

## 2016 Defense Health Information Technology Symposium

### "Tri-Service Workflow (TSWF) - The Journey of Innovation - AHLTA's New CORE 2.0"



*"Medically Ready Force...Ready Medical Force"*

**“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”**



***“Medically Ready Force...Ready Medical Force”***

# Learning Objectives

- Introduce CORE 2.0, displaying the integration of the Tri-Service Workflow (TSWF) Suite of Alternate Input Method (AIM) Forms
- Demonstrate the time savings that CORE 2.0 provides to primary care staff
- Present standardized clinical content as a Service in AHLTA and Military Health System (MHS) Genesis

# Agenda

- TSWF AIM Forms
  - Capabilities
  - Impact
  - Development Process
- Looking to the future: Core 2.0
- Additional TSWF Tools
- MHS GENESIS Transition Points

# Tri-Service Workflow (TSWF) Team

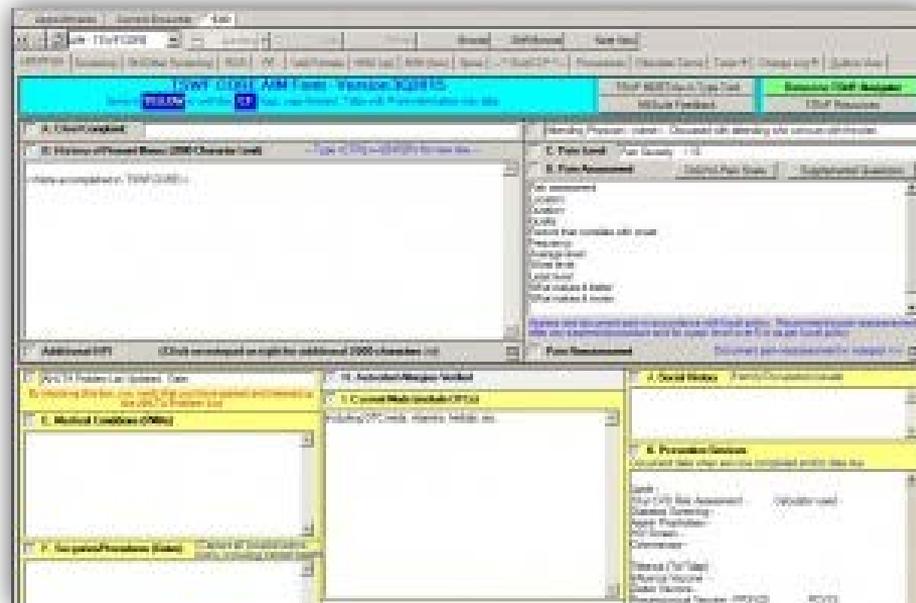
- Founded by Tri-Service primary care providers, a “coalition of the willing” bringing the team approach to patient care
  - Standardize clinical documentation “Standardize to Optimize”
    - **Department of Defense/Veterans Affairs Clinical Practice Guidelines (DoD/VA CPGs) and United States Preventive Services Task Force (USPSTF) are authoritative sources**
  - Format input of data into the EHR to be leveraged on back end
- TSWF continues to provide evidence-based clinical decision support to clinicians’ fingertips at the point of patient care, as well as identifying best practices to leverage IT tools/solutions to complement/enhance the clinical workflow
- Comprised of clinical, technical, and training experts who deliver standardized workflows and educational programs to achieve maximum impact for clinical information systems
- Improves the quality of medical care by optimizing and realizing the true potential of clinical information systems

# AIM Form Capabilities

Facilitate standardized documentation and data collection

Promote use of DoD/VA Clinical Practice Guidelines (CPGs) and other evidence-based medicine

- Prompts for screening in the Patient Centered Medical Home (PCMH) workflow
- Intervention reminders to trigger action
  - Launch CPG AIM forms
  - Referral recommendations
- Easy access to web-based resources
  - Decision support
  - Patient education
- Comprehensive Care Plans
  - Patient progress and plan of care
- Coding Reminders



The screenshot displays a web-based form titled "AIM Form" with a navigation bar at the top. The form is divided into several sections, including "A. Chief Complaint", "B. History of Present Illness (HPI)", "C. Physical Exam", "D. Social History", "E. Medical Conditions (COMOR)", "F. Assessment/Plan", "G. Current Medications", and "H. Patient Education". Each section contains text input fields and checkboxes. The interface is designed for data collection and documentation in a clinical setting.

