADDITIONAL FINDINGS
-------------------------------------------------------------------
EX DEPRESSION
V79.0
IM INFLUENZA DONE
V04.8
IM INFLUENZA NASAL
V04.8
IM INFLUENZA SPLIT
V04.8
IM INFLUENZA WHOLE
V04.8
IM PNEUMO-PS2 DONE
V03.83
6 MATCHES FOUND
```

Figure 1-1: Fileman search

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

CFM Reminder Computed Finding Management ...
DEF Reminder Definition Management ...
DLG Reminder Dialog Management ...
EXC Reminder Exchange
INF Reminder Information Only Menu ...
PAR Reminder Parameters ...
RPT Reminder Reports ...
SPO Reminder Sponsor Management ...
TAX Reminder Taxonomy Management ...
TRM Reminder Term Management ...
```
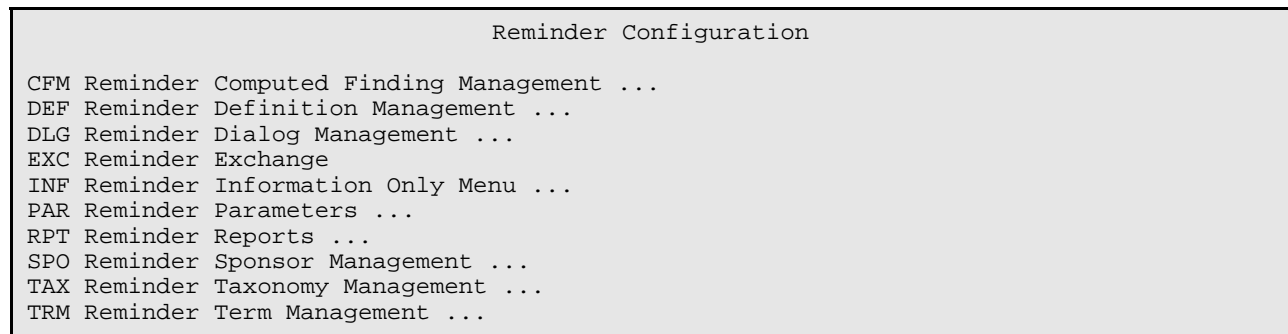
Figure 1-2: Options on Reminder Configuration menu

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.

```
                       Reminder Definition Management

   CPY    Copy Reminder Definition
   EDT    Add/Edit Reminder Definition
   INQ    Inquire about Reminder Definition
   LST    List Reminder Definitions
```
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.

```
                       Reminder Definition Management

   CPY    Copy Reminder Definition
   EDT    Add/Edit Reminder Definition
   INQ    Inquire about Reminder Definition
   LST    List Reminder Definitions
```
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:

```
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

 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)
A
 Asthma Severity - Problem List Classification: category Asthma Severity,
 any value: 1-intermitten, 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 allegry 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:

```
EPSDT Screening Definition:
 - Procedures (CPT Codes): V CPT
   - Age less than 1 year: New Patient 99381; Established Patient 99391
   - Age 1 through 4 years: New Patient 99382; Established Patient 99392
   - Age 5 through 11 years: New Patient 99383; Established Patient 99393
   - Age 12 through 17 years: New Patient 99384; Established Patient 99394
   - Age 18 through 20 years: New Patient 99385; Established Patient 99395
```
Figure 2-15: Logic Detail

2.2.14   IHS-FUNCTIONAL ASSESSMENT

All patients starting at age 55 years

Definition (Frequency): Annually

LOGIC DETAIL:

```
Any non-null values in V Elder Care for:
 At least one of the following ADL fields: toileting; bathing; dressing;
 transfers; feeding or continence
 AND
 At least one of the following IADL fields: finances; cooking; shopping;
 housework/chores; medications or transportation.
```
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]
```
Figure 2-20: Logic Detail

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:
taxonomy]
 - 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
```
Figure 2-21: Logic Detail

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
```

```
 - Procedures (ICD Codes): V Procedures 95.09; 95.05
 - Procedures (CPT Codes): V CPT 99172; 99173
 - Screening Diagnosis: V POV V72.0 Definition (Frequency): Every 2 years
```
Figure 2-22: Logic Detail

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]
```
Figure 2-23: Logic Detail

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
  colonosocpy, 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

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

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

Figure 2-24: Logic Detail

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

    CFM     Reminder Computed Finding Management ...
    DEF     Reminder Definition Management ...
    DLG     Reminder Dialog Management ...
    EXC     Reminder Exchange
    INF     Reminder Information Only Menu ...
    PAR     Reminder Parameters ...
    RPT     Reminder Reports ...
    SPO     Reminder Sponsor Management ...
    TAX     Reminder Taxonomy Management ...
    TRM     Reminder Term Management ...
    TST     Reminder Test
```
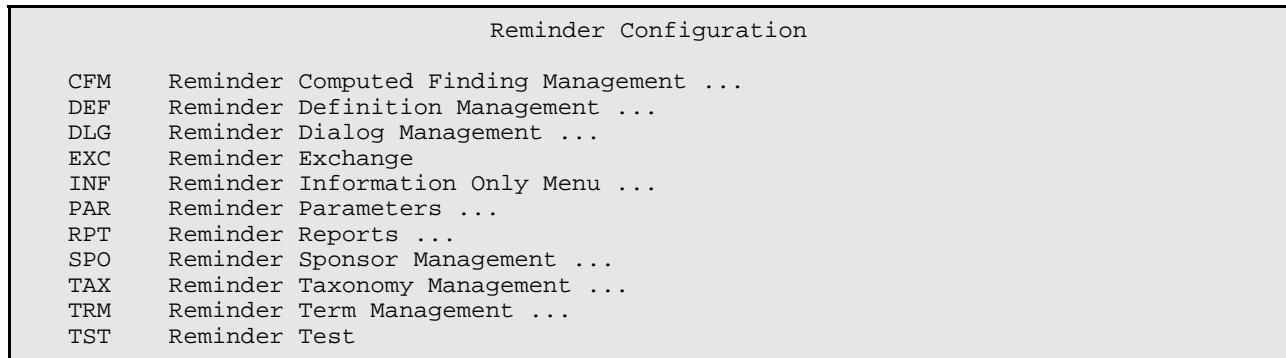
Figure 3-1: Options on Reminder Configuration menu

