



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Clinical Reminders**

(PXRМ)

## **Addendum to Installation Notes**

Version 2.0 Patch 1005  
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## Preface

This documentation applies to those reminders distributed in Version 2.0, Patch 1005 of Clinical Reminders.



## 1.0 Introduction

This guide was designed to supplement the patch installation notes and provide guidance in setting up the Clinical Reminders contained in the PXRМ V2.0 1005 patch. We strongly recommend reviewing this entire document before installing and setting up the Clinical Reminders 1005 patch.

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

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

## 1.1 Clinical Reminders Resources

This guide is intended to be used by individuals who have previous experience with the Clinical Reminders. Patch 1005 is not comprehensive. It includes those reminders that have taxonomies as part of the findings. Refer to *Clinical Reminders (PXRМ) Addendum to Installation Notes (pxrm0200.1002o)* for full documentation of the version 2.0 list of reminders. It also includes some updated immunization reminders that include updated reminder terms.

The dialogs for the reminders in patch 1005 were not changed from patch 1002 and can be viewed in the pxrm0200.1002in.

### **Clinical Reminders Office Hours:**

Office hours are announced periodically on the EHR and Reminders Listservs.

### **Clinical Reminders Listserv:**

Send a question to the EHR Reminders Listserv.

[http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list\\_id=159](http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=159)

## 2.0 What's New

This section provides an overview of the major changes in the Clinical Reminders patch 1005.

### 2.1 Taxonomy Update

A new taxonomy management system replaces the previous taxonomy management menu. The new system uses a combination of List Manager, ScreenMan, and the Browser. List Manager should already be familiar to users of Clinical Reminders tools such as Dialog Management or Reminder Exchange. ScreenMan and the Browser may not be as familiar, but reviewing Appendix A of this manual or the FileMan documentation should give you enough knowledge to make using the taxonomy management system much easier.

#### 2.1.1 ScreenMan Overview

ScreenMan is the VA FileMan's screen-oriented data entry tool. It is an alternative to the Scrolling Mode approach. With ScreenMan, data is entered in forms. Each form field occupies a fixed position on the screen (instead of scrolling off). You can see many data fields at once, and use simple key-combinations to edit data and move from field to field on a screen. You can also move from one screen to another like turning through the pages of a book.

### 2.2 Taxonomy Management Dialog Changes

In the past, users created Reminder Dialogs containing ICD-9-CM and/or CPT-4 codes. When using codes as Finding Items or Additional Finding Items in the EHR, the end user didn't select codes; codes were automatically filed to VistA when the element/group was selected in the Reminder Dialog.

A Taxonomy could only be used as a Finding Item; it created a PickList of codes for the user to select from in the EHR. The display in the EHR was controlled by the setup in the Reminder Finding Parameter File (#801.45) and the Reminder Taxonomy File (#811.2). These controls determined if the Taxonomy should assign codes to the current encounter or an historical encounter. The controls also determined what prompts were assigned to the Reminder Dialog in the EHR.

#### 2.2.1 New Approach

Users will no longer be able to add ICD-9-CM and/or CPT-4 codes to a Reminder Dialog. Users will need to create a Taxonomy, assign codes, and then add the Taxonomy to the Reminder Dialog. To maintain similar end-user functionality in the EHR, a new prompt called Taxonomy PickList Display has been added to the dialog editor. This controls how Taxonomies should display in the EHR.

## 2.3 Dialog Conversions

- Taxonomies are automatically generated for all dialogs that use ICD-9 diagnosis codes or CPT codes as a finding or additional finding.

In IHS, we do NOT use ICD codes in dialogs, only CPT.

- Dialogs with preexisting taxonomies will have the settings from file 801.45 move to the element/group level.
- Dialogs with codes only will generate new taxonomies and the codes will be replaced with taxonomies.
- Dialog elements/groups that are updated will have the edit history updated with the changes due to the data conversion.
- Three Mailman messages will be generated due to the data conversion: Mailman messages are sent to the mailgroup defined in the REMINDER MANAGEMENT MAILGROUP field of the CLINICAL REMINDER PARAMETERS file (file 800)
  - A pre-conversion message lists dialogs, elements, and groups to be updated with pre- patched structure.
  - A post-conversion message lists dialogs, elements, and groups with the new structure.
  - A message listing error messages during dialog conversion.

## 2.4 Updated Taxonomies

There are 38 reminders/dialogs in this patch. The logic for the 38 taxonomy related reminders has changed slightly. New dialogs look the same as the 2013 dialogs but have been given new names with 2015 in them so that they will match the reminders.

The 38 reminders were changed to allow taxonomies that contain ICD-10 POV codes to be used, as well as SNOMED problems. The taxonomy menus were greatly enhanced by the VA to allow for the addition of multiple code sets. It now uses the Lexicon as its code dictionary. The reminder term still contains the SNOMED computed finding for problems. Although SNOMED codes can be added to the new taxonomies, IHS has chosen not to do this since it is easier to update the Apelon subsets for SNOMED terms.

The field Computed Finding Parameter will contain the name of the Apelon Subset that will be used to determine if the problem is part of this cohort. In the example below, the Computed Finding Parameter is called PXRMI DIABETES.

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

## 2.4.1 Computed Finding Parameter Field

IHS-DIABETES DX 2015	No. 35
-----	
Class:	VISN
Sponsor:	
Date Created:	
Review Date:	
Description:	
Edit History:	
Edit Date:	MAR 11, 2014 14:37 Edit By: USER, DEMO
Edit Comments:	
Findings:	
Finding Item:	IHS-DIABETES DX 2007 (FI(1)=TX(71))
Finding Type:	REMINDER TAXONOMY
Beginning Date/Time:	T-3Y
Finding Item:	IHS-SNOMED (FI(2)=CF(681))
Finding Type:	REMINDER COMPUTED FINDING
Beginning Date/Time:	T-3Y
Computed Finding Parameter:	PXRM DIABETES

## 2.5 New Reminders

IHS-ASBI BNI 2015  
 IHS-ASBI SCREENING 2015  
 IHS-ASTHMA ACTION PLAN 2015  
 IHS-ASTHMA CONTROL 2015  
 IHS-ASTHMA PRIM PROV 2015  
 IHS-ASTHMA RISK EXACERBATION 2015  
 IHS-ASTHMA SEVERITY 2015  
 IHS-ASTHMA STEROID 2015  
 IHS-BLOOD PRESSURE 2015  
 IHS-COLON CANCER 2015  
 IHS-DEPO PROVERA 2015  
 IHS-DIAB ACE/ARB 2015  
 IHS-DIAB ANTPLT KNOWN CVD 2015  
 IHS-DIAB ASPIRIN FEMALE 2015  
 IHS-DIAB ASPIRIN MALE 2015  
 IHS-DIAB BP CONTROL 2015  
 IHS-DIAB EYE EXAM 2015  
 IHS-DIAB FOOT EXAM 2015  
 IHS-DIAB HGBA1C 2015  
 IHS-DIAB HGBA1C CONTROL 2015  
 IHS-DIAB NEPHRO SCR/MON 2015  
 IHS-DIABETES SCREENING 2015

IHS-DOMESTIC VIOLENCE 2015  
IHS-HEP C SCREENING 2015  
IHS-HIV SCREEN 2015  
IHS-LIPID FEMALE 2015  
IHS-LIPID MALE 2015  
IHS-MAMMOGRAM 40-49 2015  
IHS-MAMMOGRAM 50-74 2015  
IHS-MAMMOGRAM 75-100 2015  
IHS-MED THERAPY MNGT 2015  
IHS-MH HYPERTENSION CONTROL 2015  
IHS-MH HYPERTENSION RECALL 2015  
IHS-OSTEOPOROSIS SCREEN 2015  
IHS-PAP SMEAR 21-29Y 2015  
IHS-PAP SMEAR 30-64Y 2015  
IHS-PHN DC FU 2015  
IHS-SCREENING BUNDLE 2015

## 2.6 Updated Reminder Dialogs

There were no dialog changes.

## 2.7 New Dialogs (with Associated Reminder)

IHS-ASBI BNI 2015  
IHS-ASBI SCREENING 2015  
IHS-ASTHMA ACTION PLAN 2015  
IHS-ASTHMA CONTROL 2015  
IHS-ASTHMA PRIM PROV 2015  
IHS-ASTHMA RISK EXACERBATION 2015  
IHS-ASTHMA SEVERITY 2015  
IHS-ASTHMA STEROID 2015  
IHS-BLOOD PRESSURE 2015  
IHS-COLON CANCER 2015  
IHS-DEPO PROVERA 2015  
IHS-DIAB ACE/ARB 2015  
IHS-DIAB ANTPLT KNOWN CVD 2015  
IHS-DIAB ASPIRIN FEMALE 2015  
IHS-DIAB ASPIRIN MALE 2015  
IHS-DIAB BP CONTROL 2015  
IHS-DIAB EYE EXAM 2015  
IHS-DIAB FOOT EXAM 2015  
IHS-DIAB HGBA1C 2015  
IHS-DIAB HGBA1C CONTROL 2015  
IHS-DIAB NEPHRO SCR/MON 2015  
IHS-DIABETES SCREENING 2015

IHS-DOMESTIC VIOLENCE 2015  
IHS-HEP C SCREENING 2015  
IHS-HIV SCREEN 2015  
IHS-LIPID FEMALE 2015  
IHS-LIPID MALE 2015  
IHS-MAMMOGRAM 40-49 2015  
IHS-MAMMOGRAM 50-74 2015  
IHS-MAMMOGRAM 75-100 2015  
IHS-MED THERAPY MNGT 2015  
IHS-MH HYPERTENSION CONTROL 2015  
IHS-MH HYPERTENSION RECALL 2015  
IHS-OSTEOPOROSIS SCREEN 2015  
IHS-PAP SMEAR 21-29Y 2015  
IHS-PAP SMEAR 30-64Y 2015  
IHS-PHN DC FU 2015  
IHS-SCREENING BUNDLE 2015

## 2.8 New Items for Reminder Dialogs

### 2.8.1 Consults and Quick Orders

The hypertension control reminders are new reminders. Sites will need to make sure that they have created consults and quick orders for:

- TOBACCO CESSARION, quick order: GMRCZ TOBACCO CESSATION,
- FITNESS PROGRAM , quick order: GMRCZ FITNESS PROGRAM,
- NUTRITIONL quick order: GMRCZ NUTRITION,
- HOME HEALTH quick order: GMRCZ HOME HEALTH
- SOCIAL SERVICES, quick order: GMRCZ SOCIAL SERVICES
- PUBLIC HEALTH NURSIGN, quick order: GMRCZ PHN

You may use your own if they exist and replace them when installing the reminder.

### 2.8.2 Lab Quick Orders and Objects

- Make sure quick orders exist for LRZ BMP, and LRZ LIPIDS.
- Make sure there is an object for the LAST 3 BP.

### 2.8.3 New Health Summary Object

Use Appendix I to create the health summary object for HYPERTENSION CONTROL.

## 3.0 Installation Checklist

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

1. Review the list of reminders to determine which ones you will install/activate at your site. (See [Review National Reminder Definitions.](#))
2. Remove Old Reminders from Reminder Exchange (See [Remove Old Reminders from Exchange.](#)) This is not required for this install but may make it easier to find the new reminders if the site has finished installation of all reminders from patch 1003.
3. Pre-requisites
  - IHS CLINICAL REPORTING V14.0
  - AICD 4.0
  - CLINICAL REMINDERS 2.0
  - PXRМ\*2.0\*1003 for patch 1004 and patch 1004 for patch 1005
  - GMPL\*2.0\*1004 for PXRМ patch 1005
  - XU\*8.0\*539 for GMPL patch 1004 and PXRМ patch 1005
4. Install PXRМ\*2.0\*1004. This is a very small patch that contains one routine necessary for further patch installation.
5. Install USR\*1.0\*1005
6. Install PX\*1.0\*1003. This small patch will help with errors on doing a re-index of V-files
7. Install GMPL\*2.0\*1004. This build installs several VA patches for problem list that are needed to create the new reminder indexes.
8. Set up the quick orders and the objects needed for installation of the hypertension control reminder (See appendix I for the object information.)
9. Make sure there is a mail group defined in the file REMINDER REMINDERS PARAMETERS and the field REMINDER MANAGEMENT MAILGROUP. This is where any issues will be sent.
10. Install the PXRМ\*2.0\*1005 KIDS build by appropriate IRM personnel. This patch contains several VA patches as well as the new patch to allow ICD-10 and SNOMEDs in taxonomies.

Reminders MUST be turned OFF before installation of this patch. This is VERY critical. Site managers must contact their Clinical Application Coordinator (CAC) to use the parameter to turn OFF reminders while the patch is installed.

Preferably this would be done while there are no or minimal users on the system. The parameter is PXR GUI REMINDERS ACTIVE.

Sites must rebuild the MENUs in this patch, as most menus have changed.

11. Install the reminders in Reminder Exchange that will be used at the facility.
12. Install, link and enable the dialogs.
13. If you removed additional findings in Step 5, then add them back in. Consider manually updating the dialogs. (See [Manually Update Dialogs](#).) NEVER use an additional finding that is used *in any other reminder dialog*. Only absolutely unique finding items may be used as additional findings. (See [EHR Reminder Configuration](#).)
14. Configure the Electronic Health Record to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab. (See [Inactivate the Old Reminder and Dialog](#).)
15. Inactivate Old Reminders.
16. Review the installed reminders and dialogs



## 4.0 Patch 12 Enhancements

### 4.1 Drug Class Updates

Similarly to what was done for code set versioning, a new mechanism was created that will be triggered whenever a national drug class update takes place. All reminder definitions, dialogs, and terms will be searched to determine if any of them can potentially be affected by the drug class changes in the update. A Mailman message that describes what was found will be delivered to the Reminders mail group.

### 4.2 New Options

- Reminder Computed Finding Inquiry
- Check Reminder Dialog for invalid items
- Finding Usage Report
- Reminder Integrity Check

### 4.3 Reminder Computed Findings

The new option, CFI – Reminder Computed Finding Inquiry, enables a user to display the information about a computed finding in an easy-to-read format.

- Select Reminder Computed Finding Management Option: CFI Reminder Computed Finding Inquiry.

#### 4.3.1 Computed Finding Inquiry

```

Select COMPUTED FINDING:      IHS-PAP 2013      VISN
      ...OK? Yes//      (Yes)

DEVICE:      CONSOLE      Right Margin: 80//
REMINDER COMPUTED FINDING INQUIRY      Apr 15, 2015
2:55:55 pm Page 1
-----

IHS-PAP 2013      No.
81
-----

Print Name:

Type:

Class:      VISN

Sponsor:

```

Review Date:		
Description:		
Edit History:		
Edit Date:	MAY 14,2013 16:20	Edit By: USER,DEMO
Edit Comments:	Exchange Install	
Entry Point:	PAP	Routine: BPXRMPCC

- The VA-PROGRESS NOTE computed finding was changed so it can use either the TIU DOCUMENT DEFINITION title or IEN in the computed finding parameter.
- VA-DATE FOR AGE is a new computed finding that uses the COMPUTED FINDING PARAMETER to pass an age in years and returns the date the patient will be that age as the date of the computed finding.
- VA-EMPLOYEE is a new computed finding that returns true if the patient is an employee.
- VA-ADMISSIONS FOR A DATE RANGE is a list type computed finding that can be used to build a list of patients who have been admitted in the specified date range.
- VA-DISCHARGES FOR A DATE RANGE is a list type computed finding that can be used to build a list of patients who have been discharged in the specified date range.
- VA-CURRENT INPATIENTS is a list type computed finding that can be used to build a list of all current inpatients
- CF VA-IS INPATIENT- This new computed finding will be true if the patient was/is an inpatient on the evaluation date. The following CSUB values will be available:
  - ADMISSION DATE/TIME (FileMan format)
  - ADMISSION TYPE
  - ATTENDING PHYSICIAN
  - DATE (FileMan format)
  - PRIMARY PROVIDER
  - TREATING SPECIALTY
  - WARD LOCATION

## 4.4 Reminder Definitions and Terms

A hint was added on how to add a second occurrence of a finding. The hint will be displayed when a double question mark is typed when editing the findings in a definition or a term.

Because of questions about checking for valid usage of TIU Objects, additional checking was added for anyplace a TIU Object can be used in a reminder definition. If an odd number of | characters are found, a warning will be issued.

An odd number of | characters in the text will cause TIU Object expansion to fail.

## 4.5 Reminder Dialogs

A new option "Check Reminder Dialog for invalid items" has been added to the Dialog Report Menu. This option scans the selected reminder dialog and all of its sub-components for possible problems that could affect the use of the reminder dialog in the EHR. The user can select every dialog type except Additional Prompts and Forced Values. The dialog checker report will check for the following items.

- Disabled dialog items in the selected dialog.
- Incomplete sequences in the selected dialog.
- All sub-items in the selected dialog are pointing to a valid entry on the system.
- All finding items, additional finding items, and orderable items are pointing to a valid entry on the system.
- Result groups are pointing to a valid MH Test and an MH scale has been defined for the result group.
- An odd number of characters in a dialog text field. If this is the case it would not be possible to determine which part is a TIU Object.

**Note:** Text and the Alternate Progress Note text fields have valid TIU Objects and TIU Template Fields.

### 4.5.1 Invalid Item Report

The following is an example of output:

```
Select Dialog Reports Option: CH Check Reminder Dialog for invalid
items
Select Dialog Definition: EXCHANGE DIALOG reminder dialog LOCAL
...OK? Yes// (Yes)
EXCHANGE DIALOG contains the following errors.
The dialog element INACTIVE OBJECT contains a reference to a TIU
Object NP TIUHS OBJECT TEST in the Dialog Text field. This TIU
Object is inactive.
```

## 4.5.2 Invalid Item Report for All

```
Select Reminder Dialog Management Option: DR   Dialog Reports

OR      Reminder Dialog Elements Orphan Report
ER      Empty Reminder Dialog Report
ALL     Check all active reminder dialog for invalid items
CH      Check Reminder Dialog for invalid items

Select Dialog Reports Option: ALL  Check all active reminder dialog
for invalid items

IHS-HEP A ADULT IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

IHS-HEP B ADULT IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

IHS-PED POLIO IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains
an incomplete sequence

IHS-DEPO PROVERA 2013 contains the following errors.
The dialog element ED FP-DEPO contains an incomplete sequence
```

A new cross-reference was added to file #801.41:

```
^PXRMD(801.41,||RG||,X,DA(1),DA)
```

A problem was found with the dialog orphan report incorrectly displaying a dialog element only used as a replacement item. Result Groups were also showing in the dialog orphan report when the result group was assigned to a parent element.

It was possible for a user to delete a dialog element if it was only used as a replacement item. The user was also able to delete a result group even when it was being used. This has been fixed and the user should not be able to delete an element or a result group if it is assigned to another dialog element/group.

The dialog inquiry will now display the value for the patient specific field.

Changes were made to reminder dialog functionality to support data standardization of findings, the first of which will be Immunizations and Skin Tests:

The DISABLE field has been changed from a free-text field to a set of codes:

```
0 for NO
1 for DISABLE AND SEND MESSAGE
2 for DISABLE AND DO NOT SEND MESSAGE
```

These codes will be used when loading a reminder dialog in EHR. If an item is marked as DISABLE AND SEND MESSAGE, a Mailman message will be sent to the Clinical Reminder mail group.

## 4.6 Reminder Exchange

Major enhancements were made to Reminder Exchange. The main change visible to users is the ability to select individual reminder file entries for packing. Now when the Create Exchange File Entry (CFE) action is selected, the user will be presented with the following selection list:

### 4.6.1 Items That Can Be Exchanged

```
Select from the following reminder files:
REMINDER COMPUTED FINDINGS
REMINDER COUNTING GROUP
REMINDER DEFINITION
REMINDER DIALOG
REMINDER EXTRACT COUNTING RULE
REMINDER EXTRACT DEFINITION
REMINDER LIST RULE
REMINDER LOCATION LIST
REMINDER SPONSOR
REMINDER TAXONOMY
REMINDER TERM
```

### 4.6.2 Packing Reminders

Multiple items of different types can be selected for packing into a single Exchange File entry. In previous versions of Reminder Exchange, only reminder definitions could be selected; the packing included everything the definition needed to function, such as sponsor, findings, and dialog.

In this new version of Reminder Exchange, this functionality has been extended.

When a reminder file entry is selected from the above list, everything it needs to function will be included in the packed entry. For example, an extract definition could include reminder definitions and rule sets, which in turn have their own dependencies. Because of this, an Exchange file entry may contain components that were not expected. To help the user know what is being included as it is packing up an entry, Reminder Exchange will list every single component that is being included.

For reminder dialogs, selection of individual dialog items is now allowed; the user is no longer limited to packing up the entire dialog.

### 4.6.3 Packing a Reminder

```
Select Action: Next Screen// CFE   Create Exchange File Entry

Select from the following reminder files:
  1 REMINDER COMPUTED FINDINGS
  2 REMINDER COUNTING GROUP
  3 REMINDER DEFINITION
  4 REMINDER DIALOG
  5 REMINDER EXTRACT COUNTING RULE
  6 REMINDER EXTRACT DEFINITION
  7 REMINDER LIST RULE
  8 REMINDER LOCATION LIST
  9 REMINDER SPONSOR
 10 REMINDER TAXONOMY
 11 REMINDER TERM
 12 REMINDER ORDER CHECK ITEMS GROUP
 13 REMINDER ORDER CHECK RULES

Select REMINDER DEFINITION NAME: IHS-DIAB EYE
  1   IHS-DIAB EYE EXAM           NATIONAL
  2   IHS-DIAB EYE EXAM 2011      NATIONAL
  3   IHS-DIAB EYE EXAM 2013      NATIONAL
  4   IHS-DIAB EYE EXAM 2015      NATIONAL
CHOOSE 1-4: 4   IHS-DIAB EYE EXAM 2015      NATIONAL
Enter another one or just press enter to go back to file selection.
Select REMINDER DEFINITION NAME:  << Can select multiples

Checking reminder dialog(s) for errors..
No problems found.
Enter the Exchange File entry name: IHS-DIAB EYE EXAM 2015 <<If
 multiples are selected, you MUST make a new name
Enter Description:  << Can overwrite description

Packing components ...
Adding routine BPXRMSNO
Adding EXAM DIABETIC EYE EXAM, IEN=3
Adding REMINDER COMPUTED FINDINGS IHS-SNOMED, IEN=681
Adding REMINDER TAXONOMY IHS-OTHER EYE EXAM 2015, IEN=115
Adding REMINDER TAXONOMY IHS-FUNDOSCOPIE EYE CODES 2015, IEN=80
Adding REMINDER TAXONOMY IHS-DIABETES DX 2015, IEN=71
Adding REMINDER TERM IHS-DIABETIC EYE CODES 2015, IEN=44
Adding REMINDER TERM IHS-DIABETES DX 2015, IEN=35
```

```

Adding REMINDER DEFINITION IHS-DIAB EYE EXAM 2015, IEN=327
Adding REMINDER DIALOG PXR COMMENT, IEN=1
Adding REMINDER DIALOG PXR OUTSIDE LOCATION, IEN=41
Adding REMINDER DIALOG PXR VISIT DATE, IEN=40
Adding REMINDER DIALOG PXR RESULT (EXAM), IEN=48
Adding REMINDER DIALOG EX DIABETIC EYE EXAM DONE ELSEWHERE, IEN=239
Adding REMINDER DIALOG EX DIABETIC EYE EXAM, IEN=238
Adding REMINDER DIALOG HD DIABETIC EYE EXAM, IEN=342
Adding REMINDER DIALOG IHS-DIAB EYE EXAM 2015, IEN=710
Adding TIU DOCUMENT DEFINITION BPXR DIABETIC EYE, IEN=1373
Packing is complete.

```

TIU/Health Summary Objects will be packed up if they are used in a reminder dialog that is being packed. The Health Summary Type will also be packed up if it does not contain local components and it does not contain the PROGRESS NOTES SELECTED component. A normal TIU Object will not be packed. If a TIU Object or Health Summary Type is not packed up, these items will appear in the list of components in the reminder exchange entries, but they will not be installable. Because of the packing order these items will be installed on the system after the dialog is installed on the system.

#### 4.6.4 Health Summary Objects

For TIU Objects, Health Summary Objects, Health Summary Types, and/or entries from the Order Dialog file (#101.41) that are not packed up, descriptive text has been added to the reminder exchange entry summary field, describing what is in the items that were not packed up. This should help the receiving sites re-create these items as needed.

#### 4.6.5 Dialog Error Checking

Automated dialog error checking has been added. All dialogs that are on the list to be packed will be checked. Two levels of severity will be reported: WARNING and FATAL ERROR. Each error will give a detailed description of the problems that are found. A FATAL ERROR prevents the dialog from being packed; therefore the packing will abort. A WARNING will allow the packing to proceed.

FATAL errors mean the dialog will not work and are caused by things such as a pointer to an item that does not exist.

WARNING means the dialog will function, but possibly not as expected. For example, if the dialog contains a disabled item, a warning will be generated.

The dialog checker will also check to make sure that dialog components contain items and will generate a fatal packing error if none exist.

For dialogs that are auto-generated from a reminder definition, a check was added that will disable a dialog element/group if the finding item is inactive as a result of Data Standardization.

The formatting of the Exchange file entry installation display during a KIDS install was improved. It now shows the number, and if the text is too long to fit on one line, it will be broken into multiple lines instead of just wrapping.

Because hospital locations are not standardized, they are not transportable. A list of hospital locations that will not be transported is included in the Exchange file entry description.

## 4.7 Reminder List Rules

There are four possible views in list rule management: finding rule, patient list rule, reminder rule, and rule set. When switching between the views, the screen position was being carried over. For example, if you were in the rule set view and line 10 was at the top of the display and you switched into the reminder rule view, it would start at line 10. If there were less than 10 reminder rules, then the display would be blank. The code was changed to save the current position for each view, so that when a particular view is selected, the display will start at the last screen position of that view.

## 4.8 Reminder Reports

A generalized finding usage report was created. The user inputs a list of findings to search for, and definitions, terms, and dialogs are searched to report where the findings are used. For findings that are from a standardized file, status and mapping information are included. A new option PXRMR FINDING USAGE REPORT was created. It was added as an item to the PXRMR REMINDER REPORTS menu.

Select the type of item to search:

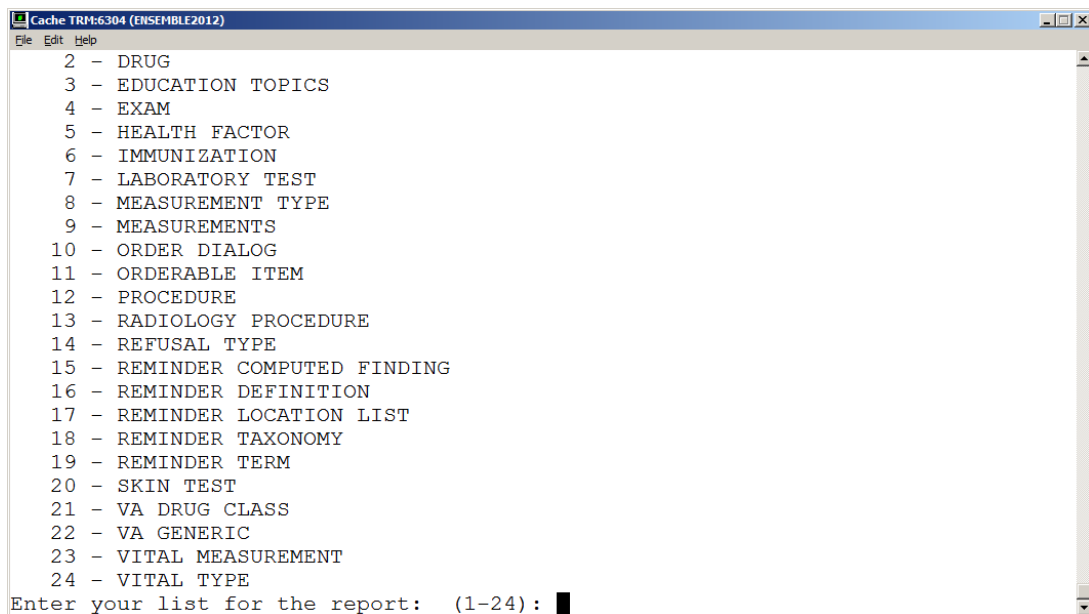


Figure 4-1: Items for Usage Report



### 4.8.1 Output from Usage Report

```

Search for all or selected MEASUREMENT TYPES?

    Select one of the following:

        1          ALL
        2          SELECTED

Enter response: SELECTED//
Type: BP

Clinical Reminders finding usage report.

The following MEASUREMENT TYPE(s) are used as follows:

=====
MEASUREMENT TYPE - BP (IEN=4)

    Is used in the following Reminder Definition(s):

        IHS-BLOOD PRESSURE (IEN=60)
            Finding number 3

        IHS-BLOOD PRESSURE 2013 (IEN=162)
            Finding number 5

        IHS-DIAB BP CONTROL 2013 (IEN=169)
            Finding number 2

        TEST-DIAB BP CONTROL 2011 (IEN=224)
            Finding number 8

-----

    Is used in the following Reminder Dialog(s):

        Dialog element VM BLOOD PRESSURE (IEN=366), used in the
            Finding Item field

        Dialog element MT BP (IEN=706), used in the
            Finding Item field

        Dialog element MT BLOOD PRESSURE (IEN=955), used in the
            Finding Item field

-----

    Is used in the following Reminder Term(s):

        IHS-HIGH BP 2007 (IEN=12)
            Finding number 1

        IHS-DM BLOOD PRESSURE (IEN=17)
            Finding number 1

```

A new prompt called "Clinic Stops output" was added to reminder due reports. This

prompt allows the user to select what type of output to display when running a reminder due report against selected clinic stops. For a detailed report, the user will have the option to display output either by Clinic Stops only (current output) or by Individual Clinics belonging to the clinic stops. For a summary report with the report totals set to either to "Individual Locations" or by Individual locations plus Totals by Facility," the user will have the same options as the detailed report and a third option of reporting the output by Clinic Stops and Individual Clinic(s).

Another new option "Print percentages with the report output" has been added. If the user replies —Y, the following percentages will be displayed:

- %Applicable = Number Applicable/Total patient \* 100
- %Due = Number of Due/Number Applicable \* 100
- %Done = 100-%Due

This field has also been added to the Reminder Report template functionality.

A new field named Creator was added to report templates. This field is automatically populated when someone creates a reminder report template. It will be used to control edit accesses to the template. In order to edit a template a user must either be the creator or hold the PXRMANAGER security key. If the user is not the creator or does not hold the PXRMANAGER security key, they will not see the prompt to edit the template.

When running a reminder report against multiple patient lists, the results of the report were printed out without the patient list name. Reminder reports were changed to display the patient list name with the patient list results.

## 4.8.2 Reminder Due Report

```

Select Reminder Reports Option: D   Reminders Due Report

Select an existing REPORT TEMPLATE or return to continue:

    Select one of the following:

        I      Individual Patient
        R      Reminder Patient List
        L      Location
        O      OE/RR Team
        P      PCMM Provider
        T      PCMM Team
        D      Designated Provider

PATIENT SAMPLE: L// Location

Select FACILITY: 8905//   DEMO HOSPITAL   INDIANA   INDIANA
35      I
N      8905
Select another FACILITY:

```

Select one of the following:

HA	All Outpatient Locations
HAI	All Inpatient Locations
HS	Selected Hospital Locations
CA	All Clinic Stops(with encounters)
CS	Selected Clinic Stops
GS	Selected Clinic Groups

Determine encounter counts for: HS// HA All Outpatient Locations

Select one of the following:

P	Previous Encounters
F	Future Appointments

PREVIOUS ENCOUNTERS OR FUTURE APPOINTMENTS: P// revious Encounters

Enter ENCOUNTER BEGINNING DATE: T-365 (APR 15, 2014)

Enter ENCOUNTER ENDING DATE: T (APR 15, 2015)

Enter EFFECTIVE DUE DATE: Apr 15, 2015// (APR 15, 2015)

Select SERVICE CATEGORIES: A,I// A

Select one of the following:

D	Detailed
S	Summary

TYPE OF REPORT: S// ummary

Select one of the following:

I	Individual Locations only
R	Individual Locations plus Totals by Facility
T	Totals by Facility only

REPORT TOTALS: I// R Individual Locations plus Totals by Facility

Print locations withno patients? YES// NO

**Print percentages with the report output? NO// YES**

Select individual REMINDER: IHS-TOBACCO

1	IHS-TOBACCO SCREEN 2009	NATIONAL
2	IHS-TOBACCO SCREEN 2013	NATIONAL

CHOOSE 1-2: 2 IHS-TOBACCO SCREEN 2013 NATIONAL

Select another REMINDER:

Create a new report template: N// 0

Print delimited output only: N// 0

Include deceased patients on the list? N// NO

```

Include test patients on the list? N// 0

Save due patients to a patient list: N// 0

DEVICE: HOME//

Building hospital locations list \
Elapsed time for building hospital locations list: 0 secs

Building patient list /
Elapsed time for building patient list: 0 secs

Removing invalid encounter(s) |
Elapsed time for removing invalid encounter(s): 0 secs

Evaluating Reminders -

Evaluating reminders |
Elapsed time for reminder evaluation: 2 secs

                Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL 8905
Reminders due 4/15/2015 - DAY SURGERY for 4/15/2014 to 4/15/2015
# Patients with Reminders
  Applicable      Due      %Appl      %Due      %Done
  -----      ---      -
1  Tobacco Screen
                        3      3      100      100      0

Report run on 3 patients.

                Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL 8905
Reminders due 4/15/2015 - DENTAL for 4/15/2014 to 4/15/2015
# Patients with Reminders
  Applicable      Due      %Appl      %Due      %Done
  -----      ---      -
1  Tobacco Screen
                        4      4      100      100      0

Report run on 4 patients.

                Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL 8905
Reminders due 4/15/2015 - DIABETES for 4/15/2014 to 4/15/2015
# Patients with Reminders
  Applicable      Due      %Appl      %Due      %Done
  -----      ---      -
1  Tobacco Screen
                        33     31      100      94      6

Report run on 33 patients.
    
```

Clinical Reminders Due Report - Summary Report					
Facility: DEMO HOSPITAL 8905					
Reminders due 4/15/2015 - EMERGENCY ROOM for 4/15/2014 to 4/15/2015					
# Patients with Reminders					
	Applicable	Due	%Appl	%Due	%Done
	-----	---	-----	-----	-----
1 Tobacco Screen	29	27	100	94	6

Report run on 29 patients.

## 4.9 Integrity Checks

Two new options have been added to the reminder menu. These integrity checks can alert the CAC to any problems with a particular (or all) reminders. WARNINGS and ERRORS are reported.

### 4.9.1 New Options

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
RH		Reminder Edit History
ICS		Integrity Check Selected
ICA		Integrity Check All

Select Reminder Definition Management Option: ICA Integrity Check All.

### 4.9.2 ICA Integrity Check All

Check the integrity of all reminder definitions. DEVICE: HOME// CONSOLE Right Margin: 80//
Checking BLANK FOR ASTHMA H&P (IEN=152) Warning, there is no Resolution logic. No fatal errors were found
Checking IHS-ACTIVITY SCREEN 2013 (IEN=226) No fatal errors were found.
Checking IHS-ALCOHOL SCREEN (IEN=68) No fatal errors were found.
Checking IHS-ALCOHOL SCREEN 2007 (IEN=38) No fatal errors were found.

Checking IHS-ALCOHOL SCREEN 2008 (IEN=89)  
No fatal errors were found.

Checking IHS-ALCOHOL SCREEN 2009 (IEN=20)  
No fatal errors were found.

Checking IHS-ALCOHOL SCREEN 2013 (IEN=157)  
No fatal errors were found.

Checking IHS-DIAB HGBA1C (IEN=4)

WARNING: definition has resolution logic but no baseline frequencies. There are findings that set a frequency but if they are all false there will not be a frequency.

No fatal errors were found.

## 5.0 Using the New Reminder Taxonomy Menu

### 5.1 Reminder Taxonomy Management Main Screen

When you select Taxonomy Management from the Clinical Reminders Manager Menu, you will go into a List Manager Taxonomy Management screen. It lists all of the taxonomies on your system. You can use the standard List Manager actions to search or scroll through the list.

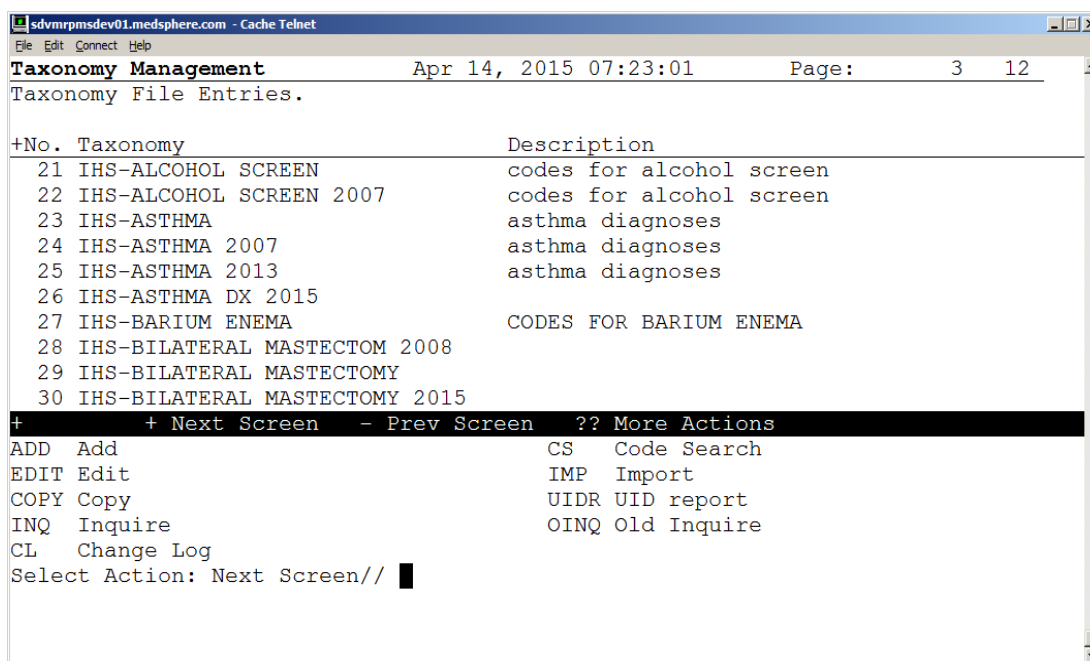


Figure 5-1: Taxonomy Edit Screen

### 5.2 Reminder Taxonomy Management Actions

Table 5-1: Available Actions

Synonym	Action	Description
ADD	Add	Use this action to create a new taxonomy.
EDIT	Edit	Use this action to edit an existing taxonomy.
COPY	Copy	This action allows the user to copy an existing taxonomy into a new one. The new taxonomy must have a unique name.
INQ	Inquire	Use this action to obtain a detailed report about a taxonomy. It lists all the codes that have been selected, the code's status, and shows if the code has been marked as Use In Dialog (UID).

Synonym	Action	Description
CL	Change Log	Use this action to display a taxonomy's change log (edit history).
EH	Edit History	Use this action to display a taxonomy's edit history.
CS	Code Search	This action can be used to find all taxonomies that include a particular code.
IMP	Import	Use this action to import codes from a CSV file.
UIDR	UID Report	This action runs the UID report which displays all inactive codes marked as UID.

For the Edit, Copy, Inquire, and Edit History actions, you can select the action and then the entry number, or if you select an entry, you will be prompted to choose one of these actions. When the Import action is selected, it prompts you for a taxonomy to import into. Code Search and UID Report do not prompt for a taxonomy because these reports are run on all taxonomies.

This is a KNOWN ANOMALY.

For any action that works with a list, you can select the list and then the action, or select the action and then the list. In the first case, the system uses the List Manager's list selection, which displays the list as a string of items. If the list has too many items, it generates an error.

The workaround is to select the action first.

For example, on the code selection screen, if you do an ICD-10 Lexicon search for diabetes, you will see a list of around 250 codes. If you enter 1-250 at the Select Action prompt, you'll get a range error. However, if you select Add, then you can enter 1-250 and not get an error.



### 5.2.1 Range Error

```

Lexicon Selection                      Nov 14, 2013@11:16:15          Page:
57 of 57
Term/Code: diabetes
253 ICD-10-CM codes were found.
+No. Code      Active      Inactive  Description
      250 P70.2   10/1/2014      Gestational Diabetes
      251 Z13.1   10/1/2014      Neonatal diabetes mellitus
Diabetes                                     Encounter for Screening for
                                                Mellitus
      252 Z83.3   10/1/2014      Family History of Diabetes
Mellitus
      253 Z86.32  10/1/2014      Personal History of Gestational
Diabetes

          + Next Screen  - Prev Screen  ?? More Actions
ADD  Add to taxonomy          UID  Use in dialog
RFT  Remove from taxonomy    SAVE Save
RFD  Remove from dialog
Select Action: Quit// 1-250

>>>  Range too large: 1-250.
    
```

### 5.2.2 Reminder Taxonomy Action Examples

#### 5.2.2.1 Add

Use this action to add a new taxonomy, following these steps:

At the Select Action screen, type **ADD**.

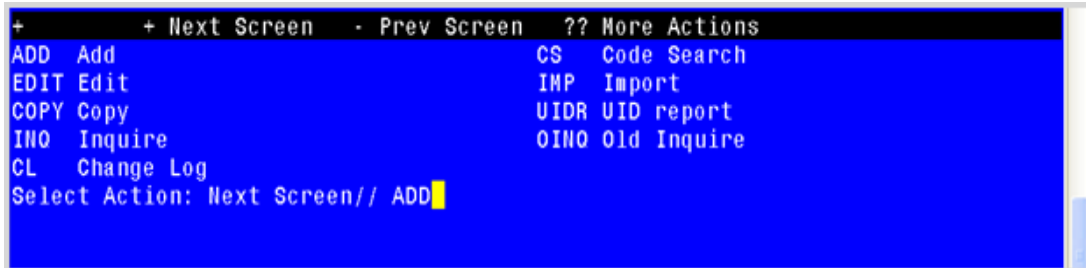


Figure 5-2: Taxonomy Creation Screen

1. Enter the Name and Class of the new taxonomy.

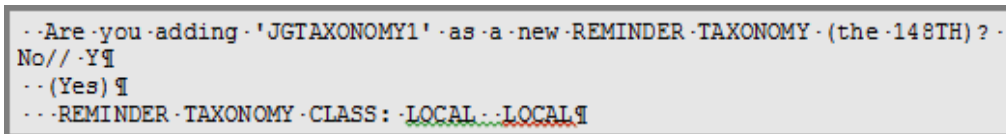
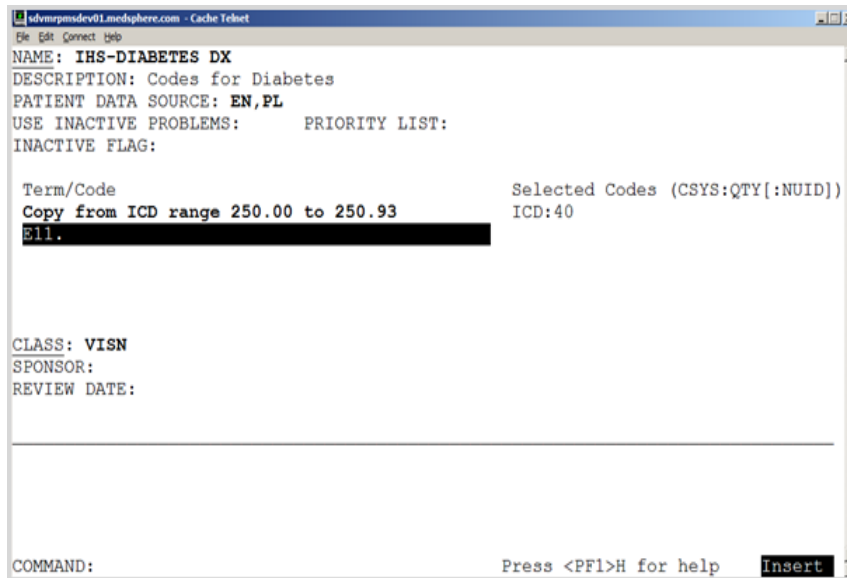


Figure 5-3: Taxonomy Name and Class Screen

2. Once these have been entered you will be taken to the ScreenMan edit form.



The screenshot shows a terminal window titled 'sdvmpmsdev01Lmedisphere.com - Cache Telet'. The main content is as follows:

```
NAME: IHS-DIABETES DX
DESCRIPTION: Codes for Diabetes
PATIENT DATA SOURCE: EN,PL
USE INACTIVE PROBLEMS:      PRIORITY LIST:
INACTIVE FLAG:

Term/Code                               Selected Codes (CSYS:QTY[:NUID])
Copy from ICD range 250.00 to 250.93    ICD:40
E11.
```

Below this, there are fields for:

```
CLASS: VISN
SPONSOR:
REVIEW DATE:
```

At the bottom, there is a 'COMMAND:' field and a prompt 'Press <PF1>H for help' with an 'Insert' button.

Figure 5-4: ScreenMan Edit Form – Code to Search For

3. Press Enter at the Term/Code line and a screen for selecting or editing codes opens.

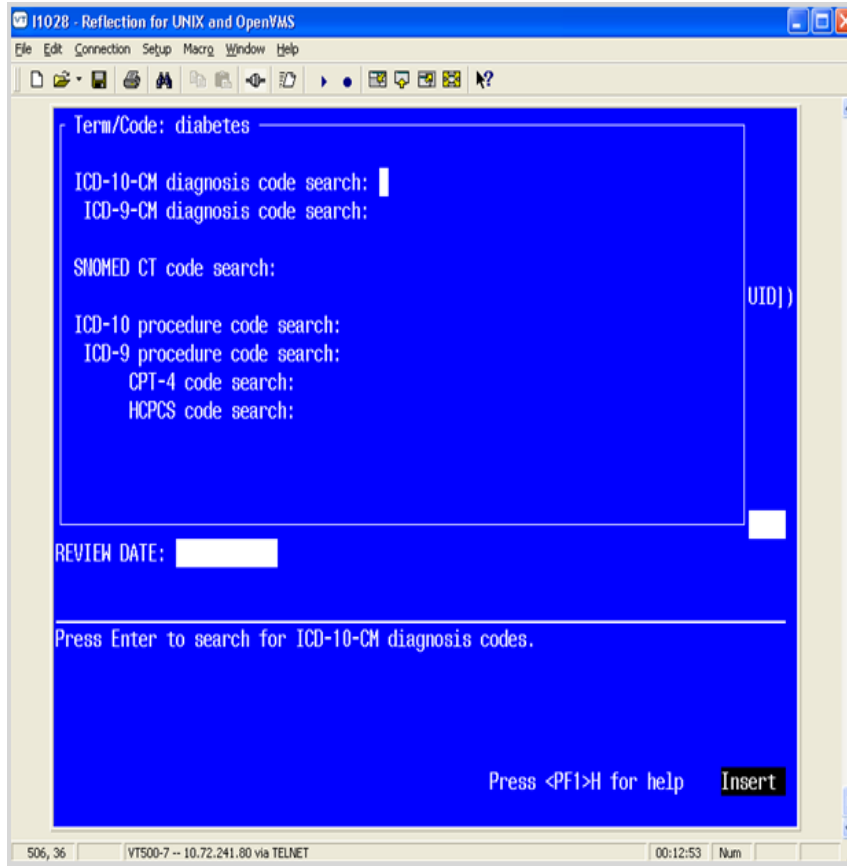


Figure 5-5: Types of Codes to Search in Lexicon

- a. The top line displays the Term/Code that will be used in the search.
- b. Use the directional arrows to select a coding system for the search.
4. Press Enter at any of the code search prompts and a Lexicon search screen opens and all the matches are listed.

The codes are displayed in a List Manager screen. At the top, it shows you the Term/Code and the number of codes found in the selected coding system.

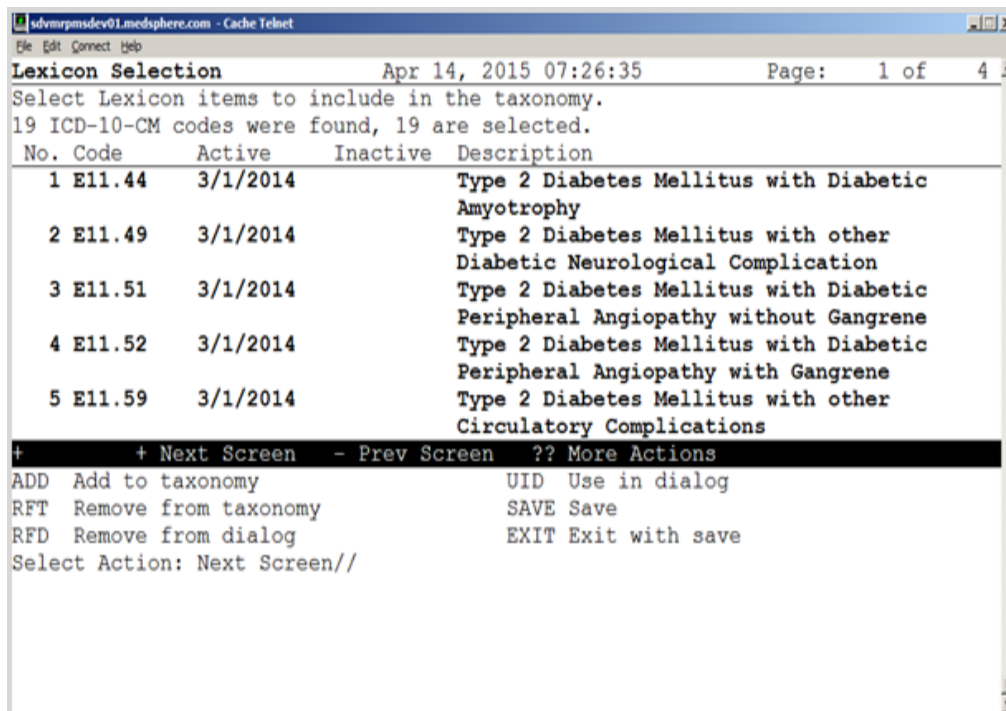


Figure 5-6: Codes Found From Search

At this point, the following actions are available:

Synonym	Action	Description
ADD	Add to taxonomy	Adds the selected codes to the taxonomy.
RFT	Remove from taxonomy	Removes the selected codes from the taxonomy.
RFD	Remove from dialog	Removes UID from the selected codes.
UID	Use in dialog	Marks the selected codes as Use in Dialog.
CV	Change View	
EXIT	Exit with save	
SAVE	Save	Saves the results of the other actions. You may do multiple adds, removes, etc., but nothing is actually saved until the Save action is performed.

- Choose the correct code (by number) or go to next screen until you see the correct code at the Select Action: prompt. Multiple numbers may be added at same time.

Comma separated list of entries	1,3,5
Range of entries	4-8
Combination	3,9-12

**Note:** Be aware of the previously mentioned [known anomaly](#). If a very long range of entries are entered, the user may get a range error.

When you are finished, use the hidden action Quit to return to the coding system selection form. If desired, you can use the same Term/Code for searching another coding system; just move to the next coding system and press Enter. If you want to enter another Term/Code, use either the shortcut (NL)C (close) or (NL)Q (quit) to exit the coding system selection form and return to the main taxonomy edit form.

Two codes were selected and the ADD action was chosen.

- Choices are highlighted. Your screen setup determines the highlight color.
- Be sure to click **SAVE** or **EXIT** to save changes.

