



**The Army Medical Department's
enterprise IT service provider**

***Current Initiatives to Overcome
Non-clTpo Barriers
for
AHLTA Integration and Outcome Improvement***

**The Next 12 Months of AMEDD EHR Use:
Critical Actions for Supporting of Usability and Safety**

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Implementation and Clinical Integration

3 June 2008

Briefing Outline

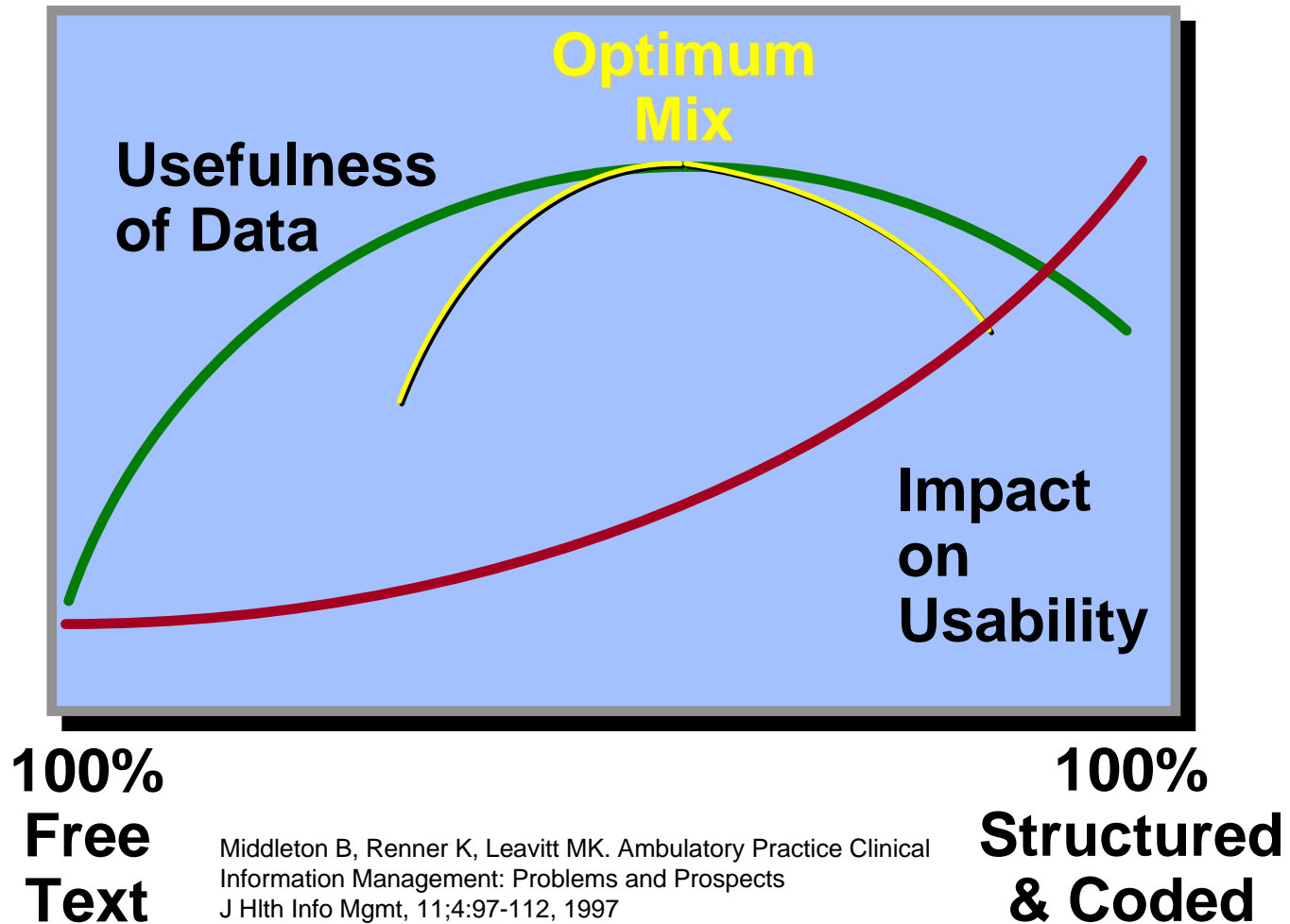
- AMEDD Goals for EHR Use
- Actions
 - Financial
 - Administrative
 - IT Tools
- Critical items for the next 12 months
- Questions