TSWF-CORE Form

# AIM Form Capabilities (cont)



- TSWF AIM forms are standardized and approved by all services
- Able to have simple logic driven next steps and aid documentation

**Depression Screening**

<< Over the past two weeks, how often have you been bothered by any of the following?  
 1) Little interest or pleasure in doing things. 2) Feeling depressed or hopeless.  
 0 = Not at all 0 = Not at all  
 1 = Several days 1 = Several days  
 2 = More than half the days 2 = More than half the days  
 3 = Nearly every day 3 = Nearly every day

**PHQ-2: Add results from both questions on the left.**

Positive PHQ-2 (Score 3 or Greater)?  
 Yes PHQ-2 Depression Screen Positive. Score: \_\_\_\_\_  
 No PHQ-2 Depression Screen Negative.

If Yes, alert provider. Document Suicidal and / or Homicidal question below. Also, if possible, history of depression, and if one has not been completed in the past 2 weeks, complete full PHQ-9 via the link or questionnaire below.

---

**PHQ-9 Depression Screening/Monitoring**  
 Enter a value (0-3) for each question below: 0 - Not at all 1 - Several days 2 - More than half the days 3 - Nearly every day

DEPRESSION SCREENING / MONITORING (PHQ-9)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems?  
 1 Little interest or pleasure in doing things  
 2 Feeling down, depressed, or hopeless  
 3 Trouble sleeping or sleeping too much  
 4 Feeling tired or little energy  
 5 Poor appetite or overeating  
 6 Feeling bad about self  
 7 Trouble concentrating on things  
 8 Moving or speaking slowly or being restless  
 9 Thoughts that you would be better off dead

Difficulty doing work, taking care of things at home, or getting along with others? | Not at all | Somewhat | Very | Extremely

PHQ-9 Score:  **Document PHQ-9 score here**

Link to PHQ-9 Questionnaire

Self-Reported Level of Functioning	PHQ-9 Score 0-4 (No Symptoms)	PHQ-9 Score 5-9 (Sub-Threshold Symptoms)	PHQ-9 Score 10-14 (Mild Symptoms)	PHQ-9 Score 15-19 (Moderate Symptoms)	PHQ-9 Score 20-27 (Severe Symptoms)
<b>Not Difficult at All or Somewhat Difficult</b>	Clarify positive response and assess for other etiology	Depression Education** and Referral to IBHC		Refer to IBHC. Treatment may be indicated: behavioral health intervention, antidepressant, or both	Treatment indicated: BH intervention and antidepressant. Consider referral to specialty BH care. Interim Care can be provided by IBHC.
<b>Very Difficult to Extremely Difficult</b>	Assess need for further evaluation AND Provide Depression Education** Refer to IBHC		Refer to IBHC. Consider additional treatment options based on duration and degree of functional impairment	Treatment indicated: BH intervention, antidepressant, or both. Consider referral to specialty BH Interim Care can be provided by IBHC.	Treatment may be indicated: BH intervention and antidepressant. Refer to specialty BH care. Interim Care can be provided by IBHC.

\* Referral to emergency services and/or consultation with specialty Mental/Behavioral Health is indicated for patients presenting with any of the following conditions:  
 o Delirium  
 o Marked psychotic symptoms  
 o Severe depression symptoms/depression  
 o Suicidality/homicidality or potential for violence  
 o Substance withdrawal or intoxication

\*\* Depression Education: Reassurance/supportive counseling, depression literature, encourage self-management activities and counsel to seek help for worsening symptoms

Thinking About Suicide: If yes, complete P4 Suicide Risk Assessment on next tab  
 Thinking About Homicide

Scoring:  
 <= 4 Suggests the patient may not need depression tx  
 5 - 14 Provider uses clinical judgment about treatment - based on the patients duration of symptoms and functional impairment  
 >= 15 Warrants treatment for depression - using antidepressant - behavioral health intervention and/or a combination of treatments

A Positive result open up additional content and documentation fields

Standardized prepositioned text fields speed up documentation



## CORE 2.0



***“Medically Ready Force...Ready Medical Force”***

- CORE 2.0 is the next evolution of integration of TSWF
  - Enhanced UI integrates the TSWF Suite of AIM forms
    - Workflow centric ease of access to AIM Forms
  - Integrates VA/DoD CPG AIM Forms
  - Can contribute to MHS Genesis change management
    - Can provide convergence between MHS Genesis and AHLTA
  - Self-teaching
- Enterprise release planned for September 2016

# CORE 2.0 Goals

- Improve utilization of CPG AIM Forms
- Save user time in accessing CPG AIM Forms
- Improve usability and integration of Assessment/Plan (AP) Helper
- Reduce medicolegal issues with use of Quick Visit AIM Form
- Reduce development time
- Reduce or eliminate need for training on redesigned CORE
- Assist in change management with MHS Genesis

# TSWF CORE 2.0 - INFO

TSWF Website  
 MilSuite Feedback

Navigator  
 Ver. Sep-Dec 2016

- CORE 2.0**
- < **QUICK VISITS**
  - Cough
  - Sore Throat
  - UTI
- < **CPG AIM FORMS**
  - Chronic Opioid Tx
  - Cardiovascular
  - Low Back Pain
  - Metabolic
  - Pulmonary
- < **ACTIVE DUTY**
  - IN / OUT
  - Mil-PHA
- < **OTHER**
  - Clinical Pharmacology
  - Geriatrics
  - MHSPHP
  - Nursing Services
  - Procedures
- < **STANDALONE**
  - OB
  - Pediatrics