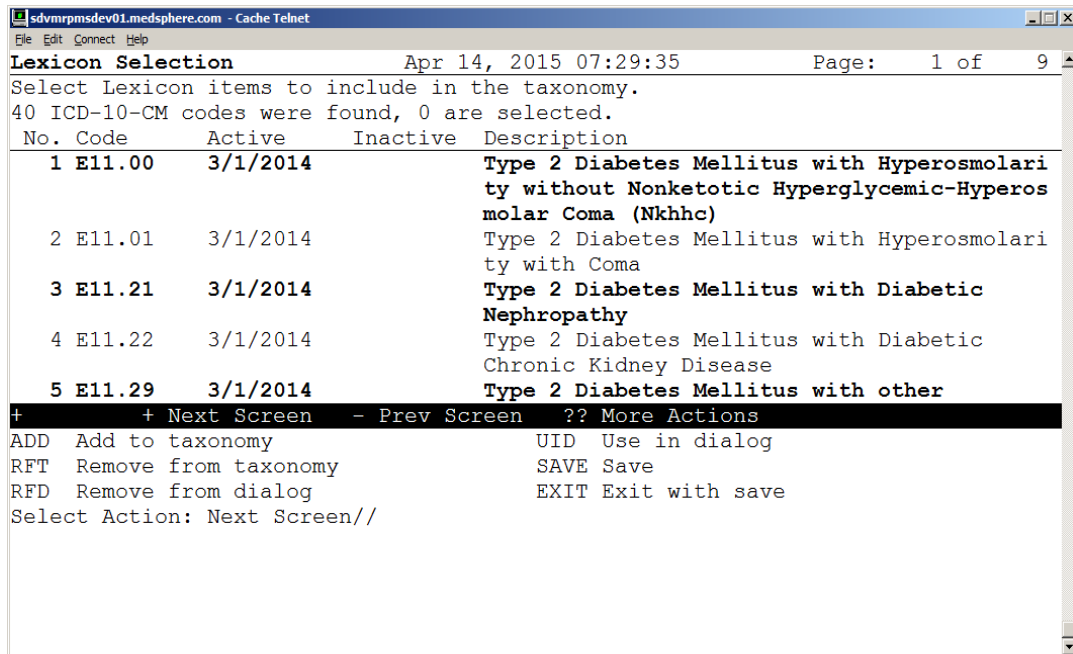


Figure 5-7: Codes Selected for Taxonomy

- Once a SAVE is done, the screen for more codes is presented. If no more codes are needed, use the NUM LOCK+E key configuration to exit.
- The screen now shows there are two ICD codes added.



Figure 5-8: Completed Screen

- Legend: The text on the right-hand side of the screen.  
(CSYS:QTY[:NUID]) = Coding System and Quantity|Nused in dialog
- The coding system for diabetes is 10D and there are five codes.

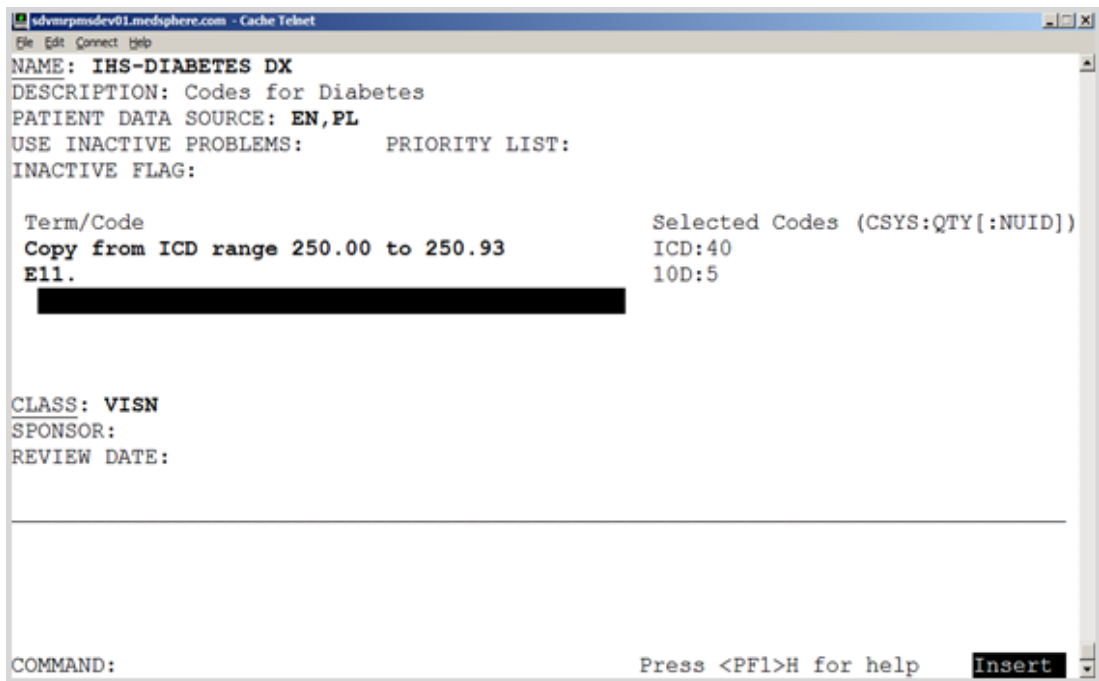


Figure 5-9: Codes Entered into Taxonomy

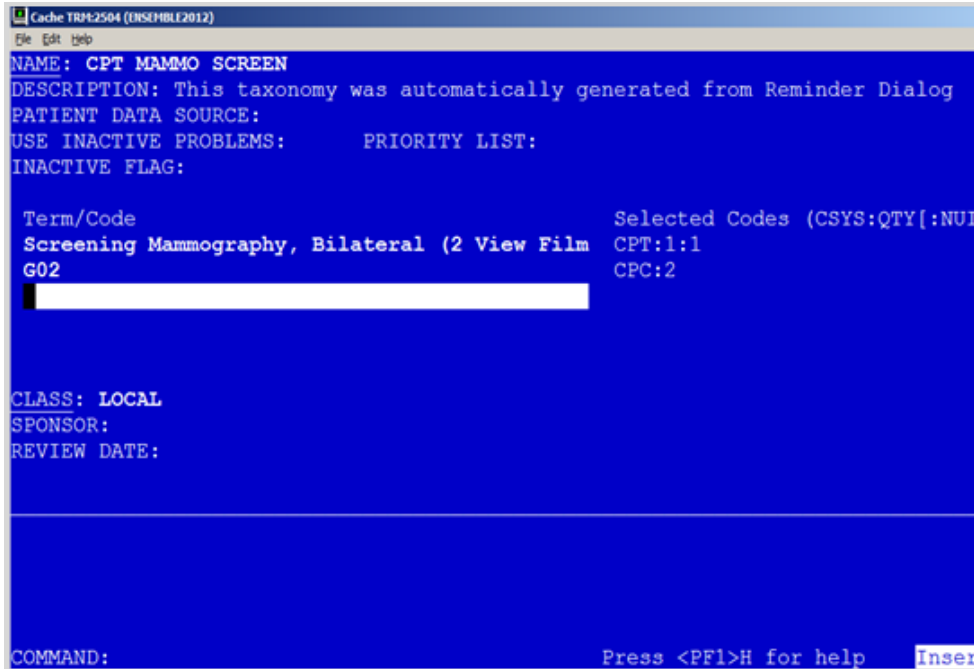


Figure 5-10: HCPCS Codes for Screening Mammography

- This screen shows two HCPCS codes entered for Screening Mammography. The CPC:2 means there are two HCPCS codes, and neither of them is included in a dialog. The CPT entry of CPT:1:1 means that Screening Mammography has one CPT code, and it CAN be used in a dialog.
- This taxonomy now has two codes that can only be used in reminder definition or reminder term.

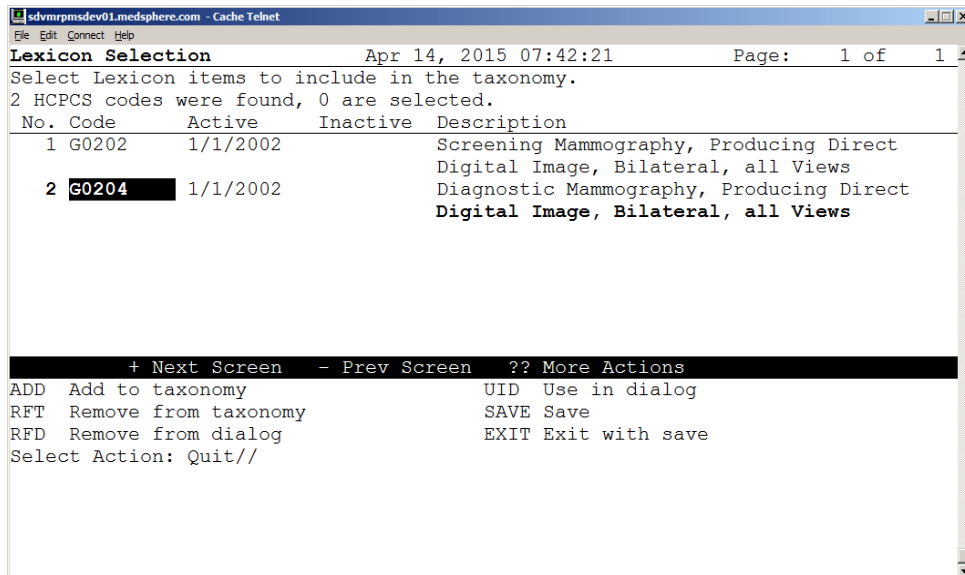


Figure 5-11: Marking Code for Dialog

- If you want to use the codes in a reminder dialog, you must use the UID option.

- In this example, Entry 2 is now allowed for use in a reminder dialog (signified by highlighting).

IHS does NOT use any diagnoses codes in reminder dialogs, so sites should NOT either. With EHR patch 13, it was determined that all POVs need to be attached to a problem and therefore should not be entered independently in reminder dialogs. This menu option should only be used for local reminders that use CPT taxonomies.

- The taxonomy now has two codes for use in a reminder definition and one code for use in a dialog.
- In the example shown, only ICD-9 diagnosis codes were used/added.
- The same process holds true for:
  - ICD-10 diagnosis
  - SNOMED CT
  - CPT-4
  - HCPCS
  - ICD-10 procedure
  - ICD-9 procedure

### 5.2.2.2 Remove Items

1. Use RFT option to remove codes from taxonomy.  
 This will also remove codes from UID.
2. Use RFD to remove codes from UID only.

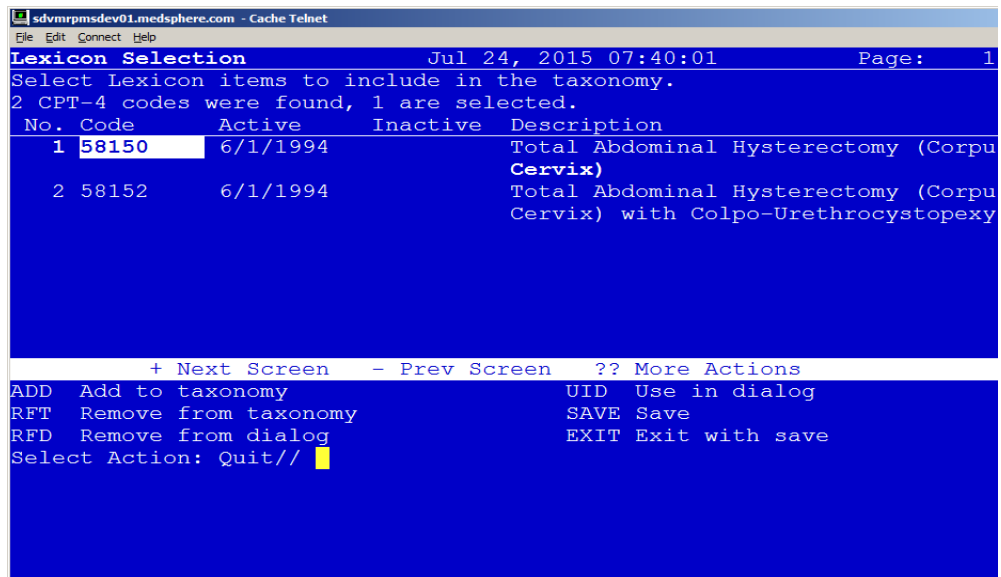


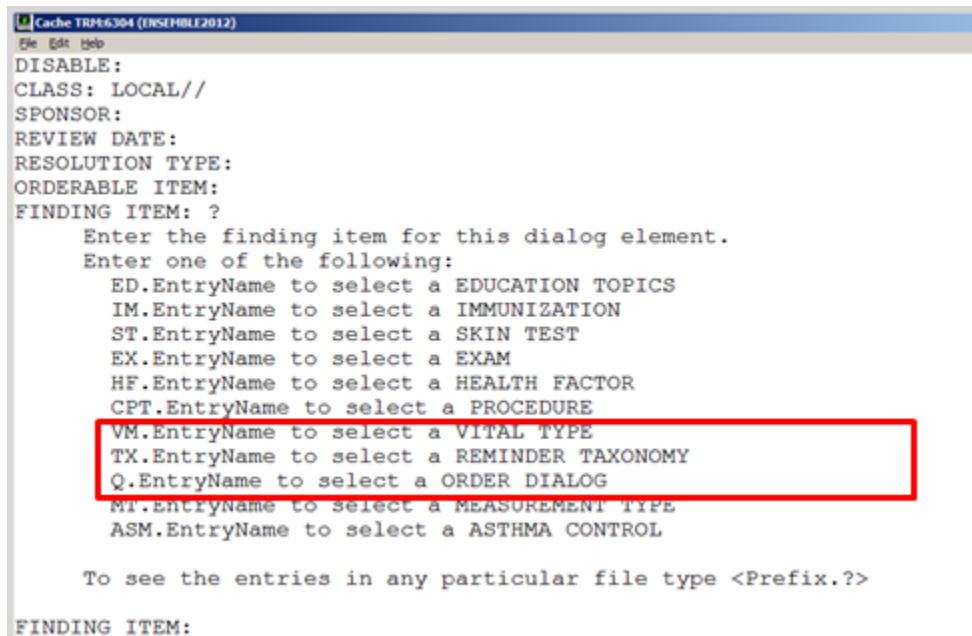
Figure 5-12: RFD Remove From Dialog



### 5.2.2.3 Add Taxonomy to a Dialog

- Add Taxonomy instead of individual codes.
  - Finding Item
  - Additional Finding
- Abbreviation is TX.

**Note:** Remember that in IHS, you can only add a taxonomy of CPT type codes to a dialog. Taxonomies will continue to be used in reminders themselves but the codes will be entered in problem list only.



```

Cache TRM6304 (ENSEMBLE2012)
File Edit Help
DISABLE:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE:
ORDERABLE ITEM:
FINDING ITEM: ?
  Enter the finding item for this dialog element.
  Enter one of the following:
    ED.EntryName to select a EDUCATION TOPICS
    IM.EntryName to select a IMMUNIZATION
    ST.EntryName to select a SKIN TEST
    EX.EntryName to select a EXAM
    HF.EntryName to select a HEALTH FACTOR
    CPT.EntryName to select a PROCEDURE
    VM.EntryName to select a VITAL TYPE
    TX.EntryName to select a REMINDER TAXONOMY
    Q.EntryName to select a ORDER DIALOG
    MI.EntryName to select a MEASUREMENT TYPE
    ASM.EntryName to select a ASTHMA CONTROL

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

FINDING ITEM:
  
```

Figure 5-13: Variable pointer list for dialogs

### 5.2.2.4 Add a Group of Codes to a Taxonomy

Adding a group of codes to a taxonomy is different here from pre-patch 26. This is not pertinent to SNOMED CT, as adjacent codes are usually not related.

1. After entering a term or partial code to get a list of returned matches, click the **ADD** option.
2. Select codes **1-3-28**.
3. Click **Save** or **Exit**.

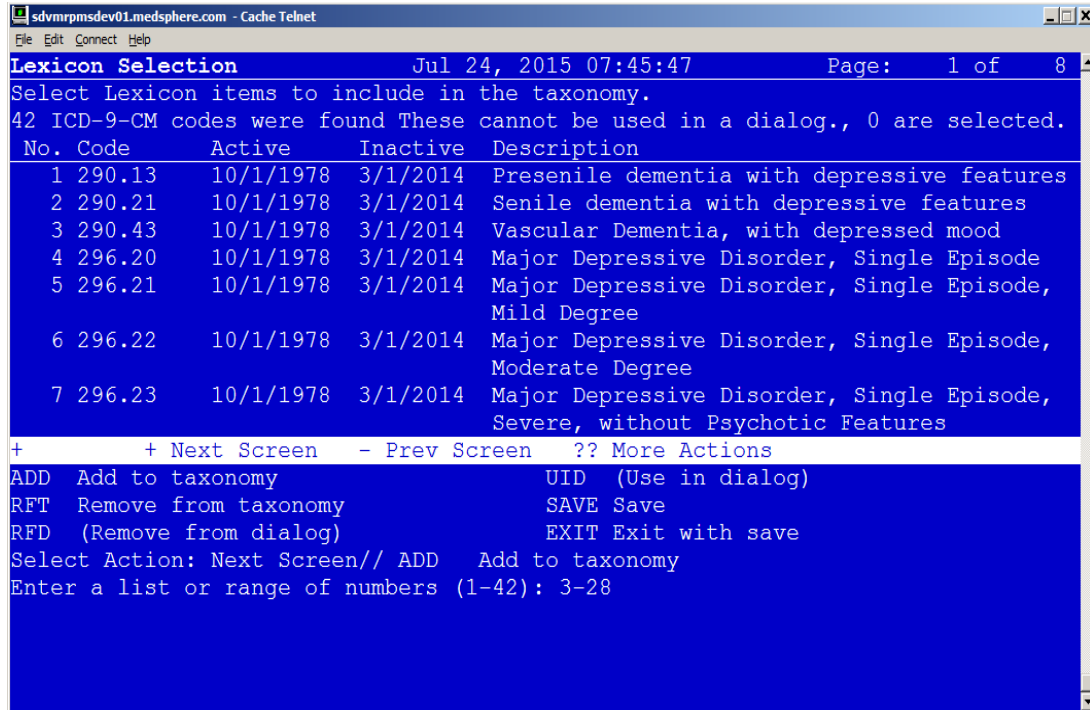


Figure 5-14: Adding Codes to a Taxonomy

- Once the selected codes pertaining to Depression are added to the taxonomy, click **Save** or **Exit**. Those codes are bolded in the list

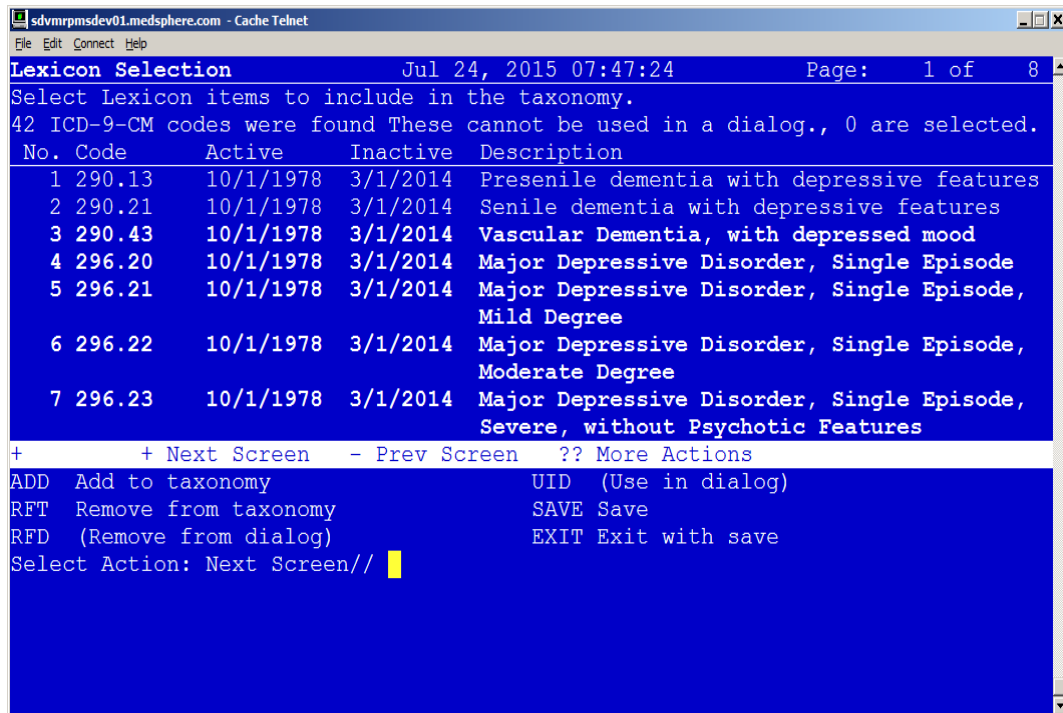


Figure 5-15: Codes Added to Taxonomy in Bold

### 5.2.2.5 Edit

Use this action to edit the fields in a taxonomy definition.

1. Scroll through the taxonomies by pressing Enter.
2. Select the **Edit** action.
3. Select the number of the taxonomy to edit.

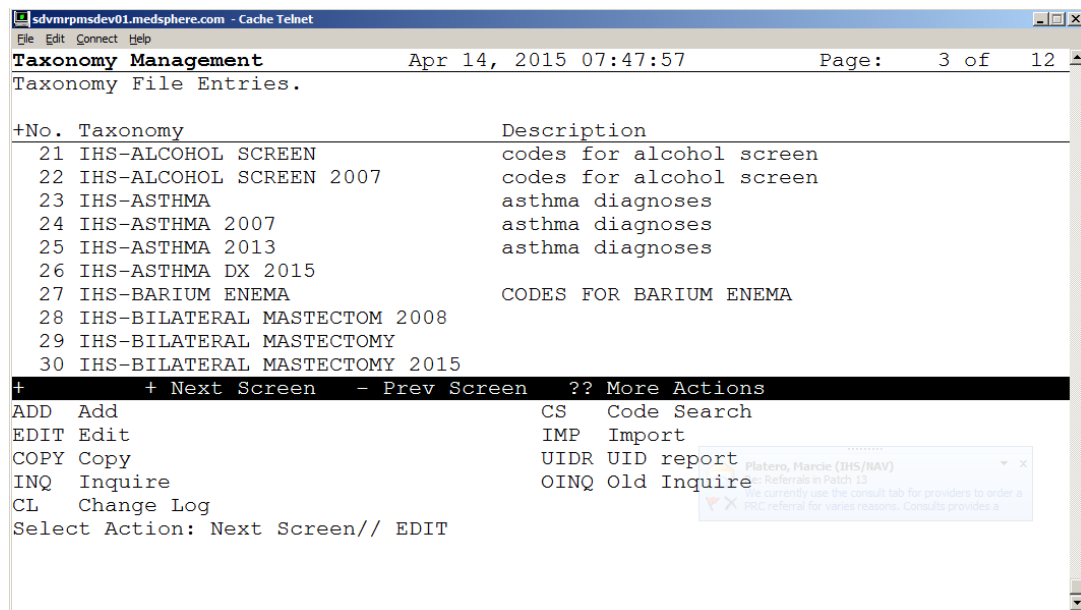


Figure 5-16: Editing Taxonomy

4. When you select the **Edit** action, a ScreenMan form opens.

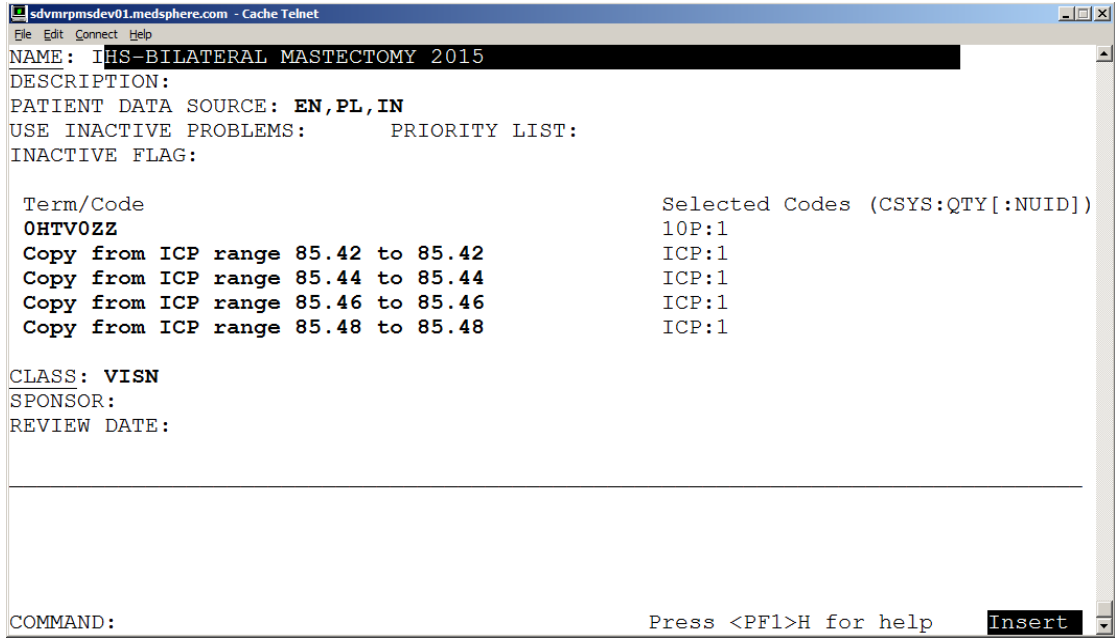


Figure 5-17: Edit Action Screen

5. Edit fields as needed. To edit some fields, such as Description, you must press Enter to open a word-processing screen.

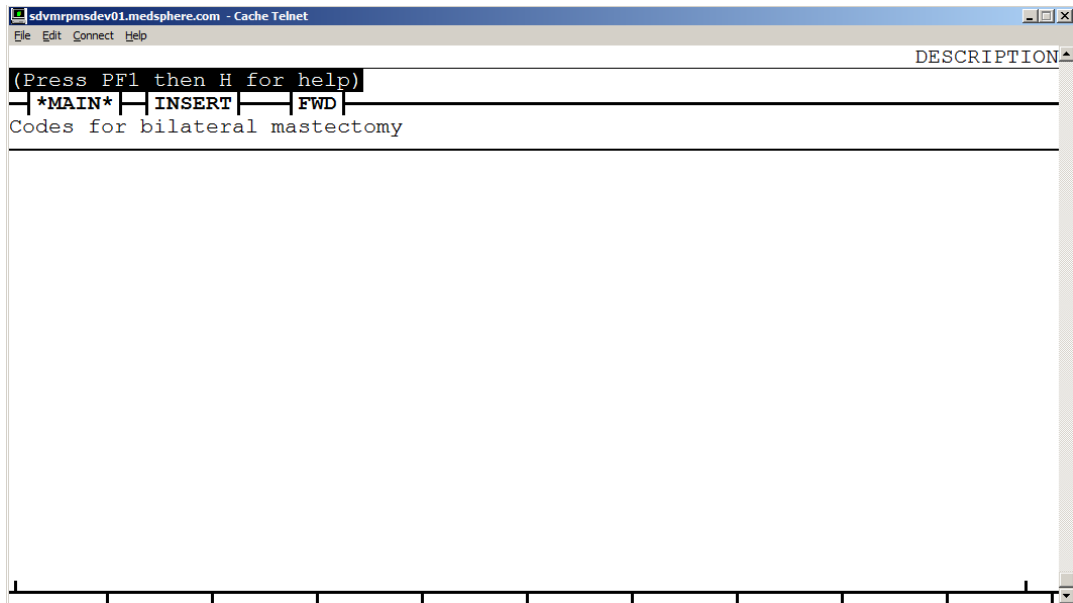


Figure 5-18: Editing Description

6. To exit the word-processing screen, press <PF1>E (or the key that you have mapped).
7. Move down the edit screen by using the down arrow.

### 5.2.2.6 Taxonomy Field Descriptions

These are the fields that you can add information to on the Taxonomy Edit screen.

NAME	DESCRIPTION
NAME	This is the name of the taxonomy. It must be unique. Nationally distributed taxonomies start with "VA-".
DESCRIPTION	Use this word-processing field to give a complete description of the taxonomy. Topics to consider including are what it represents and its intended usage.
PATIENT DATA SOURCE	Specifies where to search in VistA for patient data. It is a string of comma-separated key words. The list of key words is given below.
USE INACTIVE PROBLEMS	Applies only to searches in Problem List. Normally inactive problems are not used. However when this field is set to YES, then both active and inactive problems are used. This field works just like the field with the same name that can be specified for a reminder definition finding or a reminder term finding. If this field is defined in the taxonomy, it will take precedence over the value of the corresponding field at the term or definition level.
PRIORITY LIST	This field applies only to Problem List searches. It can be used to limit the problems that are included to those with the listed priorities. The possible values are: A - acute C - chronic U - undefined Any combination of these letters can be used. For example, 'A' would limit the search to acute problems. 'CU' would include chronic problems and those whose priority is undefined. If this field is left blank then all priorities will be included.
INACTIVE FLAG	Enter "1" to inactivate the taxonomy.
TERM/CODE (multiple)	Term/Code and a Coding System are passed to the Lexicon search utility, which returns a list of codes based on the user's search criteria. Terms are descriptions for a concept and the code is a unique identifier assigned to that description. A concept can have one or more descriptions to express the concept. An example of this in SNOMED CT is the concept code 271807003 that has a fully specified name of "Eruption of Skin", a preferred name of "Eruption" and several synonyms "Rash", "Skin Eruption", "Skin Rash". For more information, see the Lexicon Utility User Manual.

NAME	DESCRIPTION
CLASS	This is the class of the entry. Entries whose class is National cannot be edited or created by sites. N - NATIONAL V - VISN L - LOCAL
SPONSOR	This is the name of a group or organization that sponsors the taxonomy.
REVIEW DATE	The review date is used to determine when the entry should be reviewed to verify that it is current with the latest standards and guidelines.
CHANGE LOG	If changes were made, the date and the name of the user making the changes will be inserted automatically. You can optionally type in a description of the changes made during the editing session.

### 5.2.2.7 Patient Data Source Keywords

KEYWORD	MEANING
ALL	All sources (default)
EN	All PCE encounter data (CPT-4 & ICD diagnosis)
ENPP	PCE encounter data, principal procedure (CPT-4) only
ENPD	PCE encounter data, principal diagnosis (ICD) only
IN	All PTF inpatient data (ICD diagnosis and procedures)
INDXLS	PTF inpatient DXLS diagnosis (ICD) only
INM	PTF inpatient diagnosis (ICD) movement only
INPD	PTF inpatient principal diagnosis (ICD) only
INPR	PTF inpatient procedure (ICD) only
PL	Problem List (ICD diagnosis and SNOMED-CT)
RA	Radiology (CPT-4) only

You may use any combination of these keywords. An example is EN,RA. This would cause the search to be made in V CPT and Radiology for CPT-4 codes. If PATIENT DATA SOURCE is left blank, the search is made in all the possible sources. You can also use a “-” to remove a source from the list; for example, IN,-INM.

**Note:** It is important to remember that the link between CPT-4 codes and radiology procedures is maintained by sites. If this linkage is not kept current at your site, then the recommendation is **to not use RA** in Patient Data Source. It will be much more reliable to use radiology procedures directly as findings.

```

sdvnrpmsdev01.medsphere.com - Cache Telnet
File Edit Connect Help
NAME: IHS-BILATERAL MASTECTOMY 2015
DESCRIPTION: Codes for bilateral mastectomy
PATIENT DATA SOURCE: EN,PL,IN
USE INACTIVE PROBLEMS: [REDACTED] PRIORITY LIST:
INACTIVE FLAG:

Term/Code                               Selected Codes (CSYS:QTY[:NUID])
OHTV0ZZ                                  10P:1
Copy from ICP range 85.42 to 85.42      ICP:1
Copy from ICP range 85.44 to 85.44      ICP:1
Copy from ICP range 85.46 to 85.46      ICP:1
Copy from ICP range 85.48 to 85.48      ICP:1

CLASS: VISN
SPONSOR:
REVIEW DATE:

1=YES

Press <PF1>H for help  Insert

```

Figure 5-19: Edit Action Form 2

When you navigate to some of the fields on the form, you may see help in the command area. If more detailed help is needed, type a question mark (?) or two question marks (??).

Term/Code is a multiple of terms, codes, or code fragments that are used for a Lexicon search. In the above example, the code fragment 250 has been entered. When you press Enter, you will be taken to a form where you select the coding system to search.

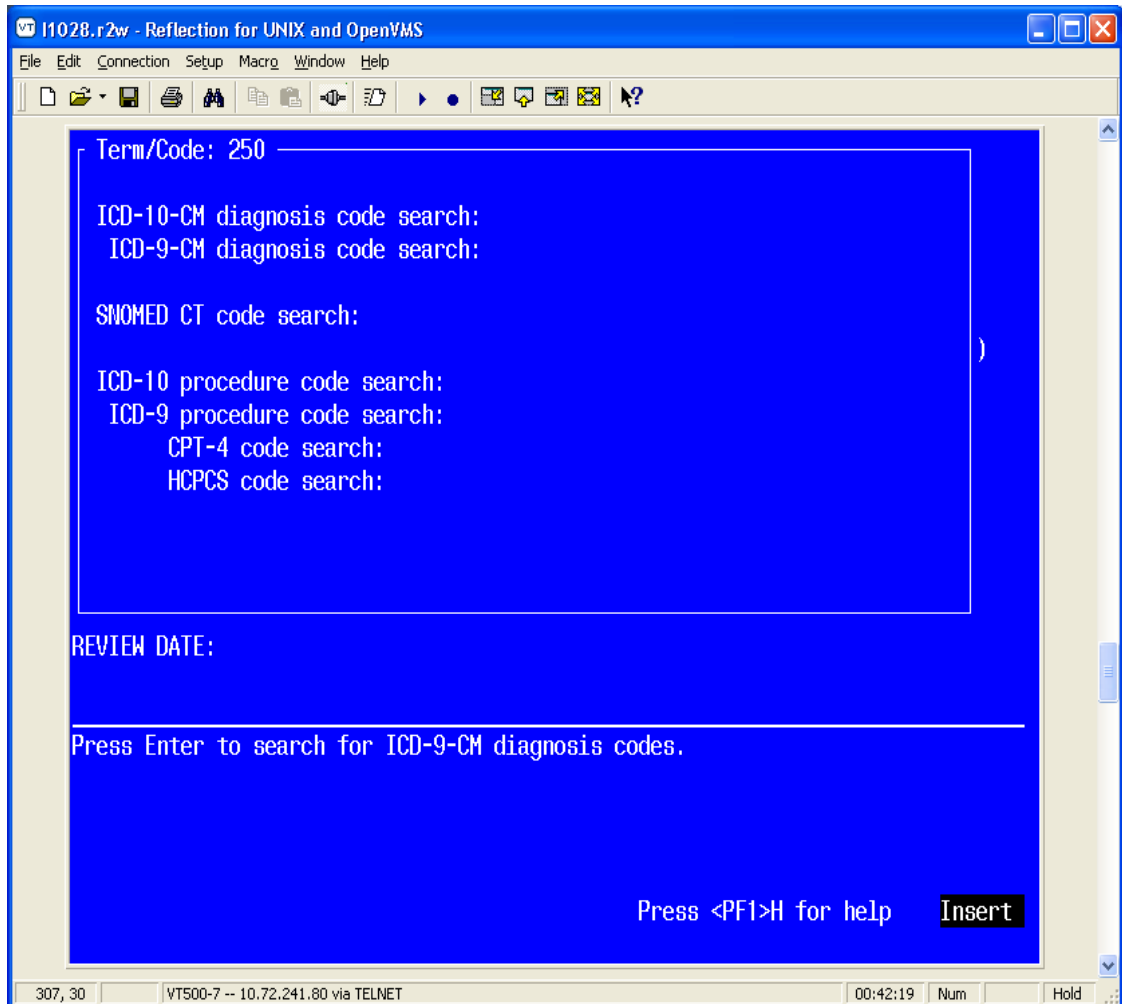


Figure 5-20: Coding System Selection Form

The top line displays the Term/Code that will be used in the search. You can scroll through the list to select a coding system for the search. When the cursor is on a coding system and you press Enter, the Term/Code and the coding system are passed to the Lexicon search engine, which returns a list of matching codes. The codes are displayed in a List Manager screen. At the top it shows you Term/Code and the number of codes found in the selected coding system.

### 5.2.2.8 Adding or Editing a Taxonomy from Dialog View (Dialog Elements)

You may also edit a taxonomy from Dialog Elements/Groups edit.

- TE action
- No Lexicon search function
- Must know specific code(s) to be added
- Only UID codes can be added or deleted
- This should only be for a CPT taxonomy



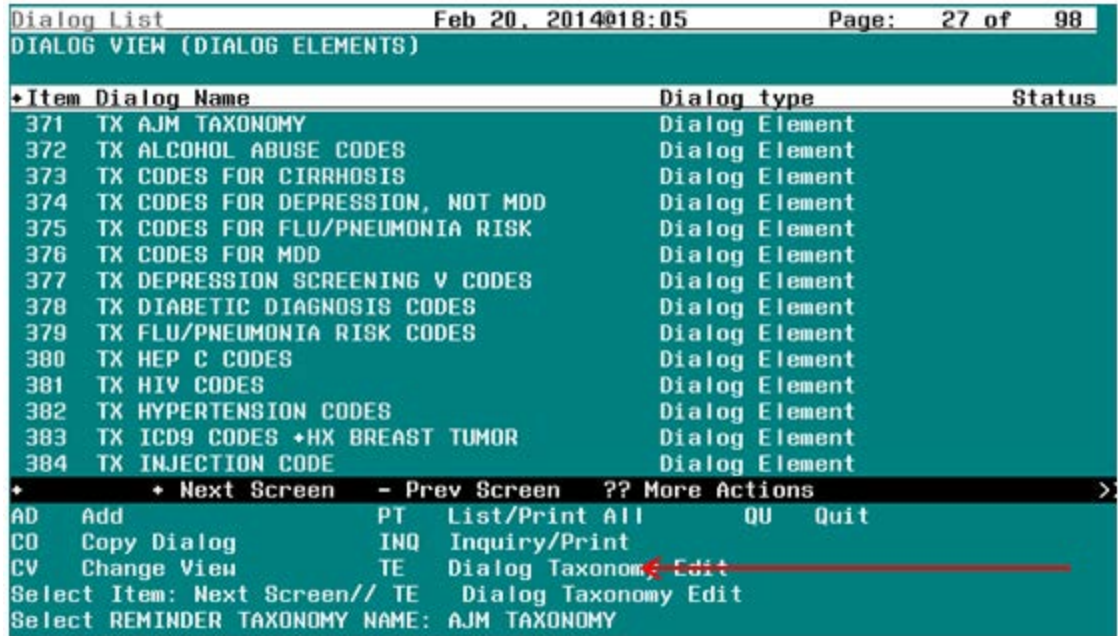


Figure 5-21: Editing Taxonomy in Dialog Edit

A new taxonomy can also be added.

Taxonomy will NOT be added to Finding Item or Additional Finding automatically.

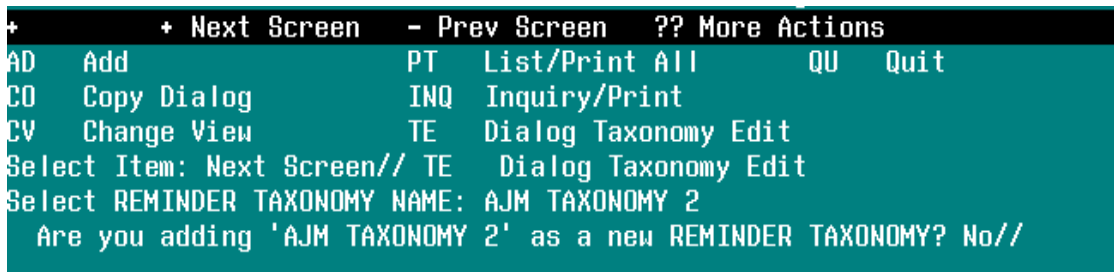


Figure 5-22: Adding Taxonomy in Dialogs

Must know specific code(s) to be added.

### 5.2.2.9 Editing a Taxonomy Element

When you edit a taxonomy element in the dialog management, you will get a prompt to determine how you want the taxonomy items to display.

```

Cache TRM:5496 (ENSEMBLE2012)
File Edit Help
Dialog Name: ASBI CPT MEDICARE 15-30 MIN 2013

Current dialog element/group name: ASBI CPT MEDICARE 15-30 MIN 2013
Used by: ASBI CPT CODES MEDICARE (Dialog Group)

NAME: ASBI CPT MEDICARE 15-30 MIN 2013 Replace
DISABLE:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER//
ORDERABLE ITEM:
Finding item: TX ASBI CPT MEDICARE 15-30 MIN 2013*
FINDING ITEM: ASBI CPT MEDICARE 15-30 MIN 2013*//

Additional findings: none
Select ADDITIONAL FINDING:

    Select one of the following:

        A      All
        N      No Pick List

Taxonomy Pick List: A//

```

Figure 5-23: Determine How Taxonomy Items Are Displayed

- A is the choice if there are multiple items and you want the user to select one.
- N is used if you want the items all added automatically without the user making a selection. It is the default if there is only 1 item in the taxonomy.

### 5.2.2.10 Copy

Use this action to copy an existing taxonomy definition into a new entry. Once the taxonomy has been copied, you have the option of editing it.

1. Scroll through the list of Taxonomies on your main Taxonomy screen, until you see the taxonomy you want to copy.
2. Type **COPY** at the “Select Action:” prompt.
3. Enter the number of the taxonomy to be copied.
4. Enter a unique name for the copied taxonomy.

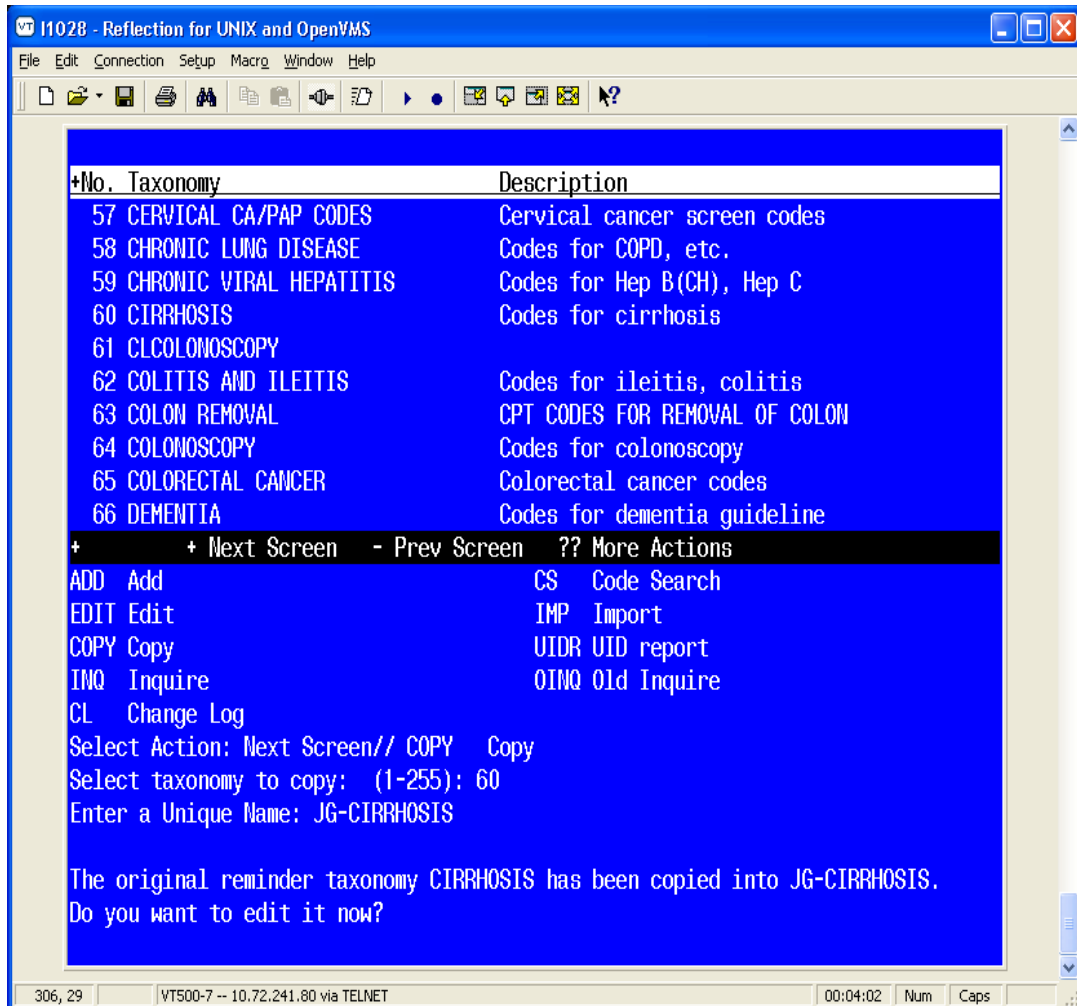


Figure 5-24: Copying a Taxonomy Definition Screen

- If you choose to edit the taxonomy you've copied, you will enter the standard editing form. Follow the previous instructions under the Edit action.

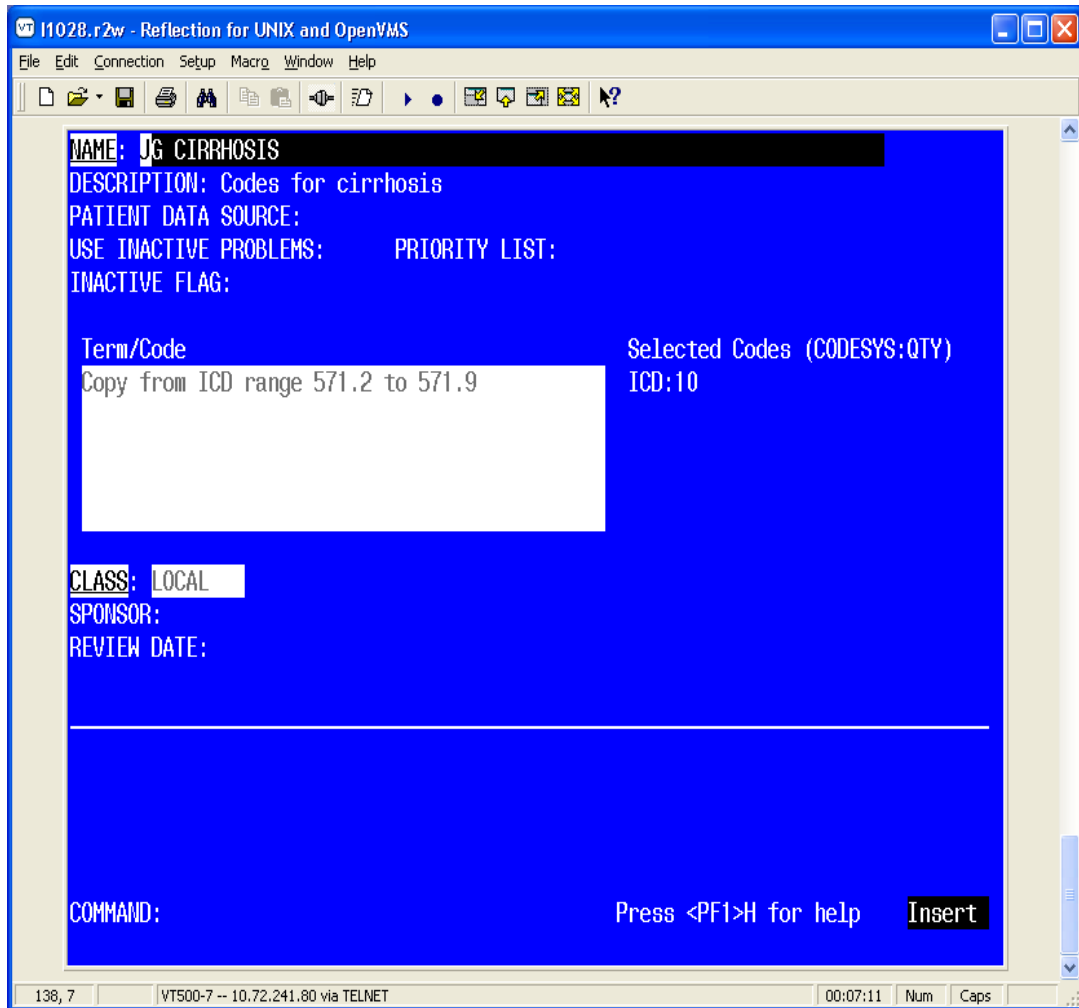


Figure 5-25: Standard Editing Form

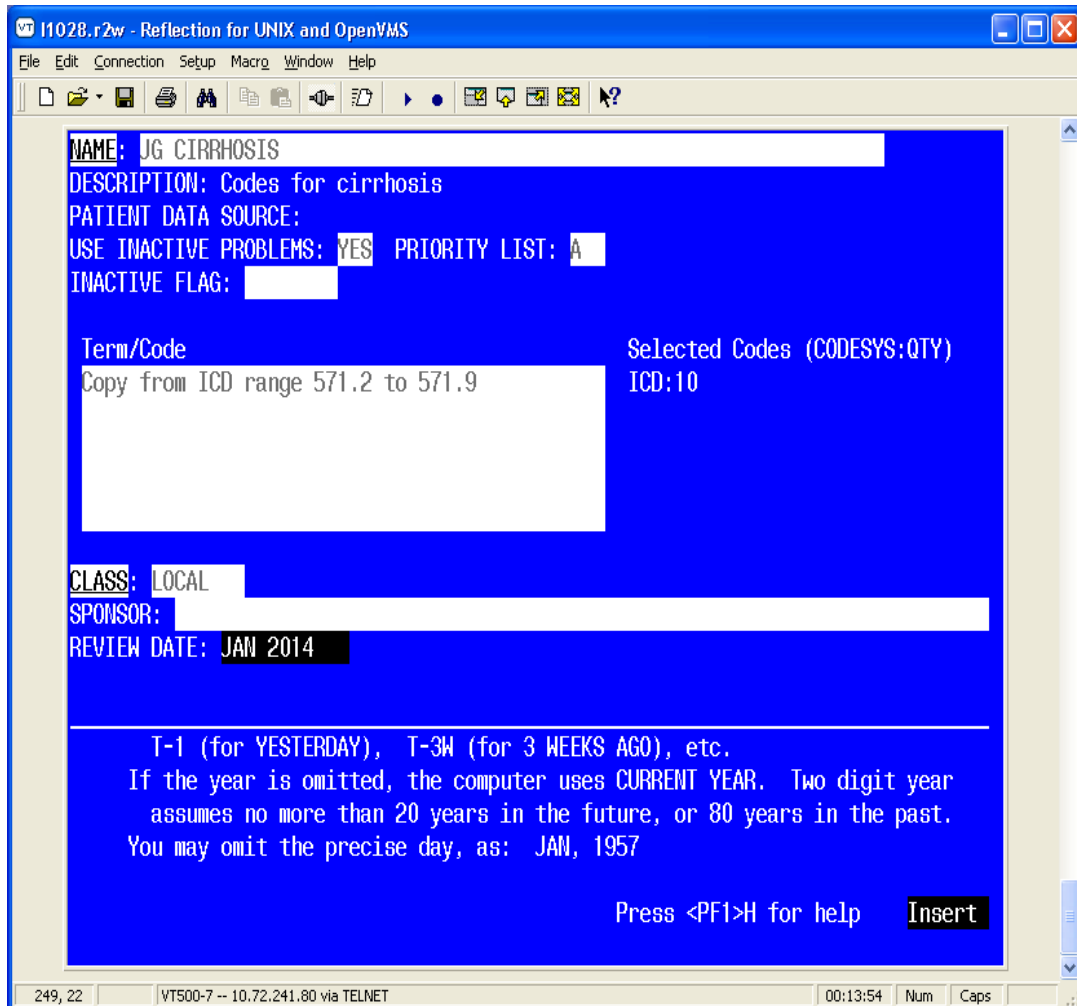


Figure 5-26: Standard Editing Form 2

### 5.2.2.11 Inquire

Use this action to get the details of a single taxonomy.

1. Select the taxonomy.
2. Select **Condensed** or **Full**. The condensed displays each code on a single line with a column for code, inactive, UID, and description.