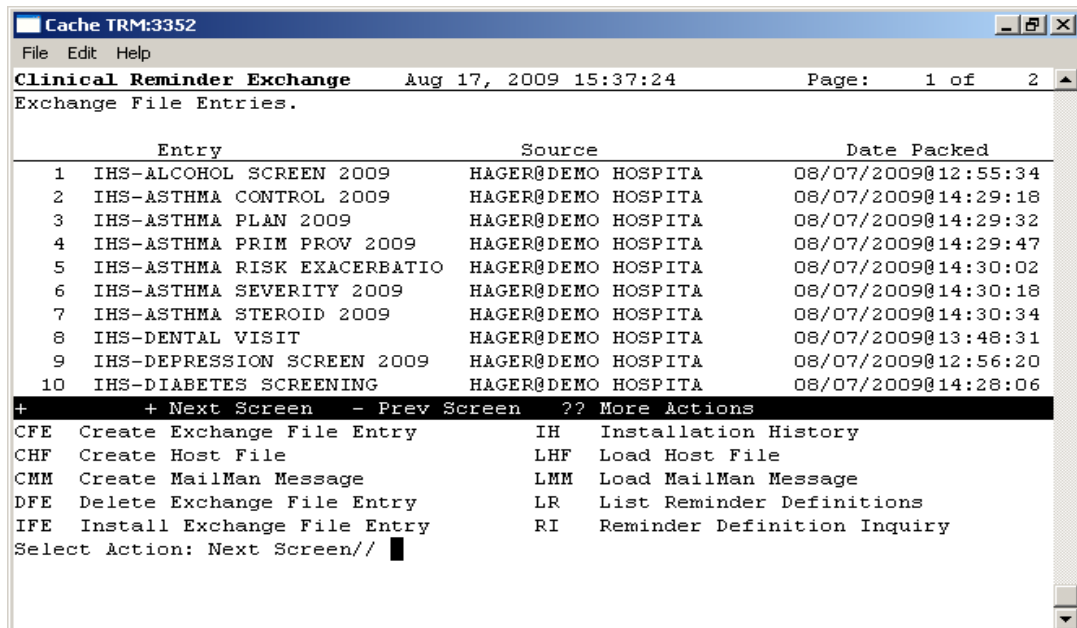Below is how the Exchange File Entries are managed in the GUI.

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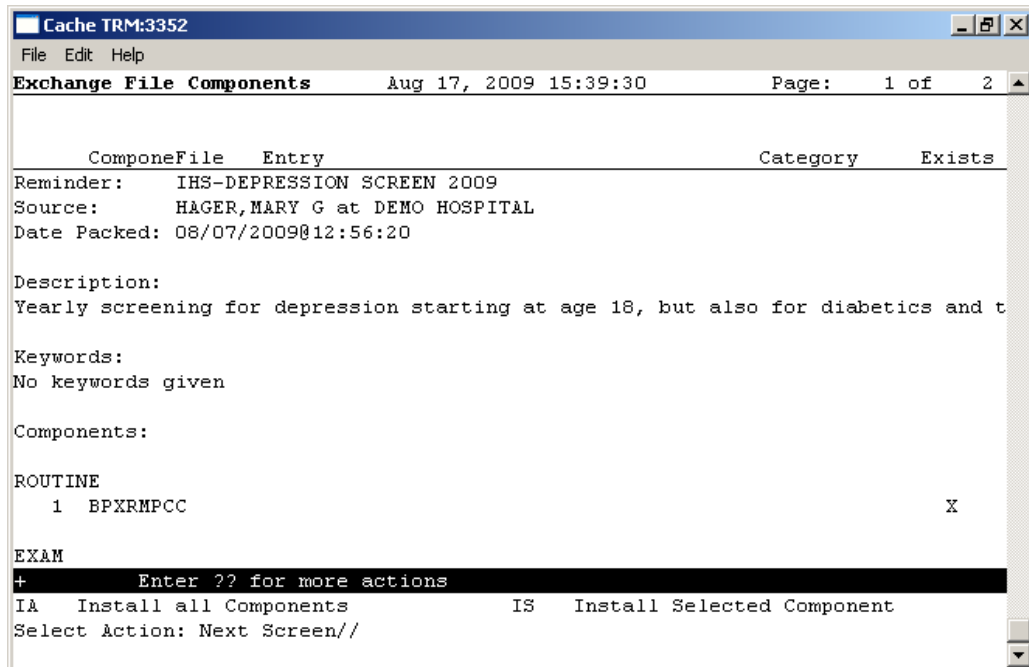
Select Action: (IFE/DFE/IH)**: IFE//**

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
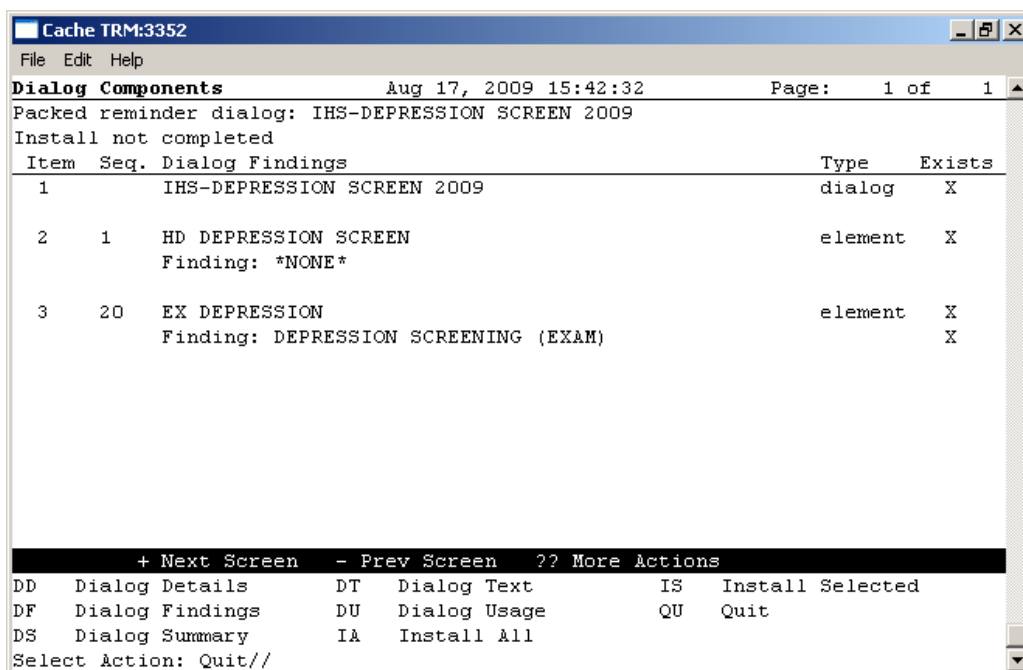

Figure 3-5: Sample Dialog Components window

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 Diagnositic 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.

```
                          Reminder Configuration

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

```
    TRM      Reminder Term Management ...
    TST      Reminder Test
```

Figure 3-6: Options on the Reminder Configuration menu

3.4.1   Reminder Dialog Management (DLG)

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