AMEDD Goals for EHR Use

- Goals – Prioritized
 1. Provide excellent clinical care
 2. Document all outpatient clinical care in AHLTA
 3. Capture necessary items as structured data. Items can be necessary for Readiness, Clinical and Business/ Administrative reasons
 4. Use the data captured to improve outcomes
 5. Constantly reassess what is necessary
- Free Text Clarification (Impact on Satisfaction)
 - Training overemphasis on structured text and template use
 - Real and perceived mandates to use AHLTA one way
 - Business Process Reengineering papers unused

Structured vs. Unstructured Data



Middleton B, Renner K, Leavitt MK. Ambulatory Practice Clinical Information Management: Problems and Prospects
J Hlth Info Mgmt, 11;4:97-112, 1997

Updated Guide on AHLTA Documentations

Sep 2007

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Updated Guidance on AHLTA Documentation

1. This memorandum provides guidance on the use of structured (MEDCIN®) and free text in the AHLTA Clinical Encounter Note and for storing special documentation types in the AHLTA Clinical Notes Section. It also amplifies on recently published HA Policy 07-012 "Policy for Use of Structured Text in the AHLTA Clinical Encounter Note" (Enclosure 1).

2. Encounter notes in AHLTA require the use of both structured and free text to convey clinical information about the patient encounter. MEDCOM continues its endorsement of the use of free text (typing, dictation, and handwriting recognition) in AHLTA when used in conjunction with structured MEDCIN terms, as set forth in HA Policy 07-012. Narrative free text should be liberally used for History of Present Illness and to clarify the assessment after the diagnosis is assigned. The comment box present with each MEDCIN term may be used to provide specificity and clarity. As with a handwritten note, the length of the note is not as critical as accurately communicating the patient's condition, assessment, plan, and care provided. Additionally, documentation in AHLTA should not be considered the sole responsibility of the provider. As appropriate, the entire healthcare team is permitted and encouraged to document in AHLTA and, where possible, medics and other nursing personnel may enter data for provider review. Ultimately, the provider remains responsible for the care provided and the final documentation entered in the clinical note he/she signs.

3. Information sharing is a prime reason medical records exist. As with the paper-based medical record, the correct placement of information in the electronic record is vital to allow information to be readily located for later clinical review. Despite prior direction provided in the AMEDD scanning policy (Enclosure 2), variation in how information is placed in AHLTA still exists. For effective clinical care to occur, hospital discharge summaries, operative reports, and outpatient network consults must be placed in AHLTA in a standard manner. Each of these documents must be placed in the respective clinical note section of the patient AHLTA record. Each entry should be labeled appropriately to permit ease of retrieval. Similarly, it is critical that procedure notes which may be captured in an external application (e.g., endoscopy note) be included in the patient's AHLTA record. If the procedure is part of an encounter, the note must be included as an attachment to that encounter (AddNote) which has the procedure code (CPT) included. Since Ambulatory Procedure Visit (APV) encounters

will not be directly documented in AHLTA until the release of AHLTA Build 3.3, a procedure conducted as part of an APV visit must have the procedure entered into the patient procedure history along with a summary result. With the fielding of AHLTA Build 3.3, the full APV encounter will be documented as part of the AHLTA encounter. The AddNote section can be utilized for the inclusion of printouts of medical reports, but appropriate completion of the Assessment and Plan module must occur along with the capture of structured data needed for longitudinal healthcare by all members of the global healthcare team. See Enclosure 3 for additional guidance.

