

What's New in 3.3 – By Anthony Inae, M.D. March 22, 2007

The following is an informal summary of new features and functionality enhancements in AHLTA 3.3. As you will see, there is quite a bit of speed enhancements, improvements to existing functionality to accomplish same tasks with less mouse clicks, and a host of new functionality. Features are listed in no particular order.

Disclaimer:

This is not an official document. For a formal comprehensive list with additional detail, please refer to the official [AHLTA Release 1 Build 3.3 Release Notes](#), and other materials provided by the Clinical Information Technology Program Office (CITPO). The final list of enhancements and their release schedules will be determined by the Government and are subject to change.

Appointment Screen 3.3

Improved alerting showing numbers of items in various modules. Bolded for New, and Red for higher priority items.

New Tabbed Browsing of Open Modules

Relocated and Redesigned Alert Icons

Reminders slide from Right

Redesigned Telephone Consults

New Patient Registries for CPG's

Redesigned New Results for Faster Viewing

Redesigned Health History

Patient specific Icons on separate line

Redesigned Template Management

New Tasking Module

Redesigned Problems Module

Encounter Summary 3.3

Reminders slide from Right

Family History Autocites added

Procedure History Autocites Added

Social History Autocites Added

Registry Goals / Results Autocites Added

Health History Tab Added

Drawing Module Added

A/P Screen 3.3

The Diagnoses Screen is now split. With Dx Prompt list / Patient Problem List on the left, and Template / Search List on the right.

List of Dx Prompts Selectable

Patient Problem List now always visible

'Right Click' Add/Remove terms to/from Default Template

Add to Default Template Button added

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- 2.35 ADM P1/P2
- 2.36 TRICARE Reserve Select (TRS)

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2.0 RELEASE 3.3

2.1 Performance and Speed Enhancements

You can expect improvements in the performance and speed of AHLTA due to a number of changes that have been made to take advantage of available technology. Transition of the AHLTA Core functionality from Visual Basic 6 (VB 6) to Microsoft® .NET is a major step in the improvement of AHLTA performance.

AHLTA will now make use of asynchronous operations. When a user opens the A/P module of an encounter, software calls are now made in the background to CHCS to connect/login, get the patient, and get the patient's active orders. This approach, in effect, prepositions the data so that when the user opens an A/P Order Entry tab all of the required data is ready for display.

Further, the order entry login to CHCS that AHLTA performs for the user has been changed so that it no longer significantly delays the initial opening of the Order Entry modules. Hundreds of other smaller changes have been made all over the application to improve the performance—especially for those sites that have significant network-related delays.

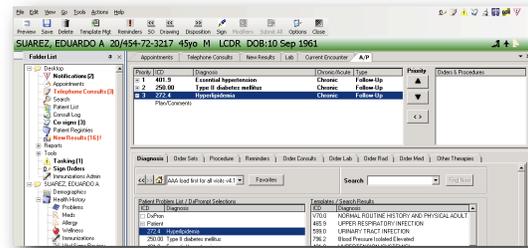
2.2 AHLTA Desktop “Core” Changes

You will immediately notice that the appearance of the AHLTA desktop has changed. Open modules will display as tabs across the top of the active module section, enabling the user to instantly see the modules that are open.



The Reminders panels (as well as the Folder Tree) can be set to auto-hide so that more module viewing area is available on the desktop.

When this auto-hide feature is enabled, a tab displays on the left-hand side of the desktop and the panels may be restored to their previous location by hovering the cursor over the tab. When the cursor is moved off of the panel, it is returned to its hidden state.



2.3 Business Process Redesign (BPR) Enhancements – Groups 2 and 3

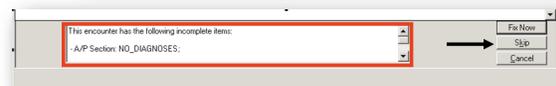
The BPR Groups 2/3 efforts included several enhancements to AHLTA:

2.3.1 More Efficient Signing/Co-signing of Multiple Encounters

You will have the ability to initiate a signing/co-signing process for multiple encounters by a single action from the Appointments, Telephone Consults, and Co-signs modules.

Appointment Date/Time	Patient	Encounter Status	Reason for Visit	Check/Close Time
08 Aug 2006 15:30	RODRIGUEZ, UNDIUCHI, MARIA L	InProgress	Initial	08 Aug 2006 15:30
08 Aug 2006 15:30	AUSTIN, STEVE	InProgress	checking	08 Aug 2006 15:31
18 Aug 2006 11:40	INSUW, DITHA	InProgress	Advanced Diagnostic	18 Aug 2006 11:40
08 Sep 2006 15:30	AUSTIN, STEVE	Check/Close	Follow-up	08 Sep 2006 15:30
08 Sep 2006 15:30	AUSTIN, STEVE	InProgress	g	08 Sep 2006 15:30
08 Sep 2006 15:30	ELWING, RYAN S U	InProgress	g	08 Sep 2006 15:30
07 Sep 2006 09:00	AUSTIN, STEVE	NeedToSignatures		07 Sep 2006 09:00
07 Sep 2006 11:00	DUPEFFRETT, MALE, L L	NeedToSignatures	Functionally Test - 75 Sept 06	07 Sep 2006 11:00
22 Sep 2006 14:00	POISCHER, UNDIUCHI, MARIA L	Check/Close		22 Sep 2006 14:00
26 Oct 2006 09:00	GRUPE, JEFF MALE, L L	InProgress		26 Oct 2006 09:00
18 Oct 2006 09:00	GRUPE, JEFF MALE, L L	InProgress		18 Oct 2006 09:00
27 Oct 2006 15:00	STARKE, TONY	NeedToSignatures		27 Oct 2006 15:00
22 Jun 2007 13:00	STARKE, TONY	InProgress	hypertension, lry	22 Jun 2007 13:00
25 Jun 2007 09:00	STARKE, TONY	Check/Close	diabetes follow up	25 Jun 2007 09:00
25 Jun 2007 09:00	STARKE, TONY	InProgress	diabetes follow up	25 Jun 2007 09:00
01 Sep 2007 12:00	INZUW, DITHA	Upcoming	diabetes follow up	01 Sep 2007 12:00