You can choose any taxonomy available, not just items that are viewable

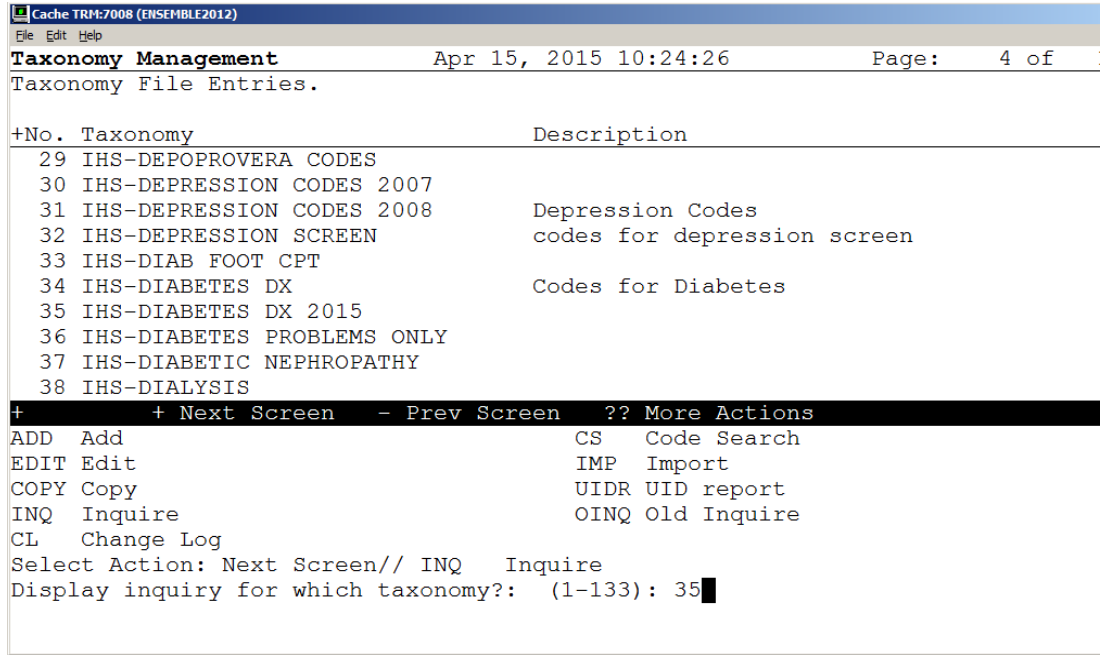


Figure 5-27: Selecting Taxonomy for Inquiry

**Note:** For taxonomy inquiry print to display properly in Reflections, the setup must have Save from Scrolling Regions checked. The sequence is:

Setup => Display => Screen => Display Memory Advanced

3. Select **Browse** or **Print**. You have the option of browsing the output or choosing an output device:

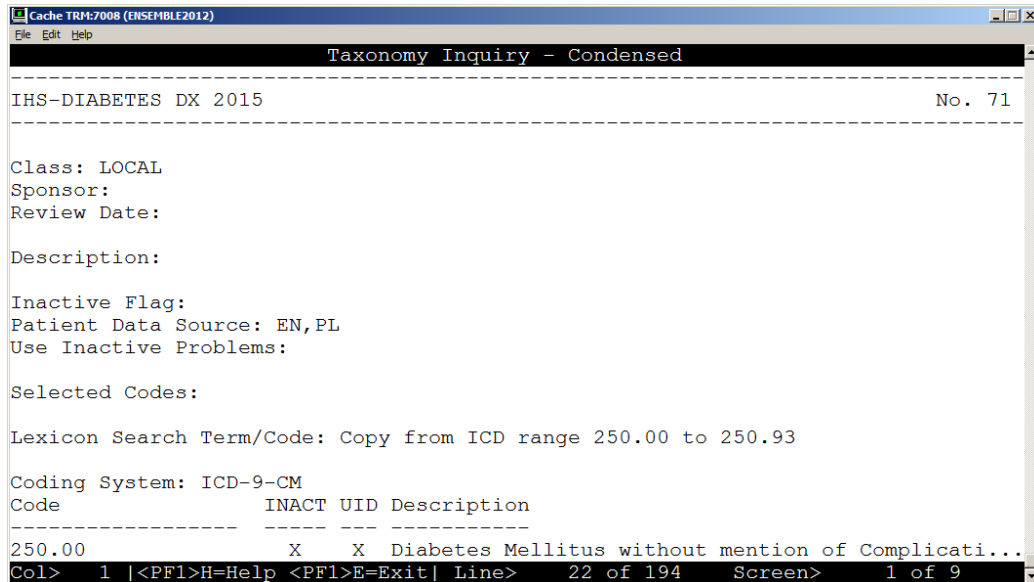


Figure 5-28: Inquiry Screen 1

4. Use (NL) B to navigate to the bottom to see more details.

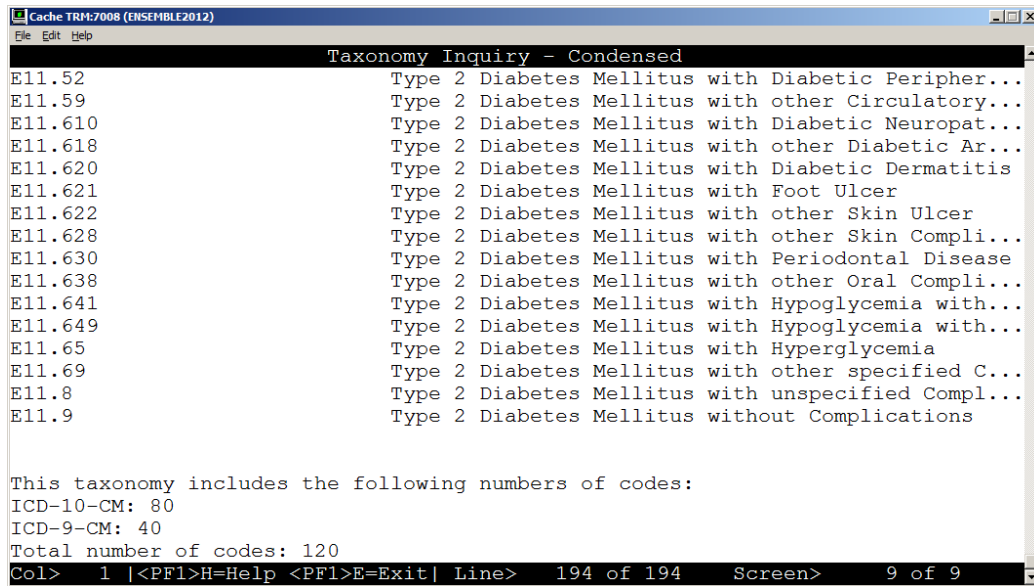


Figure 5-29: Inquiry Screen 2

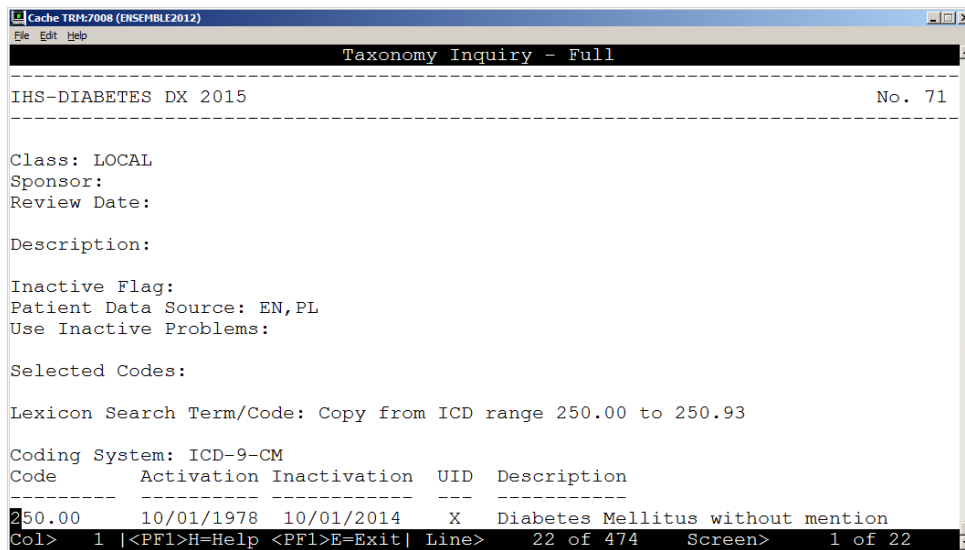


Figure 5-30: Taxonomy Inquiry – Full

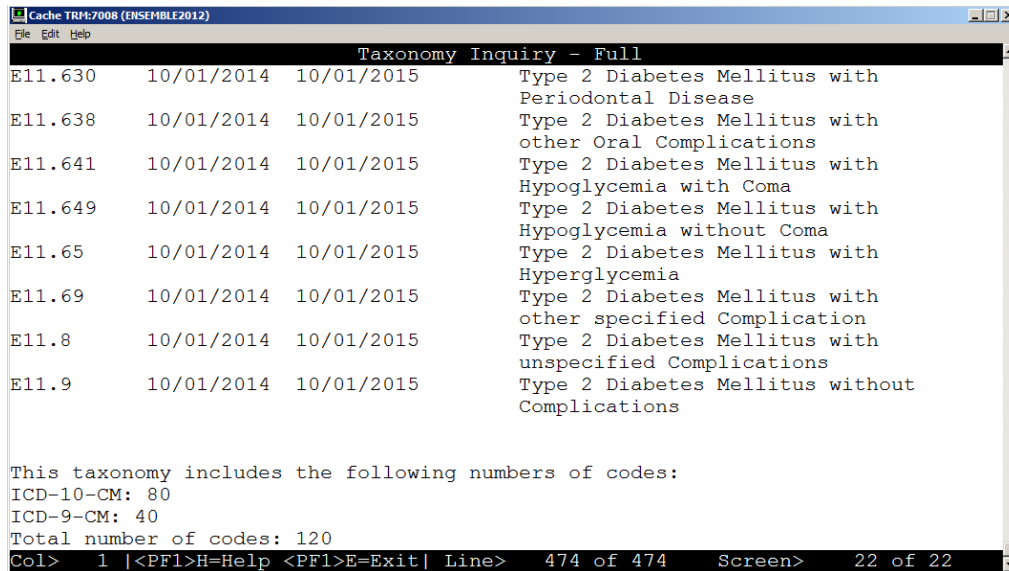


Figure 5-31: Browsing Taxonomy Inquiry – Full

### 5.2.2.12 Change Log

Use this action to see the historical details of a taxonomy; i.e., who created, edited, or copied it, and when. You will have the option of browsing the output or choosing an output device:

Browse or Print? B//

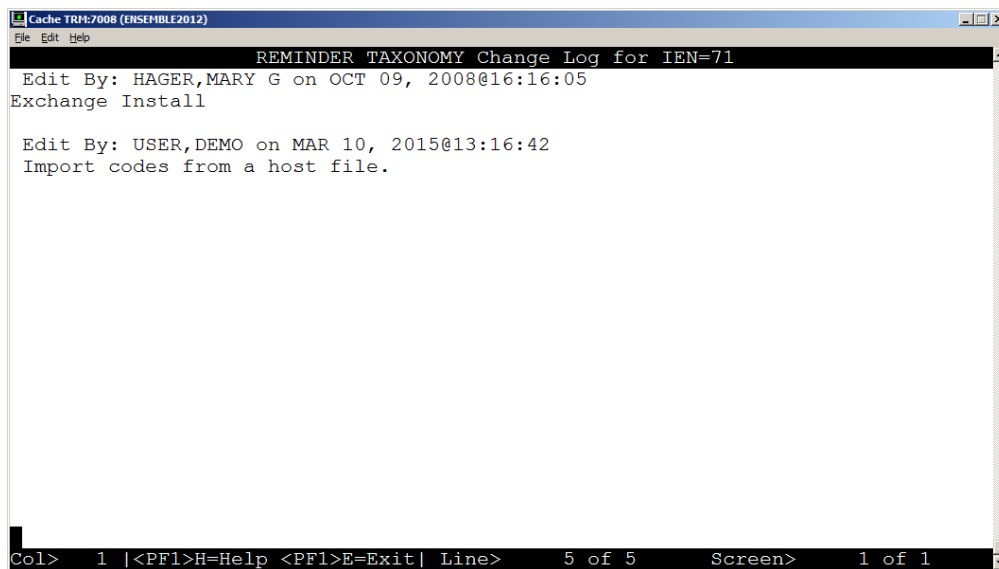


Figure 5-32: Browsing Taxonomy Change Log

### 5.2.2.13 Code Search

This lets you find all taxonomies that contain a particular code. When you select this



action, you are prompted to input a code from any of the supported coding systems. You only need to enter the code; the coding system will be automatically determined.

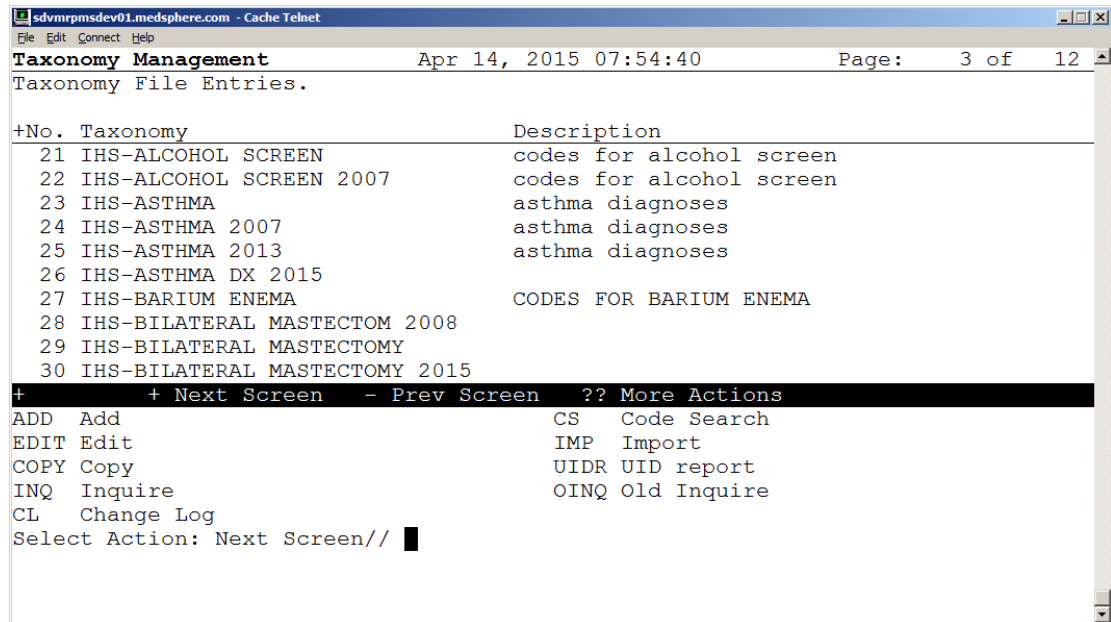


Figure 5-33: Selecting Code Search Screen

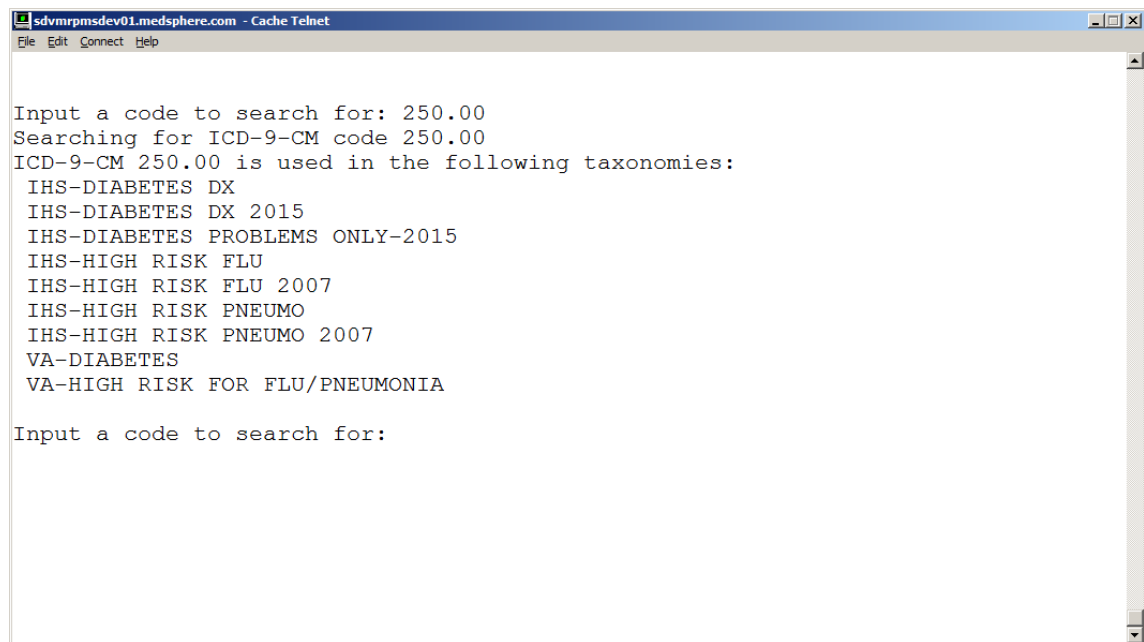


Figure 5-34: Code Search Result

### 5.2.2.14 Import

The Import action provides an easy way to import lists of codes into a taxonomy.

A CSV file (Comma Separated Values) is created from a spreadsheet. The first column is equivalent to the Term/Code, the second column is the three-character

coding system abbreviation for one of the supported coding systems, and the rest of the columns are the codes to be imported for the Term/Code, coding system pair. The spreadsheet can have multiple rows, a row for each Term/Code, coding system, set of codes to be imported. The final step is to create a CSV file (comma-delimited text file), using the Save As action.

**Note:** The National Library of Medicine (NLM), in collaboration with the Office of the National Coordinator for Health Information Technology and the Centers for Medicare & Medicaid Services has created a Value Set Authority Center (<https://vsac.nlm.nih.gov/>). These value sets contain lists of terms and their codes and they can be useful for creating taxonomies.

The Import action facilitates their use by allowing import of the codes into a taxonomy. To prepare the data for import, the original spreadsheet should be copied into a new spreadsheet that can be edited. The CSV file should be moved to a directory that can be accessed from the VistA account that contains the taxonomy.

### 5.2.2.15 Example Spreadsheet

	A	B	C	D	E	F	G	H	I	J	K
1	COPD	SCT	413846005	313296004	313299006	135836000	195951007				
2	COPD	10D	J44.9	J44.1	J44.0						
3	COPD	CPC	G8292	G8293	G8924	G8925					
4											
5											
6											
7											
8											

Figure 5-35: Example of Spreadsheet for Importing Codes from a CSV File

When the Import action is selected, you will be prompted to select a taxonomy to import into, and after it has been selected, you have the following choices:

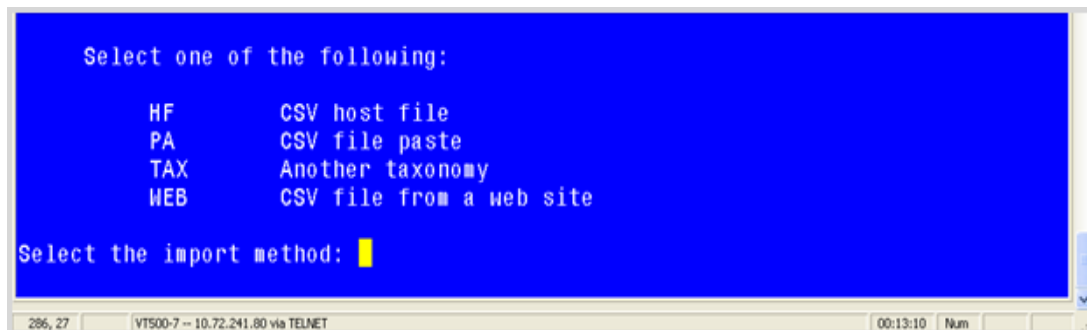


Figure 5-36: Selecting Import Method Example

### 5.2.2.16 Import: CSV Host File

If the CSV file has been saved as a host file, choose the HF option. You will then be prompted for a path. This is the directory/folder that contains the CSV file and it must be accessible from your Vista session. A list of all files with a '.CSV' extension in that directory will be displayed; enter the file name at the prompt, (you do not need to include the .csv extension).

**Note:** Special privileges are required to access host file directories, so you may not be able to use this option.

### 5.2.2.17 Example: Importing Codes from a CSV Host File

```

120 PKR PROBLEM LIST TEST ICD-9
121 PKR PROBLEM LIST TEST SNOMED
CT
122 PKR PTF DIAG TEST
+ * Next Screen - Prev Screen ?? More Actions
ADD Add EH Edit History
EDIT Edit CS Code Search
COPY Copy IMP Import
INQ Inquire UIDR UID report
Select Action: Next Screen// IMP Import
Enter a number (1-243): 115
Enter a path: USERS:[TEMP.CPRS28]//
The following CSV files were found in USERS:[TEMP.CPRS28]
CR_COPD_IMPORT_12272012.CSV;1
MEASURE_0001.CSV;2
NOF_REDOLED_MEASURE_0012.CSV;2
Enter a file name: MEASURE_0001
Starting the import process ...

Do you want to browse the list of codes? Y//

```

Figure 5-37: Importing Codes from a CSV Host File Example

At this point you will have the option of browsing the list of codes.

```

sdvmpmsdev01.medsphere.com - Cache Telnet
File Edit Connect Help
List Of Codes To Be Imported
Term/Code: ISCHEMIC HEART (imported)
Coding System: ICD-10-CM
1. I25.9
2. I20.0
3. I20.1
4. I20.8
5. I20.9
6. I21.01
7. I21.02
8. I21.09
9. I21.11
10. I21.19
11. I21.21
12. I21.29
13. I21.3
14. I21.4
15. I22.0
16. I22.1
17. I22.2
18. I22.8
19. I22.9
20. I24.0
Col> 1 |<PF1>H=Help <PF1>E=Exit| Line> 22 of 85 Screen> 1 of 4

```

Figure 5-38: Browsing Codes for Import

Respond yes to this prompt:

```
Do you want to save the imported codes? Y//
```

If there are problems with any of the codes, error messages will be displayed.

When the codes are imported into the taxonomy, each Term/Code will have “(imported)” appended to it so that you will know the codes were imported.

### 5.2.2.18 Import: CSV Paste

Another way to import a CSV file is the PA option. When you use this option, you open the CSV file on your workstation and copy it.

1. Create an Excel Spreadsheet. The first column of the new spreadsheet is equivalent to the Term/Code, the second column is the three-character coding system abbreviation for one of the supported coding systems, and the rest of the columns are the codes to be imported for the Term/Code, coding system pair. The spreadsheet can have multiple rows, a row for each Term/Code, coding system, set of codes to be imported. The final step is to create a CSV file (comma-delimited text file), using the Save As action.

	A	B	C	D	E	F	G	H	I	J	K
1	COPD	SCT	413846005	313296004	313299006	135836000	195951007				
2	COPD	10D	J44.9	J44.1	J44.0						
3	COPD	CPC	G8292	G8293	G8924	G8925					
4											
5											
6											
7											
8											

Figure 5-39: Excel Spreadsheet with Codes

2. Save the imported files as a CSV.
3. Open the CSV file, as a text file, using a text editor such as Notepad or Microsoft Word. (Select **All Files** in the **Files of type** box.)

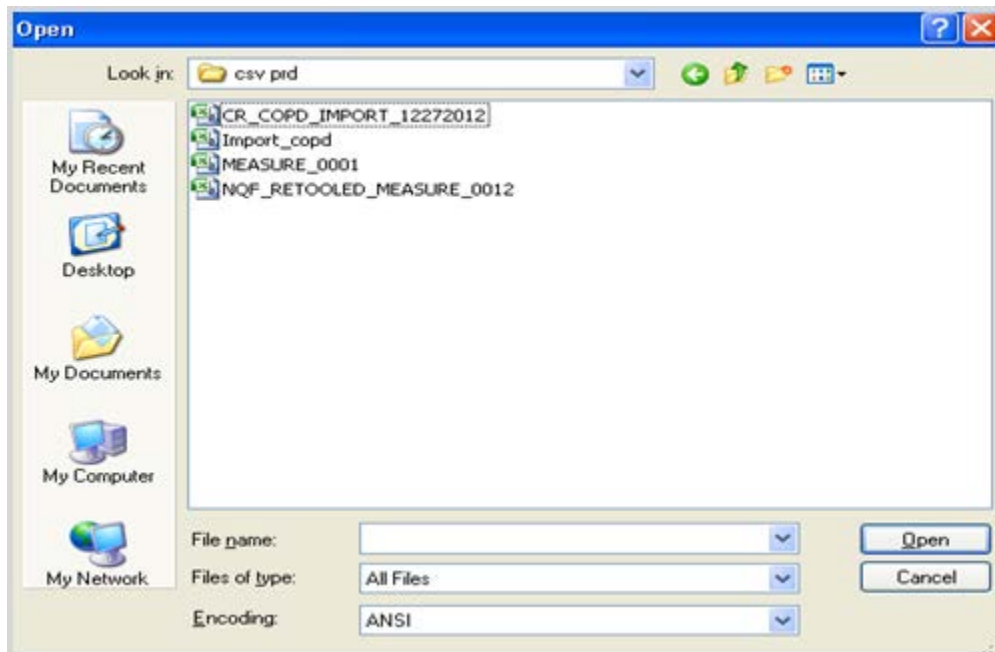


Figure 5-40: Opening Spreadsheet as a Text File

4. Open the desired csv file, and copy the contents so they are ready for pasting.

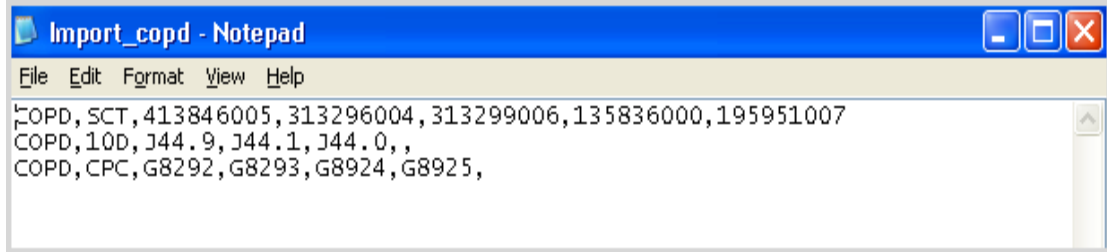


Figure 5-41: CSV File

5. In Taxonomy Management, select the action **IMP** and press enter.
6. At the prompt, enter the number of the Taxonomy that the import file will be imported to.

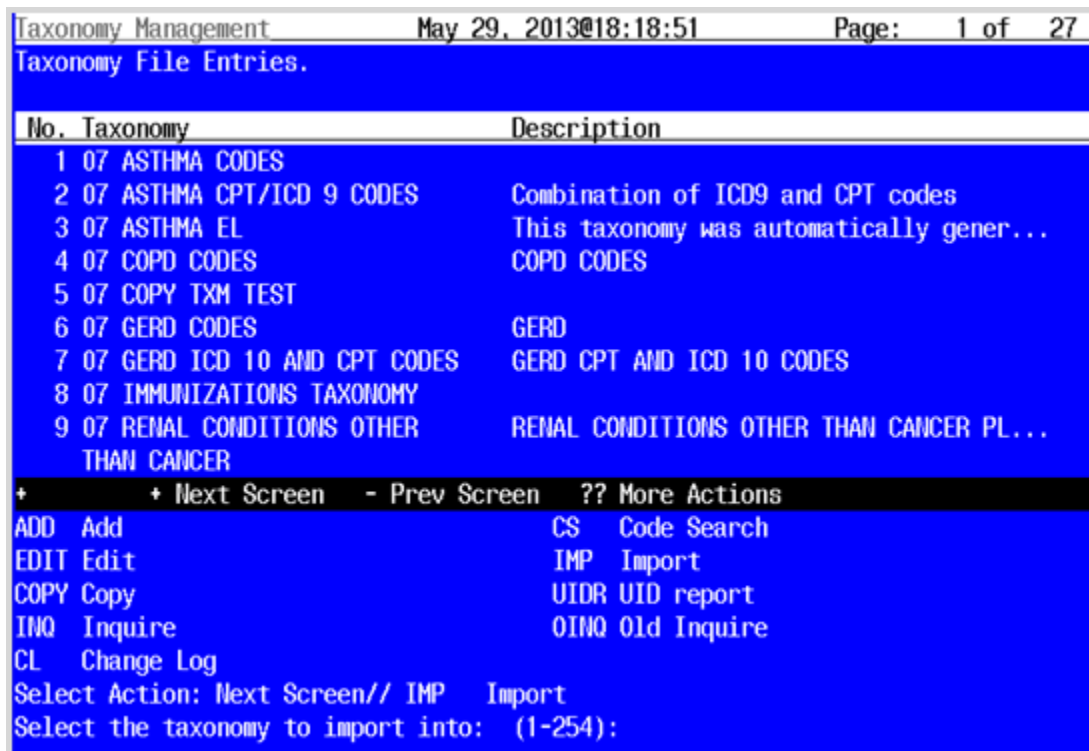


Figure 5-42: Entering Number of Taxonomy that the Import File will be Imported To

7. Select **PA** for the import method.

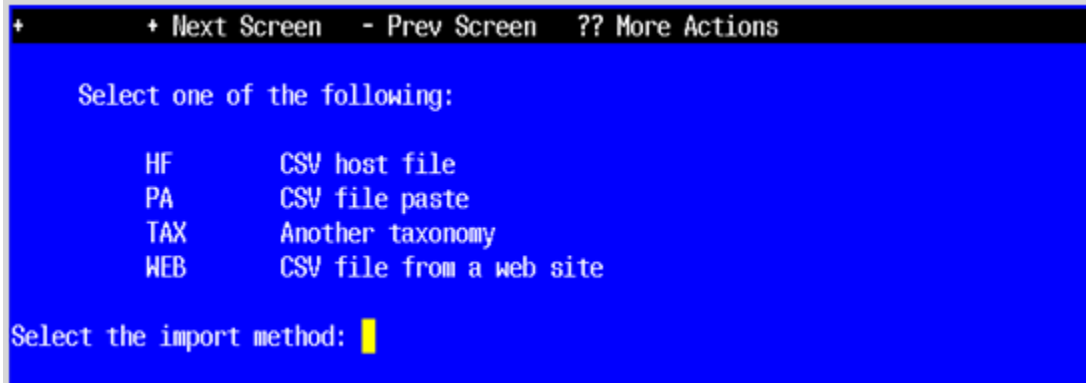


Figure 5-43: Select PA as the Import Method

- At the 'Paste the CSV file now' prompt, click **Paste** from the **File** menu (or click the Paste icon) and press Enter to finish.

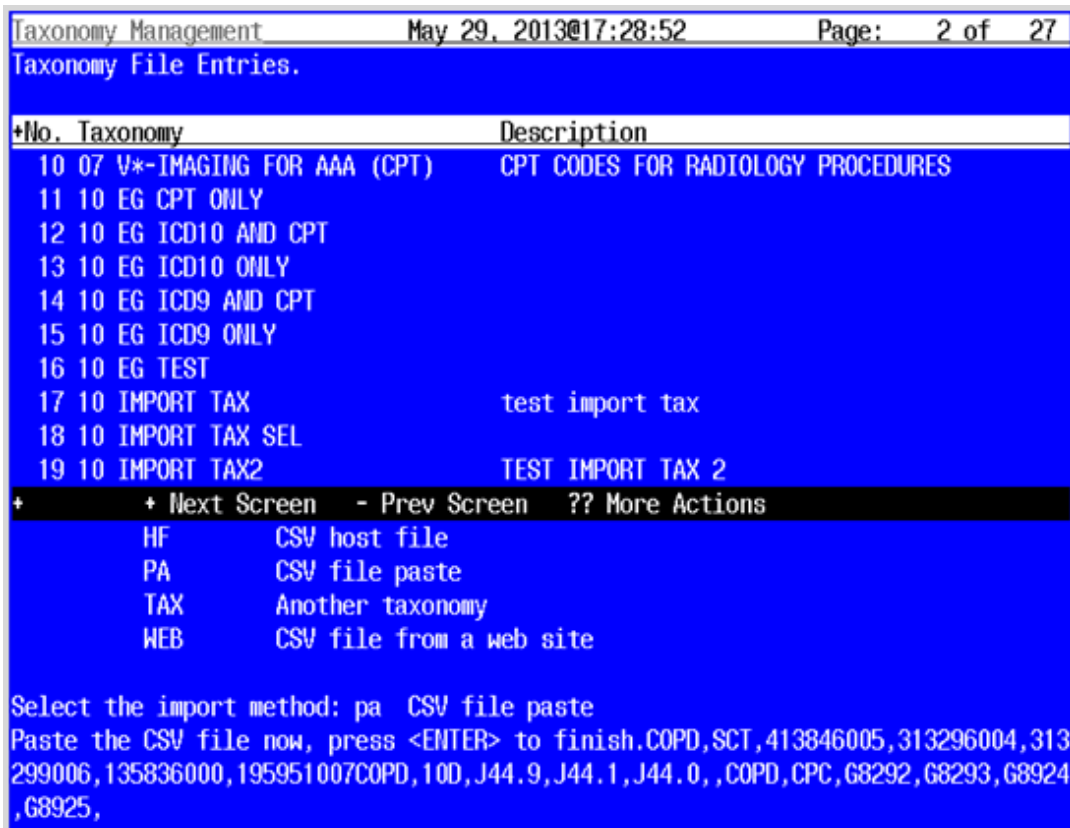


Figure 5-44: Pasting the CSV File

- Respond **'Y'** to the following prompt to view the codes and then to import the codes:

Do you want to save the imported codes? Y//

10. You can also do an inquiry on the taxonomy you imported the codes into, to verify that these have been entered.

```
+.....+Next.Screen.....Prev.Screen...??More.Actions.....
ADD..Add.....CS..Code.Search
EDIT..Edit.....IMP..Import
COPY..Copy.....UIDR.UID.report
INQ..Inquire.....OINQ.Old.Inquire
CL..Change.Log
Select.Action:Next.Screen//.inq..Inquire.
Display.inquiry.for.which.taxonomy?:.(1-254):.105
```

Figure 5-45: Selecting Taxonomy for Inquiry

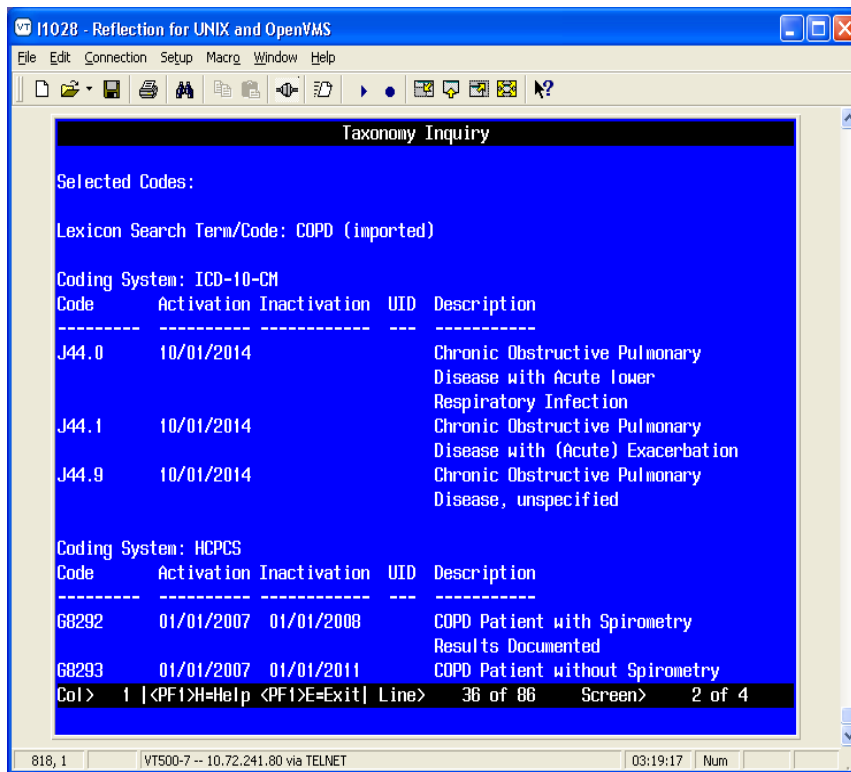


Figure 5-46: Taxonomy Inquiry of Codes that were Pasted

### 5.2.2.19 Import: TAX

If you choose the TAX option, then you will be presented with a list of all the taxonomies on the system and you can create a list of taxonomies to import codes from.

1. Select **Import**, and then select **TAX**.



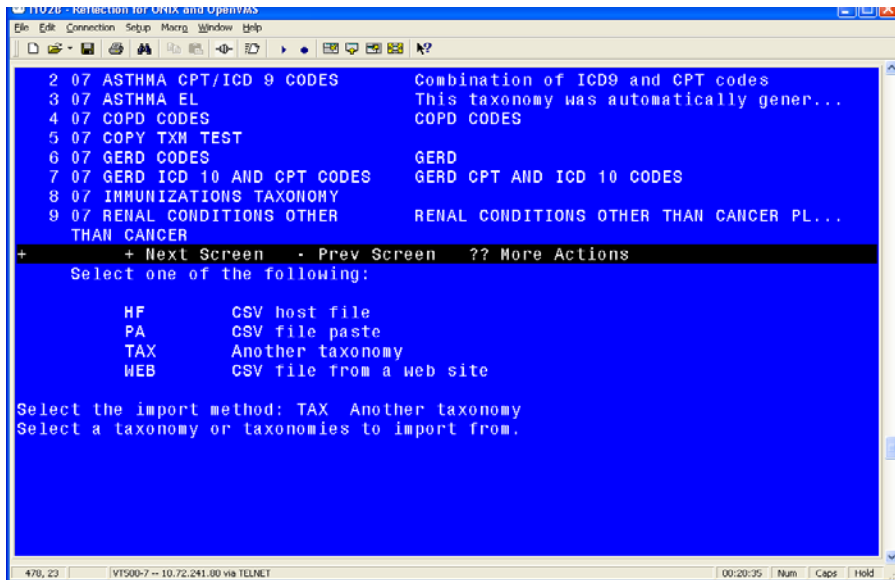


Figure 5-47: Using the TAX Option to Import a Taxonomy from Another Taxonomy

2. Select the Taxonomy you want to copy.

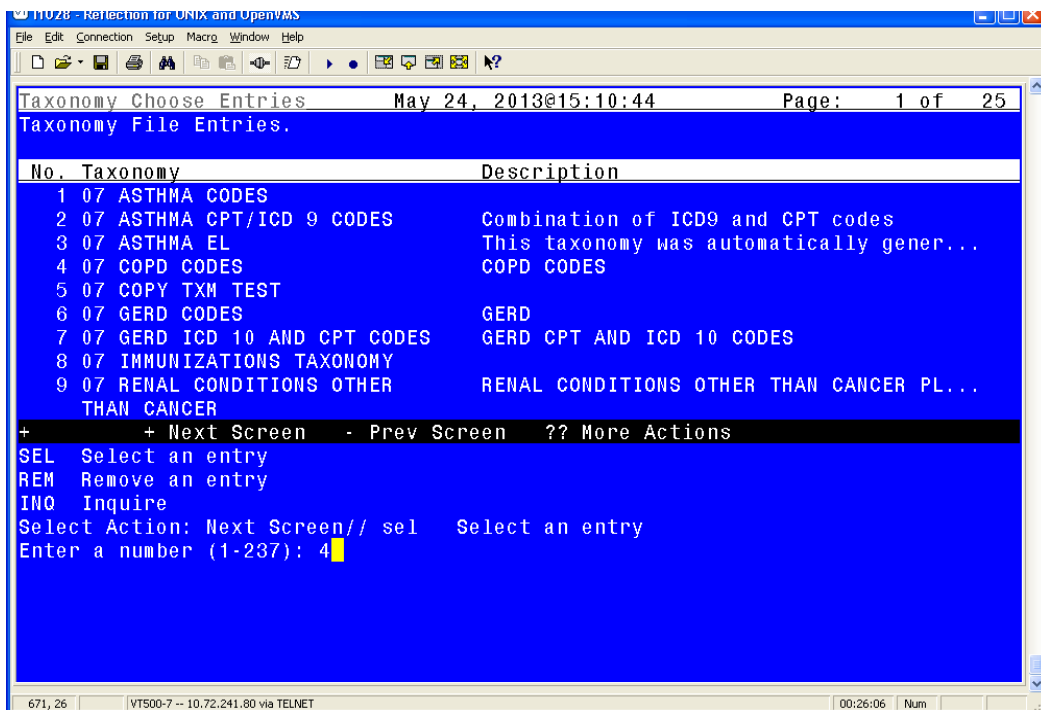


Figure 5-48: Selecting Another Taxonomy to Import From

The SEL action adds a taxonomy to the list and the REM action removes it from the list.

3. Once the list is built use the DONE action. You will then see the following prompt for each selected taxonomy:

```

Ready to import codes from taxonomy (taxonomy name here)
Select one of the following:
.....ALL.....All codes
.....SEL.....Selected codes
Enter response: ALL//

```

Figure 5-49: Selecting All or Some Codes

ALL will import all the codes, and SEL will walk you through each Term/Coding System combination in the taxonomy and allow you to choose whether or not to import it.

At this point you will have the option of browsing the list of codes.

4. Respond **Yes** to the prompt “Do you want to save the imported codes?”.

If there are problems with any of the codes, error messages will be displayed.

When the codes are imported into the taxonomy, each Term/Code will have Imported appended to it so that you will know the codes were imported.

#### 5.2.2.20 WEB: Importing a CSV File From a Web Site

Some sites may find it useful to store their CSV files on a web location. If so, you can use the Import/Web action to import the file.

1. Select **Import**, and then **WEB**.
2. Enter the URL.

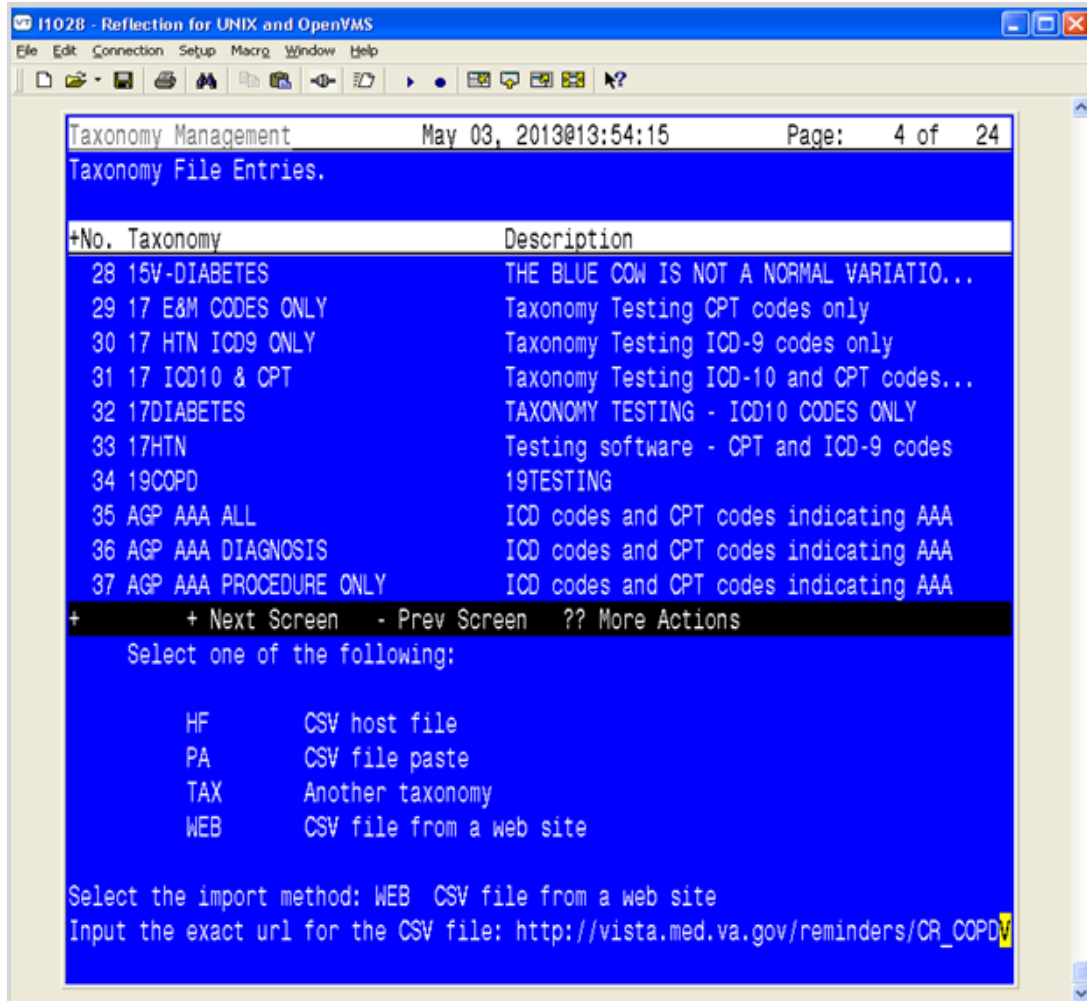


Figure 5-50: Importing a Taxonomy From a Web Site

**Note:** If you have the URL copied to the clipboard you can paste it at the Input prompt.

The codes are imported. Messages about Invalid coding system pair indicate.

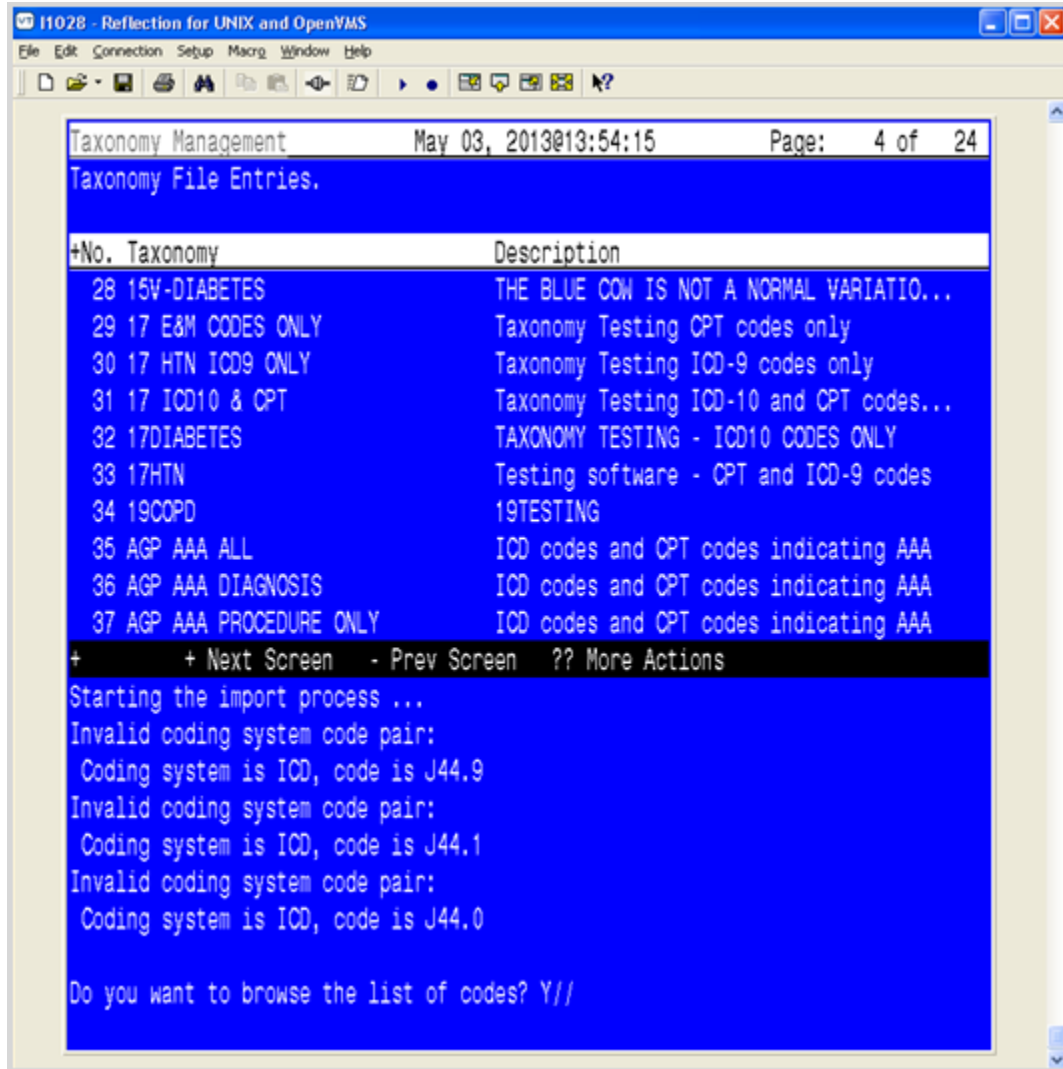


Figure 5-51: Starting the Import Process

If you choose to browse the list of codes, you’ll see the codes that are imported for different coding systems:

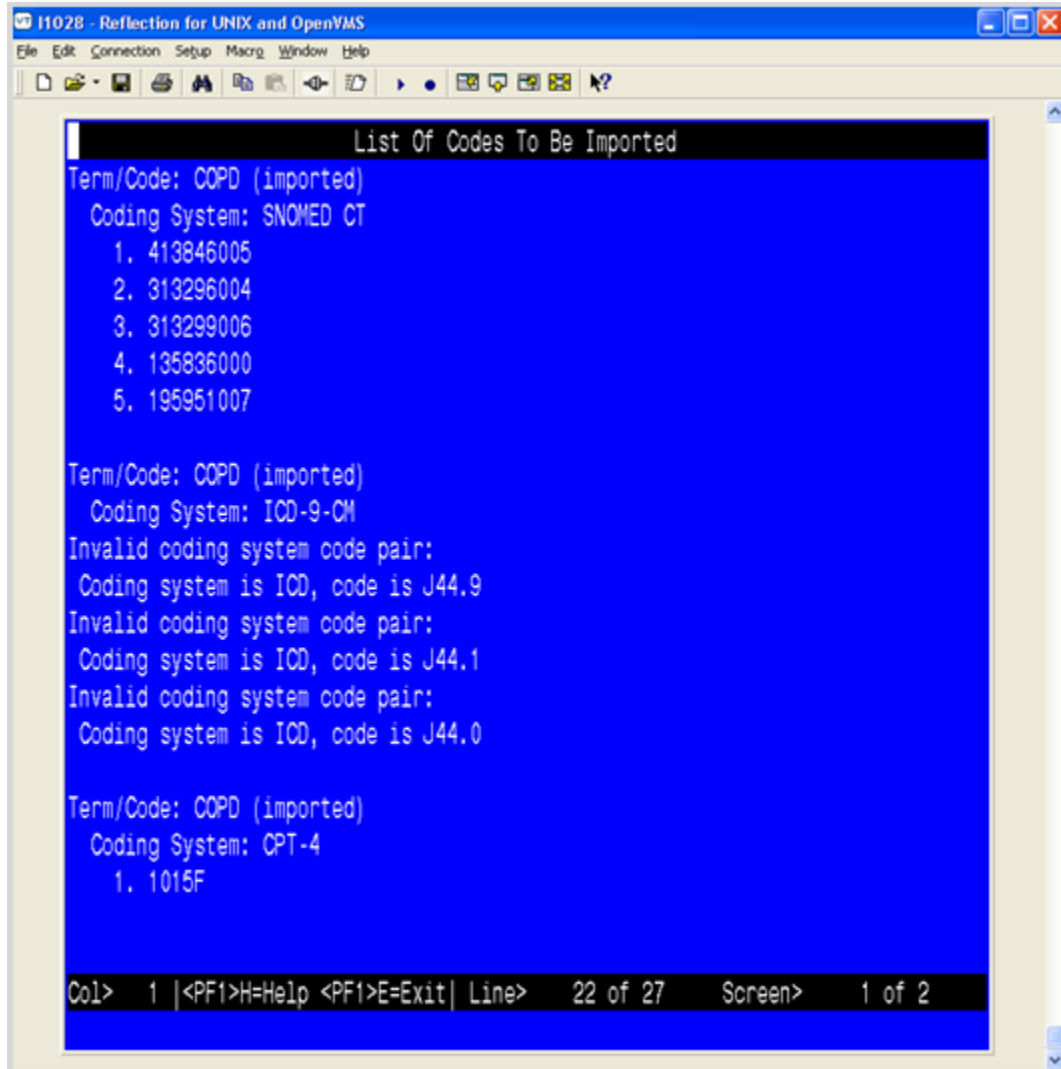


Figure 5-52: Browsing the List of Codes Imported from a Website

## 6.0 Review National Reminder Definitions

The following provides information about all the National Reminder Definitions.

### 6.1 IHS-ASBI BNI 2015 and IHS-ASBI SCREENING 2015

These two reminders are only here are placeholders for the dialogs attached to them.