```
                    Reminder Dialog Management

    DLG      Reminder Dialogs
    PAR      Dialog Parameters ...
```

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

3.4.2   Reminder Dialogs (DLG)

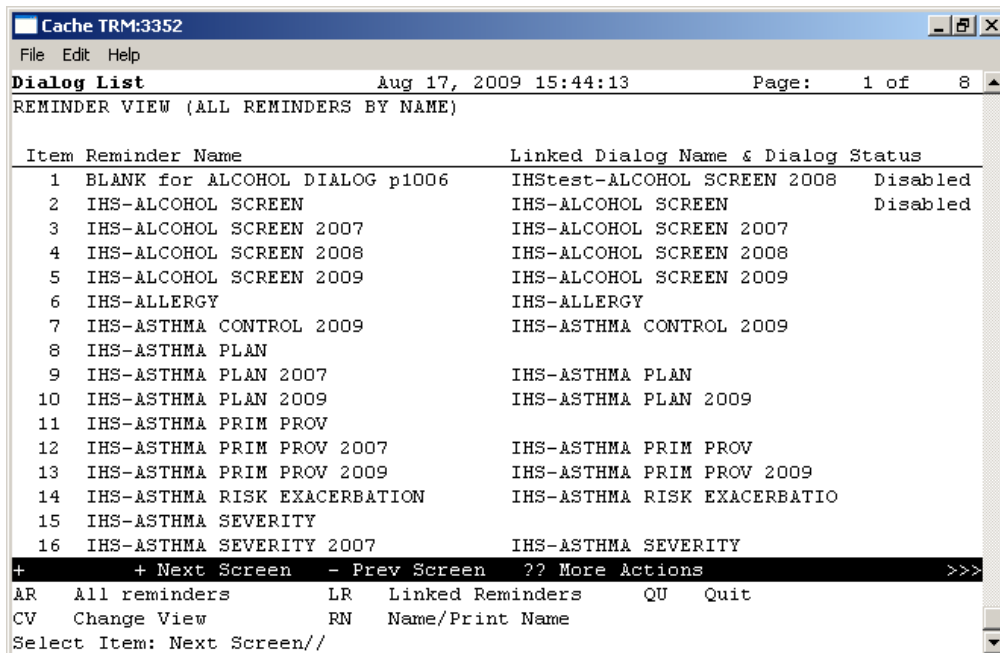Use the DLG option to access the Reminder View window.

Figure 3-8: Sample Reminder View window

Choose CV and then choose D for dialogs.
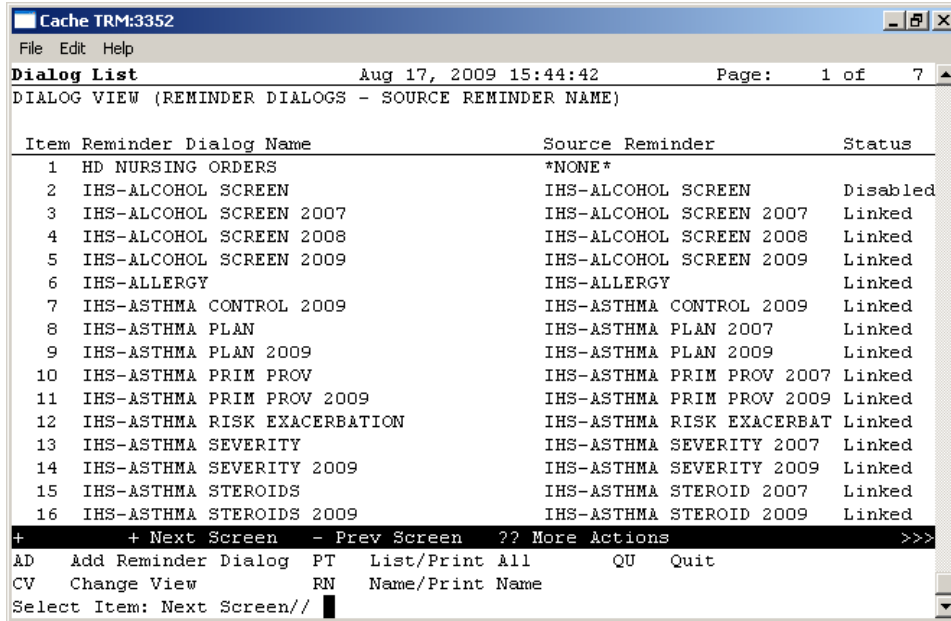
Figure 3-9: Sample Dialog View window

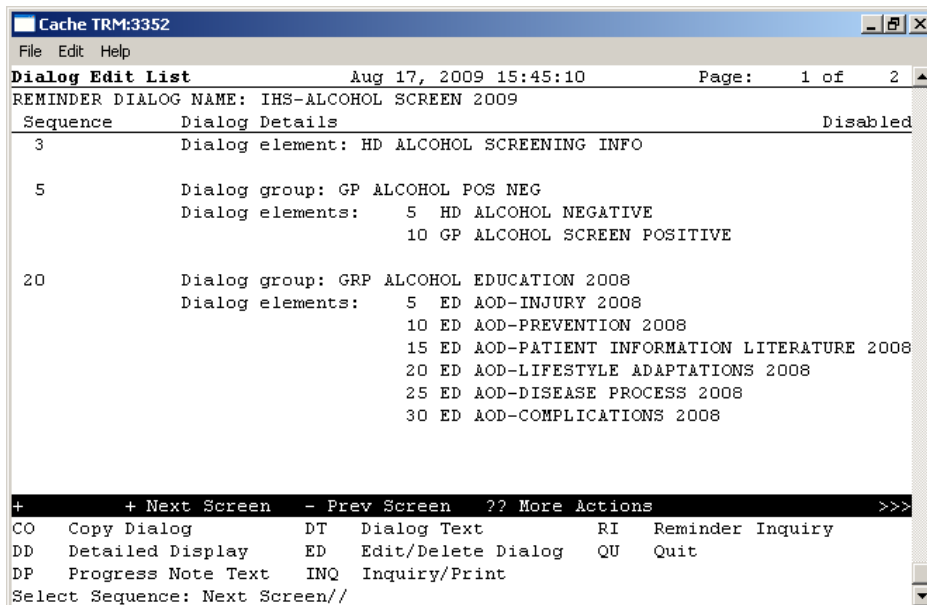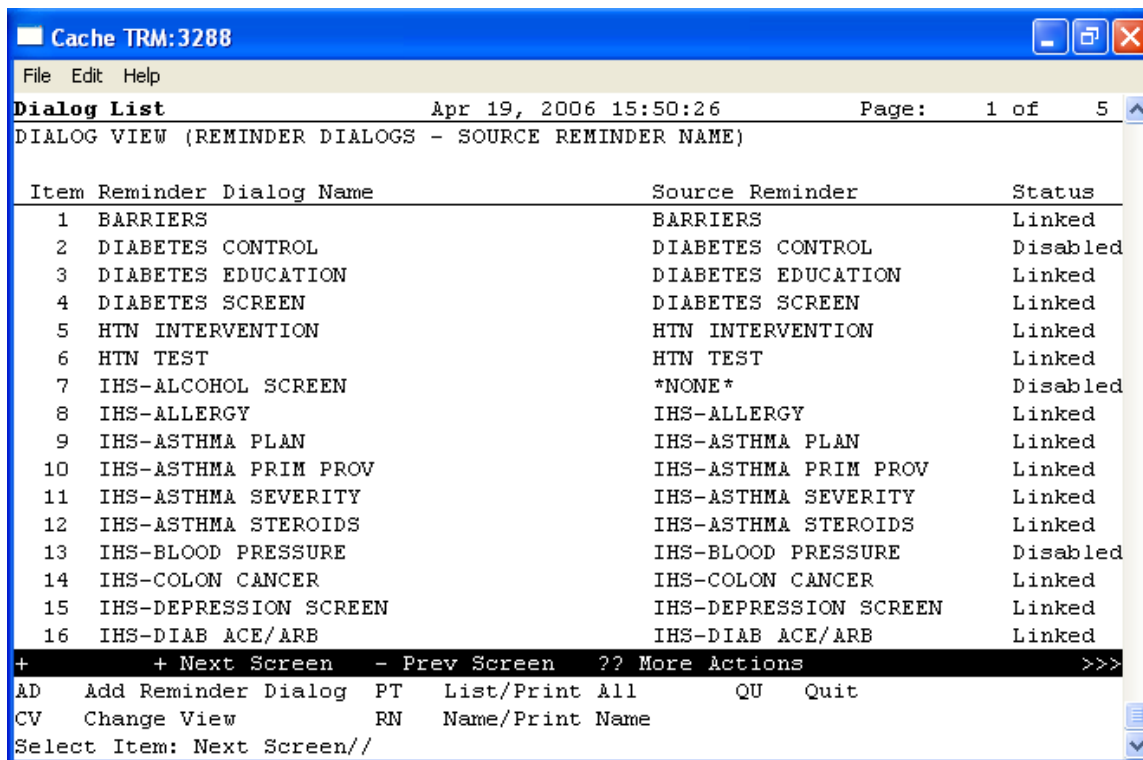Choose the number of the item you wish to edit.

Figure 3-10: Sample Dialog Edit List window

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

Figure 3-11: Dialog View with Reminder Dialogs with their Sources

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).