The encounters are serially presented for review and signing in a simplified workflow. If an encounter cannot be signed, i.e. no diagnosis, the system will warn you and you can 'skip' to go to the next encounter.

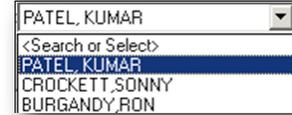


The system will also remember your password temporarily during this routine, so that it will 'auto-fill' as the sign dialogue is presented to you. You just have to press the 'Sign' button.



2.3.2 Co-Signers Selection Improvements

You will have the ability to select eligible Co-Signers for your clinic from a drop-down list in the Sign Encounter dialog (system remembers last eight choices). Further, the user can set a default co-signer preference and if this preference is not set, then the system will pre-fill the co-signer to the last co-signer selected. A user preference was also added to make the "Co-signer Required" field checked or not checked by default.



2.3.3 Multiple Co-Signers

An encounter will be able to have multiple co-signers by enabling one co-signer to assign a subsequent co-signer during the co-sign process.

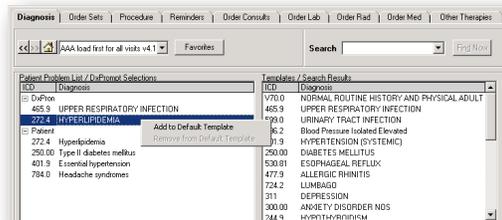


2.3.4 Default Template enhancements, including the Add to Default Template on-the-fly

You will have the ability to add S/O terms, Diagnosis, Procedures, Order Sets, and Other Therapies to your Default Template 'on-the-fly' from within the S/O and the A/P modules during an encounter, and Remove items on-the-fly.



Managing the contents of the Default Template has now become very easy. All you need to remember is 'Right Click'.



2.3.5 Improved New/Edit SO Note Dialog

You will have the ability to edit the S/O Note and add an additional note through a new selection dialog that eliminates unnecessary steps and clarifies the user's options and system actions.

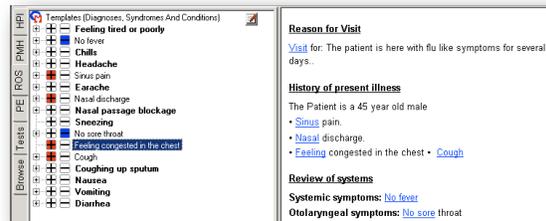
Note: i.e. No more 'Edit-No-Yes'



2.3.6 The ability to set a default for positive ROS findings to be added to HPI

The user will have the ability to set a default in the Encounter Summary Properties dialog for all positive ROS findings to emit as HPI terms. The purpose of this is to help avoid burying abnormal findings in a 'sea' of normal ROS findings that is easily missed by others and yourself when re-reading the note. By keeping Abnormal findings in HPI and only Normal findings in ROS, the note becomes easier to read. Pertinent Normal (or negative) findings can still be added to HPI by using the HPI/ROS flip button, as before.

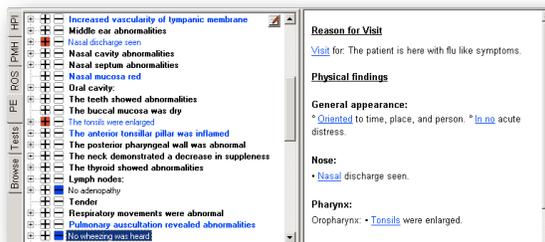
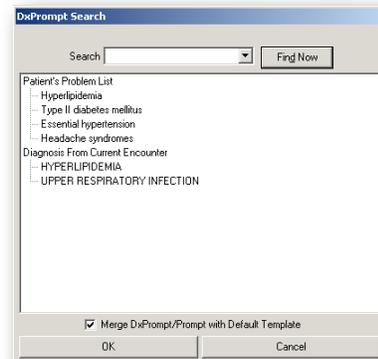
Tip: If you create templates with all symptoms in the ROS tab, you need only to select the normal and abnormal ones. The system will automatically place the abnormal ones in HPI and the Normal findings will stay in ROS.