[Link to TSWF Training Video](#)

## Change Notification

This form represents a significant change in workflow. You will notice that there is now a column of buttons to navigate the user to the suite of TSWF forms. CORE 2.0 includes all the elements from the old CORE AIM form. The QUICK VISITS section will link you to TSWF AIM forms dealing with specific acute visit types. CPG AIM FORMS will take you to the TSWF suite of CPG guided AIM forms. ACTIVE DUTY forms are specific for active duty personnel. OTHER guides the user to the other integrated TSWF AIM forms, and STANDALONE will link the user to the PEDS AIM forms, OB, MHSPHP, etc.

Click the link to the left for a 2 minute 38 second video describing the changes.

# TSWF CORE 2.0 - HPI

TSWF Website

Navigator

MilSuite Feedback

Ver. Sep-Dec 2016

**CORE 2.0**

**CHIEF COMPLAINT**

**ATTENDING**  Attending Physician: <name>. Discussed with attending who concurs with t

**QUICK VISITS**

**HPI**  Type <CTRL>+<ENTER> for new line

**PAIN LEVEL**  Pain Severity / 10

- Cough
- Sore Throat
- UTI

<<Note accomplished in TSWF-CORE 2.0>>

**PAIN ASSESSMENT**  Assess and document pain in accordance with local policy.

**CPG AIM FORMS**

**ADDITIONAL HPI**  (Use if space in HPI is insufficient)

Pain assessment  
 Location:  
 Duration:  
 Quality:  
 Factors that correlate with onset:  
 Frequency:  
 Average level:  
 Worst level:  
 Least level:  
 What makes it better:  
 What makes it worse:

- Chronic Opioid Tx
- Cardiovascular
- Low Back Pain
- Metabolic
- Pulmonary

**ACTIVE DUTY**

Consider referral to IBHC for additional assessment and non-pharmacological interventions for chronic pain management.

- IN / OUT
- Mil-PHA

**REASSESSMENT**  Recommend a pain reassessment after any treatment/procedure.

**OTHER**

Also for a pain level over 6 or as per local policy.  
 Pain Reassessment 1 - Time: Severity:  
 Pain Reassessment 2 - Time: Severity:  
 .....

- Clinical Pharmacology
- Geriatrics
- MHSPHP
- Nursing Services
- Procedures

**STANDALONE**

- OB
- Pediatrics

# TSWF CORE 2.0 - PAST MEDICAL HISTORY

Items in YELLOW copy forward

**CORE 2.0**

**QUICK VISITS**

- Cough
- Sore Throat
- UTI

**CPG AIM FORMS**

- Chronic Opioid Tx
- Cardiovascular
- Low Back Pain
- Metabolic
- Pulmonary

**ACTIVE DUTY**

- IN / OUT
- Mil-PHA

**OTHER**

- Clinical Pharmacology
- Geriatrics
- MHSPHP
- Nursing Services
- Procedures

**STANDALONE**

- OB
- Pediatrics

**PROBLEM LIST**  AHLTA Problem List Updated. Date: \_\_\_\_\_

**MEDICAL CONDITIONS**  (Past Medical History)

**CURRENT MEDICATIONS**  Include OTCs, vitamins, herbals, supplements, etc. including OTC meds, vitamins, herbals, etc.

JC/NCQA requirement. Please do not remove the prepositioned text.

**MED REC**  **Med Rec: Medication list updated at the beginning of visit**

**FOR PROVIDER USE ONLY**

**Patient Reports Medication Compliance**

A qualified individual compared the medication list against any orders, and resolved any discrepancies (if required)

Written list of medications given to the patient

Educated patient on importance of managing medication information

[More info on Med Rec](#)

**CHRONIC CONDITION SELF-CARE MANAGEMENT**

Chronic Condition Self-Care Management DATE: \_\_\_\_\_

Patient Self-Management Assessment:

- Independent
- Requires Care Giver Support
- Requires Case Management

Self-Management Resources:

- Handouts (date/topic):
- Referrals (date/topic):
- Disease Management classes attended (date/class):
- Health Coaching:  Nurse  Health Educator  IBHC
- Clinical Pharmacist  Other:
- Self-Management Plan
- Date: \_\_\_\_\_
- Description: \_\_\_\_\_

Summary of Duty/Activity Restrictions

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**ALLERGIES**  Document true allergies in the AHLTA Allergies module

Allergies Verified and Updated

**Autocited Allergies Verified**

**SURGERIES / PROCEDURES**  Capture all hospital admissions, including mental health admissions.

Be sure to document dates of procedures and admissions.