```
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
SOURCE REMINDER: IHS-ALCOHOL SCREEN
```

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

```
Code Sets:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
493.00    493.92
```
Figure 4-1: IHS-ASTHMA 2007

4.1.2   IHS-BILATERAL MASTECTOMY 2008

```
Patient Data Source:
     EN,PL,IN

Code Sets:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
                                85.42   85.42
                                85.44   85.44
```
Figure 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:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
                                                        74270   74280
                                                        G0106   G0106
                                                        G0120   G0120
```
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:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
                                45.22   45.22           45355   45355
                                45.23   45.23           45378   45387
                                45.25   45.25           G0105   G0105
                                76.51   76.51           G0121   G0121
                                                        44388   44394
                                                        44397   44397
                                                        44394   44394
                                                        45391   45391
```
Figure 4-4: 4.1.3.2   IHS-COLONOSCOPY 2007

4.1.3.3   IHS-COLORECTAL CANCER

```
Patient Data Source:
     EN,PL

ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
-------------------------------------------------------------------------------
153.0     153.9                                         44150   44153
154.0     154.1                                         44155   44156
197.5     197.5                                         44210   44212
V10.05    V10.05
```
Figure 4-5: HS-COLORECTAL CANCER

4.1.3.4   IHS-FECAL OCCULT LAB TEST

```
Patient Data Source:
     EN,PL

ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW       HIGH          LOW     HIGH
-------------------------------------------------------------------------------

```

```
                                                          82270  82270
                                                          82274  82274
                                                          G0107  G0107
                                                          89205  89205
```

Figure 4-6: IHS-FECAL OCCULT LAB TEST

4.1.3.5   **IHS-SIGMOIDOSCOPY**

```
Patient Data Source:
     EN,PL,IN

ICD9 RANGE             ICD0 RANGE                 CPT RANGE
LOW     HIGH           LOW      HIGH              LOW     HIGH
-------------------------------------------------------------------------
                       45.24    45.24             45330  45345
                       45.42    45.42             G0104  G010
```

Figure 4-7: IHS-SIGMOIDOSCOPY

4.1.4   IHS-DIABETES 2007

```
Patient Data Source:
     EN,PL


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


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:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
250.00    250.93
```

Figure 4-8: 4.2.1   IHS-DIABETES PROBLEMS ONLY

4.2.2   IHS-HYSTERECTOMY 2009

```
Patient Data Source:
     EN,PL,IN


Code Sets:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
68.4      68.9                                          51925   51925
                                                        56308   56308
                                                        58150   58150
                                                        58152   58152
                                                        58200   58200
                                                        58552   58554
                                                        58953   58954
                                                        59525   59525
                                                        58951   58951
                                                        58550   58550
                                                        58205   58205
                                                        58210   58210
                                                        58240   58240
                                                        58260   58260
                                                        58262   58265
                                                        58267   58267
                                                        58270   58270
                                                        58275   58275
                                                        58280   58280
                                                        58285   58285
                                                        58290   58294
                                                        58548   58548
                                                        58570   58570

                                                        59135   59135
```

Figure 4-9: IHS-HYSTERECTOMY 2009

4.2.3   IHS-OSTEOPOROSIS DX

```
Patient Data Source:
     EN,PL
Code Sets:
ICD9 RANGE                      ICD0 RANGE              CPT RANGE
LOW       HIGH                  LOW     HIGH            LOW     HIGH
733.00    733.99
```

Figure 4-10: IHS-OSTEOPOROSIS DX

4.2.4   IHS-BILATERAL MASTECTOMY 2008

```
Patient Data Source:
     EN,PL,IN

Code Sets:
ICD9 RANGE                    ICD0 RANGE                    CPT RANGE
LOW        HIGH               LOW      HIGH                 LOW      HIGH
                              85.42    85.42
                              85.44    85.44
```
Figure 4-11: IHS-BILATERAL MASTECTOMY 200

4.2.5   IHS-MAMMOGRAM 2008

```
Patient Data Source:
     EN,PL,IN

Code Sets:
ICD9 RANGE                    ICD0 RANGE                    CPT RANGE
LOW        HIGH               LOW      HIGH                 LOW      HIGH
-------------------------------------------------------------------
V76.11    V76.12              87.36    87.36                76090    76092
                              87.37    87.37                G0204    G0204
                              G0206    G0206
                                                            77055    77057
```
Figure 4-12: IHS-MAMMOGRAM 2008

4.2.6   IHS-PAP CODES 2008

```
Patient Data Source:
     EN,PL,IN

Code Sets:
ICD9 RANGE                    ICD0 RANGE                    CPT RANGE

LOW        HIGH               LOW      HIGH                 LOW      HIGH

-------------------------------------------------------------------
V76.47    V76.47              91.46    91.46                88141    88167
V76.49    V76.49              Q0091    Q0091
V72.3     V72.3                                             88174    88175
V76.2     V76.2
```
Figure 4-13: IHS-PAP CODES 2008

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.