2.3.7 DxPrompt Changes

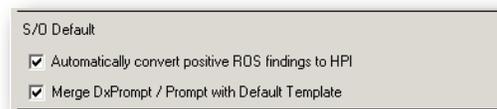
The DxPrompt window shows the diagnoses from the A/P portion of the current encounter and the patient's problem list for selection to minimize need to re-type to search for that diagnosis. This workflow works well for those who complete the A/P first before the S/O.

Further, the user can merge the DxPrompt findings into the Default Template, for use in this encounter. This allows you to document using findings from your Default Template and the findings added from the DxPrompt findings together. The DxPrompt items are listed in Blue. Prompt and List Size also merge their findings. This does not affect the original Default Template.



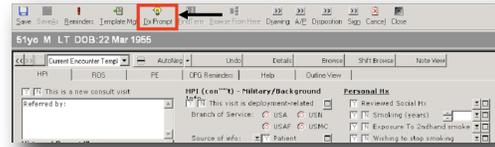
2.3.8 The ability to set a user preference for merging selected DxPrompt/Prompt findings into the current encounter template

You will have the ability to set a default in the Encounter Summary Properties dialog to automatically merge selected DxPrompt/Prompt findings into the current encounter template. Setting this default sets the default state for this same choice in the updated DxPrompt dialog.



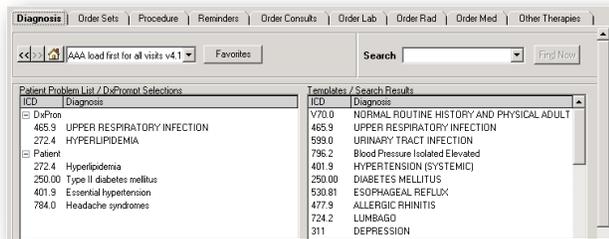
2.3.9 The ability to perform a DxPrompt within the AIM form view

You will have the ability to perform a DxPrompt search while using an AIM form and the results will display in the Note View (merged with the contents of the AIM form if the user preference to merge DxPrompt/Prompt findings into the current encounter template is set).



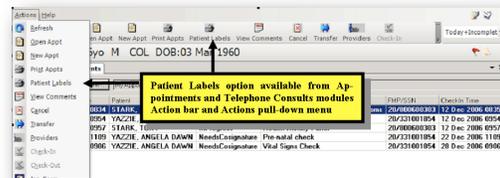
2.3.10 The ability to display the Patient Problem List and DxPrompt search terms in the A/P Diagnosis tab

The Diagnosis tab of the A/P module will automatically display the Patient Problem List and any DxPrompt search terms the user entered while in the S/O module (so re-typing the likely diagnosis is not necessary). This workflow is good for those who do S/O first before the A/P.



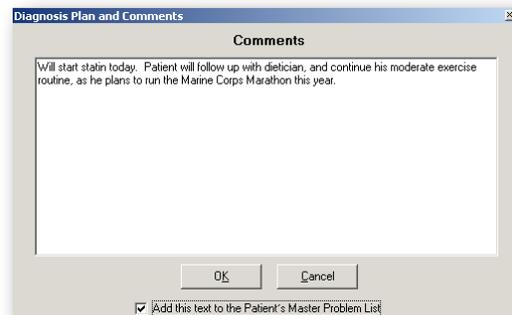
2.3.11 The ability to print Patient Labels

You will have the ability to print patient labels from the Appointments and Telephone Consults modules.



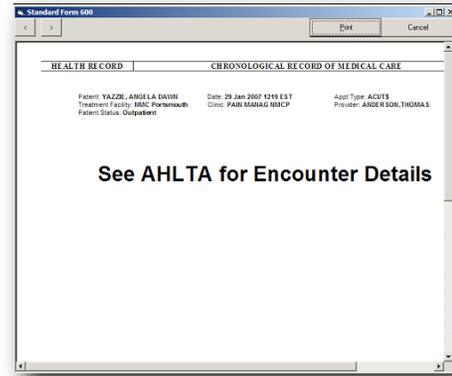
2.3.12 Improvements to the way encounter diagnosis comments update the problem list

The patient problem list includes diagnoses and associated comments. The comments for diagnoses documented in an encounter were automatically overwriting the problem list comments for that diagnosis. This resulted in important information being overwritten by less important information. Therefore, this project included modifications to prevent the overwriting of previous comments entries by the system.



2.3.13 Sensitive Encounter Printing

In the event that a user without the Sensitive Encounter: 'Break the Glass' privileges tries to print a sensitive encounter or a user with "Break the Glass" privileges, but who declines to open a sensitive encounter tries to print a sensitive encounter, the system will print a general page with only the encounter information that is unmasked along with a statement that directs reader to "See AHLTA for encounter details."

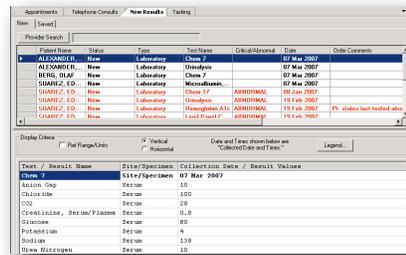


2.3.14 The ability to select a Radiology Location

The Radiology Location drop-down list on the Order Rad tab of the A/P module was modified to only display locations within your CHCS host which perform the procedure being ordered.