**FAMILY HISTORY**

**SOCIAL HISTORY**  Family/Occupation issues

**PAIN TREATMENT HISTORY**

Meds Tried/Outcome: \_\_\_\_\_

Specialty Referrals/Outcome: \_\_\_\_\_

**Remember to document:**

- o Details of Medications Hx
- o Duration of Tx
- o Successfulness of relieving Sx
- o Why Tx was discontinued

Interventions [-] not tried/[+] tried [N] Not successful/[S] = Successful:

- Physical therapy
- TENS unit
- Ultrasound
- Chiropractic
- Acupuncture
- Massage
- Biofeedback
- Psychology/Counseling
- Injections
- Other

**BEHAVIORAL HEALTH TREATMENT HISTORY**

Behavioral health treatment history: \_\_\_\_\_

**“Medically Ready Force...Ready Medical Force”**

# TSWF CORE 2.0 - PREVENTIVE SERVICES

Items in YELLOW copy forward

<b>CORE 2.0</b>
<b>QUICK VISITS</b>
Cough
Sore Throat
UTI
<b>CPG AIM FORMS</b>
Chronic Opioid Tx
Cardiovascular
Low Back Pain
Metabolic
Pulmonary
<b>ACTIVE DUTY</b>
IN / OUT
MIL-PHA
<b>OTHER</b>
Clinical Pharmacology
Geriatrics
MHSHPH
Nursing Services
Procedures
<b>STANDALONE</b>
OB
Pediatrics

**PREVENTIVE SERVICES**  **Preventive Services**

Document date when service completed and/or date due

**CHD Risk Assessment Tool**

Fracture Risk Assessment (FRAX)

CDC Immunization Schedule

Breast Cancer Risk Assessment

Vaccine Healthcare Centers Network

USPSTF Recommendations

Lipids - 10-yr CVD Risk Assessment - Calculator used -  
 Diabetes Screening -  
 Aspirin Prophylaxis -  
 HIV Screen -  
 Colorectal Cancer Screening -  
 [ ] Colonoscopy [ ] FOB x 3 [ ] Flex Sig [ ] CT Colonoscopy

Tetanus (Td/Tdap) -  
 Influenza Vaccine -  
 Zoster Vaccine -  
 Pneumococcal Vaccine - PPSV23: PCV13:  
 HPV Vaccine -

Women:  
 Cervical Cancer Screen - Pap: HPV:  
 Mammogram -  
 GC/Chlamydia Screen -  
 Osteoporosis Screen -  
 Folic Acid -

Men:  
 Aortic Aneurysm Screen (if ever a smoker) -

**Preventive Services Recommendations - Women**

**Cervical Cancer Screen** 21 to 65 cytology every 3 years; 30 to 65 combination of cytology and HPV testing every 5 yrs an option. (USPSTF 2012, Grade A) (Military policy may vary)

**Mammogram** 50-74 every 2 years, prior to 50, every 2 years based on individual patient (USPSTF 2009, Grade B); (ACS- annually starting age 40)

**GC / Chlamydia Screen** Screen all sexually active non-pregnant women ages 24 years and younger, and older non-pregnant women who are at increased risk.

**Osteoporosis Screen** Women 65+ and younger women at increased risk (Use Fracture Risk Assessment tool (FRAX)) (USPSTF 2011, Grade B)

**Folic Acid** All women planning or capable of pregnancy (USPSTF 2009, Grade A)

**Preventive Services Recommendations - Men**

**AAA Screen** One time screening by U/S for men 65-75 who have ever smoked. (USPSTF 2005, Grade B)

**Prostate Cancer Screen** The USPSTF recommends against PSA-based screening for prostate cancer. (2012 Grade D)

UpToDate entry for Prostate Cancer Screening | PDF for Patients | PDF for Providers

**Preventive Services Recommendations - All Patients**

**10-yr CVD Risk Calculation** Men >=35; Women >=45 (every 5 years for average risk). Start Screening at age 20 if at increased risk for CVD - use Framingham CVD risk assessment tool. (USPSTF 2008, Grade A)  
 2014 VA/DoD Dyslipidemia CPG recommends CVD risks screening for men > age 35 and women > age 45, including a lipid profile and a 10-yr risk calculation. (repeat every 5yrs if 10-yr risk is <6%, every 2 years if 10-yr risk is 6-12%).

**Diabetes Screening** USPSTF Recommends screening for abnormal glucose in adults age 40 to 70, every three years, in patients who are overweight or obese.

**Aspirin Prophylaxis** Men 45-79 and women 55-79 (if potential benefit outweighs potential harm due to increase in GI hemorrhage) (USPSTF 2009, Grade A); use Framingham CVD risk assessment tool.