```
   CPY     Copy Reminder Term
   EDT     Reminder Term Edit
   INQ     Inquire about Reminder Term
```
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 OSTEO SCREEN CPTS
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.

Figure 7-2: Reminder Resolutions Dental Visit window

7.3   Senior Vision

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

Figure 7-3: Reminder Resolution Senior Vision window

7.4   Osteoporosis Screen

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

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.

Figure 7-5: Reminder Resolution Mammogram

7.6   Colon Cancer

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

Figure 7-6: Reminder Resolution Colon Cancer

7.7   EPSDT

This is information only on the E&M codes needed for this reminder.

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.

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.
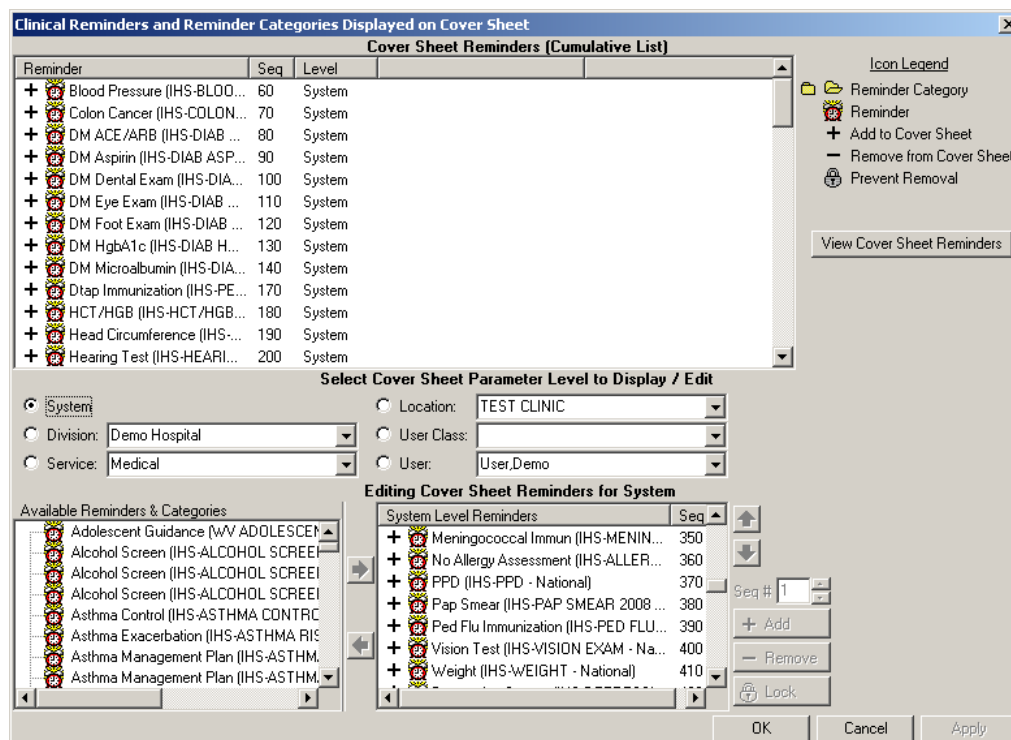

Figure 8-1: Clinical Reminders and Reminder Categories Displayed on Cover Sheet window