2.4 Review New Results Redesign

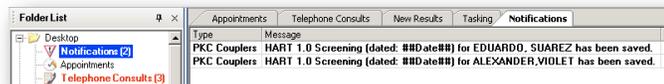
This will dramatically improve your workflow for reviewing New Results. The major functional change is the ability to very quickly review laboratory and radiology results, save some for later, and remove others from your list. To review, there is now a preview pane showing the results, and when viewed, are automatically marked for removal from the list.



Note: Viewing, scrolling and removing from list can all be done with just the keyboard 'Space bar' for speed.

2.5 Notifications (formerly Alerts Review) Module

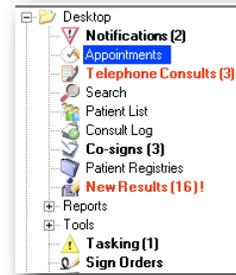
The Alerts Review module has been renamed to the Notifications module. The Notifications module now shows alerts for any encounters that have been modified and any new Coupler (generated by completion of Health Assessment Readiness Tool (HART) questionnaire in the Problem Knowledge Corporation® (PKC) Couplers application).



This project also modified several of the existing modules so that they generate their own alert notifications. Alert notifications generated by these modules include: New Laboratory Results, New Radiology Results, New Orders to Sign, New Telephone Consults, New Taskings, and New Encounters to Co-sign. Each non-patient specific module alert notification type is identified by a distinctive icon on the Menu bar and the



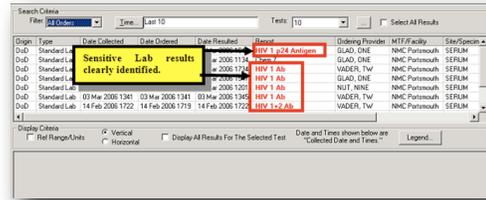
number of unaddressed notifications displays in parentheses next to the applicable alert-generating module in the folder tree.



The icons on the Menu bar and the number of notifications in the folder list display only when there are unaddressed alerts of that type present. When users click on one of these notification icons, they are navigated directly to the appropriate module in AHLTA. Higher priority items are displayed in Red.

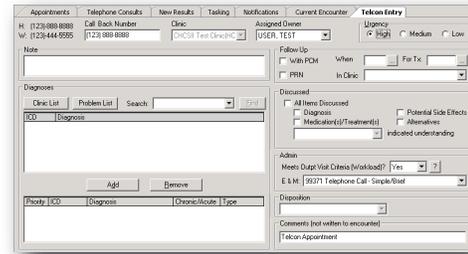
2.6 Displaying Sensitive Laboratory Results

The way that Sensitive lab results are displayed have been modified. This change affects the Labs, New Results, and Flowsheets modules as well as encounter AutoCites and the Health History panel. **Sensitive lab results are not masked if the user is the ordering provider.** If the user is not the ordering provider but has “Break-the-Glass” permissions, he/she must consent to being audited before results are displayed. If the user declines to be audited or is otherwise not authorized to view all of the result information, the lab results are masked with asterisks. The one exception to this functionality is that Sensitive lab results in Encounter Summary AutoCites are always masked.



2.7 Telephone Consults (Telcon) Module Redesign

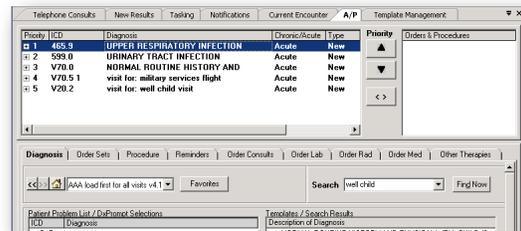
The Telcon module redesign enables the user to quickly address telephone consults, and eliminates the need to toggle between multiple screens within the Telcon module. The new Telephone Consult Entry screen displayed in this module allows the user to enter and save telephone consult data from one screen. The user can still access the telephone consult modules individually to include more details if needed.



Note: This design incorporates a ‘Call Back Number’ free text field.

2.8 Problem List – Inactivate Acute Problem at 30 Days

Problems module functionality will be modified so that an acute problem with a status of active automatically become inactive after 30 days, rather than the current 6-month timeframe. ‘Well’ type V-codes will be considered Acute and will sundown after 30 days from the patient’s problem list, to help keep the problem list more current and omit displaying items not generally considered problems.



The default view of the Problems module will be modified so that it is filtered to show items with a Status of “Active” and will sort the problem by their chronicity (those with a Chronic value listed first).

2.9 Drawing Module

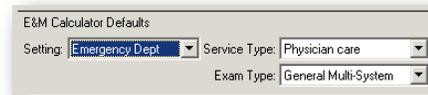
The Drawing Module is a new module that allows authorized users to select/import drawings and images into an encounter and annotate them. The selected drawings/images and associated annotations are displayed directly in the encounter. Large photographs imported are automatically resized to fit, to allow for annotations, and you may create your own images to import per encounter.

Note: You may import photographs and other images, which are automatically scaled to fit, and then can be annotated.



2.10 E&M User Defaults

This effort allows authorized users to set the default value for the “Service Type,” “Setting,” and “Exam Type” Evaluation & Management (E&M) fields for the Disposition module. These parameters have a direct bearing on the calculated value for the E&M code. This feature minimizes manual entry required by the user.

