



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc frp: May 2013
IN REPLY REFER TO
BUMEDNOTE 6320
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15 May 2012

BUMED NOTICE 6320

From: Chief, Bureau of Medicine and Surgery

Subj: IMPLEMENTATION OF THE ARMED FORCES HEALTH LONGITUDINAL
TECHNOLOGY APPLICATION NARRATIVE SUMMARY AS STANDARD
OPERATING PROCEDURES FOR THE INTEGRATED DISABILITY
EVALUATION SYSTEM PROCESS

Ref: (a) USD(P&R) memo of May 3, 2007, Directive Type Memorandum (DTM)-Disability
Evaluation System (DES) Pilot Program Guidance
(b) USD(P&R) memo of August 16, 2010, Senior Oversight Committee Decision to
Execute Worldwide Expansion of the Integrated Disability Evaluation System (IDES)
(c) MILPERSMAN article 1306-1200 series
(d) MANMED Chapter 18, Medical Evaluation Boards
(e) SECNAVINST 1850.4E

1. Purpose. To provide guidance and operational procedures for the implementation of the Armed Forces Health Longitudinal Technology Application (AHLTA) Narrative Summary (NARSUM) as standard operating procedures for the Integrated Disability Evaluation System (IDES) process in accordance with references (a) and (b).

2. Scope. Applies to all Navy Medicine Regions and Medical Treatment Facilities (MTFs).

3. Background

a. Navy Medicine is implementing the use of AHLTA as the documentation tool of record for the Medical Evaluation Report Board (MEBR) NARSUM at the Navy Medicine Regions and MTF commands as standard operating procedure. The Bureau of Medicine and Surgery (BUMED) initiated a Test-of-Concept utilizing existing AHLTA information technology at Naval Hospital, Camp Lejeune. Beginning in February 2011, physicians wrote NARSUM(s) pertaining to their specialty (orthopedics, neurology, mental health, etc.) in AHLTA using a standardized card guide as a baseline for information necessary to include in the report. The patient administration department and convening authorities then reviewed the medical record to determine if the Service member had other medical conditions that would require additional AHLTA NARSUM entries. If warranted, the appropriate physician documents the information in AHLTA to ensure representation of the complete medical record and not only the referred condition(s), (i.e., addendums).

b. Use of the AHLTA NARSUM has proven to be a success for Naval Hospital, Camp Lejeune. Performance measures reflect reduction in processing timelines for Medical Evaluation Board (MEB) case files by more than 50 percent over the past 6 months. The use of the AHLTA

NARSUM for a referred condition can now be completed on the day of referral, during the patient encounter, with additional NARSUM(s) for other conditions being submitted to the Medical Boards Office within 10 days. A secondary effect of workload capture has been realized that leverages our existing systems and allows documentation and coding to occur that was not captured previously. This results in evidence that can be used for proper staffing, resourcing, and scheduling models for future use.

c. Based on the success of the Test-of-Concept, Navy Medicine will expand this concept across the Enterprise within 60 days of the date of this policy. For Navy and Marine Corps personnel, whose current medical status brings into question their ability to continue full Naval Service, the MTF will submit a NARSUM documented in AHLTA detailing the referred condition(s) and should contain medical information to substantiate the existence and severity of a potential unfitting condition(s) as well as a description of how the physical condition(s) affects the Service member's performance of duties.

4. Responsibilities

a. MTF Commanders and Commanding Officers

(1) Establish the forum and climate to ensure timely scheduling and appropriate completion of required examinations and consultations.

(2) Ensure all providers read and comprehend reference (c).

(3) Establish procedures directing physicians, when clinically indicated, to refer Service members into the IDES using AHLTA NARSUM. As part of this referral process, the physician must provide information specified by the PEB in the member's AHLTA note(s) eliminating the need for a stand-alone NARSUM.

(4) Establish procedures to ensure the medical information provided substantiates the existence or severity of potentially unfitting conditions and are documented. This information will generally be no older than 6 months. Information exceeding this time frame may be used if more current information would not substantially affect the PEB's evaluation of potentially unfitting conditions.