**HIV Screening** Screen adolescents & adults age 15-65 yrs and all pregnant women. Rescreening frequency undefined, but should be based on presence of risk factors. (USPSTF 2013, Grade A)

**Colorectal Cancer Screening** USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing to age 75.

**Tetanus** Td every 10 years, substitute Tdap onetime for all adults. Administer to pregnant women during each pregnancy, preferably from 27-36 weeks EGA. (CDC 2013)

**Influenza** Annually for all patients over 6 months of age, (CDC 2013)

**Zoster** One time 60 years old and up. Consider in ages 50-59 with preexisting chronic pain, severe depression, or other comorbid conditions. (CDC 2013)

**Pneumococcal Vaccine (PPSV23/PCV13)**

- o Both PCV13 and PPSV23 should be routinely administered in series to all adults aged 65 and older
- o Early Vaccination with PPSV23 (age 19-64) is recommended for persons with:
  - Diabetes
  - Chronic lung disease (including asthma, COPD, smokers, etc)
- o For certain conditions, recommend both PCV13 AND PPSV23. (See link for full recommendations)
- o Repeat vaccination for certain high risk conditions after 5 years

Recommended Intervals for Age >= 65 | Full Recommendations

**HPV** 3 doses for males or females age 11-26. May start at age 9. (CDC 2013)

**Hepatitis C** All ages: Screening for HCV in persons at high risk for infection. Adults born between 1945-1965: One time screening for HCV infection. (USPSTF 2014; B)

**Additional USPSTF A & B Recommendations For Targeted Adult Populations**

**ALL PATIENTS**

AGE	FACTOR	RECOMMENDATION
Age 10-24	Fair skin	Skin cancer behavior counseling (USPSTF 2012; B)
Born 1945-65	All	One time Hepatitis C screening (USPSTF 2014; B)
All	High risk	Hepatitis C screening (USPSTF 2014; B)
All	High risk	Hepatitis B screening (USPSTF 2014; B)
55 - 80	Smokers	*Low dose CT if >=30 pack-year history & smoking or quit for <15 yrs
65 or older	Increased fall risk	Exercise or physical therapy to prevent falls
65 or older	Increased fall risk	Vitamin D supplementation for fall prevention
All	High risk sexual activity	Syphilis screening
All	High risk sexual activity	Counseling to prevent sexually transmitted infections

\* Additional guidance is anticipated after MHS-level review of this recommendation

# TSWF CORE 2.0 - SCREENING

Items in **YELLOW** copy forward

- CORE 2.0**
- QUICK VISITS**
  - Cough
  - Sore Throat
  - UTI
- CPG AIM FORMS**
  - Chronic Opioid Tx
  - Cardiovascular
  - Low Back Pain
  - Metabolic
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- ACTIVE DUTY**
  - IN / OUT
  - MIL-PHA
- OTHER**
  - Clinical Pharmacology
  - Geriatrics
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  - Nursing Services
  - Procedures
- STANDALONE**
  - OB
  - Pediatrics

For Behavioral Health screening (Depression, Suicide Risk, PTSD, GAD) click on the 'BH Screening' tab

**Zika Virus: Patients who have traveled or plan to travel to Zika affected areas should inform their healthcare providers. This is particularly important for women who are pregnant or trying to become pregnant. \*See reference links to CDC Pre-Travel Info and Travel Health Notices in the ribbon below.**

**Pre-Travel Counseling**

Pre-Travel Counseling:  
 Patient is traveling to \_\_\_\_\_ on \_\_\_\_\_.  
 Discussed the following health/safety risks and recommended precautions.  
 - Current CDC travel advisories  
 - Following specific disease(s): \_\_\_\_\_  
 - Immunizations  
 - Food and drink safety  
 - Bug bite prevention  
 - Caution around animals  
 - Climate and outdoor precautions  
 - Transportation and personal safety  
 - Avoiding bodily fluid  
 - Importance of knowing how to get medical care while traveling

**CDC Pre-Travel Info**

**CDC Travel Health Notices**

**>> Has the patient traveled outside of the country in the past 90 days?**  **Yes**  **No** Document travel history below

**BMI screening should be repeated yearly**

**BMI greater than, or equal to, 30**  Patient BMI >= 30. Date: \_\_\_\_\_

**BMI less than 30**  Patient BMI < 30. Date: \_\_\_\_\_

**If BMI >=30:** See TSWF-Metabolic-CPG AIM Form for Obesity Management. Document Dx in A/P module: (Obesity - ICD-10: E66.09) (Morbid Obesity - ICD-10: E66.01)

**Diet + Exercise + Behavioral Modification \* = Weight Loss**  
 (\*all three needed)  
 Behavior Modification available by IBHC Provider

**>> Does the patient engage in 150 minutes of moderate intensity exercise per week AND muscle strengthening activities 2 or more days per week?**  **Yes**  **No** (Anything that raises heart rate and causes sweat) If 'NO', document exercise counseling below.