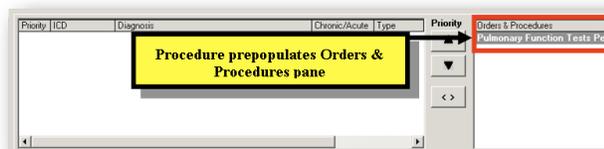
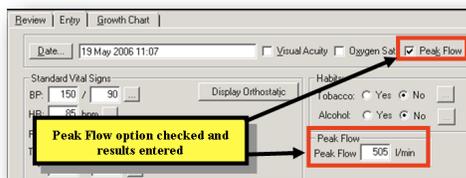


Note: This eliminates the repetitive steps needed to complete the disposition portion of the note for Specialty Clinics, i.e. Physical Therapy, Optometry, or places like the Emergency Room.

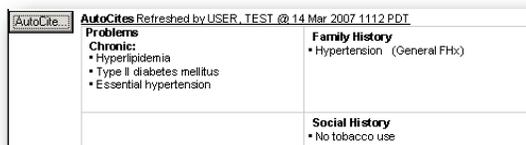
2.11 Automated Coding Support

This effort was designed to improve automated inclusion of encounter data in the E&M calculation for an encounter. This ensures that vital signs, AutoCites, additional diagnosis, and orders data entered during an encounter are included in the E&M calculation.

Example 1: Below is an example of Peak Flow values entered in the Vital Signs module by your support staff, and the appropriate PFT CPT Code is automatically documented in the A/P module ready to be associated to a diagnosis. This helps capture appropriate workload easily, saving many steps.



Example 2: Below is an example of Autocites of the Problem List, Family History and Social History will give credit to the coding calculator.



A much more complex business rule set has been established for defaulting the settings of the calculator (e.g., for consults, ER locations, and personal defaults).

The E&M coding section of Disposition has been redesigned to be more intuitive and includes informational links with descriptions for each E&M category. Coding information resource links were included also in the Favorites list in the Web Browser module in AHLTA for user reference.

History: Detailed (3)		Exam: Exp. Problem Focused (2)	Med Decision Making: Low Complexity (2)
HPI	1 2	Exam Level	1 2 3 4
PFSH	1 2	Exam Type	Risk
ROS	1 2 3	General Multi-System	Dx/Met. Options
			Data Complexity
			1 2 3 4

Default Calculation: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

You will now see the details of how the automated E&M calculator computed the E&M code for the note.

2.12 Evaluation and Management (E&M) Coding (Privileged vs Non-Privileged)

This effort involves determining the default E&M code and E&M code 'editability' based on the privileged vs. non-privileged status for the user and the count vs. no-count status for both encounters and telephone consults. This includes additional business rules for selection of the Disposition for a Telephone Consult based on the privileged status of the user.

2.13 Future Appointments

Future appointments, generated and downloaded from CHCS for dates greater than the current date, can be opened for orders and documentation without being checked in. Future appointments can also be canceled (Patient and Facility Canceled only).

2.14 Unassigned Providers

Scheduled appointments from CHCS with no primary provider assigned and downloaded to AHLTA will now display with ".Unassigned" in the Provider column of the

Provider	Appt. Date/Time	Patient	Status	Reason for Visit	FMP/SSN	CheckIn Time
.Unassigned	02 Mar 2006 1135	BRANDI, NASHUA	CheckedIn	APPT WITH NO PROVIDER	20/528950717	02 Mar 2006 1
.Unassigned	02 Mar 2006 1136	AJQFEVZJE, FNCF A	CheckedIn	THIS IS AN APPT WITHOUT A PROVIDER	31/038087821	02 Mar 2006 1

Appointments module. Users will be able to select this ".Unassigned" Provider in the Appointment filter criteria to display them in his/her Appointments list. This feature will work especially well for the Emergency Room where patients are not assigned to providers at time of check-in.

When a user who is authorized to sign encounters opens one of these appointments, the user will be prompted to automatically assign the appointment to themselves.

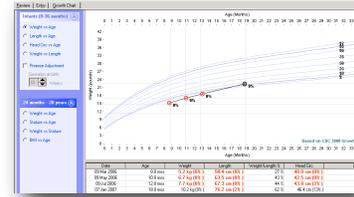
Military Clinical Desktop

This appointment does not currently have a primary provider. Would you like to make yourself the primary provider of this appointment?

Note: This automates the process with 1 click, so you don't have to go through the process of 'transferring' the patient to yourself.

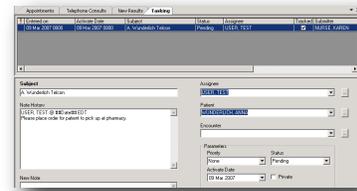
2.15 Pediatric Growth Charts

A Growth Chart tab has been added to the Vital Signs module that provides access to growth charts for the patient, based upon the standard CDC guidelines. The data used to plot the data points on the growth charts is derived entirely from the patient's historical vital signs data available in AHLTA. There is a data grid displayed at the bottom of this module that contains the historical vital signs data that was used to plot the data points. This can also be printed.