### 6.2 IHS-ASTHMA ACTION PLAN 2015

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

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

- Persistent asthma
- iCare Active Asthma tag
- 3 instances of asthma as primary diagnosis in previous 6 months
- Most recent asthma control of "very poorly controlled" or "not well controlled"
- Asthma exacerbation in the past year
- One of more ER
- Urgent Care visits in the past year with primary diagnosis of asthma

**FREQUENCY:** Annually

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

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.3 IHS-ASTHMA CONTROL 2015

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

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

The Best Practice Prompt is only active when patient has one of the following Asthma Severity Classifications:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.4 IHS-ASTHMA PRIM PROV 2015

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

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

The Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** One day for all ages.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.5 IHS-ASTHMA RISK EXACERBATION 2015

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

**APPLICABLE TO:** Patients with asthma and who have had an active Asthma Risk for Exacerbation Best Practice Prompt.

**REMINDER DUE:** Patient has asthma and had an active Asthma Risk for Exacerbation Best Practice Prompt. Patients with increased risk for asthma exacerbation, defined as:

- Two or more ER, Urgent Care or inpatient visits in the last year (not on the same day) with a documented primary diagnosis of asthma
- One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent)
- Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity Classification of mild, moderate, or severe persistent
- At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma, AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least two weeks (14 days) before or after the ER/UC/inpatient visit.

**FREQUENCY:** One day for all ages.



**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.6 IHS-ASTHMA SEVERITY 2015

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

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

- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.7 IHS-ASTHMA STEROIDS 2015

**APPLICABLE TO:** A patient who uses inhaled corticosteroids, but has not had a prescription in the past 6 months.

**REMINDER DUE:** If patient does not have a prescription in the past 6 months for inhaled corticosteroids. Reminder will be due when the Best Practice Prompt is active.

**FREQUENCY:** One day for all ages.

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

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*
- *iCare Population Management GUI (BQI) iCare User Manual*

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.8 HIS-BLOOD PRESSURE 2015

**APPLICABLE TO:** All patients over the age of two.

**REMINDER DUE:** If patient does not have hypertension or diabetes.

**FREQUENCY:** One year for those 21 and up, Two years for those 2 through 20. If last blood pressure was >130/89 the reminder is due daily. If last diastolic BP was between 85 and 90, BP is due yearly if under 21.

**RESOLUTION:** Blood pressure readings in the V measurement file

**BIBLIOGRAPHIC CITATION:**

- Bibliographic Citation: Healthy People 2020 Heart Disease and Stroke
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.9 IHS-COLON CANCER 2015

**APPLICABLE TO:** If age 50-75, with:

- No history of neoplasm of the colon
- No evidence of colonoscopy in past 9yrs 9mos
- No evidence of sigmoidoscopy or barium enema in past 4yrs 9mos

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

**REMINDER DUE:** If no fecal test done in past year, REMINDER ON if due within 3 months.

**FREQUENCY:** Annually for ages 50Y to 75Y.

**RESOLUTION:**

- Fecal test resulted
- Colonoscopy done (status N/A for 9yrs, 3mos)
- Sigmoidoscopy (status N/A for 4yrs, 9mos)

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.10 IHS-DEPO PROVERA 2015

**APPLICABLE TO:** Females. Patient has order for Depo Provera that is not discontinued.

\*\*\*This order may be expired\*\*\*

If patient no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

**REMINDER DUE SOON:** Patient has order for Depo Provera that is not discontinued.

\*\*\*This order may be expired\*\*\*

If patient no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

REMINDER DUE SOON (ON TIME for injection) if patient has order that is not discontinued for Depo Provera and it has been 10 weeks, but not greater than 13 weeks since the last injection (CPT code J1050).

\*\*\* The standard administration schedule is every 12 weeks. If patient is due soon,

ensure that an appointment is schedule for their scheduled injection and/or follow local policy for timing of injections. \*\*\*

**REMINDER DUE:** (OVERDUE for injection) if it has been more than 13 weeks since the last injection (CPT code J1050).

**FREQUENCY:** Every 91 days.

**RESOLUTION:** A documented Depo-Provera injection CPT code.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2008.

- Healthy People 2020, Family Planning
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.11 IHS-DIAB ACE/ARB 2015

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

**APPLICABLE TO:**

- Patient has an active problem or diagnosis of diabetes, AND
- Either a diagnosis of nephropathy or hypertension or a UA/CR >30, AND
- Does not have an active, filled prescription for an ACEI or ARB, AND
- Does NOT have an active, filled prescription for an ACEI or ARB

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

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

**FREQUENCY:** Annually.

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

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.12 IHS-DIAB ANTPLT KNOWN CVD 2015

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

**REMINDER DUE:**

- If patient has an active problem or visit diagnosis of Diabetes in the past 3 years
- Has an active problem or visit diagnosis of CVD
- Is not on warfarin therapy
- Has no documented allergy to BOTH Aspirin and clopidogrel
- Has no current and filled RX for aspirin or clopidogrel

**FREQUENCY:** Annually.

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

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.13 IHS-DIAB ASPIRIN FEMALE 2015

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

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

**REMINDER DUE:** If the patient is female, over 60 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:

- Is not on warfarin therapy
- Has no documented allergy to aspirin
- Has no current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 60Y to 99Y.

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

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS

Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.14 IHS-DIAB ASPIRIN MALE 2015

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

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

**REMINDER DUE:** If the patient is male, over 50 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:

- Not on warfarin therapy
- No documented allergy to aspirin
- No current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 50Y to 99Y.

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

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.15 IHS-DIAB BP CONTROL 2015

**APPLICABLE TO:** Patient who has:

- An active problem-diagnosis of Diabetes, OR
- A visit diagnosis of Diabetes in the past 3 years, AND
- No BP recorded in 3 months

**REMINDER DUE:** If SBP 140 or greater, OR DBP 90 or greater.

**FREQUENCY:** Every 3 months for all ages.

**RESOLUTION:** Blood pressure taken during the recommended interval.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association

Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.16 IHS-DIAB EYE EXAM 2015

**APPLICABLE TO:** Patients with:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No dilated eye exam in the past year

**REMINDER DUE:** If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No dilated eye exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Eye exam from the exam file or a CPT code for a fundoscopic eye exam documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.17 IHS-DIAB FOOT EXAM 2015

**APPLICABLE TO:** Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No diabetic foot exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Diabetic Foot Exam Code documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association

Recommendations 2015, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.18 IHS-DIAB HGBA1C 2015

**APPLICABLE TO:** Patients with a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

**REMINDER DUE:** If patient has a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

**FREQUENCY:** 6 months for all ages.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.19 IHS-DIAB HGBA1C CONTROL 2015

**APPLICABLE TO:** Patients with diabetes who have not had their A1C measured at least 2 times per year. Also, patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**REMINDER DUE:**

- In 6 months if no A1C in past 6 months.
- In 3 months if the last A1C exceeds the site-defined threshold in the IHS-HGBA1C REEVALUATE term. Each site must edit this term and enter the threshold for this reminder. See instructions below.

**FREQUENCY:** Patients with diabetes should have their A1C measured at least 2 times per year. Patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology



- Funding Source: Indian Health Service
- Release: 2015

### **IHS-HGBA1C REEVALUATE:**

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

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

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

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

Enter the condition for each lab added

CONDITION CASE SENSITIVE:  
 RX TYPE:

## 6.20 IHS-DIAB NEPHRO SCR/MON 2015

**APPLICABLE TO:** Patients who have:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

**REMINDER DUE:** If a patient has:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Quantitative Urine Albumin (UACR) and eGFR lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
  - Release: 2015

## 6.21 IHS-DIABETES SCREENING 2015

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

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

**FREQUENCY:** 3 years for ages 18Y to 100Y.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

IHS PCC Suite (BJPC) PCC Health Summary User Manual Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

## 6.22 IHS DOMESTIC VIOLENCE 2015

**APPLICABLE TO:** Women patients over 15

**REMINDER DUE:** if female aged 15 and older AND NO Exam code: Intimate Partner/Domestic Violence.

**FREQUENCY:** Yearly.

**RESOLUTION:** Uses computed finding to get data from health maintenance reminder.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Injury and Violence Prevention 39.

- Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2015

## 6.23 IHS-HEP C SCREENING 2015

**APPLICABLE TO:** Patients born between 1945 and 1965 should be should be screened at least once for Hepatitis C.

**REMINDER DUE:** Patients born between 1945 and 1965 who do not have a documented hepatitis screening test documented. REMINDER NOT APPLICABLE for patients with a diagnosis of Chronic Hepatitis C are removed from cohort.

**FREQUENCY:** 99 years (one for included ages).

**RESOLUTION:** Reminder term of Hepatitis C laboratory tests.

**BIBLIOGRAPHIC CITATION:** USPSTF 2013.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.24 IHS-HIV SCREEN 2015

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

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

**FREQUENCY:** 99 years – Once for ages 13 years to 64 years.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Sexually Transmitted Infections:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.25 IHS-LIPID PROFILE FEMALE 2015

**APPLICABLE TO:** Female age 45 years to 64 years.

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

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

**RESOLUTION:** Lipid profile lab result including and LDL.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.26 IHS-LIPID PROFILE MALE 2015

**APPLICABLE TO:** Male age 35 years to 64 years.

**REMINDER DUE:** If male age 35 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in 1 year.

**FREQUENCY:** 5 years for ages 35 years to 64 years.

**RESOLUTION:** Lipid profile lab result including and LDL.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.27 IHS-MAMMOGRAM 40-49 2015

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

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

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

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

**FREQUENCY:** Annually for ages 40 years to 49 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

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

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

## 6.28 IHS-MAMMOGRAM 50-74 2015

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

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged

40 through 49, and for 75 through 100, and screen based on clinical judgment.

**REMINDER DUE:** Women aged 50 through 74 years who have not had mammogram documented in the past year.

**FREQUENCY:** Annually for ages 50 years to 74 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

**RESOLUTION:** Patients ages 50 through 74 years with documentation of Mammogram.

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*

## 6.29 IHS-MAMMOGRAM 75-100 2015

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

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

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

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

**FREQUENCY:** Annually for ages 75 years to 100 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

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

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.*

### 6.30 IHS-MED THERAPY MNGT 2015

**This reminder is a placeholder for a reminder dialog.**

### 6.31 IHS-MH HYPERTENSION CONTROL 2015

**APPLICABLE TO:** Patient has hypertension and not end stage renal disease.

**REMINDER DUE:** Blood pressure is not controlled (SBP greater than (>)139 OR DBP greater than (>) 89).

OR

Blood pressure is controlled (SBP less than (<)140 AND DBP less than (<) 90), but no BP documented in the past year.

**FREQUENCY:** 1 Year.

**RESOLUTION:** Blood pressure is controlled (SBP less than (<) 140 AND DBP less than (<) 90).

**BIBLIOGRAPHIC CITATION:** Million Hearts, IHS Hypertension Protocol 2015.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.32 IHS-MH HYPERTENSION RECALL 2015

**APPLICABLE TO:** Developed to be used as a REMINDER REPORT and intended to identify patients who may need to be recalled to the clinic for a nurse or provider visit.

**REMINDER DUE:** If patient has hypertension.

AND

Most recent blood pressure was elevated and greater than (>) 1 month ago Elevated = SBP greater than (>)139 AND DBP >89

OR

Most recent blood pressure was controlled and greater than (>) 1 year ago Controlled = SBP less than (<) 140 AND DPB less than (<) 90

**FREQUENCY:** 1 Year.

**RESOLUTION:** Measurements of Blood pressure.

**BIBLIOGRAPHIC CITATION:** Million Hearts.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Sites must make consults for SOCIAL SERVICES, NUTRITION and FITNESS PROGRAM to be used to install this reminder.

Also need objects LAST 3 BP and HYPERTENSION CONTROL, which is a health summary object. See the document – *EHR Optimization Guide for Million Hearts* or *Appendix A* on creating this object.

## 6.33 IHS-OSTEOPOROSIS SCREEN 2015

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

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

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

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

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2011:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015



Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A* for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

## 6.34 IHS-PAP SMEAR 21-29Y 2015

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

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

**FREQUENCY:** 3 years for ages 21 years to 29 years.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

Refer to the application documents for logic and RPMS taxonomies, which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- *IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A* for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

## 6.35 IHS-PAP SMEAR 30-64Y 2015

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

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

**FREQUENCY:** Frequency is set to 5 years so regardless of test(s) done, the system will forecast a PAP due in 5 years. IF only a PAP test was done without HPV testing, the PAP test expires in 3 years and will be due.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

- IHS PCC Suite (BJPC) *PCC Health Summary User Manual, Appendix A* for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

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

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.36 IHS-PHN DC FU 2015

This reminder is a placeholder to connect to the reminder dialog for data entry of PHN information. This reminder dialog is intended to be used as a TIU template.

### 6.37 IHS-SCREENING BUNDLE 2015

This reminder is a placeholder to connect to the screening bundle dialog to be used as a TIU template. This dialog allows the entry of multiple screening items at the same time.

## 7.0 National Reminder Dialogs

### 7.1 IHS-ASBI BNI 2015

Reminder dialog intended to be used as a TIU note. Allows the documentation of many areas of alcohol use and abuse. Sites need to have created quick orders:

GMRCZ MENTAL HEALTH and GMRCZ BH CONSULT

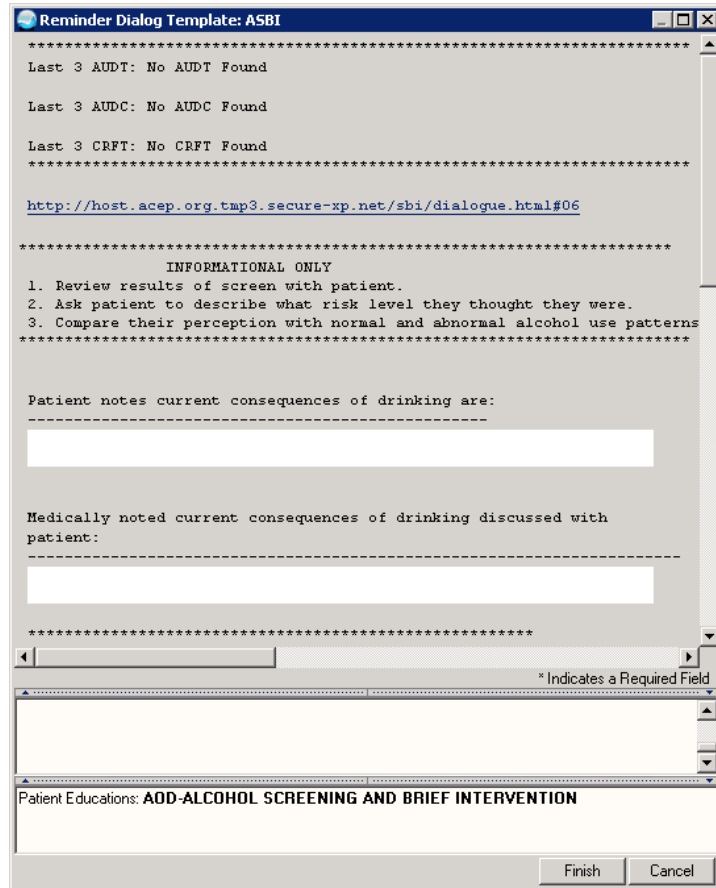


Figure 7-1: ASBI BNI Dialog

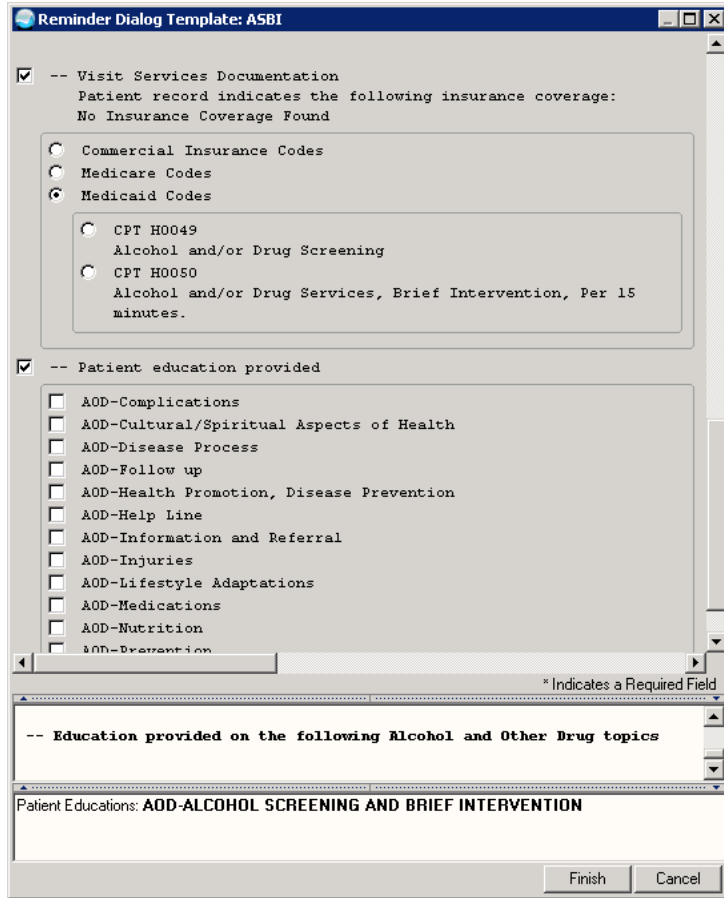


Figure 7-2: ASBI BNI Dialog

## 7.2 IHS-ASBI SCREEN 2015

This dialog is intended to be used as a TIU dialog. It allows the entry of different alcohol screening tests.

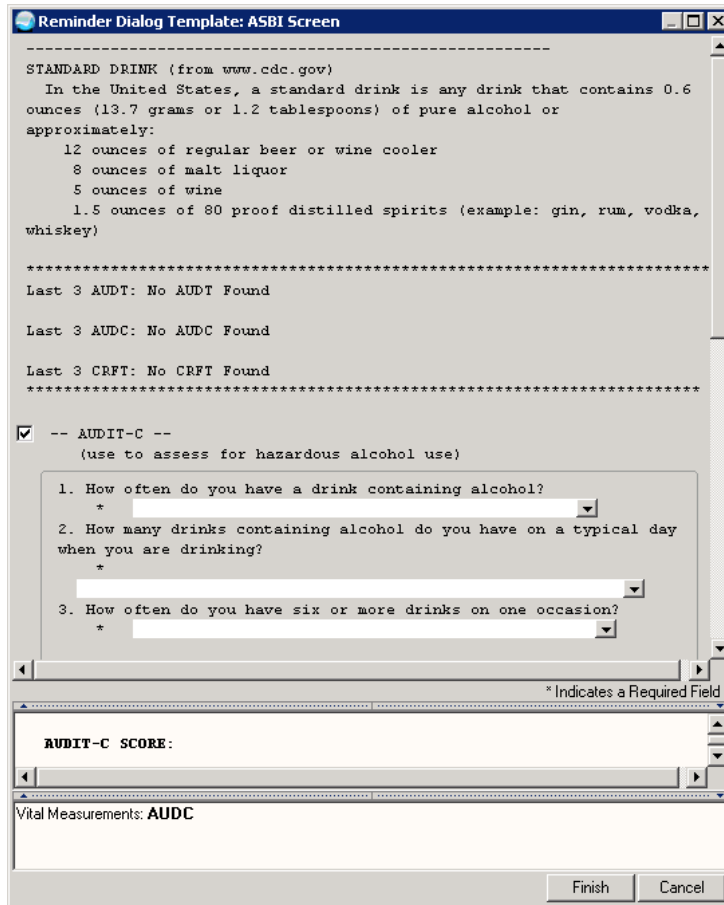


Figure 7-3: ASBI Window

## 7.3 IHS-ASTHMA CONTROL 2015

**Reminder Resolution: Asthma Control**

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

CONTROL

Asthma is well controlled.

Asthma is not well controlled.

Asthma is very poorly controlled.

\* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-4: Asthma Control Dialog

## 7.4 IHS-ASTHMA ACTION PLAN 2015

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

Figure 7-5: Reminders Resolution Asthma Action Plan

## 7.5 IHS-ASTHMA PRIM PROV 2015, IHS-ASTHMA RISK EXACERBATION 2015, IHS-ASTHMA SEVERITY 2015

These dialogs do not have any data entry. The user is instructed on what actions need to be taken in PCC or in other components in the EHR to resolve the reminder.

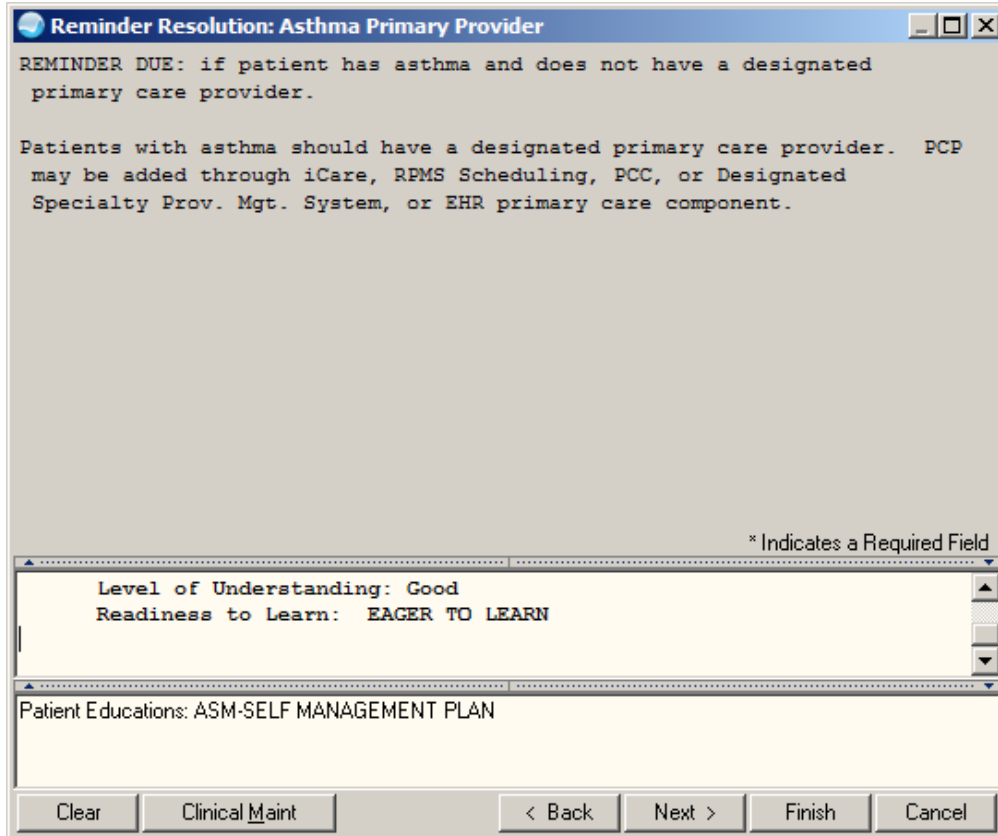


Figure 7-6: Reminder Resolution Asthma Primary Provider

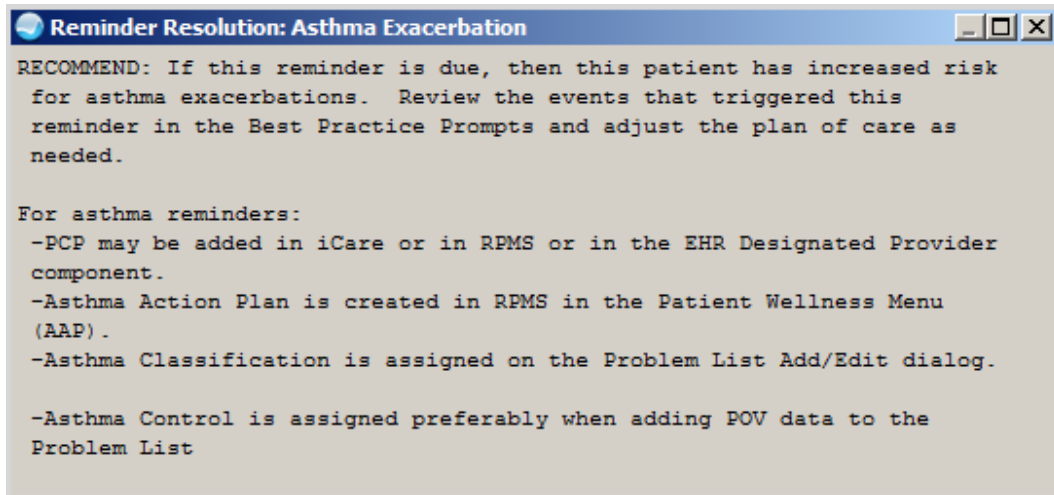


Figure 7-7: Reminder Resolution Asthma Exacerbation



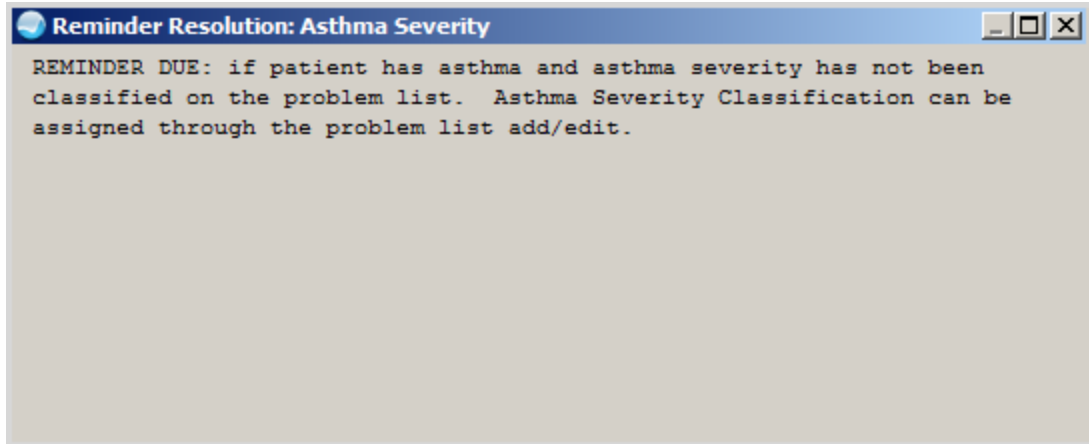


Figure 7-8: Reminder Resolution Asthma Severity

## 7.6 IHS-ASTHMA STEROID 2015

This dialog provides allows documentation of a steroid medication order. Sites need to make an order menu for Asthma Steroid Meds. Sites need quick order:

### PSOZM ASTHMA STEROIDS

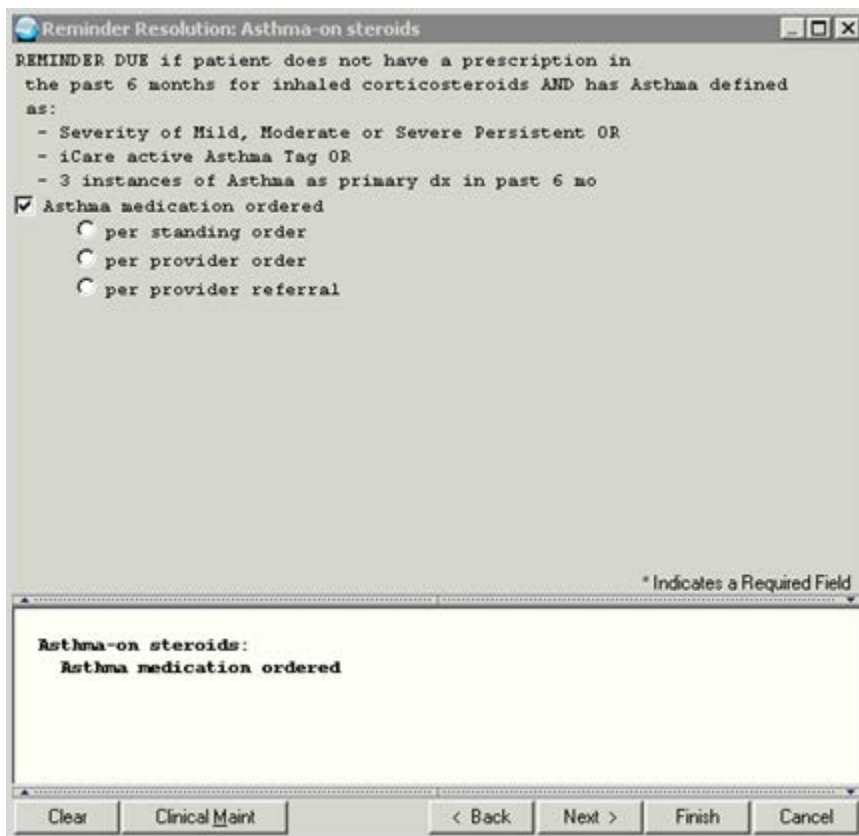


Figure 7-6: Asthma Steroids Dialog

## 7.7 IHS-BLOOD PRESSURE 2015

Allows entry of BP.

**Reminder Resolution: Blood Pressure**

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

Check to record blood pressure.

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY  
**Blood Pressure:**  
**Patient blood pressure recorded.**

Vital Measurements: **BP**

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-9: Blood Pressure Dialog

## 7.8 IHS-COLON CANCER 2015

This dialog allows documentation of colon cancer screening and education. The dialog has been expanded to include documentation of implementation of standing order. Sites need to have created quick orders:

GMRCZ COLONOSCOPY and LRZ OCCULT BLOOD

**Reminder Resolution: Colon Cancer**

COLON CA TEST ORDERED TODAY

Order for Fecal test for Colon Screening

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

Order for Colonoscopy

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

Educated patient on importance of Colon cancer screening tests.

---

COLON CA TEST NOT ORDERED

Fecal test cards previously ordered.

---

HISTORICAL DATA

Historical colonoscopy reported.

CHECK HERE to add comments

\* Indicates a Required Field

<No encounter information entered>

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-10: Colon Cancer Dialog

## 7.9 IHS-DEPO PROVERA 2015

Allows documentation of all aspects of depo-provera visit. Sites need to have quick orders:

LRZ URINE HCG and PSOZ DEPO PROVERA 150MG IM

Figure 7-11: Depo Provera Dialog Part 1

Figure 7-12: Depo Provera Dialog Part 2

## 7.10 IHS-DIAB ACE/ARB 2015

This dialog allows documentation of an ACE/ARB medication order. Sites need to make an order menu for ACE/ARBs called PSOZM ACE/ARBS

**Reminder Resolution: DM ACE/ARB**

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

Order for Ace/Arb medication

\* Indicates a Required Field

SCREENING:

- Reports the following relative/absolute contraindications
- Reports the following signs/symptoms

Orders: Allergy Cold Meds...

Clear   Clinical Maint   < Back   Next >   Finish   Cancel

Figure 7-13: Diabetes ACE/ARB Dialog

## 7.11 IHS-DIAB ANTPLT KNOWN CVD 2015

This dialog allows documentation of Aspirin or Clopidogrel orders. Sites need quick orders:

PSOZ ASPIRIN (EC) 81MG DAILY and PSOZ CLOPIDOGREL 75MG DAILY

**Reminder Resolution: DM Anti platelet CVD**

Patients with an active problem of diabetes or visit diagnosis in the past 3 years AND an active problem or diagnosis ever of CVD who are not on warfarin therapy should be considered for aspirin or clopidogrel therapy unless they have allergies to both medications.

Order for Aspirin 81mg  
 Order for Clopidogrel 75mg

\* Indicates a Required Field

**SCREENING:**

- Reports the following relative/absolute contraindications
- Reports the following signs/symptoms

Orders: Allergy Cold Meds... **Aspirin (EC) 81mg DAILY**

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-14: Diabetes Anti-platelet Therapy Dialog

## 7.12 IHS-DIAB ASPIRIN MALE 2015

This dialog allows documentation of an aspirin order for a male. Sites need quick order:

PSOZ ASPIRIN (EC) 81MG DAILY

**Reminder Resolution: DM Aspirin Male**

Patients with a diagnosis of diabetes should be considered for the appropriateness of aspirin therapy.

No Rx found for: ASPIRIN

Order for Aspirin 81mg

\* Indicates a Required Field

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

Orders: **Aspirin (EC) 81mg DAILY**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-15: Diabetic Aspirin Male Dialog

### 7.13 IHS-DIAB ASPIRIN FEMALE 2015

This dialog allows documentation of an aspirin order for a female. Sites need quick order:

PSOZ ASPIRIN (EC) 81MG DAILY

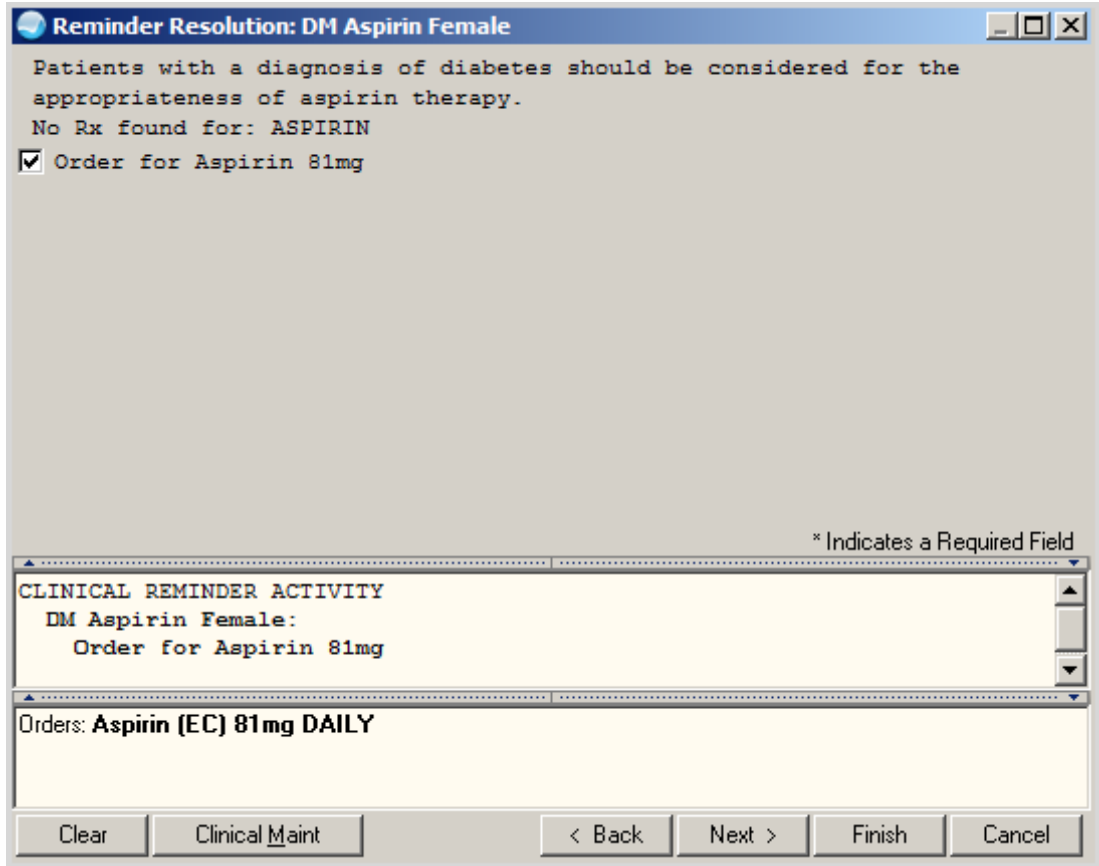


Figure 7-16: Diabetic Aspirin Female Dialog



## 7.14 IHS-DIAB BP CONTROL 2015

This dialog allows documentation of blood pressure.

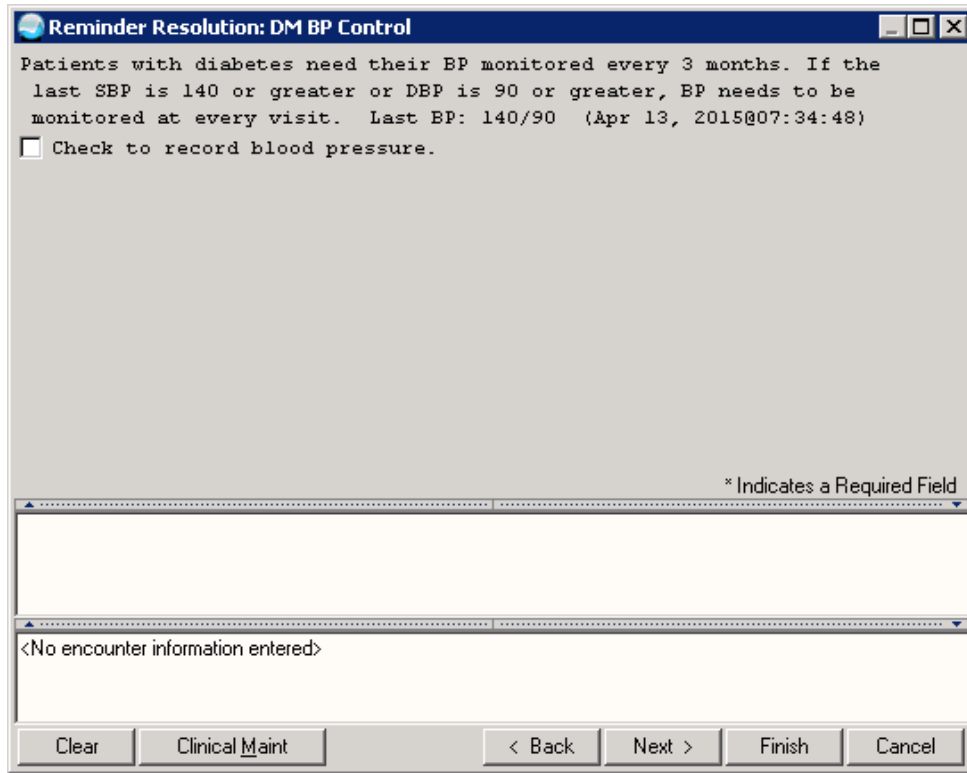


Figure 7-17: Diabetes BP Control Dialog

## 7.15 IHS-DIAB EYE EXAM 2015

This dialog allows documentation of fundoscopic eye exams.

**Reminder Resolution: DM Eye Exam**

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

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

Patient had a complete dilated pupil eye exam done previously  
Exam Result: Normal/negative  
Date: \* March 27 2014  
Location: \*  
Comment:

\* Indicates a Required Field

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

**Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical)**  
Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-18: Diabetic Eye Exam Dialog

## 7.16 IHS-DIAB FOOT EXAM 2015

This dialog allows documentation of foot exam and patient education.

**Reminder Resolution: DM Foot Exam**

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

Last foot exam: None Found

Patient had a complete diabetic foot exam at this visit.

Exam Result: (None selected)

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

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

Pedal pulses were assessed. Results:  Normal  Abnormal

Patient had a complete diabetic foot exam done previously.

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

Level of Understanding: Good

Education duration: 0

Readiness to Learn: (None selected)

Comment:

\* Indicates a Required Field

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

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

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-19: Diabetic Foot Exam Dialog

## 7.17 IHS-DIAB HGBA1C 2015

This dialog includes documentation of implementation of quick order for HgbA1c. Sites need a quick order for:

LRZM DIABETIC TESTS

**Reminder Resolution: DM HgbA1c**

Hemoglobin A1c recommended every 6 months for patients with diabetes.

Last HEMOGLOBIN A1C                      5.0    JUL 29, 2013@11:02

Order for Hemoglobin A1c

per standing order

per provider order

per provider referral

\* Indicates a Required Field

**DM HgbA1c:**  
Order for Hemoglobin A1c

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

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-20: Diabetic Hgba1c Dialog

## 7.18 IHS-DIAB HGBA1C CONTROL 2015

This dialog includes documentation of implementation of an HgbA1c order. Sites need a quick order:

LRZM DIABETIC TESTS

**Reminder Resolution: DM HgbA1C Control**

Hemoglobin A1c recommended at least every 6 months. REMINDER DUE every 3 months if last Hemoglobin A1c is greater than a site determined value.

Last HEMOGLOBIN A1C                      5.0    JUL 29, 2013@11:02

Order for Hemoglobin A1c

per standing order

per provider order

per provider referral

\* Indicates a Required Field

---

DM HgbA1c:  
Order for Hemoglobin A1c

---

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

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-21: Diabetic Hgba1c Control Dialog

## 7.19 IHS-DM (DIABETES) SCREENING 2015

This dialog includes documentation of implementation of glucose order. Sites need quick order:

LRZ GLUCOSE

**Reminder Resolution: DM Screening**

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

Last 1 GLUCOSE: No Results Found

Order for Glucose test

per standing order

per provider order

per provider referral

\* Indicates a Required Field

DM Screening:  
Order for Glucose test

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

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-22: DM (Diabetes) Screening Dialog

## 7.20 IHS-DIAB NEPHRO SCR/MON 2015

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

Sites need quick order:

LRZM NEPHROPATHY

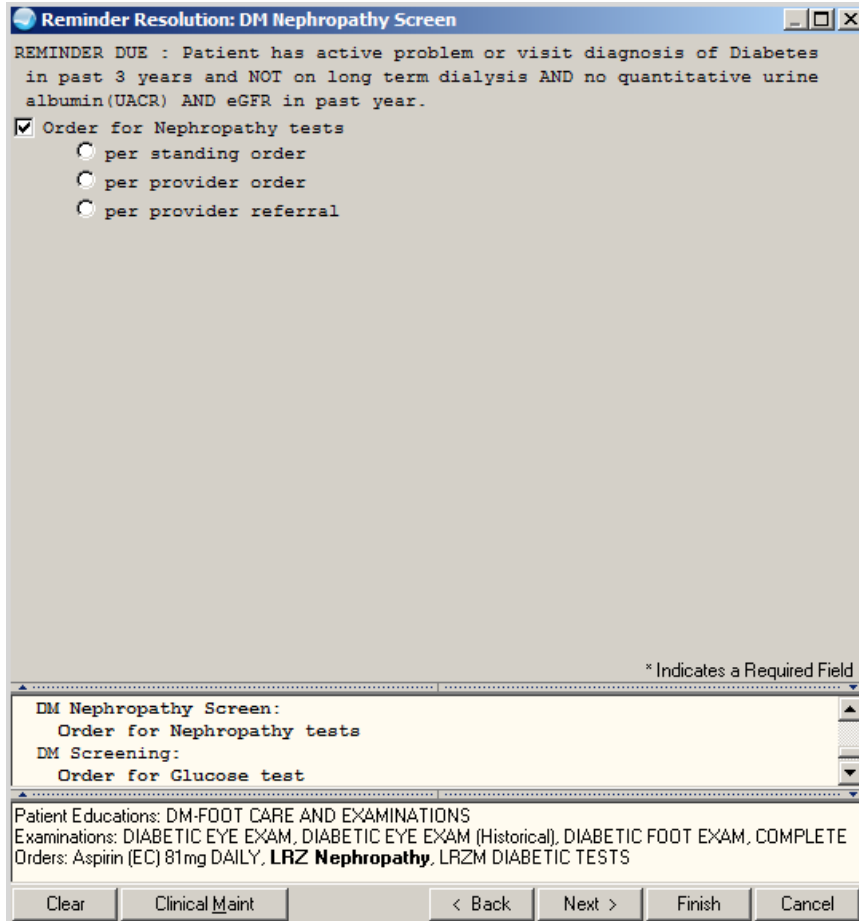


Figure 7-23: Diabetic Nephropathy Dialog

## 7.21 HIS-DOMESTIC VIOLENCE 2015

Allows documentation of the exam and education about domestic violence.

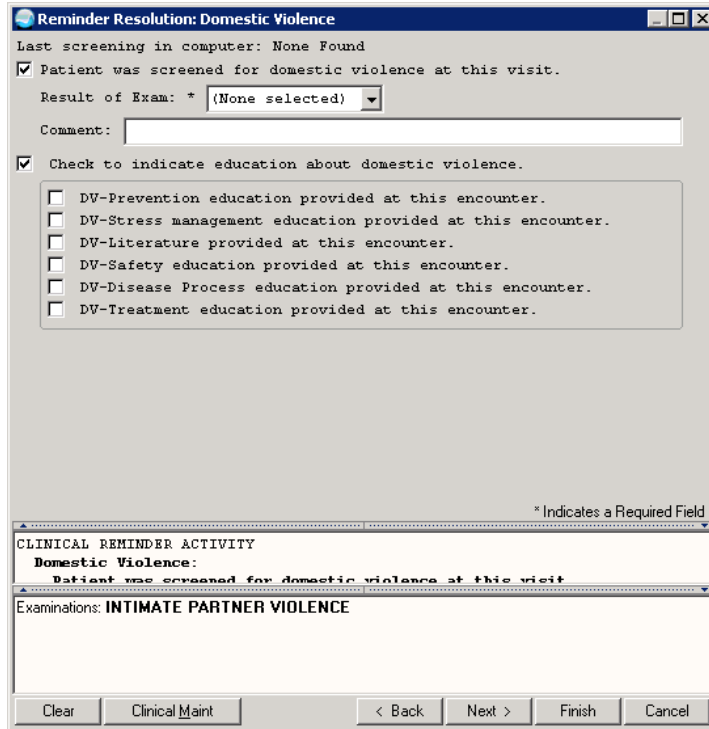


Figure 7-24: Domestic Violence Dialog

## 7.22 IHS-HEP C SCREEN 2015

Sites need quick order:

LRZ HEP C SCREEN:



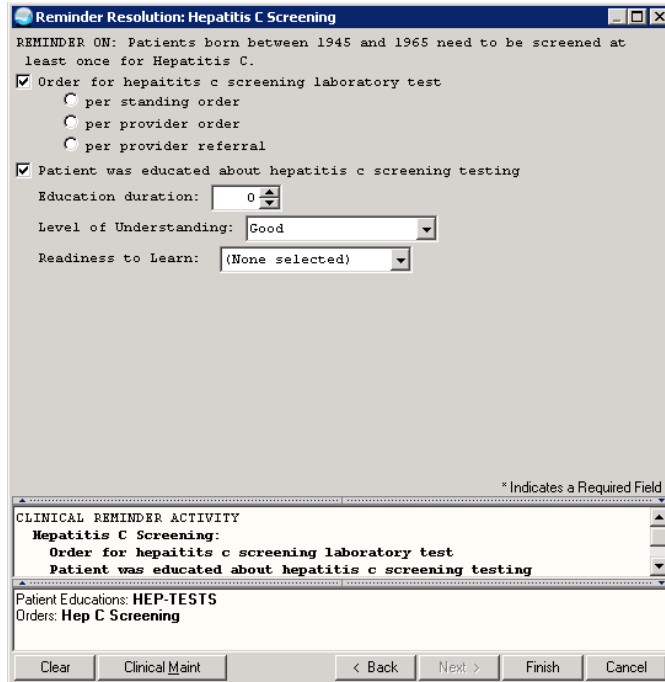


Figure 7-25: Hep C Screen Dialog

## 7.23 IHS-HIV SCREEN 2015

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

### LRZ HIV SCREENING

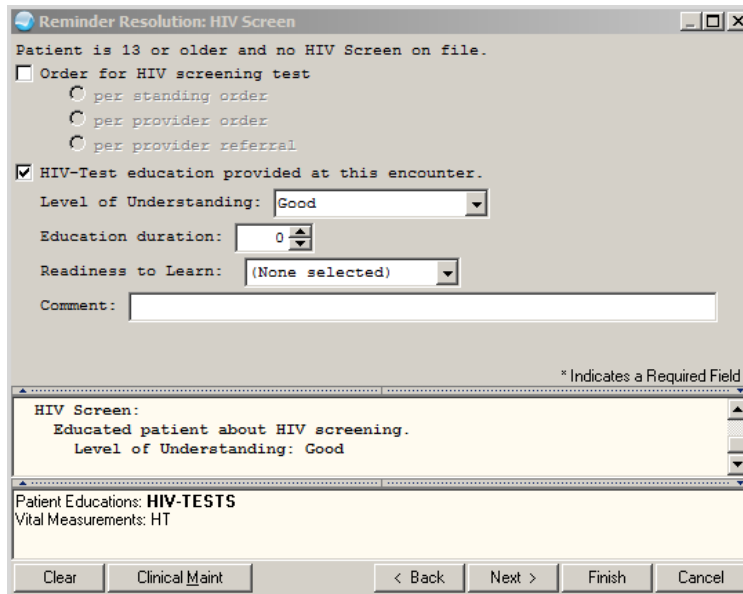


Figure 7-26: HIV Screen Dialog

## 7.24 IHS-LIPID FEMALE 2015

This dialog has been expanded to include documentation of implementation of a lipid assessment order. Sites need quick order:

### LRZ LIPID PROFILE

Reminder Resolution: Lipid Profile Female

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

Order for Lipid Profile

per standing order

per provider order

per provider referral

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Lipid Profile Female:  
Order for Lipid Profile per standing order

Orders: **Lipid Profile**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-27: Lipid Female Dialog

## 7.25 IHS-LIPID MALE 2015

This dialog has been expanded to include documentation of implementation of a lipid assessment order. Sites need quick order:

### LRZ LIPID PROFILE

Figure 7-28: Lipid Male Dialog

## 7.26 IHS-MAMMOGRAM 40 – 49 2015

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

**RAZ BILATERAL MAMMOGRAM**

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

Order for Mammogram

per standing order

per provider order

per provider referral

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

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

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:  
Order for Mammogram per standing order

Orders: **Bilateral Mammogram**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-29: Mammogram 40-49 Order Dialog

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

Order for Mammogram

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

MAMMOGRAM NOT ORDERED TODAY

SCHEDULED - Patient has mammogram scheduled already.

Comment:

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

EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

HISTORICAL Screening Mammogram reported

HISTORICAL Unilateral Diagnostic Mammogram reported

HISTORICAL Bilateral Diagnostic Mammogram reported

CHECK HERE to add comments

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:

SCHEDULED - Patient has mammogram scheduled already.

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-30: Mammogram Not Ordered Dialog

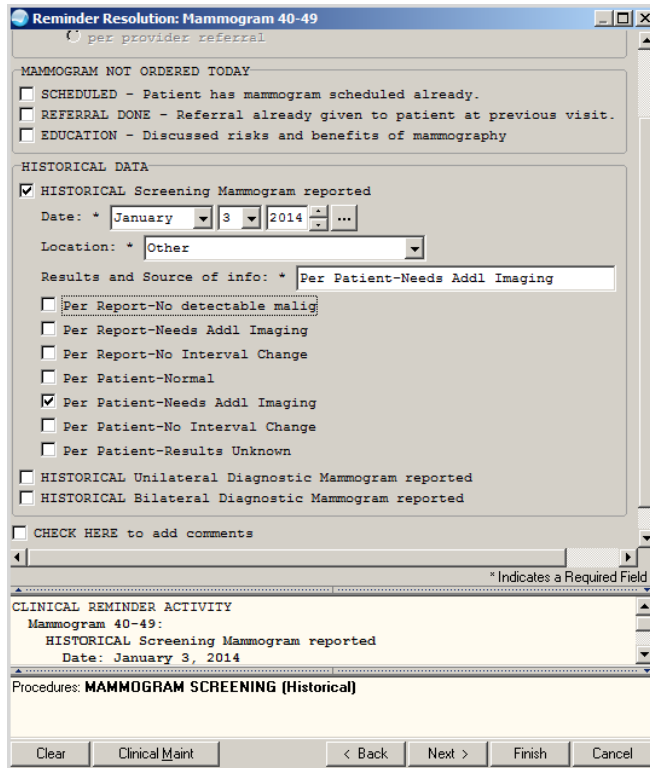


Figure 7-31: Historical Mammogram Documentation

## 7.27 IHS-MAMMOGRAM 50 – 74 2015

This dialog allows resolution by education or mammogram for ages 50-74. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See [40 – 49](#) for others.

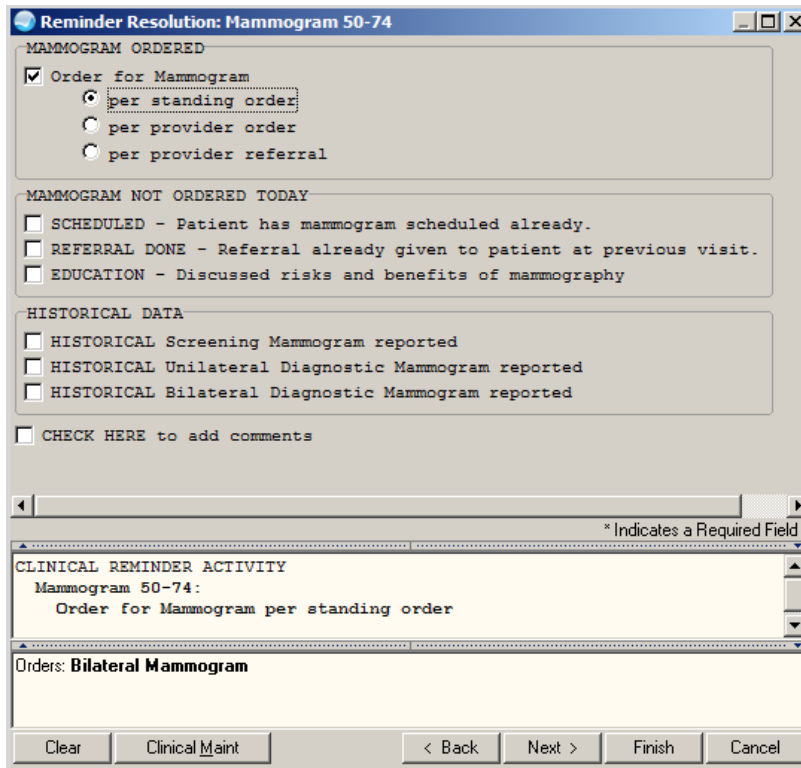


Figure 7-32: Mammogram 50-74 Order Dialog

## 7.28 IHS-MAMMOGRAM 75 – 100 2015

This dialog allows resolution by education or mammogram for ages 75-100. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See [40 – 49](#) for others.