**>> Do You Drink Alcohol?**  **Yes**  **No** AUDIT-C Date: \_\_\_\_\_

If YES, complete AUDIT-C below (annually, or more often if required by policy)

**>> Have you Ever Used Tobacco?**  **Yes**  **No**

Document counseling below. Include smoking, smokeless tobacco, e-cigs and vaping.

Refer to IBHC for tobacco cessation as part of standard evidence-based team healthcare. If patient not ready to quit, refer to IBHC for assessment and assistance with barriers to change.

**Female ONLY Data**

**Could You Be Pregnant**

**Date of Last Period:**    **Date:** \_\_\_\_\_ U = Unknown  
 Update or clear LMP data in the AHLTA vital signs module.

**Pregnant for** \_\_\_\_\_ **Weeks Based on LMP** \_\_\_\_\_

**Hysterectomy**

**Menopause**

**>> Are you now in a situation where you are being verbally or physically hurt, threatened, or made to feel afraid?**  **Yes**  **No**  **Declined to Answer**

USPSTF supports screening Females ages 14-46. Please follow local policy. If yes, complete the two questions in the ribbon below and discuss with IBHC for assistance determining further required actions.

**Annual Assessments**  **Annual Questions Date:** \_\_\_\_\_

**Annual Questions**

ANNUAL QUESTIONS  
 Preferred language (written or spoken):  English  Other:  
 Preferred method of learning?  Verbal  Written  Visual  Other (Specify):  
 Learning disability, language barrier, hearing/vision deficit?  Yes  No (Specify):  
 Advance directives completed?  Yes  No

**Note - if has been more than a year since asking these questions, click on the 'X' next to 'Annual Questions' to reset the contacts and ask questions again.**

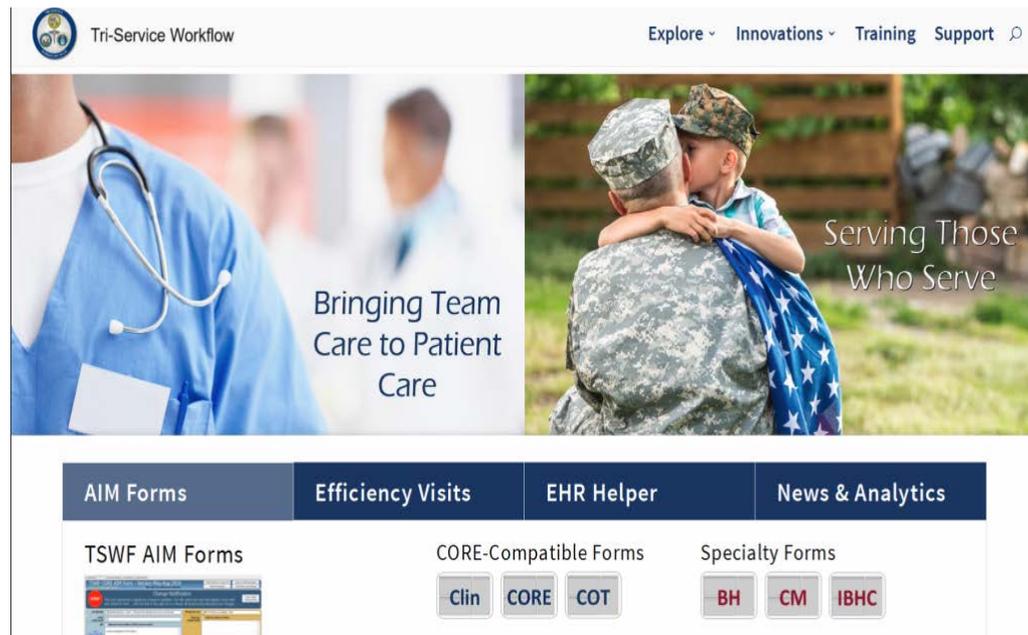
## Additional TSWF Tools



***“Medically Ready Force...Ready Medical Force”***

# TSWF-MHS Website

- The website allows easy access to all TSWF training materials and clinical tools
- 64,000 page views over a one year period
- Trainers' Corner page dedicated to keeping Clinical Systems Trainers (CSTs) up to date and informed
- Training request portal for Boots on Ground (BOG) or Defense Connect System (DCS)
- AIM form support - Change and New AIM form requests
- Latest news - Updates on AIM forms, new requirements, and recent developments



The screenshot shows the homepage of the TSWF-MHS website. At the top left is the 'Tri-Service Workflow' logo. To the right are navigation links: 'Explore', 'Innovations', 'Training', and 'Support'. Below the navigation is a large banner image. The left side of the banner shows a close-up of a healthcare professional in blue scrubs with a stethoscope, with the text 'Bringing Team Care to Patient Care'. The right side shows a soldier in camouflage being kissed on the cheek by a young child, with the text 'Serving Those Who Serve'. Below the banner is a navigation bar with four main categories: 'AIM Forms', 'Efficiency Visits', 'EHR Helper', and 'News & Analytics'. Under 'AIM Forms', there is a sub-section for 'TSWF AIM Forms' with a small image of a form. Under 'Efficiency Visits', there is a sub-section for 'CORE-Compatible Forms' with buttons for 'Clin', 'CORE', and 'COT'. Under 'EHR Helper', there is a sub-section for 'Specialty Forms' with buttons for 'BH', 'CM', and 'IBHC'.