> **Note**:   Remove from the "System Level Reminders" (in the Editing Cover Sheet Reminder for System group box).

2.   Select the reminders with the date 2009 from the left column and add them to the GUI list.
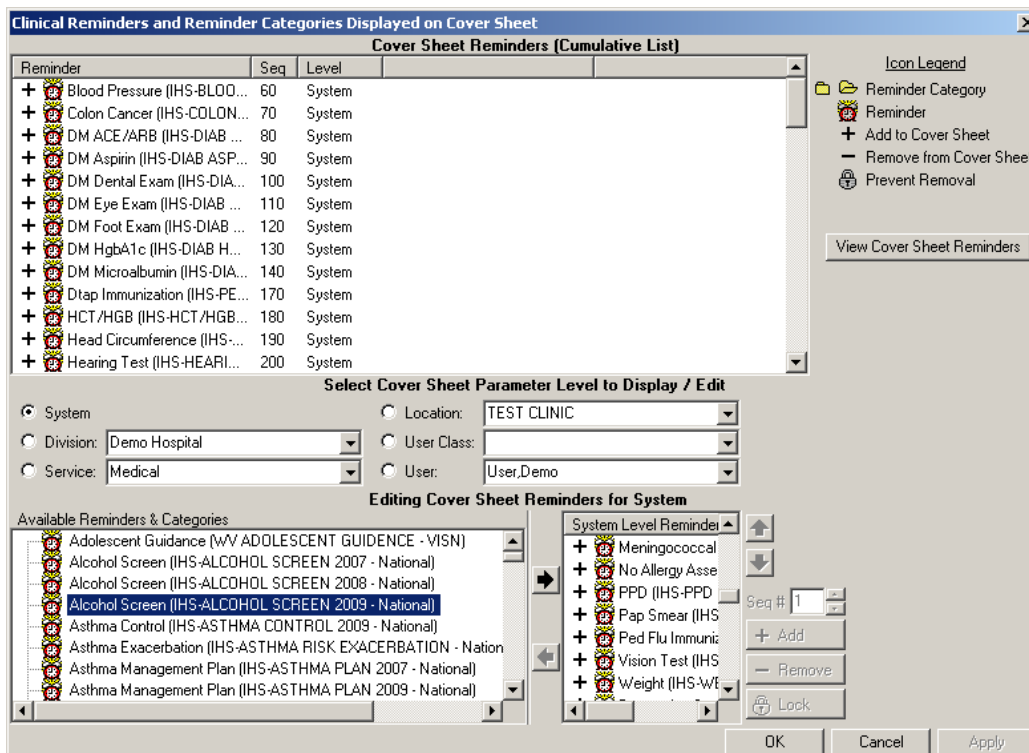
Figure 8-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet window

> **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.
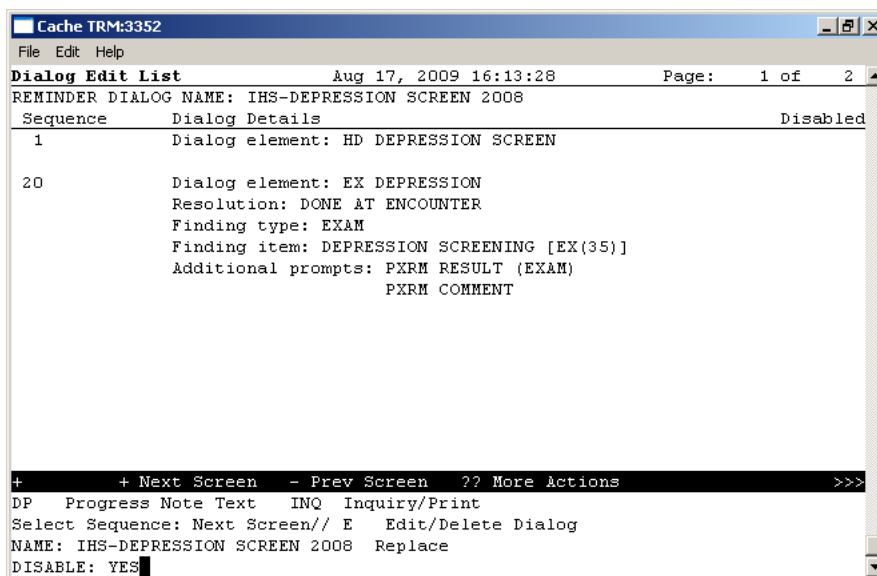

Figure 8-3: Dialog Edit List window

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.

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

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.
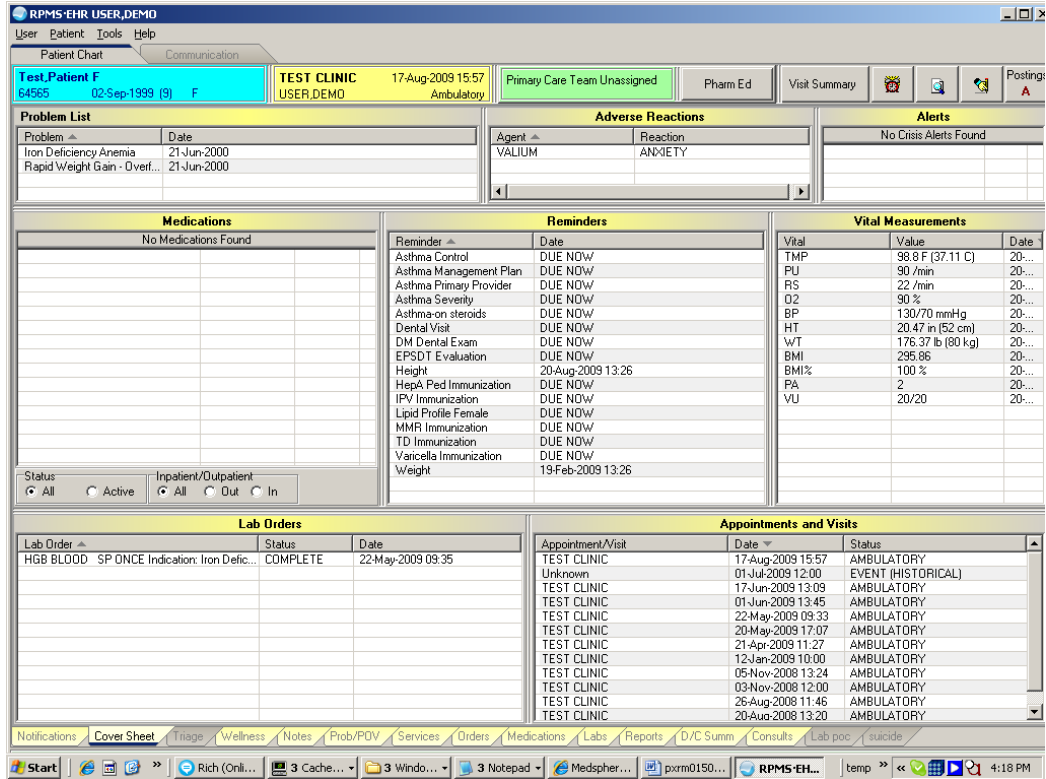
Figure 10-2: View of RPMS-EHR application

Click on the reminder icon (in the toolbar) to open up the list of items to view.

Figure 10-3: Sample of Available Reminders

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.
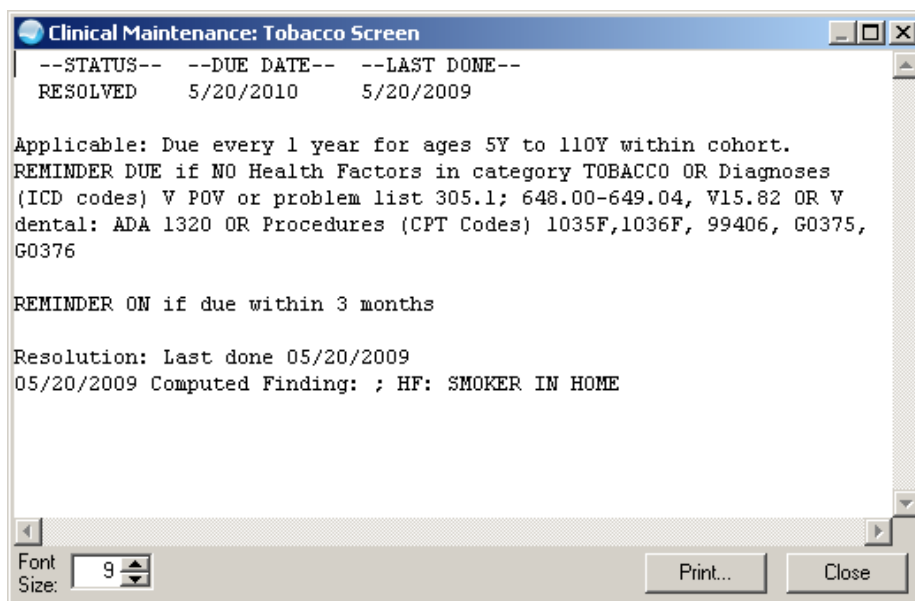
Figure 10-4: Sample Clinical Maintenance window

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.