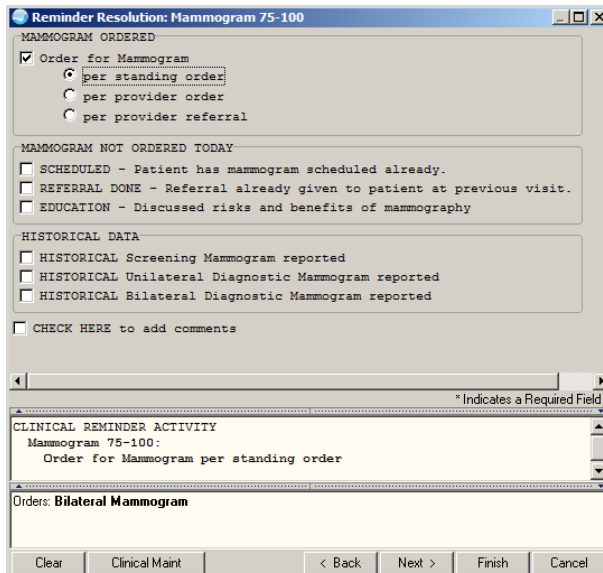


Figure 7-33: Mammogram 50-74 Order Dialog

## 7.29 IHS-MED THERAPY MNGT 2015

This dialog is designed to be used as a TIU dialog storing data about medication management into a TIU note. It contains information for the patient as well as billing codes.

**Reminder Dialog Template: Med Therapy**

-- Action Plans --

This Personal Medication List was prepared for you based on our discussion and information.

It is important for you to keep this list up to date with prescription and over-the-counter medications, vitamins, other supplements and medication related devices. Use the blank rows to add information about new products; and include the date you start or stop using a product.

Ask your healthcare provider to update this chart during your regular visits. Also, if you need treatment at the hospital or emergency room, be sure to show this list to the hospital staff.

If you have any questions about your Personal Medication List, please call \_\_\_\_\_.

CR - Reminders Due  
Selected Clinical Reminders not due.

-- Services Provided --

99605 - MTM Initial 15 minutes, New Patient

99605 - MTM Initial 15 minutes, Established Patient

99607 - MTM additional 15 minutes

\* Indicates a Required Field

healthy. -----

<No encounter information entered>

Finish Cancel

Figure 7-34: Med Therapy Management

## 7.30 HIS-MH HYPERTENSION CONTROL 2015

This dialog is for patient with hypertension whose BP is not in the preferred range. This monitor allows a review of past values and allows the user to input education, tobacco information, order consults and labs all in one place. Quick orders needed:

LRZ BMP TODAY, LRZ LIPIDS TODAY, GMRCZ TOBACCO CESSATION, GMRCZ FITNESS PROGRAM, GMRCZ PHN, GMRCZ HOME HEALTH, GMRCZ NUTRITION, GMRCZ SOCIAL SERVICES



Reminder Resolution: Hypertension Control (MH)

-----

Hypertension Monitoring

Lab Monitoring

Tobacco Use and Exposure Screening

Education

Hypertension-exercise education provided.

Hypertension-lifestyle adaptation education provided.

Hypertension-medication education provided.

Hypertension-nutrition education provided.

Tobacco-quit education provided.

Tobacco-relapse prevention education provided.

Referrals/Consults

Referral to Exercise/Fitness Program

Referred to Home Health

Referred to Nutritionist/Dietitian

Referral to Public Health Nurse

Referral to Social Services

Referred to Tobacco Cessation Program

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

**Hypertension Control (MH):**

-----

**Hypertension Monitoring**

|LAST 3 BP|

{ELD:GEN WORD PROCESSING}

-----

**Education**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-35: Hypertension Control Dialog

### 7.31 IHS-OSTEOPOROSIS SCREENING 2015

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

ORZ DEXASCAN

Figure 7-36: Osteoporosis Screen Dialog

### 7.32 IHS-PAP TEST 21 – 29 2015

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

LRZ PAP

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

Reminder Resolution: Pap Test 21-29Y

Age 21-29, normal risk, recommend Pap every 3 years

PAP ORDER TODAY

Order for Pap test only

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

Order for Pap test and STD Testing

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

PAP NOT ORDERED TODAY

ENTER HISTORICAL PAP or HYSTERECTOMY

Historical Pap reported.

Historical Hysterectomy Reported.

CHECK HERE to add comments

\* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Pap Test 21-29Y:

Order for Pap test and STD Testing

Orders: PAP

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-37: PAP Test 21 – 29 Years Dialog

### 7.33 IHS-PAP TEST 30 – 64 2015

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

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

**Reminder Resolution: Pap test 30-64Y**

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

PAP ORDER FOR TODAY

Order for PAP and HPV testing

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

Order for PAP, HPV and STD Testing

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

PAP NOT ORDERED TODAY

ENTER HISTORICAL PAP or HYSTERECTOMY

Historical Pap reported.

Historical Hysterectomy Reported.

CHECK HERE to add comments

\* Indicates a Required Field

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

Orders: LRZSET PAP

Clear    Clinical Maint    < Back    Next >    Finish    Cancel

Figure 7-38: PAP Test 30 – 64 Years Dialog

## 7.34 IHS-PHN DC FU 2015

This dialog allows documentation of PHN Hospital discharge visit information. This extensive template allows for documentation of Occupational Health Factors, tobacco, alcohol, depression, IPV screening, functional status, and visit SOAP information.

Reminder Resolution: PHN Hosp DC dialog only

\*\*\*\*\*  
Enter the following in EHR prior to using dialog  
-- Chief Complaint  
-- Vital signs  
-- Activity time  
-- Functional assessment if 55 or older (in "Personal Health")  
-- Any refusals (in "Personal Health")  
-- POV for visit  
\*\*\*\*\*

-----  
PUBLIC HEALTH NURSING FOLLOW UP

\* HOME  OFFICE  OTHER (specify) [ ] visit  
with  
ABEITA, JILLIAN ROSE, FEMALE, 71 yrs old

Referral received: [ ] ...  
From:  
 Hospital discharge  
 Hospital discharge after readmission  
 Obstetrical ward and related to  
[ ]

Family present during visit?  Yes  No

-----  
SUBJECTIVE  
No Chief Complaint.  
[ ]

-----  
PHN Hosp DC dialog only:  
-----  
PUBLIC HEALTH NURSING FOLLOW UP  
  
visit with  
ABEITA JILLIAN ROSE FEMALE 71 yrs old

Clear Clinical Maint < Back Next > Finish Cancel

\* Indicates a Required Field

Figure 7-39: PHN Hospital DC Visit Documentation



Figure 7-40: Screening Section of the Dialog

Reminder Resolution: PHN Hosp DC dialog only

OBJECTIVE

Patient is Alert and Orientated to

Cooperative with care?  Yes  No

Appetite  Good  Fair  Poor

Adequate food \* is  is not available

Personal Hygiene :

Kept-clean grooming/clothing noted

Unkept-poor grooming/malodor noted

Ambulation:

Independent

Dependent on cane

Dependent on walker

Dependent on wheelchair

Confined to bed

Mucous Membranes :  moist  dry

Skin : warm, dry, intact

Lungs : clear to auscultation  bilaterally

Heart : Regular Rate and Rhythm

Peripheral pulses : Positive  x 4 extremities

Edema : none noted  x 4 extremities

\* Indicates a Required Field

PHN Hosp DC dialog only:

-----

PUBLIC HEALTH NURSING FOLLOW UP

visit with

BREITA JILLIAN ROSE FEMALE 71 yrs old

Clear Clinical Maint < Back Next > Finish Cancel

Figure 7-41: Objective Section of the Dialog

## 7.35 HIS-SCREENING BUNDLE 2015

This dialog was combined the ability to resolve six screening reminders at the same time:

- Tobacco Use
- Activity Level
- Alcohol, Depression
- Colon Cancer
- IPV /Domestic Violence Screening

Refer to the individual screening dialogs in this section of the guide for details.



Figure 7-42: Screening Bundle



## 8.0 Remove Old Reminders from Exchange

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

The screenshot shows a terminal window titled "Cache TRPC:2008 (INSEHML2012)". The main window is "Clinical Reminder Exchange" with a timestamp of "Apr 15, 2015 12:18:55" and "Page: 1 of 1". The content is titled "Exchange File Entries." and contains a table with the following data:

Item	Entry	Source	Date Packed
1	IHS-ACTIVITY SCREEN 2013	USER@DEMO HOSPITA	03/13/2014@13
2	IHS-ACTIVITY SCREEN 2013	USER@DEMO HOSPITA	04/21/2014@14
3	IHS-ALCOHOL SCREEN 2013	USER@DEMO HOSPITA	03/13/2014@13
4	IHS-ALCOHOL SCREEN 2013	USER@DEMO HOSPITA	04/21/2014@14
5	IHS-ALLERGY 2013	USER@DEMO HOSPITA	03/13/2014@13
6	IHS-ALLERGY 2013	USER@DEMO HOSPITA	04/21/2014@14
7	IHS-ANTICOAG DURATION OF TX 2013	USER@DEMO HOSPITA	03/13/2014@13
8	IHS-ANTICOAG DURATION OF TX 2013	USER@DEMO HOSPITA	04/21/2014@14

Below the table is a menu with the following options:

- + Next Screen
- Prev Screen
- ?? More Actions
- CFE Create Exchange File Entry
- CHF Create Host File
- CMM Create MailMan Message
- DFE Delete Exchange File Entry
- IFE Install Exchange File Entry
- IH Installation History

At the bottom, there is a prompt: "Select Action: Next Screen// DFE Delete Exchange File Entry" and "Enter a list or range of numbers (1-211): 1-8".

Figure 8-1: Removing Old Reminders from Exchange

## 9.0 Dialog Preparation

The following describes Dialog Preparation.

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

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

### 9.1 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
5 MATCHES FOUND
```

## 9.2 Removal of Additional Findings

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

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

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

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

Edit? NO//
ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: V04.8// @
SURE YOU WANT TO DELETE? Y
```

Select ADDITIONAL FINDINGS: ? <<< *check for any more additional findings.*  
**Here there are none.**

You may enter a new ADDITIONAL FINDINGS, if you wish  
Enter additional finding items for this dialog element.

Enter one of the following:

ED.EntryName to select a EDUCATION TOPICS  
IM.EntryName to select a IMMUNIZATIONS  
ST.EntryName to select a SKIN TEST  
EX.EntryName to select a EXAM  
HF.EntryName to select a HEALTH FACTORS  
CPT.EntryName to select a PROCEDURE  
ICD9.EntryName to select a ICD9 DIAGNOSIS  
VM.EntryName to select a VITAL TYPE  
Q.EntryName to select a ORDER DIALOG  
MT.EntryName to select a MEASUREMENT

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

Select ADDITIONAL FINDINGS:^ <enter>

## 10.0 Install the KIDS Build

Installation of PXRМ 1005 should be done by the appropriate IRМ personnel using the instructions in the patch notes. It must be done with no users on the system. At the very least, reminders **MUST** be shut down using the parameter -PXRМ GUI REMINDERS ACTIVE.

Make sure that the field REMINDER MANAGEMENT MAILGROUP in the file CLINICAL REMINDER PARAMETERS has an entry. Most sites have the mailgroup PXRМ ERRORS already defined.

Installation of patch 1005 will put the reminders into the REMINDER EXCHANGE file. It does **NOT** install them. The new reminders will not work until they are installed and activated.

## 11.0 Install the Reminder

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

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

### 11.1 Programmer Access

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

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

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

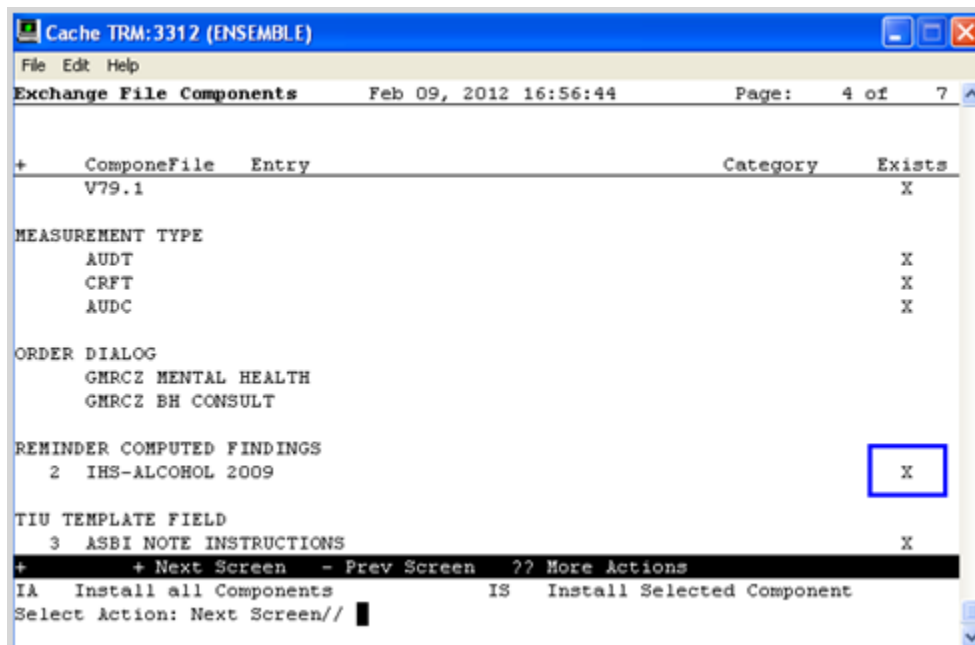


Figure 11-1: Reminder Components in Exchange

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

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

Never overwrite a routine!

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

## 11.2 Installing the Reminder

1. Select **Reminder Exchange** from the **Reminder Configuration** menu. You will be presented with a list of packed reminders that reside in the RPMS file system.

The screenshot shows a terminal window titled "sdvmrpsdev01.medisphere.com - Cache Telnet". The main window displays "Clinical Reminder Exchange" with a timestamp of "Apr 15, 2015 07:21:16" and "Page: 1 of 1". Below the title is the text "Exchange File Entries." followed by a table of reminders.

Item	Entry	Source	Date	Package
1	IHS-ASTHMA ACTION PLAN 2015	USER@DEMO HOSPITA	04/14/2015	
2	IHS-ASTHMA CONTROL 2015	HAGER@DEMO HOSPITA	04/14/2015	
3	IHS-ASTHMA PRIM PROV 2015	HAGER@DEMO HOSPITA	04/14/2015	
4	IHS-ASTHMA RISK EXACERBATION 2015	HAGER@DEMO HOSPITA	04/14/2015	
5	IHS-ASTHMA SEVERITY 2013	HAGER@DEMO HOSPITA	04/14/2015	
6	IHS-ASTHMA STEROID 2015	USER@DEMO HOSPITA	04/15/2015	
7	IHS-COLON CANCER 2015	HAGER@DEMO HOSPITA	04/14/2015	
8	IHS-DIAB ACE/ARB 2015	HAGER@DEMO HOSPITA	04/14/2015	
9	IHS-DIAB ANTPLT KNOWN CVD 2015	HAGER@DEMO HOSPITA	04/14/2015	

Below the table is a menu bar with options: "+ Next Screen", "- Prev Screen", and "?? More Actions". Below the menu bar is a list of actions:

CFE	Create Exchange File Entry	LHF	Load Host File
CHF	Create Host File	LMM	Load MailMan Message
CMM	Create MailMan Message	LR	List Reminder Definitions
DFE	Delete Exchange File Entry	LWH	Load Web Host File
IFE	Install Exchange File Entry	RI	Reminder Definition Inquiry
IH	Installation History		

The prompt "Select Action: Next Screen// █" is visible at the bottom of the screenshot.

Figure 11-2: List of Reminders in Reminder Exchange

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

2. Further instructions:

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

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

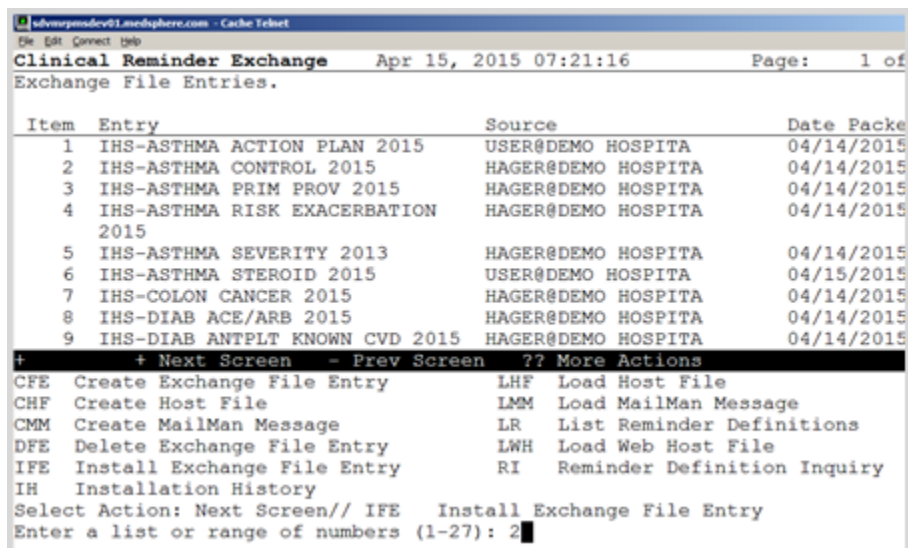


Figure 11-3: Installing Reminders

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

The following is a sample of an Exchange File Components screen.

Component	Category	Exists
Source: HAGER,MARY at DEMO HOSPITAL		
Date Packed: 04/14/2015@09:10:11		
Package Version: 2.0P26		
Description:		
This reminder is used in conjunction with the Health Summary Best Practices Prompts. Prompt will be active for patients with asthma who do not have a documented Asthma Control in the past year.		
=====		
=		
Bibliographic citation: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease		
7		
Developer: IHS Office of Information Technology		
Funding Source: Indian Health Service		
Release: 2015		
=====		
=		
Keywords:		
Components:		
ROUTINE		
1	BPXRMA SM	X
2	BPXRMSNO	X



PCC ASTHMA CONTROL VALUES		
3	VERY POORLY CONTROLLED	X
4	NOT WELL CONTROLLED	X
5	WELL CONTROLLED	X
REMINDER COMPUTED FINDINGS		
6	IHS-ASTHMA CONTROL	X
7	IHS-SNOMED	X
REMINDER TAXONOMY		
8	IHS-ASTHMA DX 2015	X
REMINDER TERM		
9	IHS-ASTHMA 2015	X
REMINDER DEFINITION		
10	IHS-ASTHMA CONTROL 2015	X
REMINDER DIALOG		
11	IHS-ASTHMA CONTROL 2015	X

6. Users will notice that for each item in the reminder, a check is now made and displayed to indicate if the item in exchange matches the item in the file. Users are not asked about the elements if there is a match. This will make the installation much slower.

- REMINDER TERM entry named IHS-ASTHMA 2015 already exists and the packed component is identical, skipping.
- REMINDER TAXONOMY entry named HIS-ASTHMA DX 2015 already exists and the packed component is identical, skipping.

If there is not a match, the application will ask 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.

- Select the component you want to install (#2).
- Take the default.

```
REMINDER COMPUTED FINDINGS entry IHS_DEPRESSION 2009 is NEW,
What do you want to do?
```

```
Select one of the following:
```

```

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

```
Enter response: I//
```

Figure 11-4: Remaining Instructions

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

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

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

Never overwrite a routine!

The following is an example of Reminder Installation:

```

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. Never overwrite
the routine!

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

Select one of the following:

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

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

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

```

```

Select one of the following:

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

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

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

Select one of the following:

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

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

```

11. Proceed to the next section to install the dialogs.

### 11.3 Taxonomy Error

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

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

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

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

Figure 11-5: Taxonomy Error Example

### 11.3.1 Create the Taxonomy Manually

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

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

4. Use the descriptions of the taxonomies found in the [Reminder Taxonomies](#) section of this manual to enter all the groupings of ICD0, ICD9, ICD-10 and/or CPT codes that apply to this taxonomy. For a single entry, the low value and the high value are the same entry. For ranges, enter the lowest entry in the range and then the highest. The computer will add all codes in that range.
5. Return to Reminder Exchange and reinstall the reminder.
6. Accept all of the defaults. When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

ComponenFile	Entry	Category	Exists
MEASUREMENT TYPE			X
	BP		
REMINDER TAXONOMY			
	1 IHS-HYPERTENSION 2007		X
	2 IHS-DIABETES DX 2007		X
REMINDER TERM			
	3 IHS-HIGH DIASTOLIC		X
	4 IHS-HIGH BP 2007		X
REMINDER DEFINITION			
	5 IHS-BLOOD PRESSURE 2011		X
REMINDER DIALOG			

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

Figure 11-6: Sample Exchange File Components Window Showing X in Exists Column

## 12.0 Install the Dialogs

This section provides information regarding the installation of dialogs.

**Note:** In reminder exchange, after installing the reminder, you will be presented with the Dialog Components screen.

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

```

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

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

          + Next Screen  - Prev Screen  ?? More Actions
DD  Dialog Details      DT  Dialog Text      IS  Install Selected
DF  Dialog Findings     DU  Dialog Usage     QU  Quit
DS  Dialog Summary      IA  Install All
Select Action: Quit// IA
Components not used by any other dialogs.
Install reminder dialog and all components with no further changes: Y//
YES
Reminder Dialog IHS-BLOOD PRESSURE 2011is not linked to a reminder.
Select Reminder to Link: IHS-BLOOD PRESSURE 2011

```

Figure 12-1: Sample Dialog Components Screen

### 12.1 Activate the Dialog

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

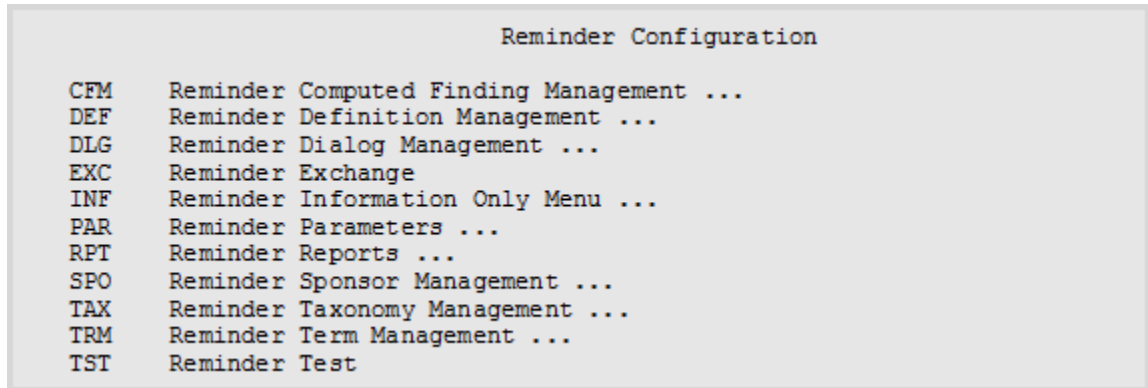
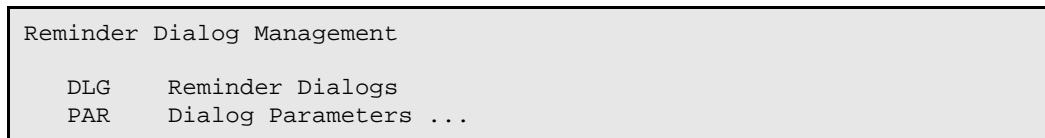


Figure 12-2: Options on Reminder Configuration Menu

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

### 12.1.1 Reminder Dialog Management (DLG)

1. Select **Reminder Dialog Management** from the **Reminder Configuration** Menu.



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

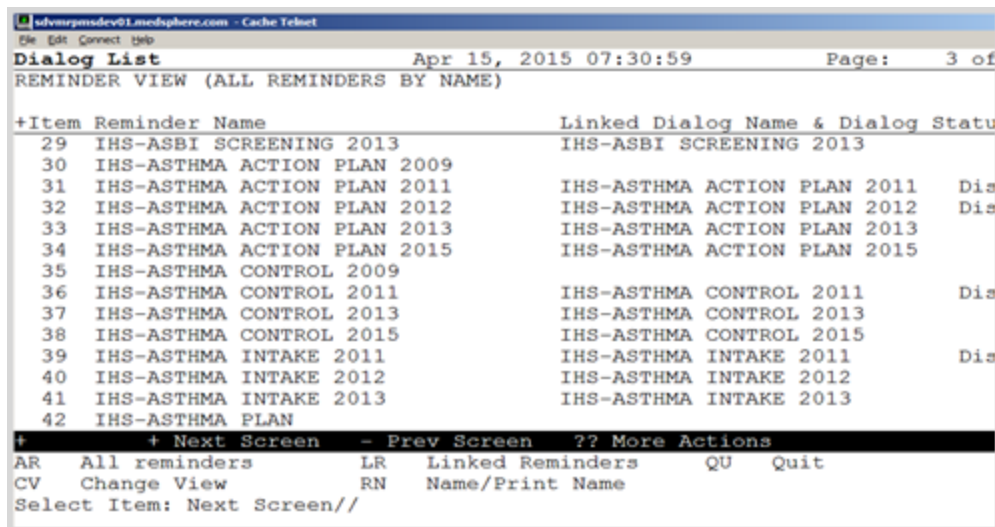


Figure 12-3: Sample Reminder View Window

3. Choose **CV** and then choose **D** for dialogs.

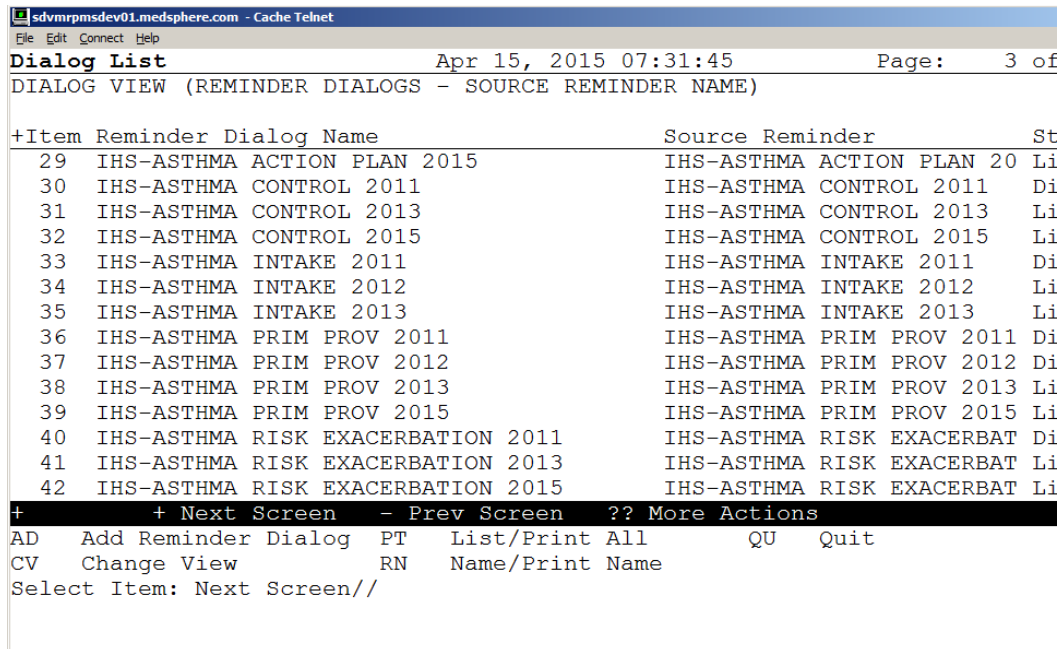


Figure 12-4: Sample Dialog View Window

4. Select the number of the item you want to edit.

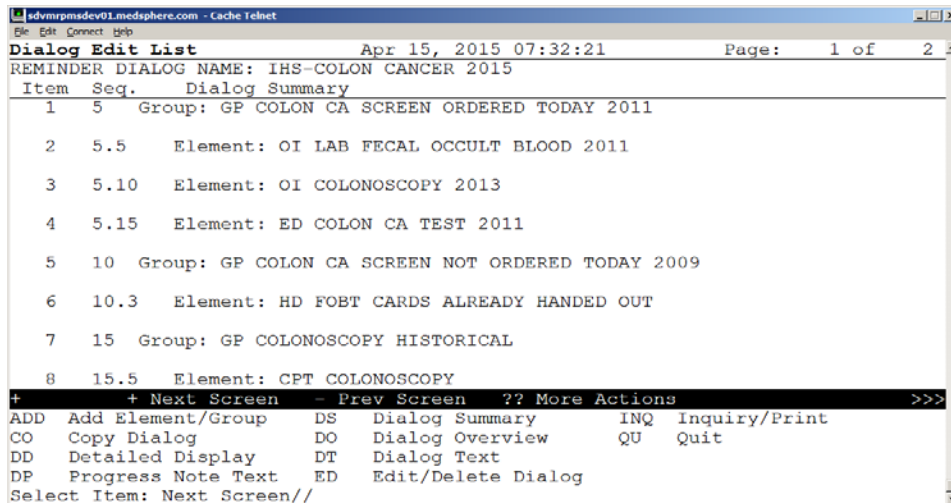


Figure 12-5: Dialog Edit List Window

5. Select the dialog. It will say Disabled instead of Linked.
6. Choose **ED** (Edit/Delete Dialog).
7. The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.
8. Type the at sign (@) to delete this and type **YES** when it asks SURE YOU WANT TO DELETE?
9. Type a caret (^) to quit editing.



The dialog now says Linked.

### 12.1.2 Dialog Does Not Link Automatically

Perform these steps if you do not see a dialog name under Linked Dialog Name and Dialog status:

Change your view to Reminders, not dialogs

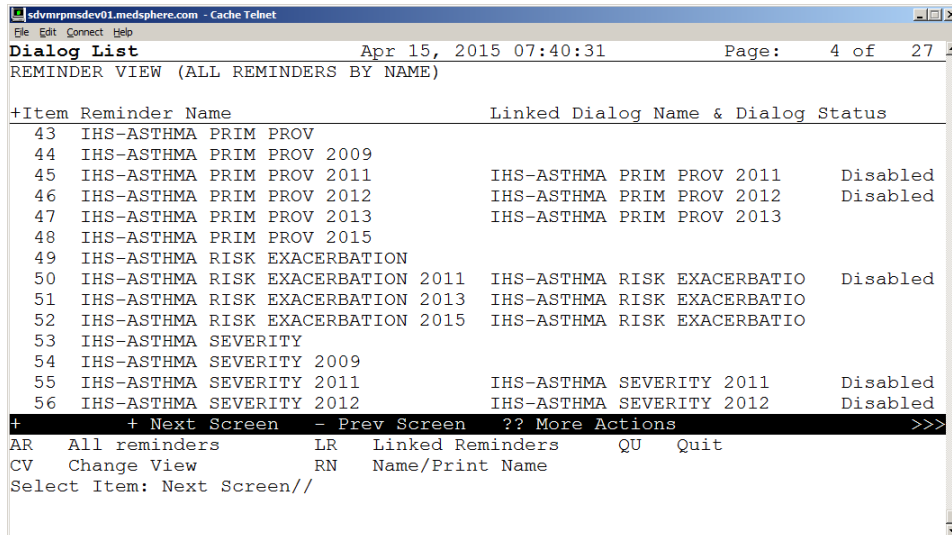


Figure 12-6: Reminder View

Select the reminder by number, and then select **LR** and link it.

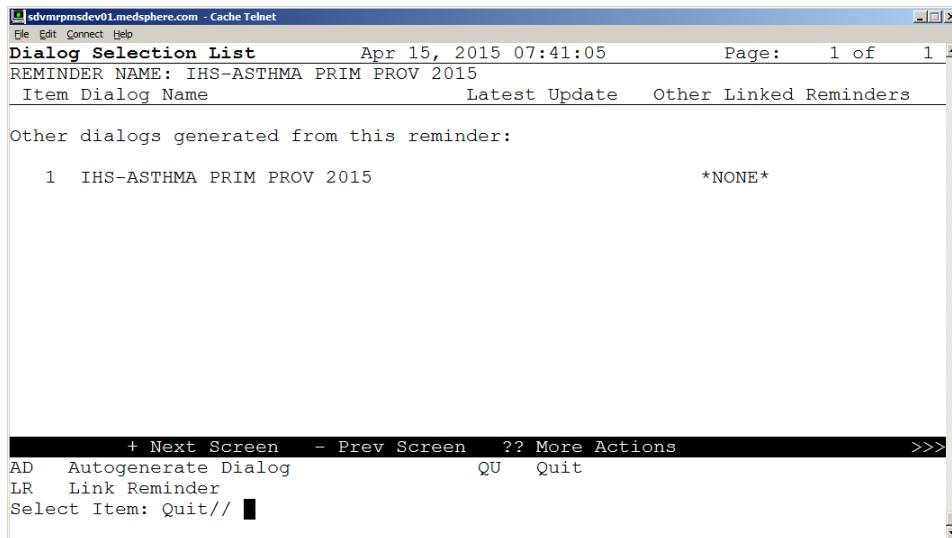


Figure 12-7: Link Reminder

## 13.0 Review Reminder Terms

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

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

The following are reminder terms that must be checked in PXR 2.0p1005. If you used OVERWRITE when installing the term, you may have overwritten a term that you had previously populated. Refer to [Appendix D. Reminder Terms](#) for a detailed list of all reminder terms and their contents.

All of the new reminders have a new reminder term that should not be edited by sites. However, you should review the reminder terms below to make sure that your local items did not get overwritten.

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

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

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

```

Reminder Term Management

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

Select Reminder Term Management Option:  INQ

Inquire about Reminder Term
Select Reminder Term: IHS-HGBA1c
      1  IHS-HGBA1C      VISN
      2  IHS-HGBA1C REEVALUATE      VISN
CHOOSE 1-2: 1 IHS-HGBA1C      VISN
DEVICE:  VIRTUAL TERMINAL      Right Margin: 80//

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

```

Figure 13-1: Inquire About Reminder Term Menu Option

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

```

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

Select Reminder Term Management Option EDT

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

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

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

Choose from:

```

```
HGBA1C
HGB A1C (REF)
HGB A1C (WWH)
```

You may enter a new FINDINGS, if you wish  
Enter one of the following:

```
DR.EntryName to select a DRUG
ED.EntryName to select a EDUCATION TOPIC
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTOR
IM.EntryName to select a IMMUNIZATION
LT.EntryName to select a LABORATORY TEST
MT.EntryName to select a MEASUREMENT TYPE
OI.EntryName to select a ORDERABLE ITEM
RP.EntryName to select a RADIOLOGY PROCEDURE
CF.EntryName to select a REMINDER COMPUTED FINDING
TX.EntryName to select a REMINDER TAXONOMY
ST.EntryName to select a SKIN TEST
DC.EntryName to select a VA DRUG CLASS
DG.EntryName to select a VA GENERIC
VM.EntryName to select a VITAL MEASUREMENT
```

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

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

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

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

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

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

```
Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM)
```

```
HGBA1C
```

```
...OK? Yes// YES
```

```
FINDING ITEM: HGBA1C//
```

```
EFFECTIVE PERIOD:
```

```
USE INACTIVE PROBLEMS:
```

```
WITHIN CATEGORY RANK:
```

```
EFFECTIVE DATE:
```

```
MH SCALE:
```

```
CONDITION:
```

```
CONDITION CASE SENSITIVE:
```

```
RX TYPE:
```

```
Select FINDING ITEM:
```

```
Input your edit comments.
```

```
Edit? NO//
```

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

## 14.0 Manually Update Dialogs

This section describes manually updating dialogs.

Reminders have been changed to NOT allow the adding of any ICD code as a finding. Purpose of Visit (POVs) must be attached to Problems with the release of EHR patch 13, and as a result, the finding type of ICD has been removed from the reminder dialog file.

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

- Populated Field Resolution
- Finding Item
- Dialog Text

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

## 15.0 EHR Reminder Configuration

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

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

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

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

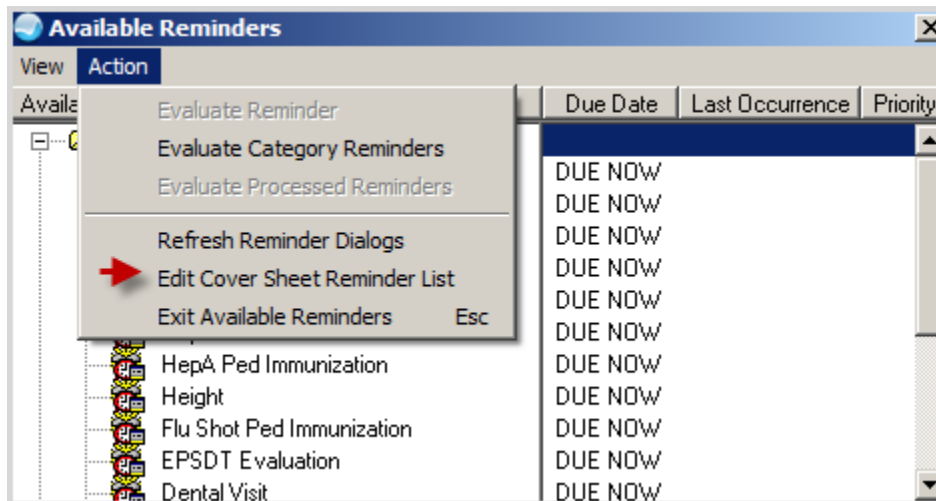


Figure 15-1: Reminder Configuration

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

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

**Note:** The IHS-IMMUNIZATION FORECAST 2015 reminder must be at the top of the list.

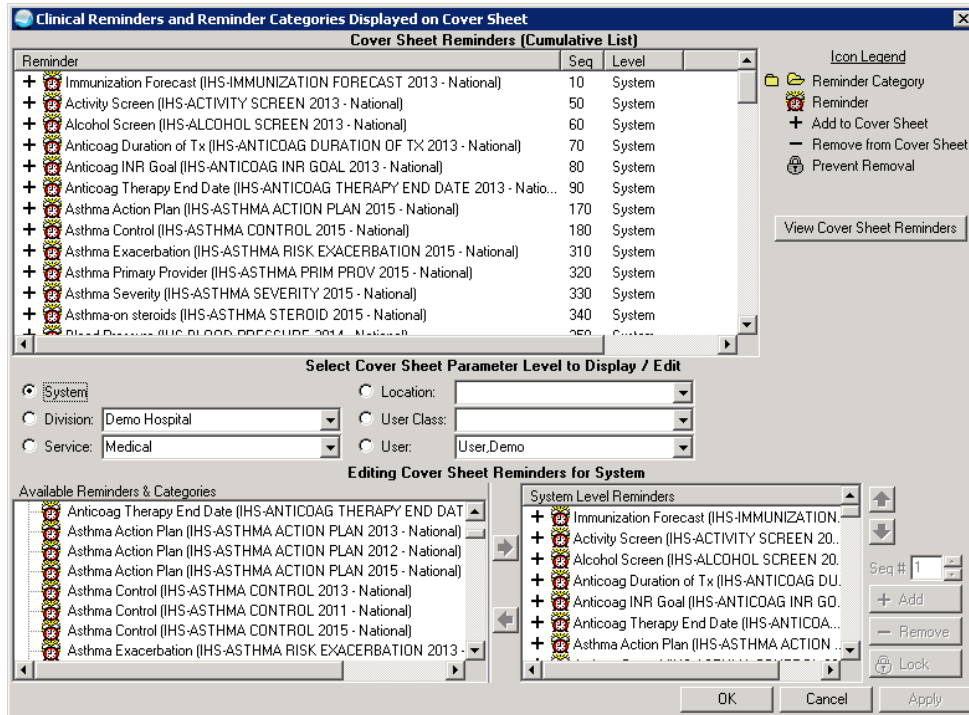


Figure 15-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet Window



## 16.0 Inactivate the Old Reminder and Dialog

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

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

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

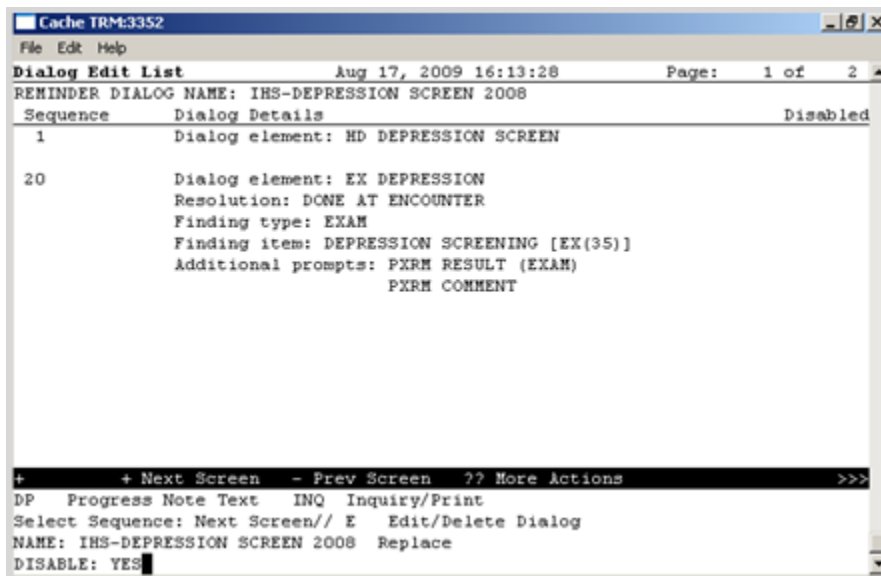


Figure 16-1: Dialog Edit List Window

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

```

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

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

Select Reminder Definition Management Option: RA

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

Figure 16-2: Inactivating the Old Reminder and Dialog

3. Print a FileMan report listing all of your Active Reminder Definitions:

**Generate a list of Active Clinical Reminders in FileMan**  
 Select Search Template System Option: fgen FileMan (General)

- 1 Enter or Edit File Entries
- 2 Print File Entries
- 3 Search File Entries**
- 4 Inquire to File Entries

Select FileMan (General) Option: 3

Prompt	User entry
OUTPUT FROM WHAT FILE: REPRODUCTIVE FACTORS//	REMINDER DEFINITION
-A- SEARCH FOR REMINDER DEFINITION FIELD:	1.6
-A- CONDITION:	Null
-B- SEARCH FOR REMINDER DEFINITION FIELD:	<enter>
IF: A// INACTIVE FLAG NULL	<enter>
STORE RESULTS OF SEARCH IN TEMPLATE:	<enter>
SORT BY: NAME//	<enter>
START WITH NAME: FIRST//	<enter>
FIRST PRINT FIELD:	.01;L50
THEN PRINT FIELD:	1.6;L10
Heading (S/C): REMINDER DEFINITION SEARCH Replace	... <enter> With Active Reminders
Replace	<enter>
STORE PRINT LOGIC IN TEMPLATE:	<enter>
DEVICE: CONSOLE Right Margin: 80//	<enter> (to scroll on screen 0;80;99999 (if you want have session log on )

Figure 16-3: Generate list of Active Reminders in FileMan

Your list will look similar to this:

Active Reminders	JUN 12,2012	13:06	PAGE 9	FLAG
INACTIVE NAME				
-----				
IHS-PED DT IMMUN 2012				
IHS-PED DTAP IMMUN 2008				
IHS-PED DTAP IMMUN 2011				
IHS-PED DTAP IMMUN 2012				
IHS-PED FLU IMMUN 2011				
IHS-PED FLU IMMUN 2012				
IHS-PED HEP A IMMUN 2011				
IHS-PED HEP A IMMUN 2012				
IHS-PED HEP B IMMUN 2011				
IHS-PED HEP B IMMUN 2012				
IHS-PED HIB TITER IMMUN 2011				

## 17.0 Reviewing the Reminder and Dialog

This section describes how to review the reminder and dialog.

### 17.1 Reminder Test

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

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

This is an example of a reminder test for the IHS-LIPID FEMALE 2015 reminder. The patient has diabetes and therefore should have a lipid text done yearly.

```
Reminder: IHS-LIPID FEMALE 2015
Patient: DEMO,MOTHER R

The elements of the FIEVAL array are:
FIEVAL(1)=0
FIEVAL(1,"BDT")=
FIEVAL(1,"EDT")=
FIEVAL(2)=1
FIEVAL(2,1)=1
FIEVAL(2,1,"CSUB","DATE")=3150415
FIEVAL(2,1,"CSUB","VALUE")=Diabetes mellitus type 1
FIEVAL(2,1,"DATE")=3150415
FIEVAL(2,1,"FILE NUMBER")=811.4
FIEVAL(2,1,"FINDING")=681;PXRMD(811.4,
FIEVAL(2,1,"TERM FINDING")=681;PXRMD(811.4,
FIEVAL(2,1,"TEXT")=Diabetes mellitus type 1
FIEVAL(2,1,"VALUE")=Diabetes mellitus type 1
FIEVAL(2,"BDT")=T-3Y
FIEVAL(2,"BDTE")=3120415
FIEVAL(2,"CSUB","DATE")=3150415
FIEVAL(2,"CSUB","VALUE")=Diabetes mellitus type 1
FIEVAL(2,"DATE")=3150415
FIEVAL(2,"EDT")=
FIEVAL(2,"EDTE")=3150415.235959
FIEVAL(2,"FILE NUMBER")=811.4
FIEVAL(2,"FINDING")=681;PXRMD(811.4,
FIEVAL(2,"TERM")=IHS-DIABETES DX 2015
FIEVAL(2,"TERM IEN")=35
FIEVAL(2,"TEXT")=Diabetes mellitus type 1
FIEVAL(2,"VALUE")=Diabetes mellitus type 1
FIEVAL("AGE")=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3150415.07454
FIEVAL("PATIENT AGE")=57
FIEVAL("SEX")=1

Term findings:
```

```

Finding 2:
TFIEVAL(2,1)=1
TFIEVAL(2,1,1)=1
TFIEVAL(2,1,1,"CLINICAL TERM")=
TFIEVAL(2,1,1,"CODE")=250.00
TFIEVAL(2,1,1,"CODESYS")=ICD
TFIEVAL(2,1,1,"COMMENTS")=
TFIEVAL(2,1,1,"CSUB","CLINICAL TERM")=
TFIEVAL(2,1,1,"CSUB","CODE")=250.00
TFIEVAL(2,1,1,"CSUB","CODESYS")=ICD
TFIEVAL(2,1,1,"CSUB","COMMENTS")=
TFIEVAL(2,1,1,"CSUB","DATE")=3130925.1432
TFIEVAL(2,1,1,"CSUB","DATE OF INJURY")=
TFIEVAL(2,1,1,"CSUB","DATE VISIT CREATED")=3130925
TFIEVAL(2,1,1,"CSUB","DFN")=5
TFIEVAL(2,1,1,"CSUB","DIVISION")=DEMO
TFIEVAL(2,1,1,"CSUB","DIVISION IEN")=1
TFIEVAL(2,1,1,"CSUB","DSS ID")=14
TFIEVAL(2,1,1,"CSUB","HLOC")=MENTAL HEALTH
TFIEVAL(2,1,1,"CSUB","HOSPITAL LOCATION")=20
TFIEVAL(2,1,1,"CSUB","LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,1,"CSUB","MODIFIER")=
TFIEVAL(2,1,1,"CSUB","NODE")=P
TFIEVAL(2,1,1,"CSUB","OFFICAL VA NAME")=
TFIEVAL(2,1,1,"CSUB","OUTSIDE LOCATION")=
TFIEVAL(2,1,1,"CSUB","PRIMARY PROVIDER")=1
TFIEVAL(2,1,1,"CSUB","PRIMARY/SECONDARY")=P
TFIEVAL(2,1,1,"CSUB","PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,1,"CSUB","PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,1,"CSUB","SERVICE CATEGORY")=A
TFIEVAL(2,1,1,"CSUB","STATION NUMBER")=8905
TFIEVAL(2,1,1,"CSUB","STATUS")=^
TFIEVAL(2,1,1,"CSUB","STOP CODE")=14
TFIEVAL(2,1,1,"CSUB","VISIT")=2975
TFIEVAL(2,1,1,"CSUB","VISIT COMMENTS")=
TFIEVAL(2,1,1,"DAS")=1789
TFIEVAL(2,1,1,"DATE")=3130925.1432
TFIEVAL(2,1,1,"DATE OF INJURY")=
TFIEVAL(2,1,1,"DATE VISIT CREATED")=3130925
TFIEVAL(2,1,1,"DFN")=5
TFIEVAL(2,1,1,"DIVISION")=DEMO
TFIEVAL(2,1,1,"DIVISION IEN")=1
TFIEVAL(2,1,1,"DSS ID")=14
TFIEVAL(2,1,1,"FILE NUMBER")=9000010.07
TFIEVAL(2,1,1,"FILE SPECIFIC")=P
TFIEVAL(2,1,1,"FINDING")=71;PXD(811.2,
TFIEVAL(2,1,1,"HLOC")=MENTAL HEALTH
TFIEVAL(2,1,1,"HOSPITAL LOCATION")=20
TFIEVAL(2,1,1,"LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,1,"MODIFIER")=
TFIEVAL(2,1,1,"NODE")=P
TFIEVAL(2,1,1,"OFFICAL VA NAME")=
TFIEVAL(2,1,1,"OUTSIDE LOCATION")=
TFIEVAL(2,1,1,"PRIMARY PROVIDER")=1
TFIEVAL(2,1,1,"PRIMARY/SECONDARY")=P
TFIEVAL(2,1,1,"PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,1,"PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,1,"SERVICE CATEGORY")=A
TFIEVAL(2,1,1,"STATION NUMBER")=8905
TFIEVAL(2,1,1,"STATUS")=^
TFIEVAL(2,1,1,"STOP CODE")=14

```

```

TFIEVAL(2,1,1,"VISIT")=2975
TFIEVAL(2,1,1,"VISIT COMMENTS")=
TFIEVAL(2,1,"BDTE")=3120415
TFIEVAL(2,1,"CLINICAL TERM")=
TFIEVAL(2,1,"CODE")=250.00
TFIEVAL(2,1,"CODESYS")=ICD
TFIEVAL(2,1,"COMMENTS")=
TFIEVAL(2,1,"CSUB","CLINICAL TERM")=
TFIEVAL(2,1,"CSUB","CODE")=250.00
TFIEVAL(2,1,"CSUB","CODESYS")=ICD
TFIEVAL(2,1,"CSUB","COMMENTS")=
TFIEVAL(2,1,"CSUB","DATE")=3130925.1432
TFIEVAL(2,1,"CSUB","DATE OF INJURY")=
TFIEVAL(2,1,"CSUB","DATE VISIT CREATED")=3130925
TFIEVAL(2,1,"CSUB","DFN")=5
TFIEVAL(2,1,"CSUB","DIVISION")=DEMO
TFIEVAL(2,1,"CSUB","DIVISION IEN")=1
TFIEVAL(2,1,"CSUB","DSS ID")=14
TFIEVAL(2,1,"CSUB","HLOC")=MENTAL HEALTH
TFIEVAL(2,1,"CSUB","HOSPITAL LOCATION")=20
TFIEVAL(2,1,"CSUB","LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,"CSUB","MODIFIER")=
TFIEVAL(2,1,"CSUB","NODE")=P
TFIEVAL(2,1,"CSUB","OFFICAL VA NAME")=
TFIEVAL(2,1,"CSUB","OUTSIDE LOCATION")=
TFIEVAL(2,1,"CSUB","PRIMARY PROVIDER")=1
TFIEVAL(2,1,"CSUB","PRIMARY/SECONDARY")=P
TFIEVAL(2,1,"CSUB","PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,"CSUB","PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,"CSUB","SERVICE CATEGORY")=A
TFIEVAL(2,1,"CSUB","STATION NUMBER")=8905
TFIEVAL(2,1,"CSUB","STATUS")=^
TFIEVAL(2,1,"CSUB","STOP CODE")=14
TFIEVAL(2,1,"CSUB","VISIT")=2975
TFIEVAL(2,1,"CSUB","VISIT COMMENTS")=
TFIEVAL(2,1,"DAS")=1789
TFIEVAL(2,1,"DATE")=3130925.1432
TFIEVAL(2,1,"DATE OF INJURY")=
TFIEVAL(2,1,"DATE VISIT CREATED")=3130925
TFIEVAL(2,1,"DFN")=5
TFIEVAL(2,1,"DIVISION")=DEMO
TFIEVAL(2,1,"DIVISION IEN")=1
TFIEVAL(2,1,"DSS ID")=14
TFIEVAL(2,1,"EDTE")=3150415.235959
TFIEVAL(2,1,"FILE NUMBER")=9000010.07
TFIEVAL(2,1,"FILE SPECIFIC")=P
TFIEVAL(2,1,"FINDING")=71;PXD(811.2,
TFIEVAL(2,1,"HLOC")=MENTAL HEALTH
TFIEVAL(2,1,"HOSPITAL LOCATION")=20
TFIEVAL(2,1,"LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,"MODIFIER")=
TFIEVAL(2,1,"NODE")=P
TFIEVAL(2,1,"OFFICAL VA NAME")=
TFIEVAL(2,1,"OUTSIDE LOCATION")=
TFIEVAL(2,1,"PRIMARY PROVIDER")=1
TFIEVAL(2,1,"PRIMARY/SECONDARY")=P
TFIEVAL(2,1,"PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,"PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,"SERVICE CATEGORY")=A
TFIEVAL(2,1,"STATION NUMBER")=8905
TFIEVAL(2,1,"STATUS")=^

```

```

TFIEVAL(2,1,"STOP CODE")=14
TFIEVAL(2,1,"VISIT")=2975
TFIEVAL(2,1,"VISIT COMMENTS")=
TFIEVAL(2,2)=1
TFIEVAL(2,2,1)=1
TFIEVAL(2,2,1,"CSUB","DATE")=3150415
TFIEVAL(2,2,1,"CSUB","VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,1,"DATE")=3150415
TFIEVAL(2,2,1,"TEXT")=Diabetes mellitus type 1
TFIEVAL(2,2,1,"VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,"BDTE")=3120415
TFIEVAL(2,2,"CSUB","DATE")=3150415
TFIEVAL(2,2,"CSUB","VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,"DATE")=3150415
TFIEVAL(2,2,"EDTE")=3150415.235959
TFIEVAL(2,2,"FILE NUMBER")=811.4
TFIEVAL(2,2,"FINDING")=681;PXRMD(811.4,
TFIEVAL(2,2,"TEXT")=Diabetes mellitus type 1
TFIEVAL(2,2,"VALUE")=Diabetes mellitus type 1

```

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

```

^TMP(PXRMD,$J,336,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^(1)&(1)!1
^TMP(PXRMD,$J,336,"REMINDER NAME")=Lipid Profile Female
^TMP(PXRMD,$J,336,"RESOLUTION LOGIC")=0^(0)!FI(1)^(0)!0
^TMP(PXRMD,$J,336,"WARNING","NOFI",61)=Warning no findings items in
reminder te
rm IHS-LIPID LAB TESTS
^TMP(PXRMD,$J,336,"zFREQARNG")=1Y^^^Finding 2

```

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

```

^TMP("PXRHM",$J,336,"Lipid Profile Female")=DUE NOW^DUE NOW^unknown
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",1)=Frequency: Due every 1
year
for all ages.
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",2)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",3)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",4)=REMINDER DUE if female
age 4
5 to 64 and no lipid profile in past
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",5)=5 years, if diabetic of
any
age and no lipid profile in 1 year.
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",6)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",7)= REMINDER ON if due
within 3
months
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",8)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",9)=
=====
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",10)= Reference:
American Di
abetes Association Recommendations 2015,
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",11)= Million Hearts,
Healthy
People 2020, Diabetes, Heart Disease
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",12)= and Stroke, IHS
Divisio
n of Diabetes Treatment and Prevention.