2.16 Tasking Module

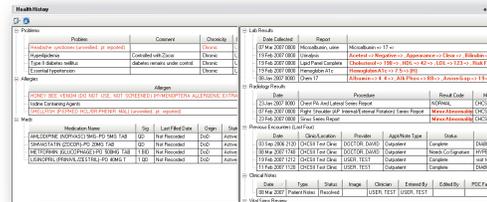
The Tasking Module is a new module that allows you to create, assign, and track tasks for yourself or other users within your facility. The Tasking Module will work in conjunction with the Telephone Consult and Encounter modules. This module will be available to all users of AHLTA. Tasks may range from notifying other staff members about supplies in your exam room, to asking a colleague to take a look at a case, or remind yourself give a patient a call 3 months from now.



Note: There are plans to allow you to send tasks to users outside your facility, but not in this release.

2.17 Health History Module Changes

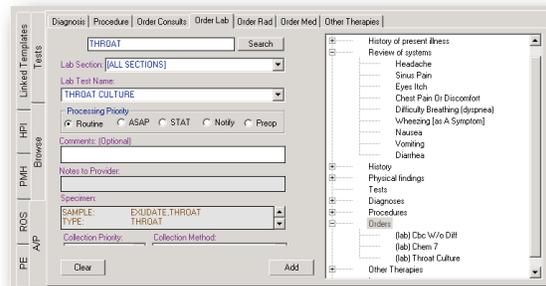
The Health History module has been replaced with a more flexible and usable Health History Panel. Like the previous Health History module, the Health History panel displays historical patient data from various modules in one window. Access to the source modules is provided by double-clicking on listed items. The Health History panel initially overlays the Military Clinical Desktop when it is accessed from the Folder List or Go drop-down menu.



2.18 Template Management Enhancements – Phase 2

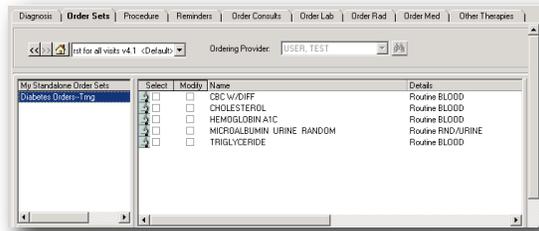
This is a significant overhaul to the Template Management functionality with significant simplification of the template scheme in AHLTA as well as a whole host of usability improvements.

Most notably, you will now be able to add Orders (Lab/Rad/Med) from the Template Management window. There is now only one template type, i.e. S/O Templates and Encounter templates are now one, and is displayed in-line to the right. Medcin terms can be added/edited in the same template edit window as adding/editing Diagnoses and Orders, etc.



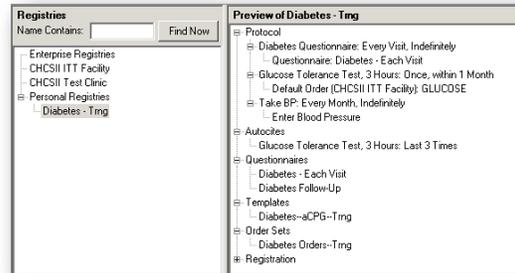
Users are able to create and/or designate a template as a My Standalone Order Set. Which shows up separately in the A/P Order Set tab.

An administrator at the Enterprise level is able to set the parameters for the automatic purging of templates that have not been used for a specified time and when a specific user has become inactive.

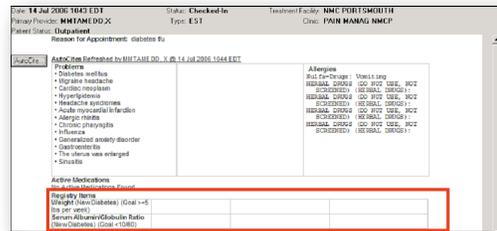


2.19 Automated Clinical Practice Guidelines (ACPGs)

The ACPGs project enhances AHLTA with encounter workflow-oriented enhancements to assist providers and clinic staff with tracking and execution of Clinical Practice Guidelines (CPG/Registry) protocols and other protocol and tracking needs. The focus of this project is oriented towards the provider workflow. Specifically, the scope is purposely limited to automating aspects of

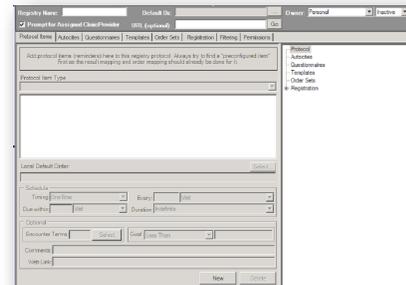


Registries that are well known to improve outcomes when implemented in a fashion that essentially makes following the guidelines the "path of least resistance." Registry Goals and Results can be Auto-cited into the encounter automatically.

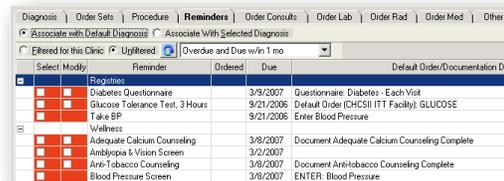


The scope includes:

- The configuration of Registries, to include associated protocols, AutoCites, templates, order sets, and questionnaires, as well as permissions/filters so that protocol items (reminders) target only the appropriate set of users.