[www.tswf-mhs.com](http://www.tswf-mhs.com)

# Training Materials

- User Guides
  - Easy-to-read PDF documents (10-15 pages)
  - Designed for end users
  - Quick overview of form function
- Training Slides
  - PowerPoint presentations (30-50 slides)
  - Recommended for a classroom setting
  - Include speaker notes and comments
- Interactive Video Presentations
  - Seven and a half hours of dynamic stand-alone material
  - Instructional walk-through of the forms
  - Presented by medical providers



# TSWF milSuite



Defense Health Agency

2016 Defense Health Information Technology Symposium

This CAC-enabled site contains a forum for leaving comments, suggestions, and feedback.

TSWF uses milSuite for:

- Posting announcements
- Providing information on specific topics related to TSWF AIM forms
- Receiving feedback on AIM forms from users
- Allowing users to discuss change implementation within their facilities

A screenshot of the milSuite website's terms of use page. At the top, the 'milSuite' logo is displayed in a purple, lowercase, sans-serif font. Below the logo, the text reads: 'YOU ARE ACCESSING A U.S. GOVERNMENT (USG) INFORMATION SYSTEM (IS) THAT IS PROVIDED FOR USG-AUTHORIZED USE ONLY.' This is followed by a paragraph: 'By using this IS (which includes any device attached to this IS), you consent to the following conditions:'. A bulleted list of five conditions follows, detailing USG monitoring, data inspection, security measures, and privacy policies. At the bottom of the list, it states: 'By clicking the I AGREE button below, you're accepting the terms and conditions mandated above'. Below this text is a dark grey button with the text 'I AGREE' in white. Underneath the button is a blue link: 'milSuite Help and Support'. At the very bottom of the page, there is a small paragraph of text and a row of social media icons for Facebook, Twitter, YouTube, LinkedIn, and WordPress.

<https://www.milsuite.mil/tswf>

***“Medically Ready Force...Ready Medical Force”***

## Goals of Efficiency Visits:

- Offer Military Treatment Facilities (MTFs) the benefit of the team's extensive observations of best practices and standardizations throughout the MHS
- Work with the MTFs to help them identify impediments to their current workflows, mitigation strategies, or implementation of standardizations/needed workflows
- Strive to be a resource (not an inspection team) and an advocate for the MTFs, looking at their clinics and objectively supporting functions to better support the mission
- Identify best practices, sharing these among sites



# Efficiency Visits – Pilot

## Example of a Potential Saving Estimate following our recommendations

Data represents:

- 3-4 TSWF team members
- 4 days onsite
- Family Practice Clinic
- Medium-sized MTF (1000 -1200 FTEs)
- Implementation of 2 of 71 recommendations given

Localization & Centralization



This represents the estimated time and manpower savings associated with the following three recommendations:

- Standardize Local Forms
- Standardize Exam Rm carts
- Centralize Patient Handouts

AVHE Implementation



This represents the implementation of AVHE (Virtualized AHLTA) into the Family Practice Clinic

# Training (BOG and DCS)

The TSWF team offers a variety of training opportunities designed to accommodate varying schedules and skill levels.

- Boots on Ground
  - Classroom
  - Over-the-Shoulder
- DCS
  - Virtual Training



## Training Stats

- Over 11,800 face-to-face training instances in 2015
  - 28,500 training instances over a two year period!
- TSWF on-site training teams earned a 97% satisfaction rating during the period of May -Dec 2015

# MHS GENESIS Transition Points



***“Medically Ready Force...Ready Medical Force”***

# MHS GENESIS Care Process Models

- Care Pathways is an MPages framework that helps physicians address conditions that require complex decisions to determine treatment.
- By blending clinical evidence, patient history, and interactive dialog with the physician, care pathways guide clinicians along the best decision path

# MHS GENESIS Care Process Models

## Care Process Models currently in iCentra

- Adult Sinusitis
- Pediatric Sinusitis
- Adult Strep Throat
- Pediatric Strep Throat
- Low Back Pain
- Chronic Kidney Disease
- Cardiovascular (CV) Risk and Cholesterol Mgmt
- CV Discharge Decisions support
- Anti-Coagulation
- Choosing Wisely
- Bilirubin