```

```

^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",13)=
=====
=====
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",14)=
    
```

```

^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",15)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",16)=Cohort:
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",17)= Reminder Term: IHS-
DIABETE
S DX 2015
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",18)= Computed Finding:
Snomed
findings
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",19)= 04/15/2015 value -
Diabe
tes mellitus type 1; Diabetes mellitus type 1
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",20)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",21)=
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",22)=Age/Frequency:
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",23)= Reminder Term: IHS-
DIABETE
S DX 2015
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",24)= Computed Finding:
Snomed
findings
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",25)= 04/15/2015 value -
Diabe
tes mellitus type 1; Diabetes mellitus type 1
^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",26)=
    
```

Maintenance Output:

	--STATUS--	--DUE DATE--	--LAST DONE--
Lipid Profile Female	DUE NOW	DUE NOW	unknown

Frequency: Due every 1 year for all ages.

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

REMINDER ON if due within 3 months

```

=====
Reference: American Diabetes Association Recommendations 2015,
Million Hearts, Healthy People 2020, Diabetes, Diabetes, Heart Disease
and Stroke, IHS Division of Diabetes Treatment and Prevention.
=====
    
```

Cohort:

```

Reminder Term: IHS-DIABETES DX 2015
Computed Finding: Snomed findings
04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1
    
```

Age/Frequency:

```

Reminder Term: IHS-DIABETES DX 2015
Computed Finding: Snomed findings
04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1
    
```



## 17.2 View Reminders Due

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

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

Do the following:

1. Log on to the RPMS-EHR application. If you have installed any new reminders/dialogs, you must log off, and then log back on again.
2. Pick a patient who would have one of the reminders applicable and due.
  - The reminder alarm clock should be RED for someone with a reminder due
  - 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. Pick a patient who would have one of the reminders applicable, but not due.
  - The reminder alarm clock should be BLUE for someone with a reminder resolved
4. Pick a patient who would not have one of the reminders applicable.
  - The reminder clock should be WHITE for someone with a reminder that is not applicable to them
  - Be sure to check all the reminders before adding them to the system level

## 17.3 View Reminders on Cover Sheet

The following shows Reminders that are Due Now or Due Soon on Cover Sheet.

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

Figure 17-1: Reminders on Cover Sheet

## 17.4 View Reminders Icon

The reminder icon is an alarm clock.



Figure 17-2: Reminder Icon

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

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

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

Figure 17-3: Sample of Available Reminders

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

### 17.4.1 Clinical Maintenance

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

The clinical maintenance displays in two places:

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

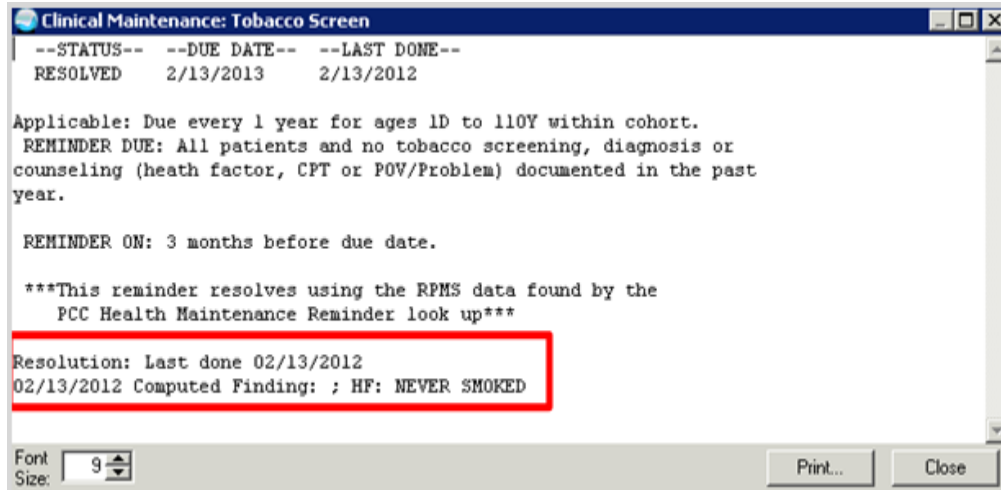


Figure 17-4: Clinical Maintenance Window

## 17.4.2 Do a Reminder Inquiry

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

IHS-EPSDT SCREENING 2013	No. 179
-----	
Print Name:	EPSDT Evaluation
Class:	NATIONAL
Sponsor:	
Review Date:	
Rescission Date:	
Usage:	CPRS, DATA EXTRACT, REPORTS
Related VA-* Reminder:	
Reminder Dialog:	IHS-EPSDT SCREENING 2013
Priority:	
Description:	Reminder for a preventive medicine evaluation for those under 20
	REMINDER DUE: Total of 5 times at scheduled intervals: Age less than 1 yr:
	New Pt code 99381, Established pt 99391 Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr: New Pt code 99383, Established pt 99393 Age 12-17 yr: New Pt code 99384, Established pt 99394 Age 18-20 yr: New Pt code 99385, Established pt 99395
	REMINDER ON: 3 months before due

```

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

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

Baseline Frequency:

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

Findings:

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

General Patient Cohort Found Text:

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

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

REMINDER ON: 3 months before

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

General Patient Cohort Not Found Text:

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

```

```

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

REMINDER ON: 3 months before

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

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

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

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

Expanded Resolution Logic:
FI(IHS-EPSDT 2009)

Web Sites:

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

### 17.4.3 Look at the Reminder Icons

Below explains the various Reminder icons.



Figure 17-5: Reminders Tab on Icon Legend Window

## 17.5 View Reminders on the Health Summary

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

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

If 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.

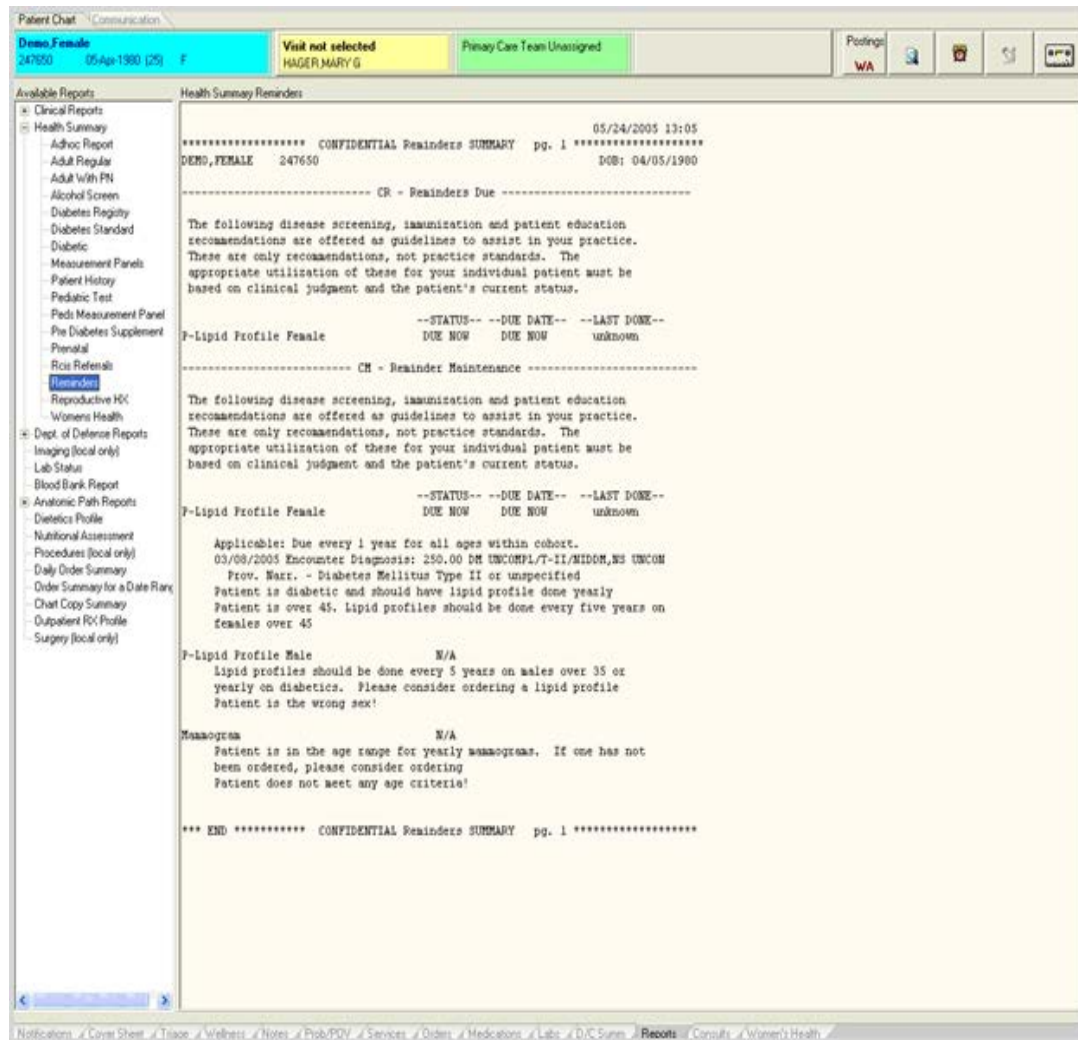


Figure 17-6: Health Summary Reminders on Report Tab

## Appendix A: Common Install Questions/Issues

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

### A.1 Programmer Access Message During Installation

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

If you do not have programmer access (@ FileMan access) you will see the following message when you are installing reminders that contain a new computed finding:

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

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange. Detailed instructions are available in the [Programmer Access](#) section of this guide.

### A.2 Taxonomy Error Message During Installation

A taxonomy is a selection of ICD0, ICD9, ICD-10 or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

To resolve this issue, create the template manually using the detailed instructions in the [Taxonomy Error](#) section of this manual.

### A.3 Error on Install from Exchange: EDUCATION TOPICS Entries

Error example:

```
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot
Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
```

```

MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone
Injections' f
or field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason

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

```

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

**FIX:**

Your site manager must change the name of one of the EDUCATION topics (FileMan edit access is necessary). You can simply append the name with a number or letter.

Make sure you do not change the name of the ACTIVE Pt Ed topic!

After your site manager has edited the entry, reinstall the reminder with the following instructions.

```

^VA FileMan

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

Select VA FileMan Option:

Select VA FileMan Option: enter or Edit File Entries

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

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

CHOOSE 1-2:

```



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

Select EDUCATION TOPICS NAME:    FP-Depot Medroxyprogesterone Injections
FP-DPO
NAME: FP-Depot Medroxyprogesterone Injections    Replace:Injections With
Injections OLD
INACTIVE FLAG: INACTIVE^    uphat out to quit

Select EDUCATION TOPICS NAME:    FP-Depot Medroxyprogesterone Injections
OLD
```

Reinstall the reminder dialog and the error will be gone.

### A.4 After Installed in Reminder Exchange Findings Say None

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

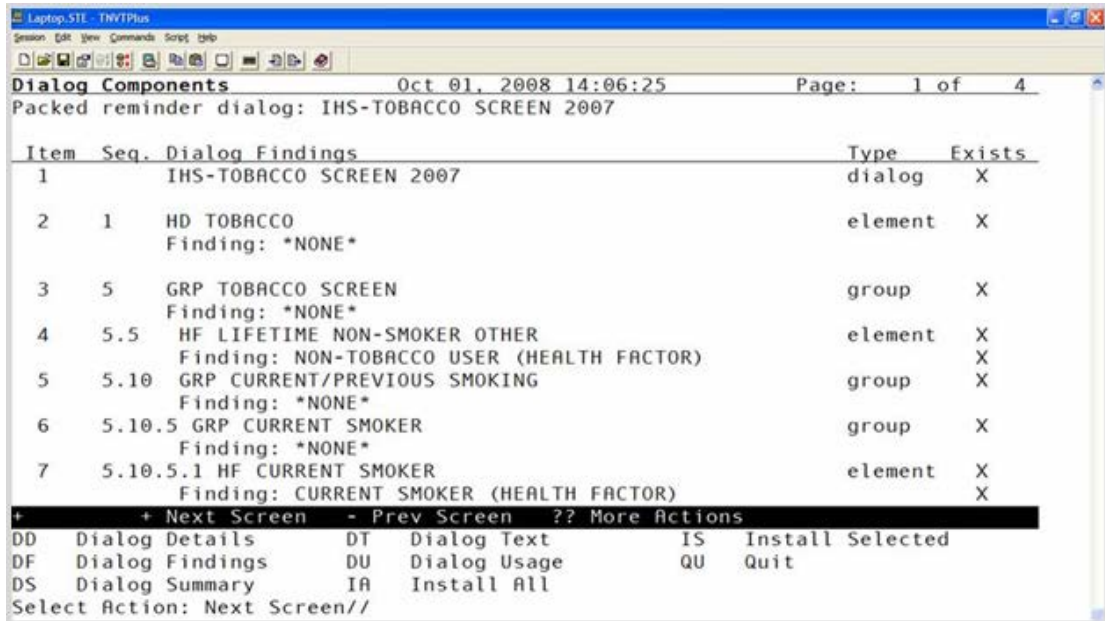


Figure A-1: List of Findings

In the example above, you will notice that the Groups (under Type) do not have findings. This is expected. If you actually navigate to the Group Edit screen and look at the detail of the Group (see below), you will see that each element in the group has an appropriate finding.

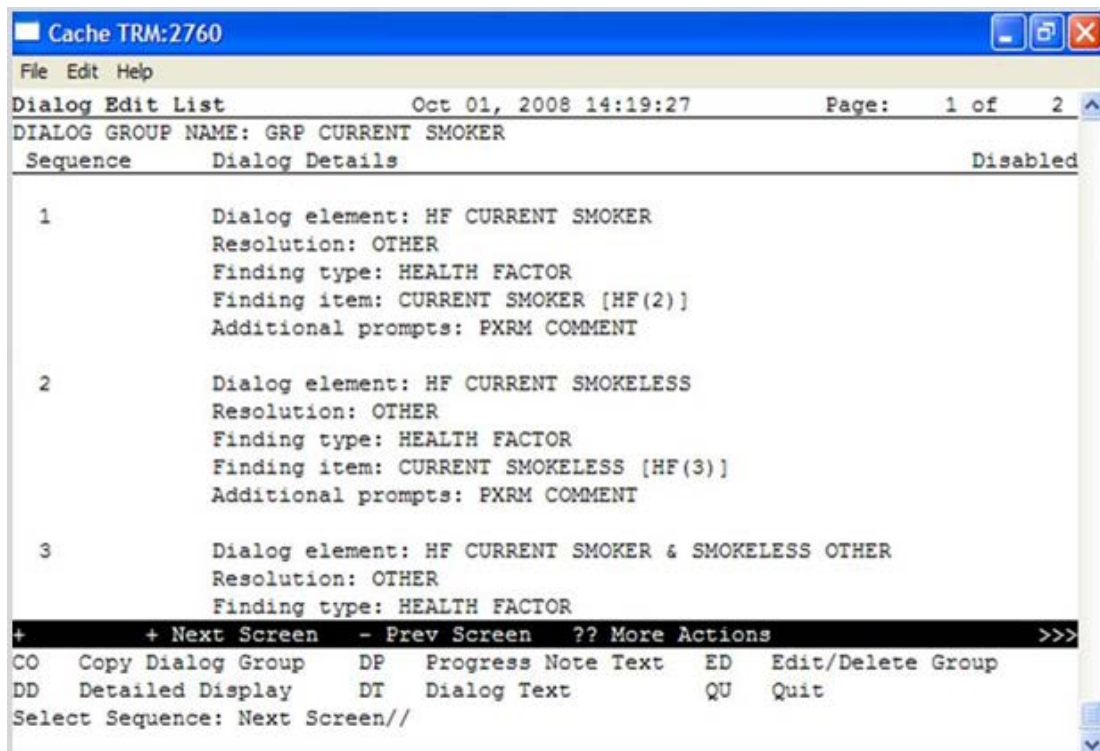


Figure A-2: Group Edit Screen

## A.5 The BPXRM Objects Do Not Work

### A.5.1 The BPXRM LIPID PROFILE Object Does Not Display Last Lipid Profile Results

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

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

#### Instructions:

```

(DEMO INDIAN HOSPITAL)

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

```

Select Document Definitions (Manager) Option: DDM4
Create Objects

                                (DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects

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

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

                                Objects

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

Stop Here? Yes//

Select Action: Next Screen// COPY
    
```

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

Copy into (different) Name: LAST LAB PANEL (SAMPLE)

Replace SAMPLE With **LIPID PROFILE**

Replace

LAST LAB PANEL (LIPID PROFILE)

OBJECT copied into File Entry #665

Press RETURN to continue or '^' or '^ ^' to exit:

Feb 14, 2012 15:38:44

Page: 8 of 21

Objects

		Status
+		
<b>111</b>	<b>LAST LAB PANEL (LIPID PROFILE)</b>	<b>I</b>
112	LAST LAB PANEL (SAMPLE)	I
113	LAST LAB PANEL LIPID	A
114	LAST LAB TEST (BRIEF)	I
115	LAST LAB TEST (NO CAP)	I
116	LAST LAB TEST (SAMPLE)	I
117	LAST LAB TEST DATE (SAMPLE)	I
118	LAST MAMM	A
119	LAST MEASUREMENT LIST	A
120	LAST MEASUREMENT LIST	A
121	LAST MED (SAMPLE)	I
122	LAST MED CLASS (SAMPLE)	I
123	LAST MED CLASS/PHARM PT (SAMPLE)	I
124	LAST PAIN	A
+	?Help >ScrollRight PS/PL PrintScrn/List +/-	
>>>		

Find	Detailed Display/Edit	Copy/Move
Change View	Try	Quit
Create	Owner	

Select Action: Next Screen// **DETAILED**

Select Entry: (111-124): **111**

Object LAST LAB PANEL (LIPID PROFILE)

#### Basics

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

#### Technical Fields

Object Method: S X=\$\$LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

#### Description

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

Select Action: Quit// **TECHNICAL FIELDS**

OBJECT METHOD: S X=\$\$LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

Replace LAB PANEL NAME With LIPID PANEL

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

Select Action: Quit// **BASICS**

NAME: LAST LAB PANEL (LIPID PROFILE) Replace

ABBREVIATION:

PRINT NAME:

CLASS OWNER: CLINICAL COORDINATOR Replace

STATUS: (A/I): INACTIVE// **A** *<--now activate the object*

2. Edit the dialog and replace the BPXRM LIPID PROFILE with the object that you created in step 1, above.
  - a. Use the **Reminder Dialogs Menu Option** to make these changes: **Reminder Configuration > Reminder Dialog Management Menu > Reminder Dialogs.**

### Instructions:

REMINDER VIEW (ALL REMINDERS BY NAME)

Item	Reminder Name	Linked Dialog Name & Dialog Status
1	AAO NURSE SCREENING BUNDLE 6.2009	
2	IHS-ACTIVITY SCREEN 2011	IHS-ACTIVITY SCREEN 2011
3	IHS-ALCOHOL SCREEN 2007	
4	IHS-ALCOHOL SCREEN 2011	IHS-ALCOHOL SCREEN 2011
5	IHS-ALLERGY	
6	IHS-ALLERGY 2011	IHS-ALLERGY 2011
7	IHS-ANTICOAG CBC 2011	IHS-ANTICOAG CBC 2011
8	IHS-ANTICOAG DURATION OF TX 2011	IHS-ANTICOAG DURATION OF TX
9	IHS-ANTICOAG INR GOAL 2011	IHS-ANTICOAG INR GOAL 2011
10	IHS-ANTICOAG OCCULT BLOOD 2011	IHS-ANTICOAG OCCULT BLOOD 2
11	IHS-ANTICOAG THERAPY END DATE 2011	IHS-ANTICOAG THERAPY END DA
12	IHS-ANTICOAG UA 2011	IHS-ANTICOAG UA 2011
13	IHS-ASBI BNI 2011	IHS-ASBI BNI 2011 Disabled
14	IHS-ASBI SCREENING 2011	
15	IHS-ASTHMA ACTION PLAN 2011	IHS-ASTHMA ACTION PLAN 2011
16	IHS-ASTHMA CONTROL 2009	

+ + Next Screen - Prev Screen ?? More Actions >>>

AR All reminders LR Linked Reminders QU Quit

CV Change View RN Name/Print Name

Select Item: Next Screen// **CV**

Select one of the following:

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

TYPE OF VIEW: R// **E**

DIALOG VIEW (DIALOG ELEMENTS)

```

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

DIALOG VIEW (DIALOG ELEMENTS)

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

Select Item: Next Screen//      277 (enter the number of the HD LIPID
element . In this example, it is number 277. Yours may be different.)

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

NAME: HD LIPID//
DISABLE:
CLASS: VISN//
SPONSOR:
REVIEW DATE:

```

```

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

Edit? NO// y

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

<=====T=====T=====T=====T=====T=====T=====T=====
ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO// ^ uphat to exit

```

3. Log out of EHR and log on again.
4. Test the object by processing the IHS-LIPID dialog(s) on a patient who has a recent lipid profile result.
5. Confirm that you can see the last lipid profile results.

### A.5.2 The BPXRM HGBA1C Object Does Not Display Last Lab Data

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

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

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

#### How to Map the HGBA1C Lab Test:

```

(DEMO INDIAN HOSPITAL)

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

```

```

Select Document Definitions (Manager) Option: DDM4
  Create Objects

                                (DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

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

                                Objects

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

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

Object BPXRM HGBA1C

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

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

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

```



```

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

Object BPXRM HGBA1C

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

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

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

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

Replace HGBA1C With HGB A1C (use the exact name of the HGBA1C test that
is in use at your facility

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

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

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

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

```

```
Select Action: Next Screen//Basics now go back into Basics to activate the object.

NAME: BPXRM HGBA1C//
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR Replace

STATUS: (A/I): INACTIVE// ACTIVE

Object BPXRM HGBA1C

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

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

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

## A.6 Medication Reminders – Last Occurrence Date

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

Available Reminders	Due Date	Last Occurrence	Priority
Immunization Forecast	04/17/2015	04/16/2015	
Pneumovax Immunization	04/17/2015	04/16/2015	
TD Immunization	04/17/2015	04/16/2015	
HepB Adult Immunization	04/17/2015	04/16/2015	
HepA Adult Immunization	04/17/2015	04/16/2015	
Alcohol Screen	12/29/2015	12/29/2014	
Lipid Profile Female	10/29/2015	10/29/2014	
DM Aspirin Female	05/16/2016	05/16/2015	
Zoster Immunization		04/16/2015	
DM BP Control	06/06/2015	03/06/2015	
No Allergy Assessment	05/16/2015	04/16/2015	
Not Applicable			

Figure A-3: DM Aspirin Reminder filled on 4/16/2015

If the medication is an OUTSIDE MEDICATION, it will display today’s date as the

LAST OCCURRENCE DATE. In the example below, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The reminder uses TODAY'S date as the LAST OCCURRENCE DATE. In this example, today is 4/16/2015.