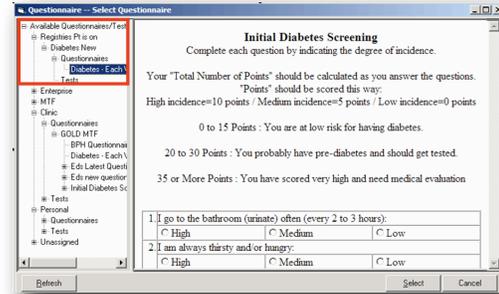


- The integration of configured Registry protocol items (reminders) with the current AHLTA wellness reminders to provide an integrated, actionable view of items due and overdue for a patient.

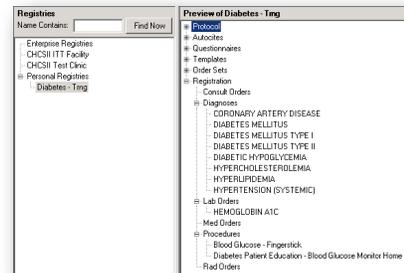


- The integration of configured Registry templates, Questionnaires and order sets with the rest of encounter documentation.

Note: Below is an example of Orders Sets that are automatically brought up for that patient on a registry requiring those orders, and to the right is a Questionnaire that is automatically brought up for that patient when addressed from the registry items in the reminder's tab.



Manual and automated registration mechanisms to assign Registries to patients. Example to the right shows for this particular registry; a list of diagnoses, lab orders, med orders, Procedures, and/or Rad orders that will automatically trigger a patient to become registered to this registry.



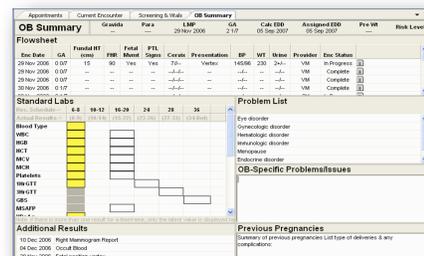
- Usability improvements to make it far more useful for multiple Registries.
- The ability for the user to customize the way that the Patient Registries list displays, and save those preferences as personal or shared. The user may have multiple customized views, each evocable at any time.



The Registry Setup module allows for creation/modification of these Registries. The Patient Registries module allows a user to view registries and their components and assign patients to a Registry. A list of registries is displayed by owner type (i.e., Enterprise, MTF, Clinic, and Personal). If an Enterprise-level Registry is selected, only the list of patients enrolled into that Registry at the logged in user's facility display. The Registry reminders will be displayed as appropriate in the Reminders list.

2.20 Obstetrics (OB) Summary

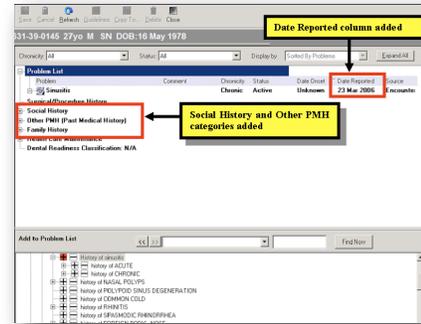
This feature implements an OB Summary module that provides clinicians with a variety of relevant information related to current or past pregnancies, including a flow sheet, standard labs, problems, additional results, and previous pregnancies.



Note: Eligible individuals may also access and complete PKC Couplers at the TRICARE On-Line (TOL) site. There is an interface between TOL and AHLTA so that all of the information described above relating to questionnaire responses triggering data writes in AHLTA also pertains to couplers completed at TOL's web site.

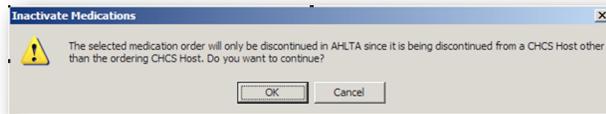
When a coupler is completed, the patient's Primary Care Manager (PCM) is notified with a distinctive icon on the Menu bar, and within the Notifications module itself. Double-clicking on the alert in the Notifications module opens the PKC Couplers application and navigates the PCM to the first page of the completed coupler.

With this project, you will see layout changes to the patient's Problems Module, particularly with the addition of Family and Social history.

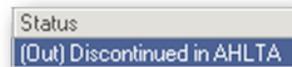


2.23 Discontinue Medications from another CHCS Host Site

A user may now discontinue a medication that was originally ordered at another CHCS host site. This action does not require that an encounter be open. The medication is discontinued and the status is changed to "Discontinued in AHLTA."



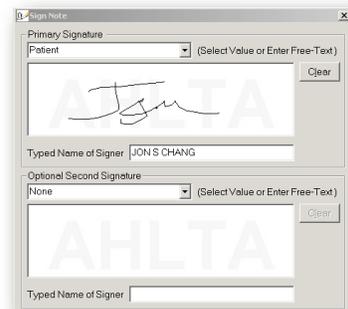
There is a tooltip that displays the name, location and date of when the prescription (Rx) was discontinued in AHLTA.



As there is no connectivity between the discontinuing CHCS Host site and the original ordering CHCS Host site, the discontinuing action is not written back to the original ordering Host site. Subsequently, if the original ordering Host site updates the status of the medication (i.e., discontinues or renews), the status of "Discontinued in AHLTA" is overwritten with the updated medication information. Orders from non-CHCS Host sites may not be discontinued using this functionality.