4. To facilitate adoption of the above, the Enterprise Integration Office, USAMITC, (AMEDD AHLTA Program Office) has been tasked to provide best practices for accomplishing documentation, explanation of how AHLTA documentation impacts coding, and to provide the most efficient practices for using the clinical notes section for document storage and review. Additionally, each OTSG Medical Consultant is directed to work with the AMEDD AHLTA Program Office to develop an Alternate Input Method (AIM) form to help optimize documentation in AHLTA. I expect this action to be completed within 6 months. The use of these AIM forms will not be mandated; however, they will provide for faster adaptation to AHLTA by new users and, in conjunction with the use of any desired personal templates, should improve utilization and outcomes. These AIM forms will include standard documentation required by the AMEDD Medication Reconciliation policy as well as other standardized medical documentation that may arise.

5. Point of contact for this memorandum is LTC(P) Ron Moody, Enterprise Integration Office, at (706) 787-7030, or email Ron.Moody@amedd.army.mil.

FOR THE COMMANDER:

Encls


WILLIAM H. THRESHER
Chief of Staff

AMEDD AHLTA Action Plan

- By August 08
 - Field 3.3.3 with its multiple clinical use enhancements
 - Field TabletPC, Macro Typing, and other drawing/free text capabilities
- Between August 08 and July 09
 - Provide additional TabletPC training and training on other usability tools including Dragon Naturally Speaking™
 - Use local Super Users/Champions to accelerate education
- MTF site training best completed when all tools available
 - Start with sites with wireless
 - Initial validation of training material/process
 - Goal: Complete ALL site training by November 2008