## Next set of targeted Care Process Models

- Suicide Assessment and Prevention
- Depression\*
- Discharge Tool
- Interdisciplinary Plan of Care (CV)\*
- Minor Head Trauma in Pediatric Patients
- Community Acquired Pneumonia\*
- Primary Total Hip Arthroplasty
- Primary Total Knee Arthroplasty\*
- Hyper-Acute Stroke Care Pathway

- Standing Chemotherapy CPOE Regimens
  - Breast
  - Colon
  - Lung
  - Prostate
- Febrile Infant
- Asthma (1<sup>st</sup> three components)\*
- Diabetes
- High Blood Pressure
- Appendicitis
- Gall Bladder
- Hypoglycemia Algorithm

# MHS GENESIS Quick Visits

- Bundles may include the following items:
  - Problems addressed “this visit” (i.e., diagnoses)
  - Orders
  - Prescriptions
  - Charges
  - Follow-Up instructions
  - Patient Education materials

# Quick Visit Use Cases Examples

- Ambulatory Routine Care
  - Sore Throat
  - Well Child Exams
- Emergency Department
  - Ankle Break/Sprain
  - Ankle Pain
  - Nausea
  - Vomiting
  - Sore Throat
  - Fever
  - Hand / Leg / Arm Laceration

# Quick Visit in MHS GENESIS



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## Quick Visit

- Goal: Place bundle of actions
- Sign/submit with a single click
  - Orders
  - Rx
  - This visit diagnosis
  - Charges
  - Follow-Up
  - Patient Education
- In Mpages workflow
- One large grouping of actions from which to select / deselect
- Does not support regimens to leverage several sets of PowerPlans
- Does not use phases to sequence treatment
- Does not leverage logic
- Allows variation through user modification of standard Quick Visit

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# Care Pathway in MHS GENESIS



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## Care Pathway

- Goal: Guide medical decision making
- Enact best practice clinical guidelines and pathways
- In Mpages workflow
- Leverages orders in a more discrete, guided manner at the right step of treatment
- Supports regimens to leverage several sets of PowerPlans
- Uses treatment lines to sequence treatment
- Leverages logic through Care Pathway Build Tool\*
- Creates consistency through IT build (no user modification of standard Care Pathway)

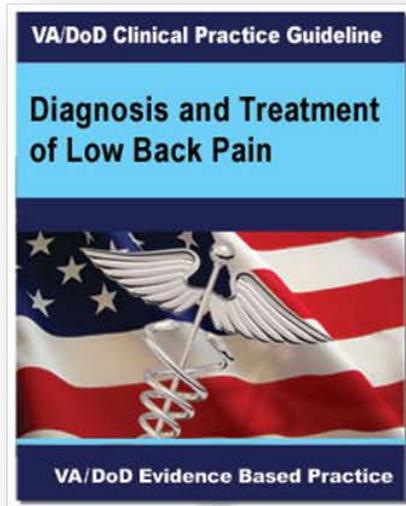
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# TSWF Mock-Up



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Current clinical content can be converted and added to the [TSWF-MHS.com](http://TSWF-MHS.com) website. This would provide easy access and allow for EHR agnostic use



VA/DoD LBP CPG

TSWF LBP CPG AIM Form (AHLTA)

TSWF LBP Free text Webpage

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## Low Back Pain Free Text Template Subjective

Complete the text below and copy and paste into the patient's medical

Low Back Pain (LBP) – 2016 ICD-10-CM Code M54.5  
S: Patient (in his/her own words) \_\_y/o M/F will manifest c/o LBP for \_\_d; and history of positional Y/N with bending Y/N; or lifting Y/N; with/without radiation down the R/L leg. Sensation of leg numbness Y/N; tingling Y/N; burning feeling Y/N; History has to include the following (Using “oldcharts”):  
Onset:  
Location:  
Duration: Prior h/o back problems Y/N, Recurrent self-limited episodes



# Key Takeaways

- Core 2.0 will be available
  - 4<sup>TH</sup> Quarter 2016
- Clinical content as a Service
  - Provides clinical content via AHLTA, MHS Genesis, & Web
  - Content is system agnostic
  - Content is vetted through a defined approval process
- Core 2.0 saves time
  - Reduces the need for loading other forms and form switching
  - Provides more tools at the users fingertips

# Questions?



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# Thank You!

## Come visit the Solution Delivery Division team!



Kiosk #4	Kiosk #5	Kiosk #6
AHLTA, CHCS, HAIMS, Essentris	CORE 2.0, Patient Engagement Portal, SPORTS, Application Migration (Med-COI)	ABACUS, EBMS, SEMOSS

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# Evaluations



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Please complete your evaluations

# Contact Information



Maj Matthew Barnes  
Chief of Tri-Service Workflow  
matthew.g.barnes.mil@mail.mil