2.24 Electronic Patient Signature

AHLTA provides the capability to obtain multiple electronic signatures for patients, providers, and others for documents such as consent forms, Advanced Directives, and discharge instructions within the Clinical Notes module. Up to three signatures can be added.



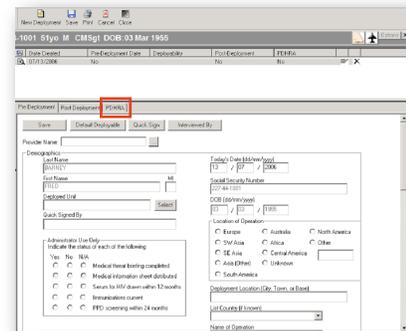
2.25 Alternate Input Method (AIM) Forms Enhancements

Enhancements were made to the AIM forms feature to allow for easier documentation of the encounter by way of more sophisticated form capabilities. These new features include larger forms, ribbons (expanding/collapsing of sections based upon a button, a finding, or embedded logic), radio button groups, internal lists, input validation, and tooltips.

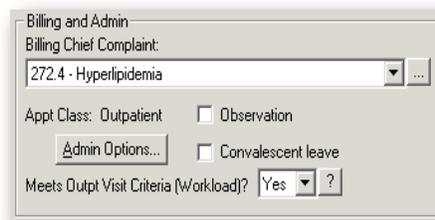


2.26 Army Readiness Module (PDHRA Phase 2)

The Post-Deployment Health Reassessment (PDHRA) form (DD2900) is part of the force health protection program and is now available as a tab in the Deployments module within the Army Readiness module. The PDHRA provides education, screening, assessment, and access to care for a wide variety of health questions and concerns that service member may have after returning from deployment. This includes establishing a bi-directional interface with MedPros to send and receive PDHRA data for a patient.



2.27 Disposition – Move Convalescent Leave Option to the Main Screen



2.28 User Multi-Site Access

This capability will enable the AHLTA provider who travels to different physical locations (referred to as "circuit riders") to log on to AHLTA at each physical location where the provider is credentialed, privileged, and has an active CHCS host account. The ability to log on to AHLTA and document patient care and enter orders at more than one CHCS host site is highly desired by providers who routinely travel to more than one MTF.

2.29 Ambulatory Procedures Visit (APV) Enhancements

The purpose of the APV Enhancements project is to disable the creation of APV appointments in AHLTA because all APV appointment creations occur in CHCS. Also included in this effort is the ability for the user to view future appointments. The changes being implemented by this project are a result of the Workload Assignment Module (WAM) APV Enhancements implemented for CHCS.

2.30 HIPAA Provider Taxonomy – Phase III

The HIPAA Provider Taxonomy Phase III project has been implemented to ensure that all current Provider Taxonomy Codes from CHCS are accepted into the AHLTA application and are properly applied to encounters.

2.31 Medical Affirmative Claims (MAC) Changes

The changes being made in AHLTA to support the MAC functionality are primarily a subset of what is being implemented in CHCS. This includes the addition of a Place of Accident/Injury and Employment fields to the Date and Related Cause Code window. MAC data entered during an encounter is displayed in the Encounter Summary.

2.32 TMIP Data to CDR (JMeWS)

This is the initial phase of an effort to get theater medical information into the patient's longitudinal record in the CDR. The purpose of this effort is to take the field level medical encounter data that is sent from AHLTA – Theater and Battlefield Medical Information System Telemedicine – Joint (BMIST-J) encounters to the CDR and store that data in the patient's longitudinal health record in the CDR. In this initial phase, non encounter-related data is NOT processed or populated in the CDR.

2.33 National Provider Identifier (NPI)

This project provides the features and functions for the AHLTA system to store the National Provider Identifier (NPI) and Entity Type 1 and Type 2 codes necessary for compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations established by the U.S. Department of Health and Human Services (HHS).

2.34 Security Matrix Redesign

The redesign of the AHLTA security matrix involves transitioning from a role-based system to a key-based model. There are pre-defined groups as well as the ability to create groups. Each group is assigned a set of "keys" to define a set of functionality. An individual user is given keys and/or groups appropriate to their job (not their title). When a user is assigned to one or more keys/groups, that user is automatically assigned all the permissions associated with the selected keys/groups. The security matrix is maintained by Enterprise and MTF Security Administrators (SAs).

2.35 ADM P1/P2

AHLTA has been modified to accept the indicator from CHCS to determine if a user is a privileged vs. a non-privileged provider. This user designation is used in the encounter/telcon workflow to determine whether or not a Supervising Provider needs to be assigned prior to signing. There are also three new provider roles (Graduate Medical Education [GME], Anesthesia, and Surgeon) now available for selection in the Providers and Roles window of the encounter. Some additional encounter signing rules have been added.

2.36 TRICARE Reserve Select (TRS)

In support of the TRICARE Reserve Select (TRS) program, ten new codes have been added to the list of Health Care Delivery Program (HCDP) codes. These codes are derived from the Defense Enrollment Eligibility Reporting System (DEERS), are passed to AHLTA by CHCS, and display in the patient's Demographics module.