

Question and Answer Session

January 15, 2020

11:00 AM -12:00 PM EST and
5:00 PM – 6:00 PM EST

Answered by AIM Form Leads



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Question: On the Peds template, Neuro and Psych auto-populates text in the note. Is that a fluke or is it how it is meant to be?

Answer: It should not auto-populate text. Possibly the copy forward process is not being done correctly. For instructions on the correct copy forward process go to <http://www.tswf-mhs.com/support/cf/>.

If this issue continues, please contact us with additional details (possibly include screenshots).

Question: How much longer will we have Zika screening on the forms?

Answer: We are trying to get official guidance on whether we can remove it or slim it down, so it will remain until that decision is made by DHA leadership.

Question: In travel screening on the Core form, what is defined as ‘local area’?

Answer: Local area is defined by the MTF or clinic. Generally, it is where the patient lives and/or works. We suggest checking with the MTF’s Prev. Med. Department as they may have a definition that is relevant to disease risk issues.



Question: We got guidance to hold off on using the CSSPs. Air Force wants to make sure staff is trained up.

Answer: Air Force has requested a period to allow training for proper certification. The DHA CSSPs are available in AHLTA, and as far as we know they are available for use by Army and Navy.

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Question from Harold DeWeese: Is the change log being posted to the website prior to the release of the updated forms useful to you?

Answer: All responses were “Yes”.

Question: Is there training on medical record verification and the ePHAs?

Answer: We don't have guidance on documenting ePHAs in the EHR. The TSWF MilPHA AIM form is not a substitute for the ePHA.



Question: On the Peds 0-23 months, there is a box for the EPDS score. Isn't having the EPDS score on the Peds form a HIPAA violation?

Answer: The score field was one version option that was erroneously added to the live form and has since been revised to the current version with 3 questions. The Peds 0-23 months form has been updated to version Jan-Apr 2020 Rev. 1, which has the EPDS screening section redesigned to mirror the EPDS section in MHS GENESIS. The form now has three simple 'yes' 'no' radio buttons including the question "Mother declined screening".

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Question: When vital signs are entered, there used to be space to add more characters. Now that space is gone. Do you know why?

Answer: We do not have control over the Vital Signs Module in AHLTA. The update happened in AHLTA 3.3.9.

Question: Who uses the CSSPs and are they meant to be standalone documentation?

Answer: CSSPs are meant for Support Staff, not Providers. They include the protocols for Support Staff. CSSPs are meant to be standalone documentation.



Question: Will access to the Disease Management beta form continue to be only through the Navigator, or will it eventually be a standalone form?

Answer: It is currently on the Enterprise listed as FWST because it is in Beta. Search for it using FWST rather than TSWF. It can be used while it is in beta form.

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Question: On the TSWF Core Well Female Tab under Pelvic Exam, when you check the term Tubal Mass, the text “Adnexal Mass more precisely on Exam” adds on.

Answer: AHLTA's term for the exam finding of "tubal mass" is fixed and can't be changed. We have some flexibility with AHLTA terms in the TSWF forms, such as adding comments or creating custom terms, but we can't change the term itself. This parenthetical comment was added a few years ago because on a regular bimanual pelvic exam, it's generally not possible to specifically determine that a mass has its origin from the Fallopian tube, it's technically more accurately described as an adnexal mass. Content on the TSWF forms is managed by a tri-Service group of providers, and the clarifying parenthetical comment was approved by that governing group.

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Question: Regarding Tobacco use, how are we teaching where folks should be documenting tobacco use--In the Vital Signs Module or in the TSWF Screening. It affects DHA metrics.

Answer: We will see if we can find out if DHA has a standard that is required or desired. We will further see if there is any modification to the tobacco use documentation training that should occur. Dr. Holland will bring up to the PCCC.



Question: How can we get the latest files and forms into the laptops?

Answer: The files need to be downloaded and imported on each laptop. Scott Phillips is willing to help out if needed.

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Question: Are CSSPs to be used as standalone? Is it set up to be used as nurses' protocol, and is a doctor's co-signature required?

Answer: CSSPs are used as standalone forms to be used by support staff. Follow local policy as to co-signature requirements.

Question: Is anyone having success with Health Maintenance, CarePoint?

Answer from attendees: No. A lot of folks aren't aware.

Encourage people to go to the training materials on TSWF-MHS.com, <http://www.tswf-mhs.com/using-the-clinical-registries-health-maintenance-report-crhmr/>

Question: On the CSSPs, the vital signs parameters for Peds and Adults are the same. Is that the way it should be?

Answer: The decision on vital signs parameters was made by the Content Management Sub Working Group. Feel free to address concerns with the CSSPs through your Service PCMH channels.



Question: On the CSSPs, the age range for Peds Cold is 6-18, and Adult Cold is 18-65.

Answer: This came down from the Content Management Sub Working Group. We will have to send this through the channels. The new group that we will send it to is the Primary Care Clinical Community. The best way to submit change requests is through Remedy, which you can reach through 'Contact Us' our website , <http://www.tswf-mhs.com/support/contact-us/>

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