

Question and Answer Session
May 14, 2019
1000-1130am EST
Dr. James Neville



“Medically Ready Force...Ready Medical Force”

Question: Why did we add 'ethnicity' to 'Annual Questions' field, what was it driven by?

Answer: This was a Joint Commission expectation to have Ethnicity somewhere in the record. As we recall there was no other place to document this in AHLTA. We left it open ended because ethnicity could mean many different things.

Question: Question about New Population health or Preventive Medicine addition and change; We are concerned people will copy forward Preventive Medicine from an old version into the more current version of the form.

Answer: That's ok, or rather "not wrong" if the old contents get copied forward. The newly added items have been long standing USPSTF recommendations, they've just been added into the template of the Preventive services field. For these copy forward fields, any change in the templated baseline (such as these new additions) will only be seen if the field has never previously been used for that patient or if the field is refreshed by clicking the red "x". However, if the field is refreshed, all previous entries are lost. So for those patients whose preventive services field has been used and has patient-specific information recorded, it's a matter of balance: a) refresh the field to see these new items but lose pre-existing data, b) manually add the "new" items to the field, or c) continue as previously managed, adding items for specific patients as needed.

Question: We would like and need specific training for new Serial BP check that describes the process using the Nursing Services form for the summary as opposed to the existing training that describes how it can be done within AHLTA itself.

Answer: We will look into-developing other training materials for Nursing Services form. In the meantime, the new field for serial BP checks can be used like the other procedure fields in terms of completing the elements in the fields.

Question: Are there specific training materials for the Flight and Dive Incident forms and will TSWF do specific training for Dive and Flight Incident?

Answer: Yes, we are creating the training materials currently and they should be released soon. And yes we will do a Virtual training on the forms once that material is completed.

Question: Question about use of NIPS and FLACC; Nips says 0-12, FLACC says 2 months-7yrs. This is confusing.

Answer: They overlap so you can choose to use either one for their respective age groups.

Question: Do we know anything about CORE 2.0., will we still get it, is it still being developed?

Answer: This was held up due to the delayed rollout of AHLTA 3.3.9. At this point development is about 2 years old because of the delay. That methodology exists for Disease Management, Sports Medicine and mTBI. Once we know that AHLTA 3.3.9 is fully deployed a decision will be made on CORE AHLTA 3.3.9.

Question: Who is supposed to use the Flight and Dive incident forms? Clinical staff or Provider?

Answer: Clinical staff like the other TSWF forms; operational medicine staff as well as non-operational medical personnel can use it.

Question: PHQ-9 on BHOP/IBHC, why does it not auto-calculate?

Answer: The PHQ-9 on the IBHC form does in fact auto-calculate! Please make sure you are using the most up-to-date form to ensure this feature is available.

Question: The PCL-5 and GAD-7 if that at some point could be set up to auto-calculation?

Answer: The GAD-7 does auto-calculate. Regarding PCL-5: each response option is a separate AHLTA term. PCL-5 hasn't been converted to auto-calculate because 1) that would add a large amount of content to the form, 2) our sense is that the full PCL-5 is not used very often in primary care.

Question: Lung cancer screening is now in the preventive services section, is there a basic recommendation or rule on that?

Answer: In the preventive services area there are three ribbons to the right that can be opened that show abbreviated USPSTF recommendations and the lung cancer screening explanation is available.

Question: At the top of screening tab, in the standard travel screening, the question said ‘outside of the local area’, she thought it said before the updates it said ‘traveled outside of the United states’ did it?

Answer: The form has always said ‘Local area’ and local area is intended to refer to the location where the patient is being seen. Since the form is used around the world, we didn’t want to say something like ‘outside the USA’. The assumption is that clinical staff will already know of any local health threats.

Has the patient traveled outside of the local area in the past 90 days?

Question: When will the updated encounter worksheets and paper back-ups be updated?

Answer: Today, May 14 they will be updated on the website. But in the future we will release the training materials earlier as to allow time for the sites to prepare more adequately for the new forms release.

Question: One user suggests adding ‘bookmarks’ into the PDF documents for quick access. The bookmarks allow you to jump to information you need within the PDF.

Answer: We are currently in the process of creating a PDF document for Sports Medicine AIM form, which contains links in the table of contents that go to ‘Bookmarks’ within the document, so we are familiar with this type of education material. We also have a table of contents within the VCL that allows users to ‘jump’ to specific areas within the slide deck.

Question: Why did TSWF change the order and color of ‘Yes and No’ in the IPV question?

Answer: We don’t recall that it was changed, but if it was changed, we’re not sure why. Let’s consider a change as an opportunity to emphasize attention to detail!

Question (to participants): Do people see the CCPs getting used much by the providers?

Answer: One participant responded that their MTF just had the Medical IG come by so providers are using it a lot more.

Question (to participants): Is our TSWF training material helpful? Is our Visual Change Log helpful? Is more explanation helpful?

Answer: If the end user understands the ‘why’ then they are more likely to use it, so some additional explanation as to why the change was made might be helpful. Overall the TSWF training materials are felt to be very helpful and are used at every release.