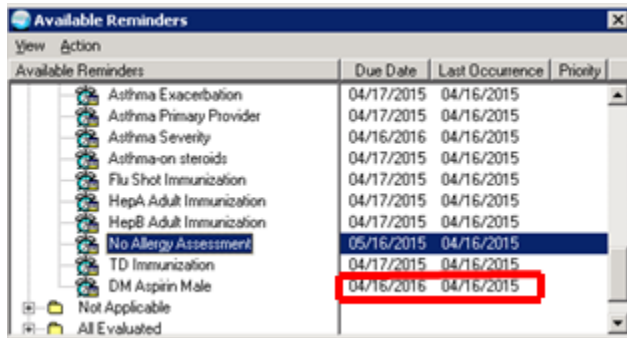


Figure A-4: Example of Outside Med Displayed on 4/16/2015

## A.7 Problems Getting Reminders Visible For Everyone

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

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

### Instructions:

```

NEW      New Reminder Parameters      (ORQQPX NEW REMINDER PARAMS)

Use New Reminder Parameters may be set for the following:

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

Enter selection:  RICHARDS, SUSAN P

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

## A.8 Reminder Due When It Should NOT Be Due

This can happen if the reminder uses Health Maintenance Reminder (HMR) or Best Practice Prompts (HMR) in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

### Examples:

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

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

These reminders use the data found by the Health Maintenance Reminder or Best Practice to determine if they are due or not. You will need to look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or CRS.

1. Review the Logic Detail for the health maintenance reminder or best practice prompt logic in one of the following locations:  
[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC\\_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)
  - IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.
  - iCare Population Management GUI (BQI) iCare User Manual
  - PCC Health Maintenance Reminder and Best Practice Prompt Menu
  - iCare: Click the glossary button and select Reminders Glossary (Health Summary Reminders) or Best Practice Prompts Glossary
2. Confirm that the lab test/medication/etc. item that the reminder is looking at is a member of the taxonomy.

### Example:

The CHLAMYDIA Health Maintenance Reminder uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia test(s) that is being used by your facility.

### Instructions:

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

Chlamydia Test Definition:

- Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810 [BGP CHLAMYDIA CPTS]  
 - LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]  
 - Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA TESTS TAX]<-- *The lab test used at your facility must be a member of this taxonomy*

3. This taxonomy can be populated with the appropriate labs/drugs through iCare or Clinical Reporting System (CRS).

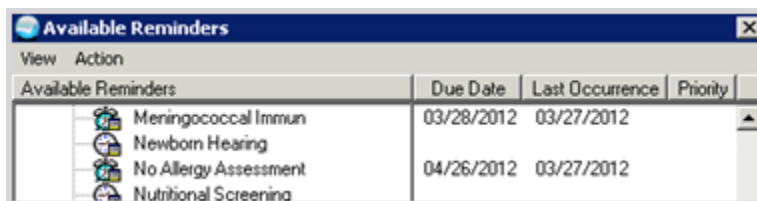
#### iCare:

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

#### CRS:

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

Why is the Due Date Tomorrow?



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

Figure A-5: Reminder Due Date

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

## A.9 Access Violation Error When Processing Dialogs

An Access Violation Error occurs if you are processing a dialog and you select the Clinical Maintenance Button from within the dialog. When you exit/save the dialog, you will receive this error message:

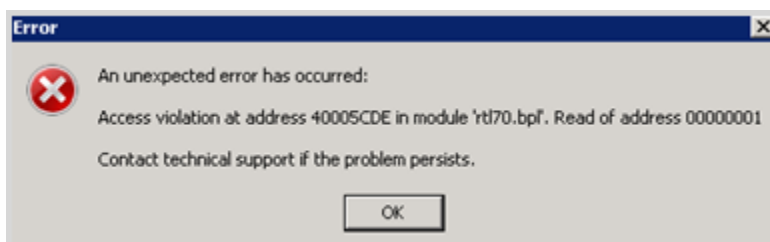


Figure A-6: Access Violation Error

This is a known issue that will be fixed in a future RPMS-EHR patch. If you receive this error, log out of RPMS-EHR and log back on again. We recommend that you do not use the CLINICAL MAINTENANCE button when processing dialogs. Instead, right-click on a reminder or reminder dialog and select **Clinical Maintenance**.

## Appendix B: Reminder Taxonomies

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

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

### B.1 IHS-ASTHMA 2015

Code Sets:		
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
493.00	X	Extrinsic asthma, unspecified
493.01	X	Extrinsic asthma with status asthmaticus
493.02	X	Extrinsic asthma, with (Acute) Exacerbation
493.10	X	Intrinsic asthma, unspecified
493.11	X	Intrinsic asthma with status asthmaticus
493.12	X	Intrinsic asthma, with (Acute) Exacerbation
493.20	X	Chronic Obstructive asthma, unspecified
493.21	X	Chronic obstructive asthma (with obstructive pu...
493.22	X	Chronic Obstructive asthma, with (Acute) Exacer...
493.81	X	Exercise Induced Bronchospasm
493.82	X	Cough Variant Asthma
493.90	X	Asthma, unspecified Type, unspecified
493.90		Asthma, unspecified
493.91	X	Asthma, unspecified type, with status asthmaticus
493.92	X	Asthma, unspecified, with (Acute) Exacerbation
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
J45.20		Mild Intermittent Asthma, Uncomplicated
J45.21		Mild Intermittent Asthma with (Acute) Exacerbation
J45.22		Mild Intermittent Asthma with Status Asthmaticus
J45.30		Mild Persistent Asthma, Uncomplicated
J45.31		Mild Persistent Asthma with (Acute) Exacerbation
J45.32		Mild Persistent Asthma with Status Asthmaticus
J45.40		Moderate Persistent Asthma, Uncomplicated
J45.41		Moderate Persistent Asthma with (Acute) Exacerb...
J45.42		Moderate Persistent Asthma with Status Asthmaticus
J45.50		Severe Persistent Asthma, Uncomplicated
J45.51		Severe Persistent Asthma with (Acute) Exacerbation
J45.52		Severe Persistent Asthma with Status Asthmaticus
J45.901		Unspecified Asthma with (Acute) Exacerbation
J45.902		Unspecified Asthma with Status Asthmaticus
J45.909		Unspecified Asthma, Uncomplicated
J45.990		Exercise Induced Bronchospasm
J45.991		Cough Variant Asthma
J45.998		Other Asthma
This taxonomy includes the following numbers of codes:		
ICD-10-CM: 18		
ICD-9-CM: 14		

Total number of codes: 32

Reminder taxonomy IHS-ASTHMA 2015.

## B.2 IHS-BILATERAL MASTECTOMY 2015

Patient Data Source:

EN,PL,IN

Cod Coding System: ICD-10-PCS

Code	INACT	UID	Description
OHTV0ZZ			Resection of Bilateral Breast, open Approach

Lexicon Search Term/Code: Copy from ICP range 85.42 to 85.42

Coding System: ICD-9 Proc

Code	INACT	UID	Description
85.42	X		Bilateral Simple Mastectomy

Lexicon Search Term/Code: Copy from ICP range 85.44 to 85.44

Coding System: ICD-9 Proc

Code	INACT	UID	Description
85.44	X		Bilateral Extended Simple Mastectomy

Lexicon Search Term/Code: Copy from ICP range 85.46 to 85.46

Coding System: ICD-9 Proc

Code	INACT	UID	Description
85.46	X		Bilateral Radical Mastectomy

Lexicon Search Term/Code: Copy from ICP range 85.48 to 85.48

Coding System: ICD-9 Proc

Code	INACT	UID	Description
85.48	X		Bilateral Extended Radical Mastectomy

This taxonomy includes the following numbers of codes:

ICD-10-PCS: 1

ICD-9 Proc: 4

Total number of codes: 5

Taxonomy reminder IHS-BILATERAL MASTECTOMY 2015.

## B.3 Taxonomies for IHS-COLON CANCER 2015

The following provides information the various taxonomies for colon cancer.



## B.4 IHS-COLONOSCOPY 2015

Patient Data Source:  
EN, PL, IN

Code Sets:

Coding System: ICD-10-PCS

Code	INACT	UID	Description
0DBK8ZX			Excision of Ascending Colon, via Natural or Art...
0DBL3ZX			Excision of Transverse Colon, Percutaneous Appr...
0DBL4ZX			Excision of Transverse Colon, Percutaneous Endo...
0DBL7ZX			Excision of Transverse Colon, via Natural or Ar...
0DBL8ZX			Excision of Transverse Colon, via Natural or Ar...
0DBM3ZX			Excision of Descending Colon, Percutaneous Appr...
0DBM4ZX			Excision of Descending Colon, Percutaneous Endo...
0DBM7ZX			Excision of Descending Colon, via Natural or Ar...
0DBM8ZX			Excision of Descending Colon, via Natural or Ar...
0DBN3ZX			Excision of Sigmoid Colon, Percutaneous Approac...
0DBN4ZX			Excision of Sigmoid Colon, Percutaneous Endosco...
0DBN7ZX			Excision of Sigmoid Colon, via Natural or Artif...
0DBN8ZX			Excision of Sigmoid Colon, via Natural or Artif...

Coding System: ICD-10-PCS

Code	INACT	UID	Description
0DBE3ZX			Excision of Large Intestine, Percutaneous Appro...
0DBE4ZX			Excision of Large Intestine, Percutaneous Endos...
0DBE7ZX			Excision of Large Intestine, via Natural or Art...
0DBE8ZX			Excision of Large Intestine, via Natural or Art...
0DBF3ZX			Excision of right Large Intestine, Percutaneous...
0DBF4ZX			Excision of right Large Intestine, Percutaneous...
0DBF7ZX			Excision of right Large Intestine, via Natural ...
0DBF8ZX			Excision of right Large Intestine, via Natural ...
0DBG3ZX			Excision of left Large Intestine, Percutaneous ...
0DBG4ZX			Excision of left Large Intestine, Percutaneous ...
0DBG7ZX			Excision of left Large Intestine, via Natural o...
0DBG8ZX			Excision of left Large Intestine, via Natural o...
0DBH3ZX			Excision of Cecum, Percutaneous Approach, Diagn...
0DBH4ZX			Excision of Cecum, Percutaneous Endoscopic Appr...
0DBH7ZX			Excision of Cecum, via Natural or Artificial Op...
0DBH8ZX			Excision of Cecum, via Natural or Artificial Op...
0DBK3ZX			Excision of Ascending Colon, Percutaneous Appro...
0DBK3ZX			Excision of Ascending Colon, Percutaneous Appro...
0DBK4ZX			Excision of Ascending Colon, Percutaneous Endos...
0DBK7ZX			Excision of Ascending Colon, via Natural or Art...
0DJD8ZZ			Inspection of lower Intestinal Tract, via Natur...

Coding System: CPT-4

Code	INACT	UID	Description
44388			Colonoscopy through Stoma
44389			Colonoscopy through Stoma with single or Multip...
44390			Colonoscopy through Stoma with Removal of Forei...
44391			Colonoscopy through Stoma; with Control of Blee...
44392			Colonoscopy through Stoma with Removal of Tumor...
44393			Colonoscopy through Stoma with Ablation of Tumo...
44394			Colonoscopy through Stoma with Removal of Tumor..

Coding System: CPT-4

Code	INACT	UID	Description
------	-------	-----	-------------

44394			Colonoscopy through Stoma with Removal of Tumor...
Lexicon Search Term/Code: Copy from CPT range 44397 to 44397			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
44397			Colonoscopy through Stoma; with Transendoscopic...
Lexicon Search Term/Code: Copy from CPT range 45355 to 45355			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
45355		X	Rigid or Flexible Colonoscopy by Transabdominal.
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
45378		X	Flexible Colonoscopy Proximal to Splenic Flexure
45379		X	Flexible Colonoscopy Proximal to Splenic Flexur...
45380		X	Flexible Colonoscopy Proximal to Splenic Flexur...
45381			Colonoscopy, Flexible, Proximal to Splenic Flex...
45382			Colonoscopy, Flexible, Proximal to Splenic Flex...
45383			Flexible Colonoscopy Proximal to Splenic Flexur...
45384			Flexible Colonoscopy Proximal to Splenic Flexur...
45385			Flexible Colonoscopy Proximal to Splenic Flexur...
45386			Colonoscopy, Flexible, Proximal to Splenic Flex...
45387			Colonoscopy, Flexible, Proximal to Splenic Flex
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
45391			Colonoscopy, Flexible, Proximal to Splenic Flex...
Lexicon Search Term/Code: Copy from CPT range G0105 to G0105			
Coding System: HCPCS			
Code	INACT	UID	Description
-----	----	---	-----
G0105		X	Colorectal Cancer Screening by Colonoscopy of H...
Lexicon Search Term/Code: Copy from CPT range G0121 to G0121			
Coding System: HCPCS			
Code	INACT	UID	Description
-----	----	---	-----
G0121		X	Colorectal Cancer Screening by Colonoscopy on a...
Coding System: ICD-9 Proc			
Code	INACT	UID	Description
-----	----	---	-----
45.22		X	Endoscopy of Large Intestine through Artificial...
Lexicon Search Term/Code: Copy from ICP range 45.23 to 45.23			
Coding System: ICD-9 Proc			
Code	INACT	UID	Description
-----	----	---	-----

45.23	X	Flexible Fiberoptic Colonoscopy
Lexicon Search Term/Code: Copy from ICP range 45.25 to 45.25		
Coding System: ICD-9 Proc		
Code	INACT	UID Description
-----	----	-----
45.25	X	Closed (Endoscopic) Biopsy of Large Intestine
Coding System: ICD-9 Proc		
Code	INACT	UID Description
-----	----	-----
76.51	X	CONDYLECTOMY
<p>This taxonomy includes the following numbers of codes:                  ICD-10-PCS: 33; 33 are unique.                  HCPCS: 2; 2 are unique.                  CPT-4: 21; 20 are unique.                  ICD-9 Proc: 4; 4 are unique.                  Total number of codes: 60; 59 are unique.</p> <p>The following codes are included in more than one Term/Code.                  CPT-4 code 44394 is included 2 times.                  Term/Code:                  Copy from CPT range 44388 to 44394                  Copy from CPT range 44394 to 44394</p>		

IHS COLONOSCOPY 2015.

## B.5 IHS-COLORECTAL CANCER 2015

Patient Data Source:		
EN,PL		
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
153.0	X	Malignant neoplasm of hepatic flexure
153.1	X	Malignant neoplasm of transverse colon
153.2	X	Malignant neoplasm of descending colon
153.3	X	Malignant neoplasm of sigmoid colon
153.4	X	Malignant neoplasm of cecum
153.5	X	Malignant neoplasm of appendix vermiformis
153.6	X	Malignant neoplasm of ascending colon
153.7	X	Malignant neoplasm of splenic flexure
153.8	X	Malignant neoplasm of other specified sites of ...
153.9	X	Malignant neoplasm of colon
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
154.0	X	Malignant neoplasm of rectosigmoid junction
154.1	X	Malignant neoplasm of rectum
154.2	X	Malignant neoplasm of anal canal
154.3	X	Malignant neoplasm of anus
154.8	X	Malignant neoplasm of other sites of rectum, re...

Lexicon Search Term/Code: 197.5

Coding System: ICD-9-CM

Code	INACT	UID	Description
197.5	X		Secondary malignant neoplasm of large intestine...

Coding System: ICD-10-CM

Code	INACT	UID	Description
C18.0			Malignant neoplasm of cecum
C18.1			Malignant Neoplasm of Appendix
C18.2			Malignant neoplasm of ascending colon
C18.3			Malignant neoplasm of hepatic flexure
C18.4			Malignant neoplasm of transverse colon
C18.5			Malignant neoplasm of splenic flexure
C18.6			Malignant neoplasm of descending colon
C18.7			Malignant neoplasm of sigmoid colon
C18.8			Malignant Neoplasm of Overlapping sites of Colon
C18.9			Malignant Neoplasm of Colon, unspecified
C20.			Malignant neoplasm of rectum
C78.5			Secondary malignant neoplasm of large intestine...
Z85.038			Personal History of other Malignant Neoplasm of...

This taxonomy includes the following numbers of codes:  
 ICD-10-CM: 13  
 ICD-9-CM: 16  
 Total number of codes: 29

IHS-COLORECTAL CANCER 2015.

B.5.1 IHS-SIGMOIDOSCOPY 2015

Patient Data Source:  
 EN,PL,IN

Coding System: CPT-4

Code	INACT	UID	Description
45330		X	Flexible Sigmoidoscopy
45331		X	Flexible Sigmoidoscopy with single or Multiple ...
45332		X	Flexible Sigmoidoscopy with Removal of Foreign Bod
45333		X	Flexible Sigmoidoscopy with Removal of Tumor, P...
45334		X	Sigmoidoscopy, Flexible; with Control of Bleedi...
45335		X	Sigmoidoscopy, Flexible; with Directed Submucos...
45336	X	X	SIGMOIDOSCOPY, LESION REMOVAL
45337		X	Flexible Sigmoidoscopy with Decompression of Vo...
45338		X	Flexible Sigmoidoscopy with Removal of Tumor, P...
45339		X	Flexible Sigmoidoscopy with Ablation of Tumor, ...
45340		X	Sigmoidoscopy, Flexible; with Dilation by Ballo...
45341		X	Sigmoidoscopy, Flexible; with Endoscopic Ultras...
45342		X	Sigmoidoscopy, Flexible; with Transendoscopic U...
45345		X	Sigmoidoscopy, Flexible; with Transendoscopic S...

Coding System: HCPCS

Code	INACT	UID	Description
G0104		X	Colorectal Cancer Screening by Flexible Sigmoid...

Lexicon Search Term/Code: Copy from ICP range 45.24 to 45.24

Coding System: ICD-9 Proc			
Code	INACT	UID	Description
-----	----	----	-----
45.24	X		Other Endoscopy of Large Intestine
Coding System: ICD-9 Proc			
Code	INACT	UID	Description
-----	----	----	-----
45.42	X		Endoscopic Polypectomy of Large Intestine
Lexicon Search Term/Code: Copy from selectable procedure			
Coding System: HCPCS			
Code	INACT	UID	Description
-----	----	----	-----
G0106		X	Colorectal Cancer Screening by Barium Enema Scr...
Coding System: ICD-10-PCS			
Code	INACT	UID	Description
-----	----	----	-----
0DBE8ZZ			Excision of Large Intestine, via Natural or Art...
0DBF8ZZ			Excision of right Large Intestine, via Natural ...
0DBG8ZZ			Excision of left Large Intestine, via Natural o...
0DBH8ZZ			Excision of Cecum, via Natural or Artificial Op...
0DBK8ZZ			Excision of Ascending Colon, via Natural or Art...
0DBL8ZZ			Excision of Transverse Colon, via Natural or Ar...
0DBM8ZZ			Excision of Descending Colon, via Natural or Ar...
0DBN8ZZ			Excision of Sigmoid Colon, via Natural or Artif...
0DJD8ZZ			Inspection of lower Intestinal Tract, via Natur...
This taxonomy includes the following numbers of codes:			
ICD-10-PCS: 9			
HCPCS: 2			
CPT-4: 14			
ICD-9 Proc: 2			
Total number of codes: 27			

IHS-SIGMOIDOSCOPY 2015.

B.5.2 IHS-DIABETES DX 2015

Patient Data Source:			
EN,PL			
Coding System: ICD-9-CM			
Code	INACT	UID	Description
-----	----	----	-----
250.00	X		Diabetes Mellitus without mention of Complicati...
250.01	X		Diabetes Mellitus without mention of Complicati...
250.02	X		Diabetes Mellitus without mention of Complicati...
250.03	X		Diabetes Mellitus without mention of Complicati...
250.10	X		Diabetes with Ketoacidosis, type II or unspecif...
250.11	X		Diabetes with Ketoacidosis, type i [Juvenile ty...
250.12	X		Diabetes with Ketoacidosis, type II or unspecif...
250.13	X		Diabetes with Ketoacidosis, type i [Juvenile ty...
250.20	X		Diabetes with Hyperosmolarity, type II or unspe...
250.21	X		Diabetes with Hyperosmolarity, type i [Juvenile...
250.22	X		Diabetes with Hyperosmolarity, type II or unspe...
250.23	X		Diabetes with Hyperosmolarity, type i [Juvenile...

250.30	X	Diabetes with other Coma, Type II or unspecifie...
250.31	X	Diabetes with other Coma, Type I [Juvenile Type...
250.32	X	Diabetes with other Coma, Type II or unspecifie...
250.33	X	Diabetes with other Coma, Type I [Juvenile Type...
250.40	X	Diabetes with Renal Manifestations, type II or ...
250.41	X	Diabetes with Renal Manifestations, type i [Juv...
250.42	X	Diabetes with Renal Manifestations, type II or .
250.43	X	Diabetes with Renal Manifestations, type i [Juv...
250.50	X	Diabetes with Ophthalmic Manifestations, type I...
250.51	X	Diabetes with Ophthalmic Manifestations, type i...
250.52	X	Diabetes with Ophthalmic Manifestations, type I...
250.53	X	Diabetes with Ophthalmic Manifestations, type i...
250.60	X	Diabetes with neurological Manifestations, type...
250.61	X	Diabetes with neurological Manifestations, type...
250.62	X	Diabetes with neurological Manifestations, type...
250.63	X	Diabetes with neurological Manifestations, type...
250.70	X	Diabetes with peripheral circulatory disorders,...
250.71	X	Diabetes with peripheral circulatory disorders,...
250.72	X	Diabetes with peripheral circulatory disorders,...
250.73	X	Diabetes with peripheral circulatory disorders,...
250.80	X	Diabetes with other specified Manifestations, t...
250.81	X	Diabetes with other specified Manifestations, t...
250.82	X	Diabetes with other specified Manifestations, t...
250.83	X	Diabetes with other specified Manifestations, t...
250.90	X	Diabetes with unspecified Complication, type II...
250.91	X	Diabetes with unspecified Complication, type i ...
250.92	X	Diabetes with unspecified Complication, type II...
250.93	X	Diabetes with unspecified Complication, type i ...
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
E10.10		Type 1 Diabetes Mellitus with Ketoacidosis with...
E10.11		Type 1 Diabetes Mellitus with Ketoacidosis with...
E10.21		Type 1 Diabetes Mellitus with Diabetic Nephropathy
E10.22		Type 1 Diabetes Mellitus with Diabetic Chronic ...
E10.29		Type 1 Diabetes Mellitus with other Diabetic Ki...
E10.311		Type 1 Diabetes Mellitus with unspecified Diabe...
E10.319		Type 1 Diabetes Mellitus with unspecified Diabe...
E10.321		Type 1 Diabetes Mellitus with Mild Nonprolifera...
E10.329		Type 1 Diabetes Mellitus with Mild Nonprolifera...
E10.331		Type 1 Diabetes Mellitus with Moderate Nonproli...
E10.339		Type 1 Diabetes Mellitus with Moderate Nonproli...
E10.341		Type 1 Diabetes Mellitus with Severe Nonprolife...
E10.349		Type 1 Diabetes Mellitus with Severe Nonprolife...
E10.351		Type 1 Diabetes Mellitus with Proliferative Dia...
E10.359		Type 1 Diabetes Mellitus with Proliferative Dia...
E10.36		Type 1 Diabetes Mellitus with Diabetic Cataract
E10.39		Type 1 Diabetes Mellitus with other Diabetic Op...
E10.40		Type 1 Diabetes Mellitus with Diabetic Neuropat...
E10.41		Type 1 Diabetes Mellitus with Diabetic Mononeur...
E10.42		Type 1 Diabetes Mellitus with Diabetic Polyneur...
E10.43		Type 1 Diabetes Mellitus with Diabetic Autonomi...
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
E10.44		Type 1 Diabetes Mellitus with Diabetic Amyotrophy
E10.49		Type 1 Diabetes Mellitus with other Diabetic Ne...
E10.51		Type 1 Diabetes Mellitus with Diabetic Peripher...
E10.52		Type 1 Diabetes Mellitus with Diabetic Peripher...
E10.59		Type 1 Diabetes Mellitus with other Circulatory...
E10.610		Type 1 Diabetes Mellitus with Diabetic Neuropat...

E10.618		Type 1 Diabetes Mellitus with other Diabetic Ar...
E10.620		Type 1 Diabetes Mellitus with Diabetic Dermatitis
E10.621		Type 1 Diabetes Mellitus with Foot Ulcer
E10.622		Type 1 Diabetes Mellitus with other Skin Ulcer
E10.628		Type 1 Diabetes Mellitus with other Skin Compli...
E10.630		Type 1 Diabetes Mellitus with Periodontal Disease
E10.638		Type 1 Diabetes Mellitus with other Oral Compli...
E10.641		Type 1 Diabetes Mellitus with Hypoglycemia with...
E10.649		Type 1 Diabetes Mellitus with Hypoglycemia with...
E10.65		Type 1 Diabetes Mellitus with Hyperglycemia
E10.69		Type 1 Diabetes Mellitus with other specified C...
E10.8		Type 1 Diabetes Mellitus with unspecified Compl...
E10.9		Type 1 Diabetes Mellitus without Complications
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
E11.00		Type 2 Diabetes Mellitus with Hyperosmolarity w...
E11.01		Type 2 Diabetes Mellitus with Hyperosmolarity w...
E11.21		Type 2 Diabetes Mellitus with Diabetic Nephropathy
E11.22		Type 2 Diabetes Mellitus with Diabetic Chronic ...
E11.29		Type 2 Diabetes Mellitus with other Diabetic Ki...
E11.311		Type 2 Diabetes Mellitus with unspecified Diabe...
E11.319		Type 2 Diabetes Mellitus with unspecified Diabe...
E11.321		Type 2 Diabetes Mellitus with Mild Nonprolifera...
E11.329		Type 2 Diabetes Mellitus with Mild Nonprolifera...
E11.331		Type 2 Diabetes Mellitus with Moderate Nonproli...
E11.339		Type 2 Diabetes Mellitus with Moderate Nonproli...
E11.341		Type 2 Diabetes Mellitus with Severe Nonprolife...
E11.349		Type 2 Diabetes Mellitus with Severe Nonprolife...
E11.351		Type 2 Diabetes Mellitus with Proliferative Dia...
E11.359		Type 2 Diabetes Mellitus with Proliferative Dia...
E11.36		Type 2 Diabetes Mellitus with Diabetic Cataract
E11.39		Type 2 Diabetes Mellitus with other Diabetic Op...
E11.40		Type 2 Diabetes Mellitus with Diabetic Neuropat...
E11.41		Type 2 Diabetes Mellitus with Diabetic Mononeur...
E11.42		Type 2 Diabetes Mellitus with Diabetic Polyneur...
E11.43		Type 2 Diabetes Mellitus with Diabetic Autonomi...
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
E11.44		Type 2 Diabetes Mellitus with Diabetic Amyotrophy
E11.49		Type 2 Diabetes Mellitus with other Diabetic Ne...
E11.51		Type 2 Diabetes Mellitus with Diabetic Peripher...
E11.52		Type 2 Diabetes Mellitus with Diabetic Peripher...
E11.59		Type 2 Diabetes Mellitus with other Circulatory...
E11.610		Type 2 Diabetes Mellitus with Diabetic Neuropat...
E11.618		Type 2 Diabetes Mellitus with other Diabetic Ar...
E11.620		Type 2 Diabetes Mellitus with Diabetic Dermatitis
E11.621		Type 2 Diabetes Mellitus with Foot Ulcer
E11.622		Type 2 Diabetes Mellitus with other Skin Ulcer
E11.628		Type 2 Diabetes Mellitus with other Skin Compli...
E11.630		Type 2 Diabetes Mellitus with Periodontal Disease
E11.638		Type 2 Diabetes Mellitus with other Oral Compli...
E11.641		Type 2 Diabetes Mellitus with Hypoglycemia with...
E11.649		Type 2 Diabetes Mellitus with Hypoglycemia with...
E11.65		Type 2 Diabetes Mellitus with Hyperglycemia
E11.69		Type 2 Diabetes Mellitus with other specified C...
E11.8		Type 2 Diabetes Mellitus with unspecified Compl...
E11.9		Type 2 Diabetes Mellitus without Complications
Coding System: ICD-10-CM		

Code	INACT	UID	Description
E13.00			Other specified Diabetes Mellitus with Hyperosm...
E13.01			Other specified Diabetes Mellitus with Hyperosm...
E13.10			Other specified Diabetes Mellitus with Ketoacid...
E13.11			Other specified Diabetes Mellitus with Ketoacid...
E13.21			Other specified Diabetes Mellitus with Diabetic...
E13.22			Other specified Diabetes Mellitus with Diabetic...
E13.29			Other specified Diabetes Mellitus with other Di...
E13.311			Other specified Diabetes Mellitus with unspecif...
E13.319			Other specified Diabetes Mellitus with unspecif...
E13.321			Other specified Diabetes Mellitus with Mild Non...
E13.329			Other specified Diabetes Mellitus with Mild Non...
E13.331			Other specified Diabetes Mellitus with Moderate...
E13.339			Other specified Diabetes Mellitus with Moderate...
E13.341			Other specified Diabetes Mellitus with Severe N...
E13.349			Other specified Diabetes Mellitus with Severe N...
E13.351			Other specified Diabetes Mellitus with Prolifer...
E13.359			Other specified Diabetes Mellitus with Prolifer...
E13.36			Other specified Diabetes Mellitus with Diabetic...
E13.39			Other specified Diabetes Mellitus with other Di...
E13.40			Other specified Diabetes Mellitus with Diabetic...
E13.41			Other specified Diabetes Mellitus with Diabetic...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
E13.42			Other specified Diabetes Mellitus with Diabetic...
E13.43			Other specified Diabetes Mellitus with Diabetic...
E13.44			Other specified Diabetes Mellitus with Diabetic...
E13.49			Other specified Diabetes Mellitus with other Di...
E13.51			Other specified Diabetes Mellitus with Diabetic...
E13.52			Other specified Diabetes Mellitus with Diabetic...
E13.59			Other specified Diabetes Mellitus with other Ci...
E13.610			Other specified Diabetes Mellitus with Diabetic...
E13.618			Other specified Diabetes Mellitus with other Di...
E13.620			Other specified Diabetes Mellitus with Diabetic...
E13.621			Other specified Diabetes Mellitus with Foot Ulcer
E13.622			Other specified Diabetes Mellitus with other Sk...
E13.628			Other specified Diabetes Mellitus with other Sk...
E13.630			Other specified Diabetes Mellitus with Periodon...
E13.638			Other specified Diabetes Mellitus with other Or...
E13.641			Other specified Diabetes Mellitus with Hypoglyc...
E13.649			Other specified Diabetes Mellitus with Hypoglyc...
E13.65			Other specified Diabetes Mellitus with Hypergly...
E13.69			Other specified Diabetes Mellitus with other sp...
E13.8			Other specified Diabetes Mellitus with unspecif...
E13.9			Other specified Diabetes Mellitus without Compl...
This taxonomy includes the following numbers of codes:			
ICD-10-CM: 122			
ICD-9-CM: 40			
Total number of codes: 162			

## IHS-DIABETES DX 2015.

## B.6 IHS-DIABETES PROBLEMS ONLY

Patient Data Source:



PL			
Coding System: ICD-9-CM			
Code	INACT	UID	Description
-----			
250.00	X		Diabetes Mellitus without mention of Complicati...
250.01	X		Diabetes Mellitus without mention of Complicati...
250.02	X		Diabetes Mellitus without mention of Complicati...
250.03	X		Diabetes Mellitus without mention of Complicati...
250.10	X		Diabetes with Ketoacidosis, type II or unspecif...
250.11	X		Diabetes with Ketoacidosis, type i [Juvenile ty...
250.12	X		Diabetes with Ketoacidosis, type II or unspecif...
250.13	X		Diabetes with Ketoacidosis, type i [Juvenile ty...
250.20	X		Diabetes with Hyperosmolarity, type II or unspe...
250.21	X		Diabetes with Hyperosmolarity, type i [Juvenile...
250.22	X		Diabetes with Hyperosmolarity, type II or unspe...
250.23	X		Diabetes with Hyperosmolarity, type i [Juvenile...
250.30	X		Diabetes with other Coma, Type II or unspecifie...
250.31	X		Diabetes with other Coma, Type I [Juvenile Type...
250.32	X		Diabetes with other Coma, Type II or unspecifie...
250.33	X		Diabetes with other Coma, Type I [Juvenile Type...
250.40	X		Diabetes with Renal Manifestations, type II or ...
250.41	X		Diabetes with Renal Manifestations, type i [Juv...
250.42	X		Diabetes with Renal Manifestations, type II or .
250.43	X		Diabetes with Renal Manifestations, type i [Juv...
250.50	X		Diabetes with Ophthalmic Manifestations, type I...
250.51	X		Diabetes with Ophthalmic Manifestations, type i...
250.52	X		Diabetes with Ophthalmic Manifestations, type I...
250.53	X		Diabetes with Ophthalmic Manifestations, type i...
250.60	X		Diabetes with neurological Manifestations, type...
250.61	X		Diabetes with neurological Manifestations, type...
250.62	X		Diabetes with neurological Manifestations, type...
250.63	X		Diabetes with neurological Manifestations, type...
250.70	X		Diabetes with peripheral circulatory disorders,...
250.71	X		Diabetes with peripheral circulatory disorders,...
250.72	X		Diabetes with peripheral circulatory disorders,...
250.73	X		Diabetes with peripheral circulatory disorders,...
250.80	X		Diabetes with other specified Manifestations, t...
250.81	X		Diabetes with other specified Manifestations, t...
250.82	X		Diabetes with other specified Manifestations, t...
250.83	X		Diabetes with other specified Manifestations, t...
250.90	X		Diabetes with unspecified Complication, type II...
250.91	X		Diabetes with unspecified Complication, type i ...
250.92	X		Diabetes with unspecified Complication, type II...
250.93	X		Diabetes with unspecified Complication, type i ...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E10.10			Type 1 Diabetes Mellitus with Ketoacidosis with...
E10.11			Type 1 Diabetes Mellitus with Ketoacidosis with...
E10.21			Type 1 Diabetes Mellitus with Diabetic Nephropathy
E10.22			Type 1 Diabetes Mellitus with Diabetic Chronic ...
E10.29			Type 1 Diabetes Mellitus with other Diabetic Ki...
E10.311			Type 1 Diabetes Mellitus with unspecified Diabe...
E10.319			Type 1 Diabetes Mellitus with unspecified Diabe...
E10.321			Type 1 Diabetes Mellitus with Mild Nonprolifera...
E10.329			Type 1 Diabetes Mellitus with Mild Nonprolifera...
E10.331			Type 1 Diabetes Mellitus with Moderate Nonproli...
E10.339			Type 1 Diabetes Mellitus with Moderate Nonproli...
E10.341			Type 1 Diabetes Mellitus with Severe Nonprolife...

E10.349			Type 1 Diabetes Mellitus with Severe Nonprolife...
E10.351			Type 1 Diabetes Mellitus with Proliferative Dia...
E10.359			Type 1 Diabetes Mellitus with Proliferative Dia...
E10.36			Type 1 Diabetes Mellitus with Diabetic Cataract
E10.39			Type 1 Diabetes Mellitus with other Diabetic Op...
E10.40			Type 1 Diabetes Mellitus with Diabetic Neuropat...
E10.41			Type 1 Diabetes Mellitus with Diabetic Mononeur...
E10.42			Type 1 Diabetes Mellitus with Diabetic Polyneur...
E10.43			Type 1 Diabetes Mellitus with Diabetic Autonomi...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E10.44			Type 1 Diabetes Mellitus with Diabetic Amyotrophy
E10.49			Type 1 Diabetes Mellitus with other Diabetic Ne...
E10.51			Type 1 Diabetes Mellitus with Diabetic Peripher...
E10.52			Type 1 Diabetes Mellitus with Diabetic Peripher...
E10.59			Type 1 Diabetes Mellitus with other Circulatory...
E10.610			Type 1 Diabetes Mellitus with Diabetic Neuropat...
E10.618			Type 1 Diabetes Mellitus with other Diabetic Ar...
E10.620			Type 1 Diabetes Mellitus with Diabetic Dermatitis
E10.621			Type 1 Diabetes Mellitus with Foot Ulcer
E10.622			Type 1 Diabetes Mellitus with other Skin Ulcer
E10.628			Type 1 Diabetes Mellitus with other Skin Compli...
E10.630			Type 1 Diabetes Mellitus with Periodontal Disease
E10.638			Type 1 Diabetes Mellitus with other Oral Compli...
E10.641			Type 1 Diabetes Mellitus with Hypoglycemia with...
E10.649			Type 1 Diabetes Mellitus with Hypoglycemia with...
E10.65			Type 1 Diabetes Mellitus with Hyperglycemia
E10.69			Type 1 Diabetes Mellitus with other specified C...
E10.8			Type 1 Diabetes Mellitus with unspecified Compl...
E10.9			Type 1 Diabetes Mellitus without Complications
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E11.00			Type 2 Diabetes Mellitus with Hyperosmolarity w...
E11.01			Type 2 Diabetes Mellitus with Hyperosmolarity w...
E11.21			Type 2 Diabetes Mellitus with Diabetic Nephropathy
E11.22			Type 2 Diabetes Mellitus with Diabetic Chronic ...
E11.29			Type 2 Diabetes Mellitus with other Diabetic Ki...
E11.311			Type 2 Diabetes Mellitus with unspecified Diabe...
E11.319			Type 2 Diabetes Mellitus with unspecified Diabe...
E11.321			Type 2 Diabetes Mellitus with Mild Nonprolifera...
E11.329			Type 2 Diabetes Mellitus with Mild Nonprolifera...
E11.331			Type 2 Diabetes Mellitus with Moderate Nonproli...
E11.339			Type 2 Diabetes Mellitus with Moderate Nonproli...
E11.341			Type 2 Diabetes Mellitus with Severe Nonprolife...
E11.349			Type 2 Diabetes Mellitus with Severe Nonprolife...
E11.351			Type 2 Diabetes Mellitus with Proliferative Dia...
E11.359			Type 2 Diabetes Mellitus with Proliferative Dia...
E11.36			Type 2 Diabetes Mellitus with Diabetic Cataract
E11.39			Type 2 Diabetes Mellitus with other Diabetic Op...
E11.40			Type 2 Diabetes Mellitus with Diabetic Neuropat...
E11.41			Type 2 Diabetes Mellitus with Diabetic Mononeur...
E11.42			Type 2 Diabetes Mellitus with Diabetic Polyneur...
E11.43			Type 2 Diabetes Mellitus with Diabetic Autonomi...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E11.44			Type 2 Diabetes Mellitus with Diabetic Amyotrophy
E11.49			Type 2 Diabetes Mellitus with other Diabetic Ne...
E11.51			Type 2 Diabetes Mellitus with Diabetic Peripher...

E11.52			Type 2 Diabetes Mellitus with Diabetic Peripher...
E11.59			Type 2 Diabetes Mellitus with other Circulatory...
E11.610			Type 2 Diabetes Mellitus with Diabetic Neuropat...
E11.618			Type 2 Diabetes Mellitus with other Diabetic Ar...
E11.620			Type 2 Diabetes Mellitus with Diabetic Dermatitis
E11.621			Type 2 Diabetes Mellitus with Foot Ulcer
E11.622			Type 2 Diabetes Mellitus with other Skin Ulcer
E11.628			Type 2 Diabetes Mellitus with other Skin Compli...
E11.630			Type 2 Diabetes Mellitus with Periodontal Disease
E11.638			Type 2 Diabetes Mellitus with other Oral Compli...
E11.641			Type 2 Diabetes Mellitus with Hypoglycemia with...
E11.649			Type 2 Diabetes Mellitus with Hypoglycemia with...
E11.65			Type 2 Diabetes Mellitus with Hyperglycemia
E11.69			Type 2 Diabetes Mellitus with other specified C...
E11.8			Type 2 Diabetes Mellitus with unspecified Compl...
E11.9			Type 2 Diabetes Mellitus without Complications
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E13.00			Other specified Diabetes Mellitus with Hyperosm...
E13.01			Other specified Diabetes Mellitus with Hyperosm...
E13.10			Other specified Diabetes Mellitus with Ketoacid...
E13.11			Other specified Diabetes Mellitus with Ketoacid...
E13.21			Other specified Diabetes Mellitus with Diabetic...
E13.22			Other specified Diabetes Mellitus with Diabetic...
E13.29			Other specified Diabetes Mellitus with other Di...
E13.311			Other specified Diabetes Mellitus with unspecif...
E13.319			Other specified Diabetes Mellitus with unspecif...
E13.321			Other specified Diabetes Mellitus with Mild Non...
E13.329			Other specified Diabetes Mellitus with Mild Non...
E13.331			Other specified Diabetes Mellitus with Moderate...
E13.339			Other specified Diabetes Mellitus with Moderate...
E13.341			Other specified Diabetes Mellitus with Severe N...
E13.349			Other specified Diabetes Mellitus with Severe N...
E13.351			Other specified Diabetes Mellitus with Prolifer...
E13.359			Other specified Diabetes Mellitus with Prolifer...
E13.36			Other specified Diabetes Mellitus with Diabetic...
E13.39			Other specified Diabetes Mellitus with other Di...
E13.40			Other specified Diabetes Mellitus with Diabetic...
E13.41			Other specified Diabetes Mellitus with Diabetic...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----			
E13.42			Other specified Diabetes Mellitus with Diabetic...
E13.43			Other specified Diabetes Mellitus with Diabetic...
E13.44			Other specified Diabetes Mellitus with Diabetic...
E13.49			Other specified Diabetes Mellitus with other Di...
E13.51			Other specified Diabetes Mellitus with Diabetic...
E13.52			Other specified Diabetes Mellitus with Diabetic...
E13.59			Other specified Diabetes Mellitus with other Ci...
E13.610			Other specified Diabetes Mellitus with Diabetic...
E13.618			Other specified Diabetes Mellitus with other Di...
E13.620			Other specified Diabetes Mellitus with Diabetic...
E13.621			Other specified Diabetes Mellitus with Foot Ulcer
E13.622			Other specified Diabetes Mellitus with other Sk...
E13.628			Other specified Diabetes Mellitus with other Sk...
E13.630			Other specified Diabetes Mellitus with Periodon...
E13.638			Other specified Diabetes Mellitus with other Or...
E13.641			Other specified Diabetes Mellitus with Hypoglyc...
E13.649			Other specified Diabetes Mellitus with Hypoglyc...
E13.65			Other specified Diabetes Mellitus with Hypergly...

E13.69	Other specified Diabetes Mellitus with other sp..
E13.8	Other specified Diabetes Mellitus with unspecif...
E13.9	Other specified Diabetes Mellitus without Compl...

This taxonomy includes the following numbers of codes:  
 ICD-10-CM: 122  
 ICD-9-CM: 40  
 Total number of codes: 162

Diabetes Problems Only.

## B.7 IHS-DIABETIC NEPHROPATHY 2015

Patient Data Source:			
EN,PL			
Coding System: ICD-9-CM			
Code	INACT	UID	Description
-----	----	----	-----
250.40	X		Diabetes with Renal Manifestations, type II or ...
250.41	X		Diabetes with Renal Manifestations, type i [Juv...
250.42	X		Diabetes with Renal Manifestations, type II or ...
250.43	X		Diabetes with Renal Manifestations, type i [Juv...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----	----	----	-----
E10.21			Type 1 Diabetes Mellitus with Diabetic Nephropathy
E10.22			Type 1 Diabetes Mellitus with Diabetic Chronic ...
E10.29			Type 1 Diabetes Mellitus with other Diabetic Ki...
E11.21			Type 2 Diabetes Mellitus with Diabetic Nephropathy
E11.22			Type 2 Diabetes Mellitus with Diabetic Chronic ...
E11.29			Type 2 Diabetes Mellitus with other Diabetic Ki...
E13.21			Other specified Diabetes Mellitus with Diabetic...
E13.22			Other specified Diabetes Mellitus with Diabetic...
E13.29			Other specified Diabetes Mellitus with other Di...

This taxonomy includes the following numbers of codes:  
 ICD-10-CM: 9  
 ICD-9-CM: 4  
 Total number of codes: 13

Diabetic Nephropathy Codes 2015.

## B.8 IHS-DIALYSIS 2015

Patient Data Source:			
EN,PL			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
90963			End-Stage Renal Disease (ESRD) Related Services...

Lexicon Search Term/Code: 90964

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90964			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90965			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Lexicon Search Term/Code: 90966

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90966			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90967			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Lexicon Search Term/Code: 90968

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90968			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Lexicon Search Term/Code: 90969

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90969			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Coding System: CPT-4  
 Code                    INACT UID Description  
 -----                -

90970			End-Stage Renal Disease (ESRD) Related Services...
-------	--	--	--

Lexicon Search Term/Code: V45.1

Coding System: ICD-9-CM  
 Code                    INACT UID Description  
 -----                -

V45.1	X		Postsurgical Renal Dialysis Status
V45.11	X		Renal Dialysis Status
V45.12	X		Noncompliance with Renal Dialysis

Coding System: ICD-10-CM  
 Code                    INACT UID Description  
 -----                -

Z91.15			Patient's Noncompliance with Renal Dialysis
--------	--	--	---

Lexicon Search Term/Code: Z99.2

Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
Z99.2		Dependence on Renal Dialysis
This taxonomy includes the following numbers of codes:		
ICD-10-CM: 2		
CPT-4: 8		
ICD-9-CM: 3		
Total number of codes: 13		

### Dialysis Codes.

## B.9 IHS-END STAGE RENAL DISEASE

Selected Codes:		
Lexicon Search Term/Code: Copy from CPT range 90918 to 90925		
Coding System: CPT-4		
Code	INACT	UID Description
-----	----	-----
90918	X	End Stage Renal Disease Related Services (ESRD,...
90919	X	End Stage Renal Disease Related Services (ESRD,...
90920	X	End Stage Renal Disease Related Services (ESRD,...
90921	X	End Stage Renal Disease Related Services (ESRD,...
90922	X	End Stage Renal Disease Related Services (ESRD,...
90923	X	End Stage Renal Disease Related Services (ESRD,...
90924	X	End Stage Renal Disease Related Services (ESRD,...
90925	X	End Stage Renal Disease Related Services (ESRD,...
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
585.5	X	Chronic Kidney Disease, Stage V
585.6	X	End Stage Renal Disease
Lexicon Search Term/Code: Copy from ICD range V45.1 to V45.1		
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
V45.1	X	Postsurgical Renal Dialysis Status
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
N18.5		Chronic Kidney Disease, Stage 5
Lexicon Search Term/Code: N18.6		
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
N18.6		End Stage Renal Disease
Lexicon Search Term/Code: Z99.2		

Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----

IHS-End Stage Renal Disease

**B.10 IHS-FUNDOSCOPIC EYE CODES 2015**

Patient Data Source:		
EN		
Coding System: CPT-4		
Code	INACT	UID Description
-----	----	-----
2022F		Dilated Retinal Eye Exam with Interpretation by...
Lexicon Search Term/Code: 2024F		
Coding System: CPT-4		
Code	INACT	UID Description
-----	----	-----
2024F		7 Standard Field Stereoscopic Photos with Inter...
Coding System: CPT-4		
Code	INACT	UID Description
-----	----	-----
92250		Fundus Photography
Lexicon Search Term/Code: Copy from ICD range V72.0 to V72.0		
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
V72.0	X	Examination of eyes and vision
Lexicon Search Term/Code: S3000		
Coding System: HCPCS		
Code	INACT	UID Description
-----	----	-----
S3000		Diabetic Indicator; Retinal Eye Exam, Dilated, .
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
Z01.00		Encounter for Examination of Eyes and Vision wi...
Lexicon Search Term/Code: Z01.01		
Coding System: ICD-10-CM		
Code	INACT	UID Description
-----	----	-----
Z01.01		Encounter for Examination of Eyes and Vision wi...
This taxonomy includes the following numbers of codes:		
ICD-10-CM: 2		

HCPCS: 1  
 CPT-4: 3  
 ICD-9-CM: 1  
 Total number of codes: 7

### Fundoscopy Eye Codes 2015.

## B.11 IHS-HYPERTENSION 2015

Patient Data Source:

EN,PL,IN

Coding System: ICD-9-CM

Code	INACT	UID	Description
401.0	X		Malignant essential hypertension
401.1	X		Benign essential hypertension
401.9	X		Essential Hypertension
402.00	X		Malignant hypertensive heart disease without co...
402.00	X		Malignant Hypertensive Heart disease without He...
402.01	X		Malignant hypertensive heart disease with conge...
402.01	X		Malignant Hypertensive Heart disease with Heart...
402.10	X		Benign hypertensive heart disease without conge...
402.10	X		Benign Hypertensive Heart disease without Heart...
402.11	X		Benign hypertensive heart disease with congesti...
402.11	X		Benign Hypertensive Heart disease with Heart fa...
402.90	X		Unspecified hypertensive heart disease without ...
402.90	X		Unspecified Hypertensive Heart disease without ...
402.91	X		Unspecified hypertensive heart disease with con...
402.91	X		Unspecified Hypertensive Heart disease with Hea...
403.0	X		Malignant Hypertensive Renal Disease
403.00	X		Hypertensive chronic kidney disease, Malignant,...
403.01	X		Hypertensive chronic kidney disease, Malignant,...
403.1	X		Benign Hypertensive Renal Disease
403.10	X		Hypertensive chronic kidney disease, Benign, wi...
403.11	X		Hypertensive chronic kidney disease, Benign, wi...
403.9	X		Unspecified Hypertensive Renal Disease
403.90	X		Hypertensive chronic kidney disease, unspecifie...
403.91	X		Hypertensive chronic kidney disease, unspecifie...
404.0	X		Malignant Hypertensive Heart and Renal Disease
404.00	X		Hypertensive heart and renal disease, malignant...
404.00	X		Hypertensive Heart and chronic kidney disease, ...
404.01	X		Hypertensive heart and renal disease, malignant...
404.01	X		Hypertensive Heart and chronic kidney disease, ...
404.02	X		Hypertensive Heart and chronic kidney disease, ...
404.03	X		Hypertensive heart and renal disease, malignant...
404.03	X		Hypertensive Heart and chronic kidney disease, ...
404.1	X		Benign Hypertensive Heart and Renal Disease
404.10	X		Hypertensive heart and renal disease, benign, w...
404.10	X		Hypertensive Heart and chronic kidney disease, ...
404.11	X		Hypertensive heart and renal disease, benign, w...
404.11	X		Hypertensive Heart and chronic kidney disease, ...
404.12	X		Hypertensive Heart and chronic kidney disease, ...
404.13	X		Hypertensive heart and renal disease, benign, w...
404.13	X		Hypertensive Heart and chronic kidney disease, ...
404.9	X		Unspecified Hypertensive Heart and Renal Disease
404.90	X		Hypertensive heart and renal disease, unspecifi...
404.90	X		Hypertensive Heart and chronic kidney disease, ...
404.91	X		Hypertensive heart and renal disease, unspecifi...
404.91	X		Hypertensive Heart and chronic kidney disease, ...



404.92	X		Hypertensive Heart and chronic kidney disease, ...
404.93	X		Hypertensive heart and renal disease, unspecifi...
404.93	X		Hypertensive Heart and chronic kidney disease, ...
405.01	X		Malignant renovascular hypertension
405.09	X		Other malignant secondary hypertension
405.11	X		Benign renovascular hypertension
405.19	X		Other benign secondary hypertension
405.91	X		Unspecified renovascular hypertension
405.99	X		Other unspecified secondary hypertension
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----	----	---	-----
I10.			Essential (Primary) Hypertension
I11.0			Hypertensive Heart Disease with Heart Failure
I11.9			Hypertensive Heart Disease without Heart Failure
I12.0			Hypertensive Chronic Kidney Disease with Stage ...
I12.9			Hypertensive Chronic Kidney Disease with Stage ...
I13.0			Hypertensive Heart and Chronic Kidney Disease w...
I13.10			Hypertensive Heart and Chronic Kidney Disease w...
I13.11			Hypertensive Heart and Chronic Kidney Disease w...
I13.2			Hypertensive Heart and Chronic Kidney Disease w...
I15.0			Renovascular Hypertension
I15.1			Hypertension Secondary to other Renal Disorders
I15.2			Hypertension Secondary to Endocrine Disorders
I15.8			Other Secondary Hypertension
I15.9			Secondary Hypertension, unspecified
N26.2			Page Kidney
This taxonomy includes the following numbers of codes:			
ICD-10-CM: 15			
ICD-9-CM: 39			
Total number of codes: 54			

### Hysterectomy Codes

## B.12 IHS-HYSTERECTOMY 2015

Patient Data Source:			
EN, PL, IN			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
51925			Closure of Vesicouterine Fistula with Hysterectomy
Lexicon Search Term/Code: Copy from CPT range 56308 to 56308			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
56308	X		LAPAROSCOPY; HYSTERECTOMY
Lexicon Search Term/Code: Copy from CPT range 58150 to 58150			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----

58150			Total Abdominal Hysterectomy (Corpus and Cervix)
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
58152			Total Abdominal Hysterectomy (Corpus and Cervix...
Lexicon Search Term/Code: Copy from CPT range 58200 to 58200			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
58200			Total Abdominal Hysterectomy including Partial ...
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
58550	X		Laparoscopy, Surgical; with Vaginal Hysterectom...
58550			Laparoscopy Surgical, with Vaginal Hysterectomy...
58551	X		Laparoscopy, Surgical; with Removal of Leiomyom...
58552			Laparoscopy Surgical, with Vaginal Hysterectomy...
58553			Laparoscopy, Surgical, with Vaginal Hysterectom...
58554			Laparoscopy, Surgical, with Vaginal Hysterectom...
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
58951			Resection of Ovarian Malignancy with Total Abdo...
Lexicon Search Term/Code: Copy from CPT range 58953 to 58954			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
58953			Bilateral Salpingo-Oophorectomy with Omentectom...
58954			Bilateral Salpingo-Oophorectomy with Omentectom...
Lexicon Search Term/Code: Copy from CPT range 59135 to 59135			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
59135			Surgical Treatment of Interstitial Uterine Preg...
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	----	-----
59525			
Coding System: ICD-9 Proc			
Code	INACT	UID	Description
-----	----	----	-----
68.4	X		TOTAL ABD HYSTERECTOMY
68.41	X		Laparoscopic Total Abdominal Hysterectomy
68.49	X		Other and unspecified Total Abdominal Hysterectomy
68.5	X		VAGINAL HYSTERECTOMY
68.51	X		Laparoscopically Assisted Vaginal Hysterectomy ...
68.59	X		Other Vaginal Hysterectomy
68.6	X		RADICAL ABD HYSTERECTOMY
68.61	X		Laparoscopic Radical Abdominal Hysterectomy
68.69	X		Other and unspecified Radical Abdominal Hystere...

68.7	X	RADICAL VAG HYSTERECTOMY
68.71	X	Laparoscopic Radical Vaginal Hysterectomy [Lrvh]
68.79	X	Other and unspecified Radical Vaginal Hysterectomy
68.8	X	Pelvic Evisceration
68.9	X	Other unspecified Hysterectomy
Coding System: ICD-10-PCS		
Code	INACT	UID Description
-----		
OUT90ZZ		Resection of Uterus, open Approach
OUT94ZZ		Resection of Uterus, Percutaneous Endoscopic Ap...
OUT97ZZ		Resection of Uterus, via Natural or Artificial ...
OUT98ZZ		Resection of Uterus, via Natural or Artificial ...
OUT9FZZ		Resection of Uterus, via Natural or Artificial ...
This taxonomy includes the following numbers of codes:		
ICD-10-PCS: 5		
CPT-4: 15		
ICD-9 Proc: 14		
Total number of codes: 34		

## Hysterectomy 2015.

## B.13 IHS-ISCHEMIC HEART DISEASE 2015

Patient Data Source:		
EN,PL		
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----		
410.0	X	Acute Myocardial Infarction of Anterolateral Wall
410.00	X	Acute myocardial infarction, of anterolateral w...
410.01	X	Acute myocardial infarction, of anterolateral w...
410.02	X	Acute myocardial infarction, of anterolateral w...
410.1	X	Acute Myocardial Infarction of other Anterior Wall
410.10	X	Acute myocardial infarction, of other anterior ...
410.11	X	Acute myocardial infarction, of other anterior ...
410.12	X	Acute myocardial infarction, of other anterior ...
410.2	X	Acute Myocardial Infarction of Inferolateral Wall
410.20	X	Acute myocardial infarction, of inferolateral w...
410.21	X	Acute myocardial infarction, of inferolateral w...
410.22	X	Acute myocardial infarction, of inferolateral w...
410.3	X	Acute Myocardial Infarction of Inferoposterior Wal
410.30	X	Acute myocardial infarction, of inferoposterior...
410.31	X	Acute myocardial infarction, of inferoposterior...
410.32	X	Acute myocardial infarction, of inferoposterior...
410.4	X	Acute Myocardial Infarction of other Inferior Wall
410.40	X	Acute myocardial infarction, of other inferior ...
410.41	X	Acute myocardial infarction, of other inferior ...
410.42	X	Acute myocardial infarction, of other inferior ...
410.5	X	Acute Myocardial Infarction of other Lateral Wall
410.50	X	Acute myocardial infarction, of other lateral w...
410.51	X	Acute myocardial infarction, of other lateral w...
410.52	X	Acute myocardial infarction, of other lateral w...
410.6	X	True Posterior Wall Infarction
410.60	X	Acute myocardial infarction, true posterior wal...
410.61	X	Acute myocardial infarction, true posterior wal...
410.62	X	Acute myocardial infarction, true posterior wal...

410.7	X	Subendocardial Infarction
410.70	X	Acute myocardial infarction, subendocardial inf...
410.71	X	Acute myocardial infarction, subendocardial inf...
410.72	X	Acute myocardial infarction, subendocardial inf...
410.8	X	Acute Myocardial Infarction of other specified ...
410.80	X	Acute myocardial infarction, of other specified...
410.81	X	Acute myocardial infarction, of other specified...
410.82	X	Acute myocardial infarction, of other specified...
410.9	X	Acute Myocardial Infarction of unspecified site
410.90	X	Acute myocardial infarction, unspecified site, ...
410.91	X	Acute myocardial infarction, unspecified site, ...
410.92	X	Acute myocardial infarction, unspecified site, ...
411.0	X	Postmyocardial infarction syndrome
411.8	X	Other Acute and Subacute Forms of Ischemic Hear...
411.81	X	Acute Coronary occlusion without myocardial inf...
411.89	X	Other acute and subacute forms of ischemic hear...
412.	X	Old Myocardial Infarction
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
414.0	X	Coronary Atherosclerosis
414.00	X	Coronary Atherosclerosis (unspecified type vess...
414.01	X	Coronary Atherosclerosis of Native Coronary Vessel
414.02	X	Coronary Atherosclerosis of Autologous Vein Byp...
414.03	X	Coronary Atherosclerosis of Nonautologous Biolo...
414.04	X	Coronary Atherosclerosis of Artery Bypass Graft
414.05	X	Coronary Atherosclerosis of unspecified type of...
414.06	X	Coronary Atherosclerosis of Native Coronary Art...
414.07	X	Coronary Atherosclerosis, of Bypass Graft (Arte...
414.10	X	Aneurysm of Heart (Wall)
414.11	X	Aneurysm of coronary vessels
414.12	X	Dissection of coronary artery
414.19	X	Other Aneurysm of Heart
414.2	X	Chronic Total Occlusion of Coronary Artery
414.3	X	Coronary Atherosclerosis due to Lipid Rich Plaque
414.4	X	Coronary Atherosclerosis due to Calcified Coron...
414.8	X	Other specified forms of chronic ischemic heart...
414.9	X	Chronic ischemic heart disease
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----
428.0	X	Congestive Heart Failure
428.1	X	Left Heart Failure
428.20	X	Unspecified Systolic Heart failure
428.21	X	Acute Systolic Heart failure
428.22	X	Chronic Systolic Heart failure
428.23	X	Acute on chronic Systolic Heart failure
428.30	X	Unspecified Diastolic Heart failure
428.31	X	Acute Diastolic Heart failure
428.32	X	Chronic Diastolic Heart failure
428.33	X	Acute on chronic Diastolic Heart failure
428.40	X	Unspecified Combined Systolic and Diastolic Hea...
428.41	X	Acute Combined Systolic and Diastolic Heart failur
428.42	X	Chronic Combined Systolic and Diastolic Heart f...
428.43	X	Acute on chronic Combined Systolic and Diastoli...
428.9	X	Heart failure
Coding System: ICD-9-CM		
Code	INACT	UID Description
-----	----	-----

Code	INACT	UID	Description
429.2	X		Cardiovascular Disease
Coding System: ICD-10-CM			
I20.0			Unstable Angina
I20.1			Angina Pectoris with Documented Spasm
I20.8			Other Forms of Angina Pectoris
I20.9			Angina Pectoris, unspecified
I21.01			St Elevation (STEMI) Myocardial Infarction invo...
I21.02			St Elevation (STEMI) Myocardial Infarction invo...
I21.09			St Elevation (STEMI) Myocardial Infarction invo...
I21.11			St Elevation (STEMI) Myocardial Infarction invo...
I21.19			St Elevation (STEMI) Myocardial Infarction invo...
I21.21			St Elevation (STEMI) Myocardial Infarction invo...
I21.29			St Elevation (STEMI) Myocardial Infarction invo...
I21.3			St Elevation (STEMI) Myocardial Infarction of u...
I21.4			Non-ST Elevation (NSTEMI) Myocardial Infarction
I22.0			Subsequent ST Elevation (STEMI) Myocardial Infa...
I22.1			Subsequent ST Elevation (STEMI) Myocardial Infa...
I22.2			Subsequent non-ST Elevation (NSTEMI) Myocardial...
I22.8			Subsequent ST Elevation (STEMI) Myocardial Infa...
I22.9			Subsequent ST Elevation (STEMI) Myocardial Infa...
I24.0			Acute Coronary Thrombosis not Resulting in Myoc...
I25.9			Chronic Ischemic Heart Disease, unspecified
Coding System: ICD-10-CM			
Code	INACT	UID	Description
I24.1			Dressler's Syndrome
I24.8			Other Forms of Acute Ischemic Heart Disease
I24.9			Acute Ischemic Heart Disease, unspecified
I25.10			Atherosclerotic Heart Disease of Native Coronar...
I25.110			Atherosclerotic Heart Disease of Native Coronar...
I25.111			Atherosclerotic Heart Disease of Native Coronar...
I25.118			Atherosclerotic Heart Disease of Native Coronar...
I25.119			Atherosclerotic Heart Disease of Native Coronar...
I25.2			Old Myocardial Infarction
I25.3			Aneurysm of Heart
I25.41			Coronary Artery Aneurysm
I25.42			Coronary Artery Dissection
I25.5			Ischemic Cardiomyopathy
I25.6			Silent Myocardial Ischemia
I25.700			Atherosclerosis of Coronary Artery Bypass Graft...
I25.701			Atherosclerosis of Coronary Artery Bypass Graft...
I25.708			Atherosclerosis of Coronary Artery Bypass Graft...
I25.709			Atherosclerosis of Coronary Artery Bypass Graft...
I25.710			Atherosclerosis of Autologous Vein Coronary Art...
I25.711			Atherosclerosis of Autologous Vein Coronary Art...
Code	INACT	UID	Description
I25.718			Atherosclerosis of Autologous Vein Coronary Art...
I25.719			Atherosclerosis of Autologous Vein Coronary Art...
I25.720			Atherosclerosis of Autologous Artery Coronary A...
I25.721			Atherosclerosis of Autologous Artery Coronary A...
I25.728			Atherosclerosis of Autologous Artery Coronary A...
I25.729			Atherosclerosis of Autologous Artery Coronary A...
I25.730			Atherosclerosis of Nonautologous Biological Cor...
I25.731			Atherosclerosis of Nonautologous Biological Cor...
I25.738			Atherosclerosis of Nonautologous Biological Cor...
I25.739			Atherosclerosis of Nonautologous Biological Cor...
I25.750			Atherosclerosis of Native Coronary Artery of Tr...
I25.751			Atherosclerosis of Native Coronary Artery of Tr...

I25.758			Atherosclerosis of Native Coronary Artery of Tr...
I25.759			Atherosclerosis of Native Coronary Artery of Tr...
I25.760			Atherosclerosis of Bypass Graft of Coronary Art...
I25.761			Atherosclerosis of Bypass Graft of Coronary Art...
I25.768			Atherosclerosis of Bypass Graft of Coronary Art...
I25.769			Atherosclerosis of Bypass Graft of Coronary Art...
I25.790			Atherosclerosis of other Coronary Artery Bypass...
I25.791			Atherosclerosis of other Coronary Artery Bypass...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----	----	---	-----
I25.798			Atherosclerosis of other Coronary Artery Bypass...
I25.799			Atherosclerosis of other Coronary Artery Bypass...
I25.810			Atherosclerosis of Coronary Artery Bypass Graft...
I25.811			Atherosclerosis of Native Coronary Artery of Tr...
I25.812			Atherosclerosis of Bypass Graft of Coronary Art...
I25.82			Chronic Total Occlusion of Coronary Artery
I25.83			Coronary Atherosclerosis due to Lipid Rich Plaque
I25.84			Coronary Atherosclerosis due to Calcified Coron...
I25.89			Other forms of chronic ischemic heart disease
This taxonomy includes the following numbers of codes:			
ICD-10-CM: 69			
ICD-9-CM: 80			
Total number of codes: 149			

Ischemic Heart Disease Codes.

## B.14 IHS-OTHER EYE EXAM 2015

Patient Data Source:			
EN,PL			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
67028			Intravitreal Injection of A Pharmacologic Agent
Lexicon Search Term/Code: 67038			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
67038	X		Mechanical Vitrectomy by Pars Plana Approach wi...
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
67039			Mechanical Vitrectomy by Pars Plana Approach wi...
Lexicon Search Term/Code: 67040			
Coding System: CPT-4			
Code	INACT	UID	Description
-----	----	---	-----
67040			Mechanical Vitrectomy by Pars Plana Approach wi...

```

Lexicon Search Term/Code: 92002

Coding System: CPT-4
Code          INACT UID Description
-----
92002                Intermediate Ophthalmological Examination with ...
Coding System: CPT-4
Code          INACT UID Description
-----
92004                Ophthalmological Services: Medical Examination ...

Lexicon Search Term/Code: 92012

Coding System: CPT-4
Code          INACT UID Description
-----
92012                Intermediate Ophthalmological Examination with ...

Lexicon Search Term/Code: 92014

Coding System: CPT-4
Code          INACT UID Description
-----
92014                Ophthalmological Services: Medical Examination ...
This taxonomy includes the following numbers of codes:
CPT-4: 8
Total number of codes: 8
    
```

Other Eye Exam 2015.

## B.15 IHS-OSTEOPOROSIS DX 2015

```

Patient Data Source:
    EN,PL
Coding System: ICD-9-CM
Code          INACT UID Description
-----
733.00                X      Osteoporosis
733.01                X      Osteoporosis, Senile
733.02                X      Idiopathic osteoporosis
733.03                X      Osteoporosis, disuse
733.09                X      Other osteoporosis
Coding System: ICD-10-CM
Code          INACT UID Description
-----
M80.00XA            Age-Related Osteoporosis with Current Pathologi...
M80.00XK            Age-Related Osteoporosis with Current Pathologi...
M80.00XP            Age-Related Osteoporosis with Current Pathologi...
M80.011A            Age-Related Osteoporosis with Current Pathologi...
M80.011K            Age-Related Osteoporosis with Current Pathologi...
M80.011P            Age-Related Osteoporosis with Current Pathologi...
M80.012A            Age-Related Osteoporosis with Current Pathologi...
M80.012K            Age-Related Osteoporosis with Current Pathologi...
M80.012P            Age-Related Osteoporosis with Current Pathologi...
M80.019A            Age-Related Osteoporosis with Current Pathologi...
M80.019K            Age-Related Osteoporosis with Current Pathologi...
M80.019P            Age-Related Osteoporosis with Current Pathologi...
    
```

M80.021A		Age-Related Osteoporosis with Current Pathologi...
M80.021K		Age-Related Osteoporosis with Current Pathologi...
M80.021P		Age-Related Osteoporosis with Current Pathologi...
M80.022A		Age-Related Osteoporosis with Current Pathologi...
M80.022K		Age-Related Osteoporosis with Current Pathologi...
M80.022P		Age-Related Osteoporosis with Current Pathologi...
M80.029A		Age-Related Osteoporosis with Current Pathologi...
M80.029K		Age-Related Osteoporosis with Current Pathologi...
Code	INACT UID	Description
-----		
M80.029P		Age-Related Osteoporosis with Current Pathologi...
M80.031A		Age-Related Osteoporosis with Current Pathologi...
M80.031K		Age-Related Osteoporosis with Current Pathologi...
M80.031P		Age-Related Osteoporosis with Current Pathologi...
M80.032A		Age-Related Osteoporosis with Current Pathologi...
M80.032K		Age-Related Osteoporosis with Current Pathologi...
M80.032P		Age-Related Osteoporosis with Current Pathologi...
M80.039A		Age-Related Osteoporosis with Current Pathologi...
M80.039K		Age-Related Osteoporosis with Current Pathologi...
M80.039P		Age-Related Osteoporosis with Current Pathologi...
M80.041A		Age-Related Osteoporosis with Current Pathologi...
M80.041K		Age-Related Osteoporosis with Current Pathologi...
M80.041P		Age-Related Osteoporosis with Current Pathologi...
M80.042A		Age-Related Osteoporosis with Current Pathologi...
M80.042K		Age-Related Osteoporosis with Current Pathologi...
M80.042P		Age-Related Osteoporosis with Current Pathologi...
M80.049A		Age-Related Osteoporosis with Current Pathologi...
M80.049K		Age-Related Osteoporosis with Current Pathologi...
M80.049P		Age-Related Osteoporosis with Current Pathologi...
M80.051A		Age-Related Osteoporosis with Current Pathologi...
Code	INACT UID	Description
-----		
M80.051K		Age-Related Osteoporosis with Current Pathologi...
M80.051P		Age-Related Osteoporosis with Current Pathologi...
M80.052A		Age-Related Osteoporosis with Current Pathologi...
M80.052K		Age-Related Osteoporosis with Current Pathologi...
M80.052P		Age-Related Osteoporosis with Current Pathologi...
M80.059A		Age-Related Osteoporosis with Current Pathologi...
M80.059K		Age-Related Osteoporosis with Current Pathologi...
M80.059P		Age-Related Osteoporosis with Current Pathologi...
M80.061A		Age-Related Osteoporosis with Current Pathologi...
M80.061K		Age-Related Osteoporosis with Current Pathologi...
M80.061P		Age-Related Osteoporosis with Current Pathologi...
M80.062A		Age-Related Osteoporosis with Current Pathologi...
M80.062K		Age-Related Osteoporosis with Current Pathologi...
M80.062P		Age-Related Osteoporosis with Current Pathologi...
M80.069A		Age-Related Osteoporosis with Current Pathologi...
M80.069K		Age-Related Osteoporosis with Current Pathologi...
M80.069P		Age-Related Osteoporosis with Current Pathologi...
M80.071A		Age-Related Osteoporosis with Current Pathologi...
M80.071K		Age-Related Osteoporosis with Current Pathologi...
Code	INACT UID	Description
-----		
M80.071P		Age-Related Osteoporosis with Current Pathologi...
M80.072A		Age-Related Osteoporosis with Current Pathologi...
M80.072K		Age-Related Osteoporosis with Current Pathologi...
M80.072P		Age-Related Osteoporosis with Current Pathologi...
M80.079A		Age-Related Osteoporosis with Current Pathologi...
M80.079K		Age-Related Osteoporosis with Current Pathologi...
M80.079P		Age-Related Osteoporosis with Current Pathologi...



M80.08XA		Age-Related Osteoporosis with Current Pathologi...
M80.08XK		Age-Related Osteoporosis with Current Pathologi...
M80.08XP		Age-Related Osteoporosis with Current Pathologi...
M80.80XA		Other Osteoporosis with Current Pathological Fr...
M80.80XK		Other Osteoporosis with Current Pathological Fr...
M80.80XP		Other Osteoporosis with Current Pathological Fr...
M80.811A		Other Osteoporosis with Current Pathological Fr...
M80.811K		Other Osteoporosis with Current Pathological Fr...
M80.811P		Other Osteoporosis with Current Pathological Fr...
M80.812A		Other Osteoporosis with Current Pathological Fr...
M80.812K		Other Osteoporosis with Current Pathological Fr...
M80.812P		Other Osteoporosis with Current Pathological Fr...
M80.819A		Other Osteoporosis with Current Pathological Fr..
Code	INACT UID	Description
-----		
M80.819K		Other Osteoporosis with Current Pathological Fr...
M80.819P		Other Osteoporosis with Current Pathological Fr...
M80.821A		Other Osteoporosis with Current Pathological Fr...
M80.821K		Other Osteoporosis with Current Pathological Fr...
M80.821P		Other Osteoporosis with Current Pathological Fr...
M80.822A		Other Osteoporosis with Current Pathological Fr...
M80.822K		Other Osteoporosis with Current Pathological Fr...
M80.822P		Other Osteoporosis with Current Pathological Fr...
M80.829A		Other Osteoporosis with Current Pathological Fr...
M80.829K		Other Osteoporosis with Current Pathological Fr...
M80.829P		Other Osteoporosis with Current Pathological Fr...
M80.831A		Other Osteoporosis with Current Pathological Fr...
M80.831K		Other Osteoporosis with Current Pathological Fr...
M80.831P		Other Osteoporosis with Current Pathological Fr...
M80.832A		Other Osteoporosis with Current Pathological Fr...
M80.832K		Other Osteoporosis with Current Pathological Fr...
M80.832P		Other Osteoporosis with Current Pathological Fr...
M80.839A		Other Osteoporosis with Current Pathological Fr...
M80.839K		Other Osteoporosis with Current Pathological Fr...
M80.839P		Other Osteoporosis with Current Pathological Fr...
Code	INACT UID	Description
-----		
M80.841A		Other Osteoporosis with Current Pathological Fr...
M80.841K		Other Osteoporosis with Current Pathological Fr...
M80.841P		Other Osteoporosis with Current Pathological Fr...
M80.842A		Other Osteoporosis with Current Pathological Fr...
M80.842K		Other Osteoporosis with Current Pathological Fr...
M80.842P		Other Osteoporosis with Current Pathological Fr...
M80.849A		Other Osteoporosis with Current Pathological Fr...
M80.849K		Other Osteoporosis with Current Pathological Fr...
M80.849P		Other Osteoporosis with Current Pathological Fr...
M80.851A		Other Osteoporosis with Current Pathological Fr...
M80.851K		Other Osteoporosis with Current Pathological Fr...
M80.851P		Other Osteoporosis with Current Pathological Fr...
M80.852A		Other Osteoporosis with Current Pathological Fr...
M80.852K		Other Osteoporosis with Current Pathological Fr...
M80.852P		Other Osteoporosis with Current Pathological Fr...
M80.859A		Other Osteoporosis with Current Pathological Fr...
M80.859K		Other Osteoporosis with Current Pathological Fr...
M80.859P		Other Osteoporosis with Current Pathological Fr...
M80.861A		Other Osteoporosis with Current Pathological Fr...
M80.861K		Other Osteoporosis with Current Pathological Fr..
Code	INACT UID	Description
-----		
M80.861P		Other Osteoporosis with Current Pathological Fr...
M80.862A		Other Osteoporosis with Current Pathological Fr...

M80.862K			Other Osteoporosis with Current Pathological Fr...
M80.862P			Other Osteoporosis with Current Pathological Fr...
M80.869A			Other Osteoporosis with Current Pathological Fr...
M80.869K			Other Osteoporosis with Current Pathological Fr...
M80.869P			Other Osteoporosis with Current Pathological Fr...
M80.871A			Other Osteoporosis with Current Pathological Fr...
M80.871K			Other Osteoporosis with Current Pathological Fr...
M80.871P			Other Osteoporosis with Current Pathological Fr...
M80.872A			Other Osteoporosis with Current Pathological Fr...
M80.872K			Other Osteoporosis with Current Pathological Fr...
M80.872P			Other Osteoporosis with Current Pathological Fr...
M80.879A			Other Osteoporosis with Current Pathological Fr...
M80.879K			Other Osteoporosis with Current Pathological Fr...
M80.879P			Other Osteoporosis with Current Pathological Fr...
M80.88XA			Other Osteoporosis with Current Pathological Fr...
M80.88XK			Other Osteoporosis with Current Pathological Fr...
M80.88XP			Other Osteoporosis with Current Pathological Fr...
Coding System: ICD-10-CM			
Code	INACT	UID	Description
-----	----	----	-----
M81.0			Age-Related Osteoporosis without Current Pathol...
M81.6			Localized Osteoporosis [Lequesne]
M81.8			Other Osteoporosis without Current Pathological...
This taxonomy includes the following numbers of codes:			
ICD-10-CM: 141			
ICD-9-CM: 5			
Total number of codes: 146			

Osteoporosis DX 2015.

## B.16 CPT Codes Used as Findings and Converted to Taxonomies

Sites will see these taxonomies created from any CPT code that was previously used as a finding or additional finding. This will occur even if the reminder is no longer being used.

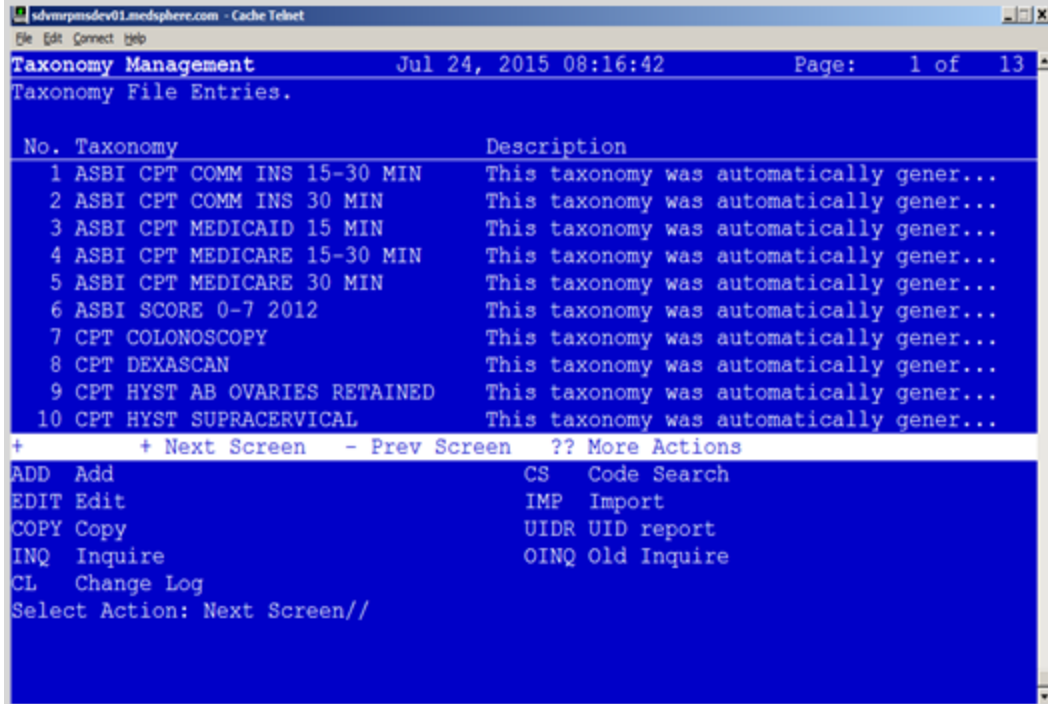


Figure B-1: CPT Codes as Findings Converted to Taxonomies - Page 1

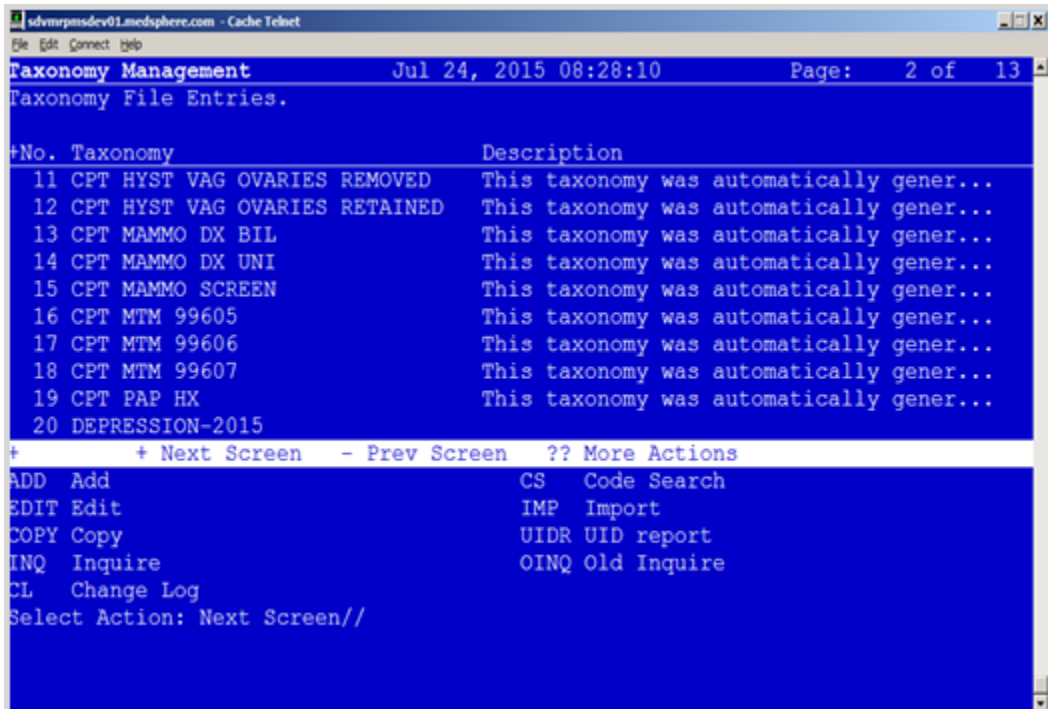


Figure B-2: CPT Codes as Finding Converted to Taxonomies – Page 2

These codes should convert with the UID set if they were in a dialog previously.

## Appendix C: Reminder Terms

### C.1 IHS-ASTHMA CONTROL

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

Used in IHS-ASTHMA CONTROL 2014 Reminder.

### C.2 IHS-ACE/ARB

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

Used in IHS-DIAB ACE/ARB 2014 Reminder.

### C.3 IHS-ASPIRIN

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

Used in IHS-DIAB ANTIPLT KNOWN CVD 2015, IHS-DIAB ASPIRIN FEMALE 2015, and IHS-DIAB ASPIRIN MALE 2015 Reminders.

### 17.6 IHS-ASTHMA 2015

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-ASTHMA DX 2015
```

Used in IHS-ASTHMA 2015.