```
IHS-EPSDT EVALUATION                    No.  105
---------------------------------------------

Print Name:                  EPSDT Evaluation

Class:                       NATIONAL

Sponsor:

Review Date:

Usage:                       CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog:             IHS-EPSDT EVALUATION

Priority:

Reminder Description:
    Reminder for a preventive medicine evaluation for those under 20

Technical Description:
    Uses PCC API to evaluate logic

Edit History:

    Edit date:  Aug 05, 2009@13:31:40   Edit by:    HAGER,MARY G

    Edit Comments:
Baseline Frequency:
```

```
        Do In Advance Time Frame:  Do if DUE within 3 months
                   Sex Specific:
                  Ignore on N/A:
      Frequency for Age Range:  1 year for ages 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.

Figure 10-6: Reminders Tab on Icon Legend dialog

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 10-7: 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.

Reminder	PXRM 1.5 Patch	Reminder Taxonomies ***RPMS taxonomies	Reminder Term	CF's	Quick Orders	Objects
IHS-ALCOHOL SCREEN 2009	1007	***RPMS taxonomies		IHS-ALCOHOL 2009		
IHS-ALLERGY	1005			PCALLERGY		
IHS-ASTHMA CONTROL 2009	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA CONTROL		
IHS-ASTHMA PLAN 2009	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA PLAN		
IHS-ASTHMA PRIM PROV 2009	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA PRIMARY		
IHS-ASTHMA RISK EXACERBATION	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA EXACERBATION		
IHS-ASTHMA SEVERITY 2009	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA SEVERITY		
IHS-ASTHMA STEROIDS 2009	1007	IHS-ASTHMA 2007 ***RPMS taxonomies		IHS-ASTHMA STEROIDS		

Reminder	PXRM 1.5 Patch	Reminder Taxonomies ***RPMS taxonomies	Reminder Term	CF's	Quick Orders	Objects
IHS-BLOOD PRESSURE	1005	IHS-HYPERTENSION 2007 IHS-DIABETES DX 2007	IHS-HIGH DIASTOLIC IHS-HIGH BP 2007			
IHS-COLON CANCER 2009	1007	IHS-SIGMOIDOSCOPY IHS-COLONOSCOPY 2007 IHS-FECAL OCCULT LAB TEST IHS-BARIUM EMEMA IHS-COLORECTAL CANCER	IHS-FECAL OCCULT BLOOD		ORZ FOBT GMRCZ COLONOCOPY	
IHS-DENTAL VISIT 2009	1007	***RPMS taxonomies		IHS-DENTAL 2009		
IHS-DEPRESSION SCREEN 2009	1007	***RPMS taxonomies		IHS-DEPRESSION 2009		
IHS-DIAB ACE/ARB 2007	1005	IHS-DIABETES DX 2007	IHS-ALLERGY ACE/ARBS	IHS-ACE/ARB		
IHS-DIAB ASPIRIN 2009	1007	IHS-DIABETES DX 2007	IHS-ASPIRIN	IHS-ALLERGY ASPIRIN 2009	PSOZ ASPIRIN (EC) 81MG DAILY	
IHS-DIAB DENTAL EXAM 2007	1005	IHS-DIABETES DX 2007 IHS-DENTAL CODE		IHS-DENTAL		
IHS-DIAB EYE EXAM 2007	1005	IHS-DIABETES DX 2007 IHS-FUNDOSCOPIC EYE CODES 2007				
IHS-DIAB FOOT EXAM 2008	1006	IHS-DIABETES DX 2007				
IHS-DIAB HGBA1C 2007	1005	IHS-DIABETES DX 2007	IHS-HGBA1C			
IHS-DIAB MICROALBUMIN 2007	1005	IHS-DIABETES DX 2007 IHS-END STAGE RENAL DISEASE	IHS-MICROALBUMIN			
IHS-DIABETES SCREENING 2009	1007	IHS-DIABETES PROBLEMS ONLY		IHS-DIABETES 2009	LRZ GLUCOSE OUTPT	

Reminder	PXRM 1.5 Patch	Reminder Taxonomies ***RPMS taxonomies	Reminder Term	CF's	Quick Orders	Objects
IHS-DOMESTIC VIOLENCE 2009	1007	***RPMS taxonomies		IHS-IPVS 2009		
IHS-EPSTD SCREENING	1007	***RPMS taxonomies		IHS-EPSDT 2009		
IHS-FUNCTIONAL ASSESSMENT	1007			IHS-FUNCTION 2009		
IHS-H1N1 IMMUN 2009	1007		IHS-H1N1 IMMUNIZATION	IHS-H1N1 IHS-ALLERGY EGG		
IHS-HCT/HGB	1005		IHS-HCT/HGB			
IHS-HEAD CIRCUMFERENCE	1005					
IHS-HEARING TEST 2009	1007	***RPMS taxonomies		IHS-HEARING 2009		
IHS-HEIGHT	1005					
IHS-HEP A ADULT 2008	1006		IHS-HEPADULT IMMUNIZATION	IHS-HEPA ADULT		
IHS-HEP B ADULT 2008	1006		IHS-HEBADULT IMMUNIZATION	IHS-HEPB ADULT		
IHS-HIGH RISK FLU 2008	1006	IHS-HIGH RISK FLU 2007	IHS-INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-HIGH RISK PNEUMO 2008	1006	IHS-HIGH RISK PNEUMO 2007	IHS-PNEUMOVAX IMMUNIZATION	IHS-PNEUMO		
IHS-HPV IMMUNIZATION 2008	1006		IHS-HPV IMMUNIZATION	IHS-HPV		
IHS-IMMUNIZATION FORECAST	1005			IHS-IMM FORECAST		
IHS-INFLUENZA IMMUNIZATION 2008	1006		IHS-INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-LIPID FEMALE	1005		IHS-LIPID LAB TESTS		LRZ LIPID PANEL	

Reminder	PXRM 1.5 Patch	Reminder Taxonomies ***RPMS taxonomies	Reminder Term	CF's	Quick Orders	Objects
IHS-LIPID MALE	1005		IHS-LIPID LAB TESTS		LRZ LIPID PANEL	
IHS-MAMMOGRAM 2009	1007	IHS-BILATERAL MASTECTOMY 2008 ***RPMS taxonomies		IHS-MAMMOGRAM 2009	RAZ BILATERAL MAMMOGRAM	
IHS-MENINGITIS IMMUNIZATION 2008	1006		IHS-MENINGITIS IMMUNE	IHS-MENINGITIS		
IHS-OSTEOPOROSIS SCREEN	1007	IHS-OSTEOPOROSIS DX ***RPMS taxonomies		IHS-OSTEO 2009	ORZ DEXASCAN	
IHS-PAP SMEAR 2009	1007	IHS-HYSTERECTOMY 2009 ***RPMS taxonomies		IHS-PAP 2009	LRZSET PAP LRZSET STD WITH PAP	
IHS-PED DT IMMUNIZATION 2008	1006		IHS-PED TD IMMUNIZATION	IHS-TDPEDS		
IHS-PED DTAP IMMUNE 2008	1006		IHS-DTAP IMMUNIZATION	IHS-DTAP		
IHS-PED FLU IMMUN 2008	1006		IHS-INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-PED HEPA IMMUNE 2008	1006		IHS-HEPA IMMUNIZATION	IHS-HEPA		
IHS-PED HEPB IMMUNE 2008	1006		IHS-HEPB IMMUNIZATION	IHS-HEPB		
IHS-PED HIBTITER IMMUNE 2008	1006		IHS-HIBTITER IMMUNIZATION	IHS-HIB		
IHS-PED MMR IMMUNE 2008	1006		IHS-MMR IMMUNIZATION	IHS-MMR		
IHS-PED PNEUMOCOCCAL CONJUGATE 2008	1006		IHS-PED PNEUMOVAX IMMUNIZATION	IHS-PNEUPED		
IHS-PED POLIO IMMUNE 2008	1006		IHS-POLIO IMMUNIZATION	IHS-POLIO		