(5) Ensure training of all providers by the convening authorities on the appropriate completion of MEBRs and clinical aspects of the IDES process.

b. Convening Authorities. Appointed by the commander and commanding officer and will usually be a director or department head that sign off on Medical Boards.

(1) Train all providers on the clinical aspects of appropriate IDES referral(s) and the administrative roles, responsibilities, and guidance on standard procedures for the assignment, accountability, follow-up care, and disposition of personnel to or from a LIMDU status for medical reasons.

(2) Develop a forum for peer review of all LIMDU cases approaching a second LIMDU threshold that may warrant a clinical case management plan by assigning the appropriate level of oversight (i.e., case manager).

(3) Review all AHLTA NARSUM and MEBR case files for completeness, accuracy, and diagnostic alignment prior to signatory and release to PEB.

c. Medical Provider

(1) Must determine if the reason for the current encounter calls into question the Service member's ability to continue Naval Service.

(2) When clinically indicated, refer Service members into the IDES using AHLTA NARASUM.

(3) Providers delinquent in their duty to complete AHLTA NARSUM and case coordination may be subject to command peer review for clinical course of action.

(4) Providers must convey the necessary information to commanders, commanding officers, and officers in charge to make informed decisions on the personnel management of Sailors and Marines under their command. The member's commander, commanding officer, or officer in charge is ultimately responsible for determining how best to utilize the member's capabilities and unambiguous functional limitations are critical to help commanders, commanding officers, and officers in charge, and the PEB make the best decision for Navy and Marine Corps personnel and the mission.

5. ALHTA MEBR Report Guidance. When completing the SF 600, Medical Record - Chronological Record of Medical Care, the following is required:

a. Identification/military history.

b. Referred diagnosis(es) as determined by the examining physician: To constitute a physical disability, the medical impairment or physical defect must be of such a nature and degree of severity as to interfere with the member's ability to adequately perform his or her duties. The mere presence of a physical or mental condition does not constitute a "disability" and therefore there are conditions and situations in which convening an MEB/PEB is neither appropriate nor desired. (See references (d) and (e).)

(1) State why you are referring this member to the PEB.

(2) How does the medical condition(s) impact member's work capacity in relation to his or her Military Occupational Specialty (MOS)/Rate? (MOS/Rate requirements are in Marine Corps Order 1200.17A, 4 June 2009 (for Marines); NAVPERS 18068F, Volume 1, October 2010 (for Sailors)).

(3) What is the prognosis? Capability to return to work? Requirements for future treatment?

(4) Statement regarding review of Veterans Affairs (VA) compensation and pension examinations.

(c) Chief complaints.

(d) History of present illness

(1) Date of injury or onset of symptoms.

(2) Mechanism of injury or proximate cause of onset of symptoms (if applicable).

(3) Date(s) of surgery(ies) and/or treatment (e.g., medications, therapy/counseling, procedures) rendered and consequent outcome of treatment rendered.

(4) Ancillary treatment rendered (e.g., physical therapy, medications, injections, etc.).

(5) Current condition/status and impact on job/MOS if not previously addressed above.

(e) Past medical history.

(f) Post surgical history.

(g) Social history (if applicable).

(h) Family history (if applicable).

(i) Review of symptoms (if applicable).

(j) Medications and allergies (if applicable).

(k) Pertinent physical exam (include range of motion if applicable).

(l) Pertinent diagnostic testing/imaging and results.

(m) Opinions and recommendations.

Note: Documenting the MEBR information in AHLTA is required. If an MEBR is submitted by a provider who did not render care to the member (such as by a General Medical Officer (GMO) or Primary Care Manager (PCM)) please attach the pertinent AHLTA, VA, or civilian provider clinical notes. Brevity, if both precise and accurate is acceptable.

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6. My points of contact at BUMED can be reached at NavyPatientAdministration@med.navy.mil.
7. Forms. For this notice, the only approved SF 600, Medical Record - Chronological Record of Medical Care, authorized for use is the SF 600 available within AHLTA.
8. Cancellation Contingency. Retain until incorporated into reference (d).



M. L. NATHAN

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