### C.4 IHS-BILATERAL MASTECTOMY 2015

```
CLASS: VISN//
FINDING ITEM:
TX IHS-BILATERAL MASTECTOMY 2015
```

Used in IHS-BILATERAL MASTECTOMY 2015.

## C.5 IHS-CLOPIDOGREL

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

Used in IHS-DIAB ANTIPLT KNOWN CVD 2015, IHS-DIAB ASPIRIN FEMALE 2015, and IHS-DIAB ASPIRIN MALE 2015 Reminders.

## C.6 IHS-COLONOSCOPY 2015

```
CLASS: VISN//
FINDING ITEM:
TX IHS-COLONOSCOPY 2015
```

Used in IHS-COLONOSCOPY 2015.

## C.7 IHS-COLORECTAL CANCER 2015

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-COLORECTAL CANCER 2015
```

Used in IHS-COLORECTAL CANCER 2015.

## C.8 IHS-DIAB NEPHROPATHY LABS

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

Used in IHS-DIAB ACE/ARB 2015 Reminder.

## C.9 IHS-DIABETES DX 2015

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-DIABETES DX 2015
```

Used in IHS-DIABETES DX 2015.

## C.10 IHS-DIABETES PROBLEMS 2015

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-DIABETES DX2015
```

Used in IHS-DIABETES PROBLEMS 2015.

**C.11 HIS-DIABETIC EYE CODES 2015**

```

CLASS: VISN//
FINDING ITEM:
  TX IHS-FUNDOSCOPIC EYE CODES 2015
  TX IHS-OTHER EYE EXAM 2015

```

Used in IHS-DIABETIC EYE CODES 2015.

**C.12 IHS-DIABETIC NEPHROPATHY 2015**

```

CLASS: VISN//
FINDING ITEM:
  CF IHS-SNOMED
  TX IHS-DIABETIC NEPHROPATHY 2015

```

Used in IHS-DIABETIC NEPHROPATHY 2015.

**C.13 IHS-DIALYSIS 2015**

```

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

```

Used in IHS-DIALYSIS 2015.

**C.14 IHS-DM BLOOD PRESSURE 2015**

```

CLASS: VISN
NAME: IHS-DM BLOOD PRESSURE
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)

```

Used in IHS-DIAB BP CONTROL 2015.

**C.15 IHS-EGFR**

```

CLASS: VISN
FINDING ITEM:

```

Used in IHS-DIAB NEPHRO SCR/MON 2014 Reminder.

**C.16 IHS-FECAL OCCULT BLOOD**

```

CLASS: VISN
FINDING ITEM:

```

Used in IHS-Fecal Occult Blood 2014 Information.

**C.17 IHS-FUNDOSCOPIC EYE CODES 2015**

```
CLASS: VISN//
FINDING ITEM:
TX IHS-FUNDOSCOPIC EYE CODES 2015
```

Used in FUNDOSCOPIC EYE CODES 2015.

**C.18 IHS – HGBA1C**

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

Used in IHS-DIAB HGBA1C 2015, IHS-DIAB HGBA1C CONTROL 2015 Reminders.

**C.19 IHS – HGBA1C REEVALUATE**

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

Used in IHS-DIAB HGBA1C CONTROL 2015.

**C.20 IHS – HIV 2015**

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-HIV DX 2015
```

Used in IHS-HIV 2015.

**C.21 IHS – HYPERTENSION 2015**

```
CLASS: VISN//
FINDING ITEM:
CF IHS-SNOMED
TX IHS-HYPERTENSION 2015
```

Used in IHS-HYPERTENSION 2015.

**C.22 IHS – HYSTERECTOMY 2015**

```
CLASS: VISN//  
FINDING ITEM:  
TX IHS-HYSTERECTOMY 2015
```

Used in IHS-HYSTERECTOMY 2015.

**C.23 IHS – ISCHEMIC HEART DISEASE 2015**

```
CLASS: VISN//  
FINDING ITEM:  
CF IHS-SNOMED  
TX IHS-ISCHEMIC HEART DISEASE 2015
```

Used in IHS-ISCHEMIC HEART DISEASE 2015.

**C.24 IHS – LIPID LAB TESTS**

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

Used in IHS-LIPID FEMALE 2015 and IHS-LIPID MALE 2015 Reminders.

**C.25 IHS-OSTEOPOROSIS 2015**

```
CLASS: VISN//  
FINDING ITEM:  
CF IHS-SNOMED  
TX IHS-OSTEOPOROSIS 2015
```

Used in IHS-OSTEOPOROSIS 2015.

**C.26 IHS – SIGMOIDOSCOPY 2015**

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

IHS-SIGMOIDOSCOPY 2015.

**C.27 IHS – URINE ALBUMIN 2015**

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

Used in IHS-DIAB NEPHRO SCR/MON 2015 Reminder.



## Appendix D: Reminders Using Computed Findings

All the reminders in this patch use the computed finding IHS\_SNOMED.

- Returns a YES or NO if a problem is in a SNOMED subset
- The subset name is entered in the COMPUTED FINDING PARAMETER file

The other computed findings used in these patches are listed below

### D.1 Computed Findings Entry Points

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

## Appendix E: Reminder Parameter Summary

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

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

This table describes the menu paths for each parameter:

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
Reminder GUI Resolution Active	REM   PAR   ACT	RA	PXRM GUI REMINDERS ACTIVE	Activates reminder system in EHR
Add/Edit Reminder Categories	REM   PAR   CAT	CA		Creates a folder with selected reminders to hang under “other”
Allow EHR Configuration in GUI	REM   PAR   CFG		PXRM EHR CONFIGURATION	Gives permission to use GUI configuration dialog. Restrict to user or CAC user class
EHR Cover Sheet Reminder List	REM   PAR   CVR	CS	ORQQPX SEARCH ITEMS	The “old” way of setting up GUI view. Must set prior to activation and before setting new parameter
EHR Lookup Categories	REM   PAR   LKP	CL	PXRM CPRS LOOKUP CATEGORIES	Sets up the categories (folders) under “other” in GUI

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
Default Outside Location	REM   PAR   LOC	OL	ORQQPX DEFAULT LOCATIONS	Can set defaults for the PXRMS OUTSIDE LOCATION prompt used in dialogs
New Reminder Parameters	REM   PAR   NEW	NP	ORQQPX NEW REMINDER PARAMS	After reminders are activated, set NEW so EHR displays configuration done on GUI set up instead of Cover Sheet reminder list
Progress Note Headers	REM   PAR   PNH	PN	PXRMS PROGRESS NOTE HEADERS	Can change the text in progress note. Delivered as "Clinical reminder activity"
Position Reminder Text at Cursor	REM   PAR   POS	PT	ORQQPX REMINDER TEXT AT CURSOR	Puts reminder text at cursor rather than bottom of note
New Cover Sheet Reminders Parameter			ORQQPX COVER SHEET REMINDERS	This just lists an RPMS view of what is configured from the GUI dialog. You will not alter this parameter from the RPMS side.

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
			ORQQPX REMINDER FOLDERS	This will tell you what folders your users have set for view DANEO: Due, Applicable, Not Applicable, All Evaluated, Other
Reminder Dialogs Allowed as Templates	TIU   PAR   REM		TIU TEMPLATE REMINDER DIALOGS	Once set, will allow dialog to be used in TIU template editor to create a reminder dialog template

## Appendix F: ScreenMan Overview

The redesigned Reminder Taxonomy Management functionality uses ScreenMan. ScreenMan is VA FileMan's *screen-oriented* data entry tool. It is an alternative to the Scrolling Mode approach. With ScreenMan, data is entered in *forms*. Each form field occupies a fixed position on the screen (instead of scrolling off). You can see many data fields at once, and use simple key combinations to edit data and move from field to field on a screen. You can also move from one screen to another like turning through the pages of a book.

For a detailed explanation of using ScreenMan, refer to the *VW FileMan Getting Started* manual.

```
NAME: JGTAXONOMY1
DESCRIPTION:
PATIENT DATA SOURCE:
USE INACTIVE PROBLEMS:      PRIORITY LIST:
INACTIVE FLAG:

Tern/Code                    Selected Codes (CODESYS:QTY)
250                           None

CLASS: LOCAL
SPONSOR:
REVIEW DATE:

-----

COMMAND:                      Press <PF1>H for help  Insert
```

Figure F-1: ScreenMan – Main Screen

## F.1 ScreenMan Descriptions

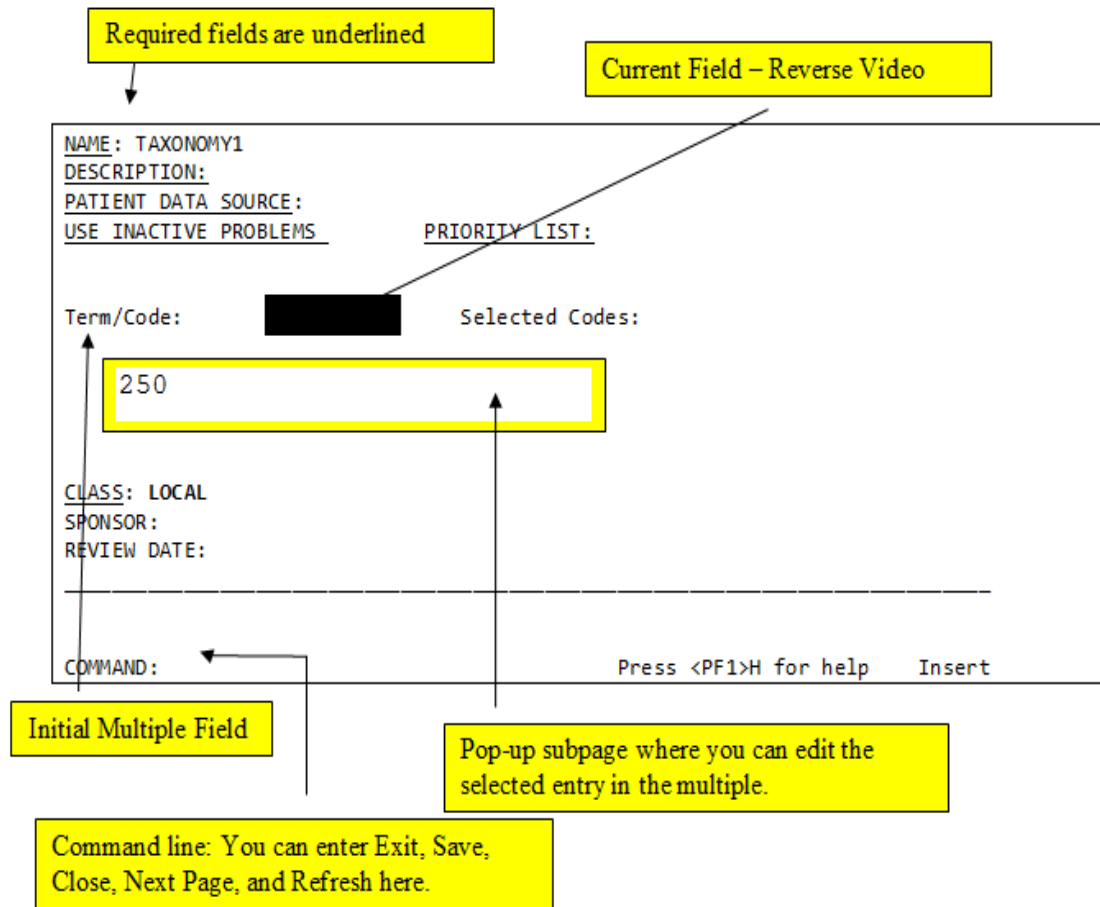


Figure F-2: ScreenMan Descriptions

Fields are usually composed of a *data element* and a *caption*. ScreenMan displays data elements in high intensity (boldface) and other text in regular intensity. Text that identifies a data element is called a *caption* and is usually followed by a colon (:). A caption and its associated data element are together called a *field*. Captions of *required* fields are underlined; to save any changes you make on the form, required fields *must* contain data.

## F.2 How to Navigate Between Fields and Pages

There are a number of ways you can move the cursor from field to field on a form (i.e., navigate). This is to provide you with as much flexibility as possible so that you can work quickly and efficiently with forms.

You can use the keystrokes listed in the following table to move the cursor to various fields located on a ScreenMan form:

To	Press
Move to the next field (to right or below).	<Tab>
Move to the previous field (to left or above).	<PF4>
Move to the field above.	<ArrowUp>
Move to the field below.	<ArrowDown>
Move to the next field in the pre-defined edit sequence.	<Enter>
Edit a WORD-PROCESSING field.	At field, press <Enter>
Select a Subrecord in a Multiple.	At field, press <Enter>
Move to the next block on current page.	<PF1><PF4>
Jump to a specific field.	^ followed by Caption of field and <Enter>
Jump to the Command Line.	^<Enter>
Move to next page.	<PF1><ArrowDown> or <PageDown>
Move to previous page.	<PF1><ArrowUp> or <PageUp>
Move to a page you specify.	<PF1>P

### F.3 Saving and Exiting

To SAVE or EXIT the form, you need to reach ScreenMan's command line. It's reachable from any ScreenMan screen. To reach the command line, do any one of the following:

- Type a caret (^) at any field prompt.
- Press <Enter>, <Tab>, or <PF4> to move from field to field until you reach the command line.
- Press <ArrowDown> or <ArrowUp> to move the cursor from field to field downwards or upwards, until you reach the command line.

Then you can enter **SAVE** or **EXIT** at the command line (see below).

### F.4 Word-Processing Fields

To edit or display a WORD-PROCESSING field, press the Enter/Return key at the WORD-PROCESSING field. This clears the screen and passes control to your Preferred Editor to edit the field. If you do not have a Preferred Editor, the Screen Editor is used. When you exit the editor, you return to the ScreenMan screen.

## 17.7 Multiples Linked to "Pop-Up" Subpages

A Multiple field can appear on a page and be linked to a regular or "pop-up" subpage.

When you navigate to the Multiple field, select a Subrecord, and press the Enter/Return key, you are taken to the subpage, which contains the fields within the Multiple.

In the following illustration, the Multiple is the field with the caption "Select EMPLOYMENT HISTORY." When you enter "FEB 1,1950" at this field, you are taken into a "pop-up" subpage, where you can edit the fields for that particular Subrecord:

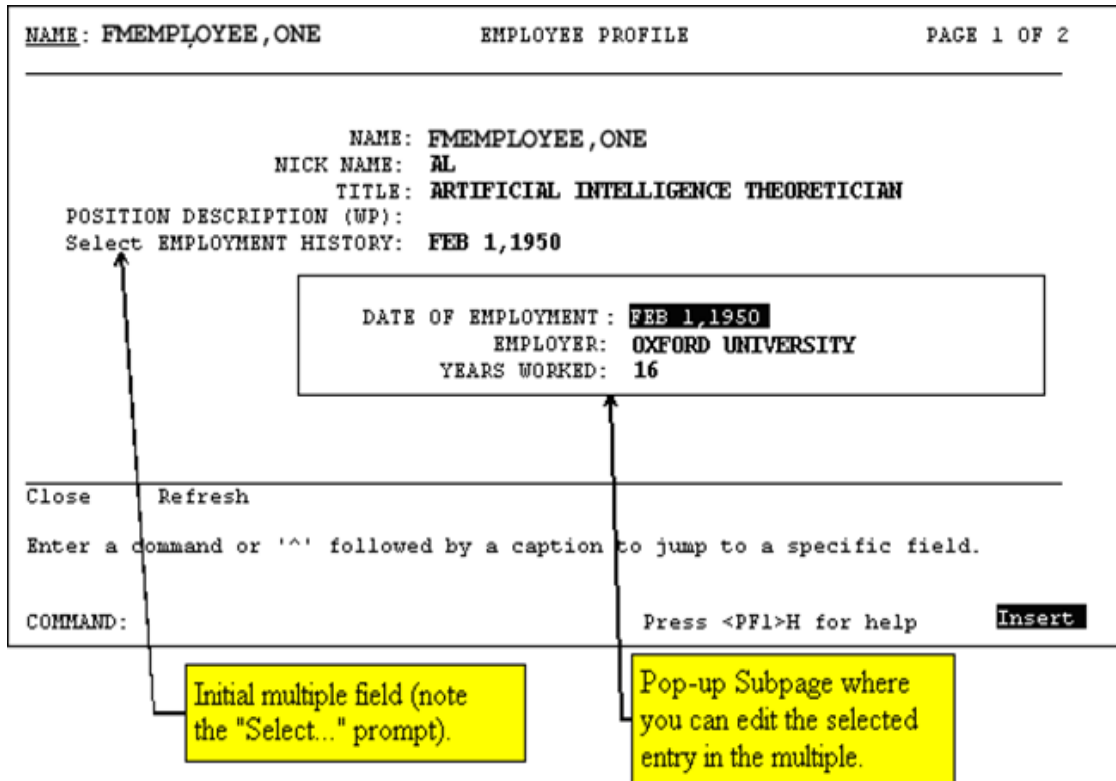


Figure F-1: Example of Multiples Linked to "Pop-Up" Subpages

While in a subpage, your only Command Line options are CLOSE and REFRESH. You cannot EXIT, Quit, or SAVE until you return to the parent page. You can return to the parent page by pressing <PF1>C or issuing the CLOSE command at the Command Line. From there, you can select another Subrecord to edit or navigate to another field.



## Appendix G: Browser

The Browser lets you view any text *on the screen* instead of *on paper*. Do this by printing your text to the **BROWSER** device instead of the HOME device or a printer.

The Browser makes it very easy to view text on screen. Its main features are:

- Scroll forwards *and backwards* through the text. This means you don't lose lines of text "off the top" of the screen, like you do when you print to the HOME device.
- Use the Search feature to find a text string and immediately jump to occurrences of the search string.
- Copy selected text from the VA FileMan Clipboard. Later, if you're editing a mail message or other WORD-PROCESSING-type field with the Screen Editor, you can paste from the clipboard.

### G.1 Shortcuts and Screen Setup Tips

Both the Browser and ScreenMan have shortcuts that can save you a lot of time. Each shortcut begins by pressing the Num Lock (NL) key. (NOTE: some laptops don't have a NumLock key, so you would need to use Map Keyboard on your Reflections Utility menu to map a terminal key to the PC NumLock key.)

Some Browser actions:

- (NL)B – go to bottom
- (NL)E – exit
- (NL)F – find
- (NL)H – help
- (NL)Q – quit
- (NL)T – go to top

Some ScreenMan shortcuts:

- (NL)C – close a screen
- (NL)E – exit and save changes
- (NL)H – help
- (NL)Q – exit and do not save changes
- (NL)Z – zoom editor

## Appendix H: Adding a SNOMED Taxonomy

A SNOMED taxonomy would be added in the same way ICD Taxonomies are added. IHS is not adding SNOMED taxonomies to any of the national reminders but instead is using the computed field items with BSTS SUBSETS. Sites can make their own though. The site MUST know exactly which SNOMED Terms they wish to include in their taxonomy.

1. Go to the **Taxonomy Edit** menu.
2. Select **ADD** and create the taxonomy.

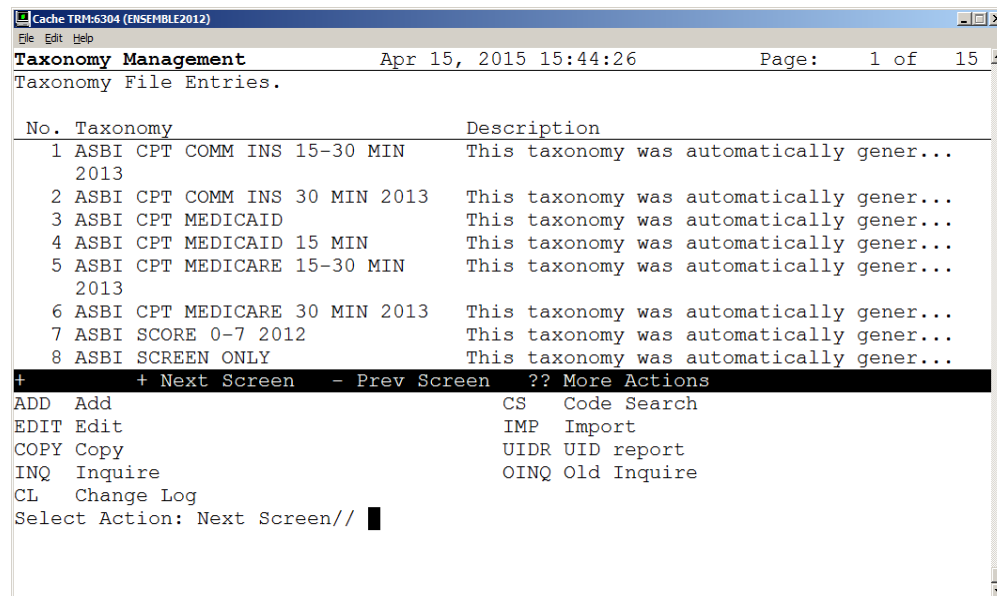


Figure H-1: Taxonomy Editor

3. Select **ADD**.
4. Enter a new Taxonomy Name: MARY\_TEST.
5. At Are you adding 'MARY\_TEST' as a new REMINDER TAXONOMY (the 134TH)? No//Yes'

REMINDER TAXONOMY CLASS: L LOCAL

6. On the next screen, enter the DESCRIPTION and the PATIENT DATA SOURCE similar to how taxonomies worked in the past. PL (problem list) would be the correct source since SNOMEDS are used for problem list.
7. When you get to the Term/Code item, enter the SNOMED Code you want to store. The example will enter 423509003.
8. Press Enter.

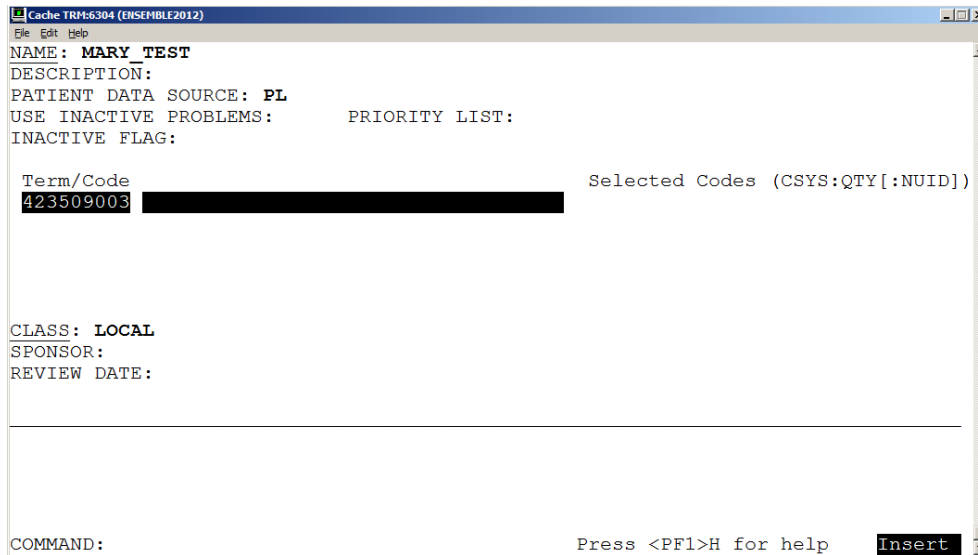


Figure H-2: Adding SNOMED Code

9. You will now be taken to the Lexicon lookup screen. From here, use tab or arrow keys to go to the SNOMED prompt and press Enter.

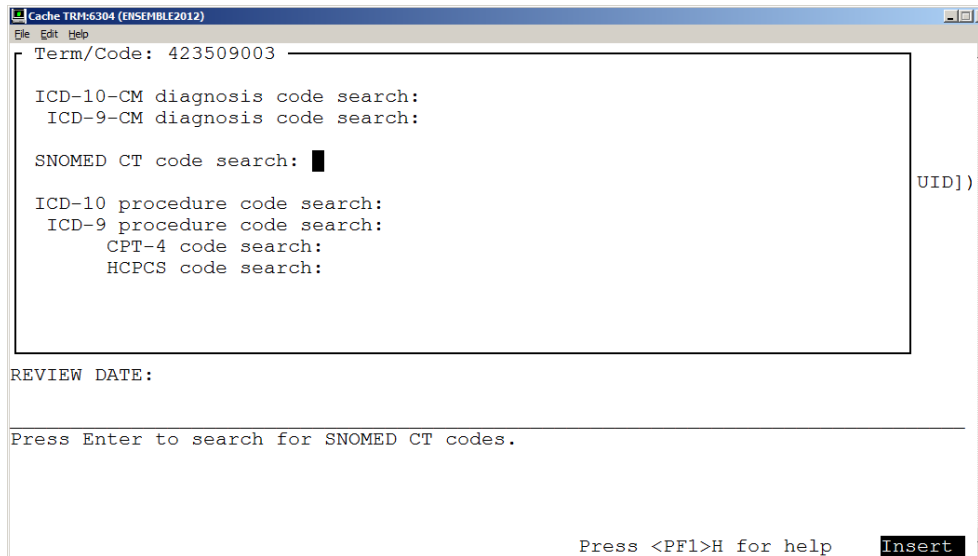


Figure H-3: SNOMED Search

10. Use the Action **ADD** and Select the code (**2**) to add to the taxonomy. In SNOMED, this will most likely always only be one code. The code should be **BOLDED** once selected.

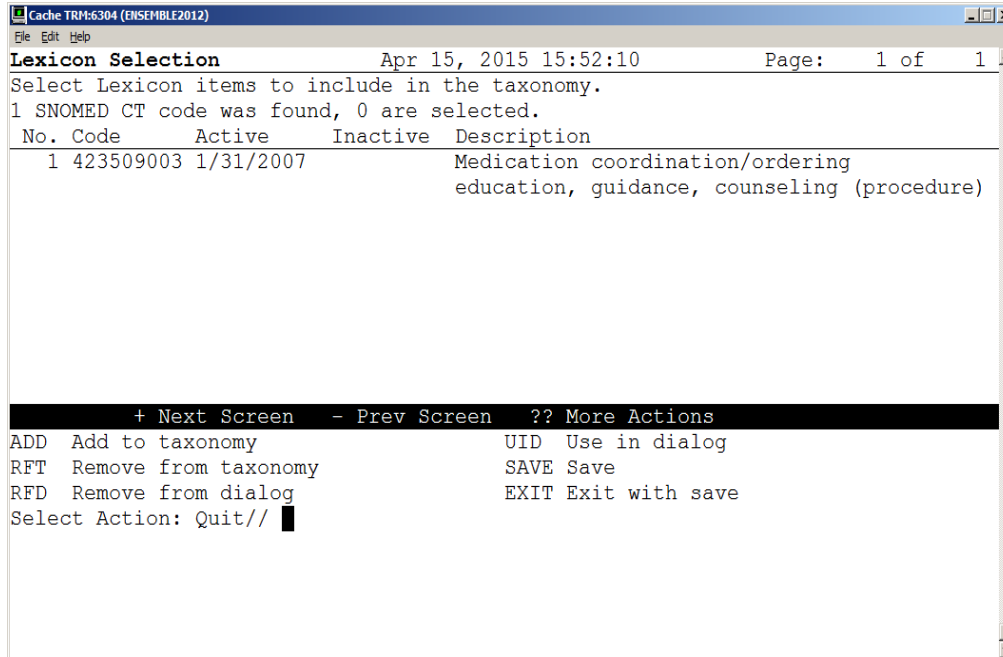


Figure H-4: SNOMED Lookup Result

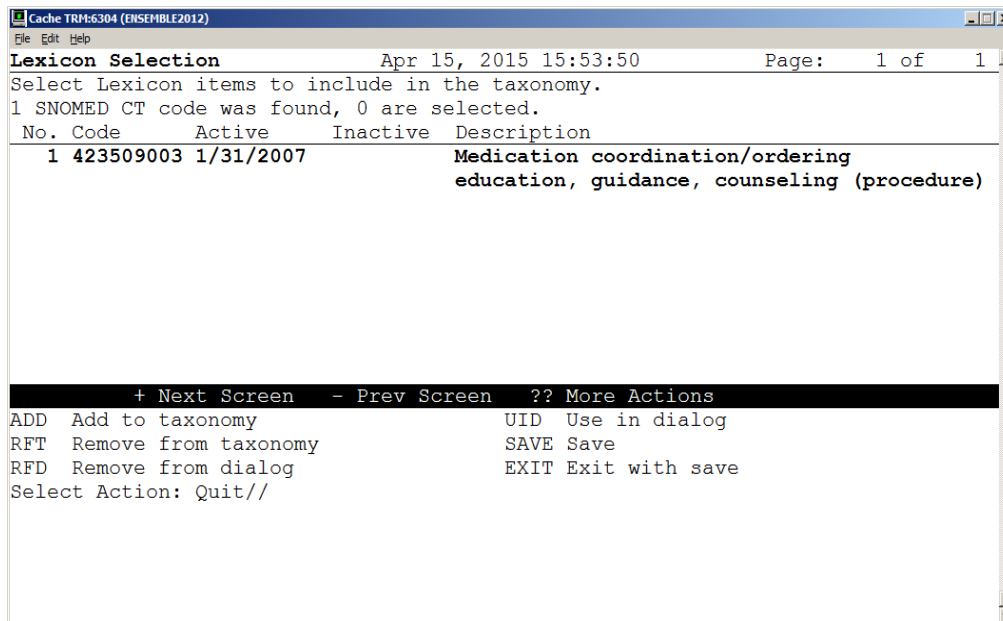


Figure H-5: SNOMED Lookup Selection

11. Select **EXIT** when finished. This will bring you back to the lexicon search screen.

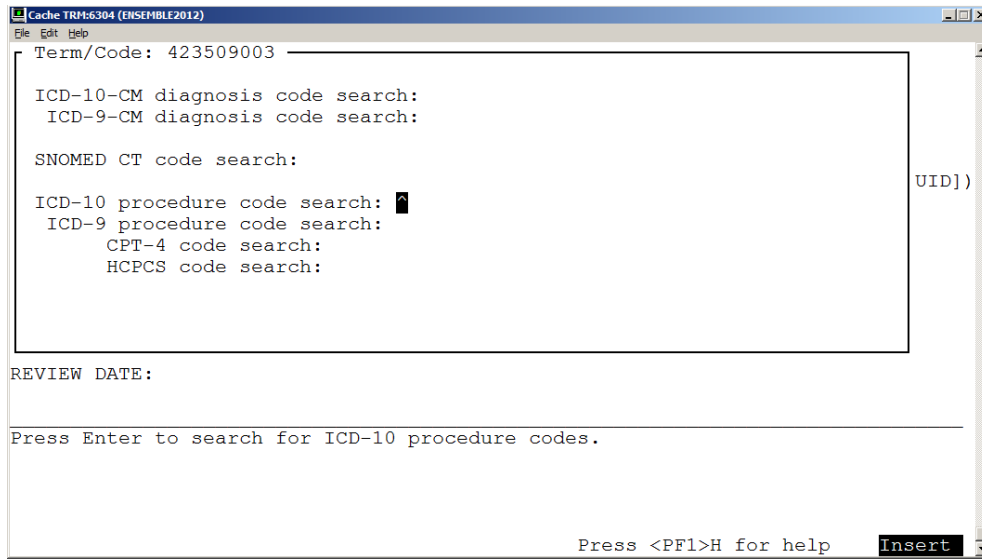


Figure H-6: Exit Selection

12. Type a caret (^) to exit this search.

13. Review your selection. You should see that one SNOMED code was stored.

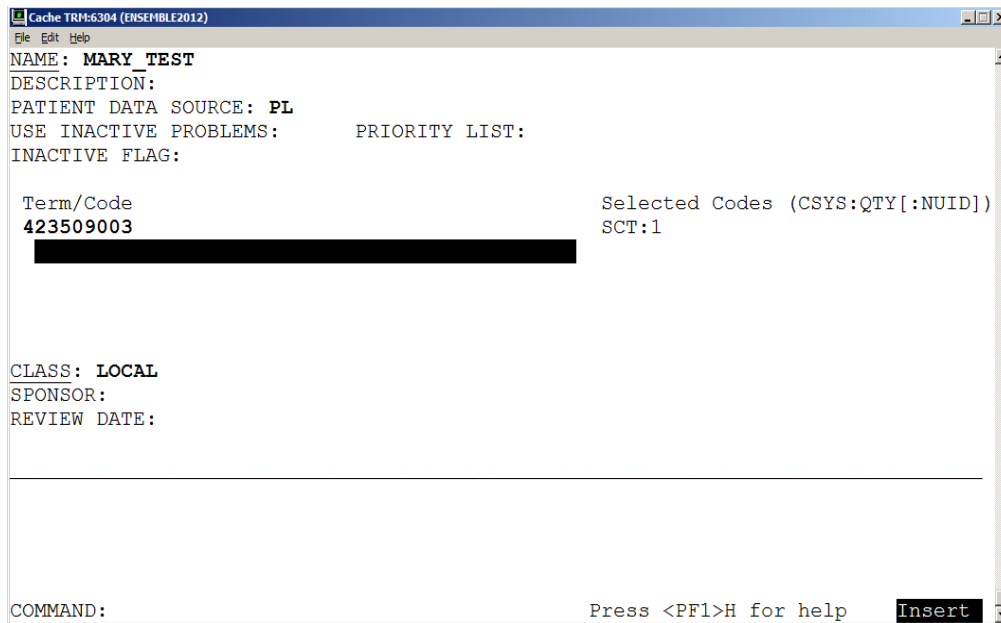


Figure H-7: SNOMED Added

14. Continue on until all the SNOMEDS you want to be in this taxonomy are entered.

## Appendix I: Making the Hypertension Health Summary Object

### I.1 Creating Measurement Panels in IHS Health Summary

The CAC can use this functionality to create measurement panels to display recurrent data for a set period of time or set number of occurrences. You can combine these into a report or TIU object using the VA Health Summary Components and TIU applications. The display is limited to 25 characters per item in width and then it wraps. You should also limit to approximately 70 characters in width for optimal display in TIU Notes.

### I.2 Instructions to create Measurement Panel

```
IHS Health Summary Maintenance Menu [APCHSMaint] > MM
*****
**           IHS Health Summary           **
** Health Summary Maintenance Menu **
*****
                IHS PCC Suite Version 2.0

                2011 DEMO HOSPITAL

IS      Inquire About a Health Summary Type
HM      Health Maintenance Reminders ...
PP      Print Health Maintenance Item Protocols
LS      List Health Summary Types
LC      List Health Summary Components
LM      List Measurement Panel Types
LF      List Health Summary Flowsheets
LI      List Health Summary Flowsheet Items
MS      Create/Modify Health Summary Type
MM    Create/Modify Measurement Panel
MF      Create/Modify Flowsheet
MI      Create/Modify Flowsheet Item
DS      Delete Health Summary Type
DM      Delete Measurement Panel Definition
DF      Delete Health Summary Flowsheet
DI      Delete Health Summary Flowsheet Item
HS      Generate Health Summary
BP      Best Practice Prompt Menu ...
FMMT    Create/Modify Health Summary Type using Fileman
HSSP    Update Health Summary Site parameters
IPT      Update the Minor Procedures CPT Taxonomy
MPT      Update the Major Procedures CPT Taxonomy
PWH      Patient Wellness Handout Menu ...

Select Health Summary Maintenance Option: mm Create/Modify Measurement
Panel

Select HEALTH SUMMARY MEAS PANEL NAME: Hypertension Measurements
Are you adding 'Hypertension Measurements' as
```

```

a new HEALTH SUMMARY MEAS PANEL (the 8TH)? No// Y (Yes)
NAME: Hypertension Measurements Replace
Select ORDER IN PANEL: 5
  ORDER IN PANEL PANEL COMPONENT: BP
    1  BP      BLOOD PRESSURE
    2  BPF     BEST PEAK FLOW
CHOOSE 1-2: 1 BP      BLOOD PRESSURE
  PANEL COMPONENT: BP//
  FIELD WIDTH: 8
  LABEL: BP
  TRANSFORM:
  NOTE TO DISPLAY:
Select ORDER IN PANEL: 10
  ORDER IN PANEL PANEL COMPONENT: WT      WEIGHT
  PANEL COMPONENT: WT//
  FIELD WIDTH: 8
  LABEL: Weight
  TRANSFORM:
  NOTE TO DISPLAY:
Select ORDER IN PANEL: 15
  ORDER IN PANEL PANEL COMPONENT: PU      PULSE
  PANEL COMPONENT: PU//
  FIELD WIDTH: 8
  LABEL: Pulse
  TRANSFORM:
  NOTE TO DISPLAY:
Select ORDER IN PANEL:
Select HEALTH SUMMARY MEAS PANEL NAME:

```

## I.3 Creating Flowsheets in IHS Health Summary

The CAC can use this functionality to create a flowsheet to display recurrent data for a set period of time or number of occurrences. You can make several small flowsheets and combine these into a report or TIU object using the VA Health Summary Components and TIU applications. The display is limited to 25 characters per item in width and then it wraps. You should also limit to approximately 70 characters in width for optimal display in TIU Notes.

For hypertension management, it may be helpful to create a flowsheet to display labs and combine with the Measurement Panel for use in a health summary report and/or TIU object.

### I.3.1 Instructions

IHS Health Summary Maintenance Menu [APCHSMAINT] > MF/Create:

```

*****
**          IHS Health Summary          **
** Health Summary Maintenance Menu **
*****
          IHS PCC Suite Version 2.0

          2011 DEMO HOSPITAL
IS      Inquire About a Health Summary Type

```

```

HM      Health Maintenance Reminders ...
PP      Print Health Maintenance Item Protocols
LS      List Health Summary Types
LC      List Health Summary Components
LM      List Measurement Panel Types
LF      List Health Summary Flowsheets
LI      List Health Summary Flowsheet Items
MS      Create/Modify Health Summary Type
MM      Create/Modify Measurement Panel
MF     Create/Modify Flowsheet
MI      Create/Modify Flowsheet Item
DS      Delete Health Summary Type
DM      Delete Measurement Panel Definition
DF      Delete Health Summary Flowsheet
DI      Delete Health Summary Flowsheet Item
HS      Generate Health Summary
BP      Best Practice Prompt Menu ...
FMMT    Create/Modify Health Summary Type using Fileman
HSSP    Update Health Summary Site parameters
IPT      Update the Minor Procedures CPT Taxonomy
MPT      Update the Major Procedures CPT Taxonomy
PWH      Patient Wellness Handout Menu ...

```

Select Health Summary Maintenance Option: **MF** Create/Modify Flowsheet

Select HEALTH SUMMARY FLOWSHEET NAME: Hypertension Labs

Are you adding 'Hypertension Labs' as a new HEALTH SUMMARY FLOWSHEET (the 11TH)? No// y (Yes)

NAME: Hypertension Labs//

GENDER RESTRICTIONS:

LOWER AGE LIMIT:

UPPER AGE LIMIT:

Select ITEM ORDER: **1**

ITEM ORDER ITEM TYPE: **lab RESULT**

ITEM TYPE: LAB RESULT//

ITEM LABEL: **K+**

ITEM WIDTH: **7**

TRANSFORM:

Select MEMBERS: **LAB.POTASSIUM**

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test

POTASSIUM

...OK? Yes// **y** (Yes)

Select MEMBERS:

TRANSFORM 2:

Select ITEM ORDER: **5**

ITEM ORDER ITEM TYPE: **lab RESULT**

ITEM TYPE: LAB RESULT//

ITEM LABEL: **Creat**

ITEM WIDTH: **7**

TRANSFORM:

Select MEMBERS: **LAB.CREATININE**

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test



```

1  CREATININE
2  CREATININE CLEARANCE
3  CREATININE SPOT URINE  SPOT URINE CREATININE
4  CREATININE, 24 HOUR URINE  _VMA CREAT UR
5  CREATININE, 24 HOUR URINE  _24UR CREAT (R)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 CREATININE
  Select MEMBERS:
  TRANSFORM 2:
Select ITEM ORDER: 10
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT//
  ITEM LABEL: eGFR
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.estimated gfr

  Searching for a Lab test, (pointed-to by MEMBERS)

  Searching for a Lab test
ESTIMATED GFR
  ...OK? Yes// y (Yes)
  Select MEMBERS:
  TRANSFORM 2:
Select ITEM ORDER: 15
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT//
  ITEM LABEL: Chol
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC CHOL

  Searching for a Lab test
POC CHOLESTEROL
  ...OK? Yes// y (Yes)
  Select MEMBERS:
  TRANSFORM 2:
Select ITEM ORDER: 20
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT//
  ITEM LABEL: HDL
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC HDL

  Searching for a Lab test, (pointed-to by MEMBERS)

  Searching for a Lab test
POC HDL
  ...OK? Yes// y (Yes)
  Select MEMBERS:
  TRANSFORM 2:
Select ITEM ORDER: 25
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT//
  ITEM LABEL: LDL
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC LDL

```

```

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POC LDL
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER: 30
ITEM ORDER ITEM TYPE: lab RESULT
ITEM TYPE: LAB RESULT//
ITEM LABEL: Trig
ITEM WIDTH: 7
TRANSFORM:
Select MEMBERS: LAB.POC TRIG

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POC TRIGLYCERIDE
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:
Select EVOKING CODES:
Select CLINIC DISPLAY RESTRICTIONS:

Select HEALTH SUMMARY FLOWSHEET NAME:

```

### I.3.2 Create VA Health Summary “Hypertension Control”

You will use the VA Health Summary menu to create new health summary reports.

```

Health Summary Maintenance Menu [GMTS IRM/ADPAC MENU]
1 Health Summary (Available with PCC only) [ADEMHSOP]
2 Health Summary Configuration [BEHORPHS MAIN]
3 Health Summary Coordinator's Menu [GMTS COORDINATOR]
4 Health Summary Displaying CMS Register(s) [APCHSUMR]
5 Health Summary Enhanced Menu [GMTS ENHANCED USER]
6 Health Summary for Inactive Patient [APCHSINA]
7 Health Summary Maintenance Menu [GMTS IRM/ADPAC MAINT MENU]
8 Health Summary Maintenance Menu [BEHORPHS VHA MAINT MENU]
9 Health Summary Maintenance [APCHSMAINT]
10 Health Summary Menu [GMTS USER]
11 Health Summary Menu [APCHMENU]
12 Health Summary Objects Menu [GMTS OBJ MENU]
13 Health Summary Objects Menu [BEHORPHS VHA OBJ MENU]
14 Health Summary Overall Menu [GMTS MANAGER]

Type '^' to stop, or choose a number from 1 to 14 :7 Health Summary
Maintenance
Menu

1 Disable/Enable Health Summary Component
2 Create/Modify Health Summary Components

```

- 3 Edit Ad Hoc Health Summary Type
- 4 Rebuild Ad Hoc Health Summary Type
- 5 Resequence a Health Summary Type
- 6 Create/Modify Health Summary Type**
- 7 Edit Health Summary Site Parameters
- 8 Health Summary Objects Menu ...
- 9 CPRS Reports Tab 'Health Summary Types List' Menu ...
- 10 CPRS Health Summary Display/Edit Site Defaults ...

Select Health Summary Maintenance Menu Option: **6 Create/Modify Health Summary Type**

Select Health Summary Type: HYPERTENSION CONTROL

Are you adding 'HYPERTENSION CONTROL' as  
a new HEALTH SUMMARY TYPE (the 55th)? No// **y** YES

NAME: HYPERTENSION CONTROL Replace

TITLE:

SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:

LOCK:

OWNER: RICHARDS,SUSAN P//

Do you wish to copy COMPONENTS from an existing Health Summary Type? YES//  
**n** NO

Select COMPONENT: **measurement panels** MEAP

SUMMARY ORDER: 5// **5**

OCCURRENCE LIMIT: **3** <<<< *can use occurrence and/or time to limit display*

TIME LIMIT:

HEADER NAME: Measurement Panels//

file type <Prefix.??>

Select SELECTION ITEM: **Hy** <<< *case sensitive, use the name of the measurement panel you made for hypertension*

Searching for a Measurement Panel, (pointed-to by SELECTION ITEM)

1 Hypertension Measurements

2 Hypertension Panel

CHOOSE 1-2: **1 Hypertension Measurements**

Select SELECTION ITEM:

Select COMPONENT: FLOWSHEET FLO

SUMMARY ORDER: 10// **10**

OCCURRENCE LIMIT: **3** <<<< *can use occurrence and/or time to limit display*

TIME LIMIT:

HEADER NAME: Flowsheet//

No selection items chosen.

Select new items one at a time in the sequence you want them displayed.  
You may select up to 3 items.

Select SELECTION ITEM: **Hyper**

Searching for a Flowsheet, (pointed-to by SELECTION ITEM)

Searching for a Flowsheet

```

1 Hypertension Labs
2 Hypertension Monitoring
3 Hypertension measurements
CHOOSE 1-3: 1 Hypertension Labs <<< case sensitive, use the name of the
flowsheet you made for hypertension labs

Select SELECTION ITEM:
Select COMPONENT:

Do you wish to review the Summary Type structure before continuing? NO//
<<< Yes if you want to review your selections
Please hold on while I resequence the summary order..
    
```

```

Type Name: HYPERTENSION CONTROL
Title:
Owner: RICHARDS, SUSAN P
SUPPRESS PRINT OF COMPONENTS WIHTOUT DATA:
SUPPRESS SENSITIVE PRINT DATA: 0
    
```

Abb	Ord	Component Name	Max OCC	Time	Hos Loc	ICD Text	Pro Nar	CPT Mod	Selection
MEAP	5	Measurement Panels	3						Hypertension
		Measurements							
FLO	10	Flowsheet	3						Hypertension
		Labs							

\*= Disabled Components

Select COMPONENT:

### I.3.3 Create TIU Health Summary Object “Hypertension Control”

Use the Create TIU/Health Summary Objects menu:

```

Document Definitions (Manager)
(2011 DEMO HOSPITAL)

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

Select Health Summary Maintenance Menu Option: ^ddm6 Create TIU/Health
Summary
    
```

```

TIU Maintenance Menu

Document Definitions (Manager)

TIU Health Summary Object   Mar 30, 2015 14:15:14   Page:   1 of   2

TIU Object Name             Health Summary Type
1   BRADEN SCALE 30D        No Health Summary Type Found
2   CCL-PRENATAL            CCL-PRENATAL FLOWSHEET
+   Enter ?? for more actions
Create New TIU Object      Find
Detailed Display/Edit TIU Object   Detailed Display/Edit HS object
Quit

--- Create TIU/Health Summary Object ---

Enter a New TIU OBJECT NAME: HYPERTENSION CONTROL

Object Name: HYPERTENSION CONTROL

Is this correct? YES// y YES

Use a pre-existing Health Summary Object? NO// n NO

Checking HYPERTENSION CONTROL (TIU) with Health Summary...

Creating Health Summary Object 'HYPERTENSION CONTROL (TIU)'

Select Health Summary Type: HYPERTENSION

4 Health Summary Types found

1. Hypertension Control
2. Hypertension Management
3. Hypertension Review
4. Hypertension Monitoring

Select 1-4: 1 HYPERTENSION CONTROL <<< enter the Health Summary you just
created in the step above

Do you want to overwrite the TIME LIMITS in the Health
Summary Type 'HYPERTENSION CONTROL'? N// n NO

Print standard Health Summary Header with the Object? N// O

Partial Header:
Print Report Date? N// O
Print Confidentiality Banner? N// O
Print Report Header? N// O
Print the standard Component Header? Y// NO
Print the date a patient was deceased? N// O

Print a LABEL before the Health Summary Object? N// O

Suppress Components without Data? N// O

```

## OBJECT DESCRIPTION:

No existing text

Edit? NO//

Create a TIU Object named: HYPERTENSION CONTROL

Ok? YES//

TIU Object created successfully.

## Appendix J: 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.

### J.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 (such as, PCC, Dental, and Pharmacy).

#### J.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.

RPMS 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.

#### J.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 (such as one hour).

### J.1.3 Information Accessibility

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

Users shall:

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.
- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- 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.

### J.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.

### J.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.

### J.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.

### J.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 (for example, 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 eight 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.

### J.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.

### J.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.

### J.1.10 Session Time Outs

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

### J.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.

### J.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.

### J.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) whenever 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.

## J.2 RPMS Developers

RPMS 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.

### J.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 (such as, 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.

## Contact Information

If you have any questions or comments regarding this distribution, contact the OIT User Support (IHS) by:

**Phone:** (888) 830-7280

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

**Email:** [support@ihs.gov](mailto:support@ihs.gov)