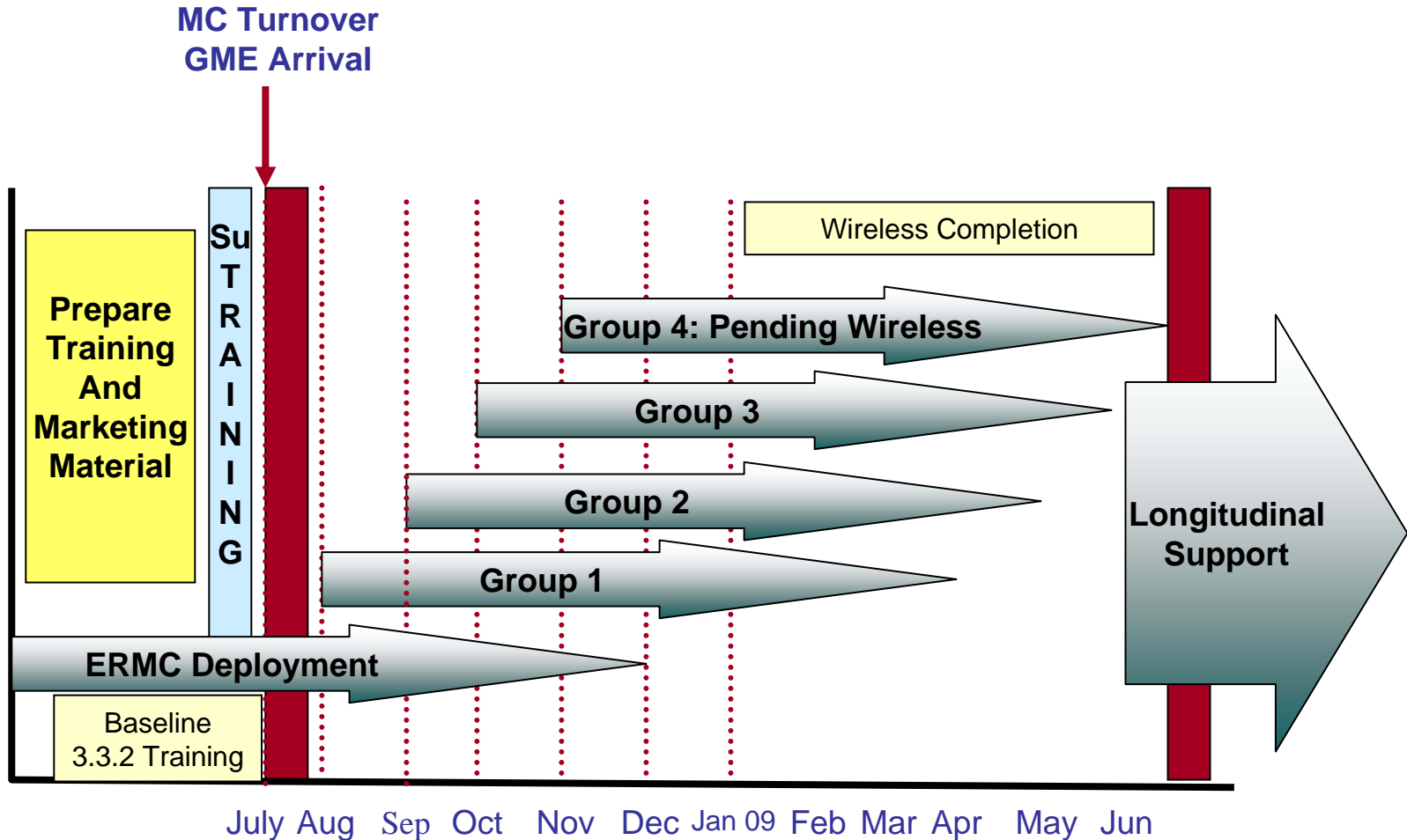
MTF Clinical Preparation

- MTFs identify Clinical Champions/Super Users
 - Available for Super User training
 - No ETS/PCS in next year
 - “Dr. Walker like”
- Distribute Standard Education Tools
 - Training Video: Usability Tools and AHLTA Features
 - Self Paced Slides
 - Clinical Champion Tools
 - Sustainment Trainer Tools

MTF IMD Actions

- Field TabletPCs
 - Replacing desktop EUDs, but retain monitor and keyboard
 - With remote access
 - Running on local LAN/WAN as thick client
- Install software on TabletPC (OneNote™, PDF Creator™, TEXTER™ and DNS) (Note: PDF Creator, TEXTER, and MS Paint™ on all AHLTA PCs)
- Provide wireless troubleshooting support and education on TabletPC use

AHLTA Usability Timeline



Performance Based Budgeting and Policy Alignment

- Funding
 - PBAM
 - Pneumococcal
- Policy aligned with IT capabilities and availability

Administrative Actions

- CHCS File and Table Maintenance
 - Mapping
 - Provider Category Maintenance

- Patient Registration
 - Updated SOP
 - Monthly clean-up

IT Actions/Tools

- TabletPC and wireless together
 - Personal setting
 - Native TabletPC features
 - Single log-in/speed
- Virtualization
 - Administrative
 - “Follow Me” Clinical Virtualization
- EUDs and standard image
- Digital Pen / TouchScreen Overlay

Clinical-Business Process

- Essentris™
 - CAF subgroup/transition plan
 - AMEDD Standard Database
 - Tagged items
 - Notes
- AHLTA
 - Team Documentation
 - AIM Forms (New)
 - Coding
 - Efficiency



Other

- Caché Use
- AHLTA-MEDPROS Portal
- CDM data to MEDPROS for Readiness
- IBM® WorkPlace™ Form Use Inside and Outside AHLTA
- “Pearls” and Training Material
- Dental support preparation



Questions?



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21 February 2008



Current Enterprise Tools

- Enterprise licensed products
 - AHLTA (includes MEDCIN, HDD)
 - CACHÉ
 - Microsoft® products
 - Forms content management program (IBM® Workplace™ Forms)
 - Clinical Data Mart
 - Others
- Single source logon (to external trusted systems, which is currently technically possible)
- Issues
 - AMEDD and MHS have not fully leveraged these tools
 - MHS accountability for delivering products or outcomes
- Use of enterprise tools allows items created to be used across enterprise. Use and not development.



CHCS Conversion to Caché

