



GLOBAL INFORMATION  
for QUALITY CARE

# Aligning Policies & Business Practices

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# Policy

- A plan of action to guide decisions and actions
  - Avoid a negative effect or promote a positive benefit
  - Distributive, regulatory, or constituent
- Level of authority and scope
  - DoD directives and instructions
  - ASD (HA) policy memos
  - TMA policy memos
  - Service policies and regulations

# Policies have Specificity

- Strategic guidance
- Standard operating procedures
  - Provide practical detail
  - Ensure common work processes
- Technical standards
- Policies have a lifespan

# Policy Process

- Issue identification
- Policy analysis
  - Prioritization
    - Alignment with strategic goals
    - Level of impact
  - Analysis of alternatives
- Policy instrument development

# Policy Process

- Consultation
  - Things move at the speed of consensus
- Coordination
- Decision
- Implementation
- Evaluation
  - Metrics and impact follow-up

# Policy Alignment

- Ease the transition from paper to an electronic medical record
- Recurring Themes
  - Standard business processes
  - Data privacy, confidentiality, and security
  - Data entry by physicians
  - Integration of systems with other information sources

# Policy Constraints

- Most potential barriers are logistical, political, and financial rather than technical

# Upcoming Policies

- Patient Identification, Authentication, and Registration
  - Reconciliation of duplicate electronic health records
  - Controlled patient registration by PAD
  - Designation of DEERS as the MHS authoritative data source for patient identification

# Upcoming Policies

- Mental health notes in AHLTA
  - What information is sufficient for providers vs. complete mental health documentation?
  - CSDWG:
    - Minimal information is required from mental health providers.
    - An abbreviated SOAP note to include: brief explanation of problem; pertinent observations/MSE and findings; diagnosis & treatment plan with medications, therapies, and follow-up.

# Upcoming Policies

- Entry of data on wrong patient - Expungement of an Encounter
  - expungement of a signed encounter
  - requires MHS central dba intervention
- MHS Patient Administration
  - Coordination of myriad PAD policies
- The format of the official health record until NARA review of AHLTA complete is paper

# Current Policies

# Structured Text (MEDCIN) Policy

- Clarification of current policy
- De-emphasize raw number of MEDCIN terms per encounter
- Raw number of MEDCIN terms (beyond about 12 or more per encounter) does not impact current surveillance capabilities
- Distribution of MEDCIN terms across encounter note is more important to assure appropriate E&M credit
- Allow free text to 'flesh out' the clinical encounter note

# Structured Text (MEDCIN) Policy

- Judicious use of structured text (MEDCIN) in combination with narrative (free) text or free text alone can produce a readable clinical note and provide the necessary data for surveillance, clinical analysis, and encounter coding.

# Clinic Optimization Policy

- Pre AHLTA -

- HA Policy 00-001
- Policy to Improve Military Treatment Facility (MTF) Primary Care Manager Enrollment Capacity

# Clinic Optimization Policy

## - Pre AHLTA -

- 1500 beneficiaries enrolled per primary care provider
- 3.5 support staff per primary care provider
  - 2 clinical technicians
  - 1 administrative technician
  - 1 nurse for every 2 providers
- 2 examination rooms per primary care provider
- 25 patients seen per day per primary care provider

# Question

- What are the non-technical barriers to using AHLTA?

# Question

- What are your clinical bottlenecks?

# Question

- How has AHLTA changed:
  - The way your clinic works?
  - The way you practice medicine?

# Summary

- Policies are a plan of action to guide decisions and actions
- Align policies with strategic goals and level of impact
- Policy constraints usually are logistical, political, and financial rather than technical
- **Your input identifies policy needs**

# POC Information

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