Reminder	PXRM 1.5 Patch	Reminder Taxonomies ***RPMS taxonomies	Reminder Term	CF's	Quick Orders	Objects
IHS-PED ROTAVIRUS 2008	1006		IHS-ROTAVIRUS IMMUNIZATION	IHS-ROTA		|LAST ASPIRIN|
IHS-PED VARICELLA IMMUNE 2008	1006		IHS-VARICELLA IMMUNIZATION	IHS-VARICELLA		
IHS-PEDVAXHIB	1006		IHS-PEDVAXHIB IMMUNIZATION	IHS-PEDVAXHIB		
IHS-PNEUMOVAX IMMUN 2008	1006		IHS-PNEUMOVAX IMMUNIZATION	IHS-PNEUMO		
IHS-PPD	1005	IHS-TB/POS PPD				
IHS-SENIOR HEIGHT	1005					
IHS-SENIOR VISION 2009	1007					
IHS-TD IMMUNIZATION 2008	1006		IHS-TD IMMUNIZATION	IHS-TD		
IHS-TDAP IMMUNE 2008	1006		IHS-TDAP IMMUNE	IHS-TDAP		
IHS-TOBACCO SCREEN 2009	1007			IHS-TOBACCO 2009	GMRCZ TOBACCO CESSATION	
IHS-VISION EXAM	1005					
IHS-WEIGHT	1005					

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.

Reminder Taxonomies	Reminder Terms	Reminder Computed Findings	RPMS Taxonomies
IHS-ASTHMA 2007	IHS-ALLERGY ACE/ARBS	IHS-ACE/ARB	APCH SCREENING GLUCOSE LOINC
IHS-BARIUM EMEMA	IHS-ASPIRIN	IHS-ALCOHOL 2009	BAT ASTHMA INHALED STEROIDS
IHS-BILATERAL MASTECTOMY 2008	IHS-DTAP IMMUNIZATION	IHS-ALLERGY ASPIRIN 2009	BAT ASTHMA INHLD STEROIDS NDC
IHS-COLONOSCOPY 2007	IHS-FECAL OCCULT BLOOD	IHS-ALLERGY EGG	BGP ASTHMA DXS
IHS-COLORECTAL CANCER"	IHS-H1N1 IMMUNIZATION	IHS-ALLERGY EGG	BGP CPT MAMMOGRAM
IHS-DENTAL CODE	IHS-HCT/HGB	IHS-ASTHMA CONTROL	BGP GPRA SMOKING DXS
IHS-DIABETES DX 2007"	IHS-HEBADULT IMMUNIZATION	IHS-ASTHMA EXACERBATION	BGP MAMMOGRAM ICDS
IHS-DIABETES PROBLEMS ONLY	IHS-HEPA IMMUNIZATION	IHS-ASTHMA PLAN	BGP MAMMOGRAM PROCEDURES
IHS-END STAGE RENAL DISEASE	IHS-HEPADULT IMMUNIZATION	IHS-ASTHMA PRIMARY	BGP MOOD DISORDERS
IHS-FECAL OCCULT LAB TEST	IHS-HEPB IMMUNIZATION	IHS-ASTHMA SEVERITY	BGP OSTEO SCREEN CPTS
IHS-FUNDOSCOPIC EYE CODES 2007	IHS-HGBA1C	IHS-ASTHMA STEROIDS	BGP OSTEOPOROSIS DXS
IHS-HIGH RISK FLU 2007	IHS-HIBTITER IMMUNIZATION	IHS-DENTAL	BGP RA GLUCOCORTICOIDS
IHS-HIGH RISK PNEUMO 2007	IHS-HIGH BP 2007"	IHS-DENTAL 2009	BGP RA GLUCOCORTICOIDS CLASS
IHS-HYPERTENSION 2007	IHS-HIGH DIASTOLIC	IHS-DEPRESSION 2009	BGP TOBACCO SCREEN CPTS
IHS-HYSTERECTOMY 2009	IHS-HPV IMMUNIZATION	IHS-DIABETES 2009	BGP TOBACCO USE CPTS
IHS-OSTEOPOROSIS DX	IHS-INFLUENZA 2007	IHS-DTAP	DM AUDIT GLUCOSE TESTS TAX
IHS-SIGMOIDOSCOPY	IHS-INFLUENZA 2007	IHS-EPSDT 2009	DM SURVEILLANCE DIABETES
IHS-TB/POS PPD	IHS-INFLUENZA 2007	IHS-FLU	
	IHS-LIPID LAB TESTS	IHS-FUNCTION 2009	
	IHS-LIPID LAB TESTS	IHS-H1N1	
	IHS-MENINGITIS IMMUNE	IHS-HEARING 2009	
	IHS-MICROALBUMIN	IHS-HEPA	
	IHS-MMR IMMUNIZATION	IHS-HEPA ADULT	
	IHS-PED PNEUMOVAX IMMUNIZATION	IHS-HEPB	

Reminder Taxonomies	Reminder Terms	Reminder Computed Findings	RPMS Taxonomies
	IHS-PED TD IMMUNIZATION	IHS-HEPB ADULT	
	IHS-PEDVAXHIB IMMUNIZATION	IHS-HIB	
	IHS-PNEUMOVAX IMMUNIZATION	IHS-HPV	
	IHS-PNEUMOVAX IMMUNIZATION	IHS-IMM FORECAST	
	IHS-POLIO IMMUNIZATION	IHS-IPVS 2009	
	IHS-ROTAVIRUS IMMUNIZATION	IHS-MAMMOGRAM 2009	
	IHS-TD IMMUNIZATION	IHS-MENINGITIS	
	IHS-TDAP IMMUNE	IHS-MMR	
	IHS-VARICELLA IMMUNIZATION	IHS-OSTEO 2009	
		IHS-PAP 2009	
		IHS-PEDVAXHIB	
		IHS-PNEUMO	
		IHS-PNEUMO	
		IHS-PNEUPED	
		IHS-POLIO	
		IHS-ROTA	
		IHS-TD	
		IHS-TDAP	
		IHS-TDPEDS	
		IHS-TOBACCO 2009	
		IHS-VARICELLA	
		PCALLERGY	

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

Email: support@ihs.gov