



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

IN REPLY REFER TO

APR 4 2006

MEMORANDUM FOR NAVY MEDICINE EAST
NAVY MEDICINE WEST
NAVY MEDICINE NATIONAL CAPITAL AREA
NAVY MEDICINE SUPPORT COMMAND

SUBJECT: ARMED FORCES HEALTH LONGITUDINAL TRACKING APPLICATION
(AHLTA) – INTEROPERABLE ELECTRONIC HEALTH RECORD

This memorandum establishes Navy Medicine policy and responsibilities for the deployment and use of AHLTA (formerly Composite Health Care System (CHCS) II).

Background:

AHLTA is the Defense Health Program's electronic medical record which has been implemented in response to the President's Executive Order 13335 of 27 April 2004. This order established a National Coordinator for Health Information Technology and set a goal for the majority of Americans to have an interoperable electronic health record within 10 years. The National Coordinator determined three initiatives as critical to meet this goal: automating clinical practice, interconnecting care, and improving population health. Military Medicine leads the nation in this initiative. Only the seamless integration of CHCS I and the enhanced functionality of AHLTA will meet the global needs of joint military health care in breadth of function, security, and applicability to our diverse mission.

AHLTA will deliver to Military Medicine the ability to provide enhanced quality and continuity of health care to our mobile population and clinical base. We have made significant progress in our deployment of AHLTA. We must maintain our focus.

Policy:

AHLTA is Navy Medicine's primary shore based electronic medical record.

Acquisition and use of other medical record applications or components is prohibited unless approved by Chief, Bureau of Medicine and Surgery (BUMED). This policy is not intended to discourage innovation, but rather to enforce standards across the enterprise. Innovation is encouraged, but it must be coordinated through BUMED Chief Information Officer (CIO).

Responsibilities:

BUMED CIO and Navy Medical Support Command are responsible for:

- Implementation, sustainment training, and future development activities for AHLTA and its ancillary modules.

- The Information Management (IM)/Information Technology (IT) acquisition and development approval process for upgrades and modifications to AHLTA.

Regional Commanders and shore based MTF Commanding Officers are responsible for:

- Executive leadership involvement in the deployment and implementation of AHLTA and the subsequent need for change management.
- Ensuring AHLTA is used to document all outpatient care. AHLTA will be used to the maximum extent possible for medical and dental documentation. Exceptions to the use of AHLTA must be approved by Chief, BUMED.
- Ensuring that the acquisition of commercial products or development of “homegrown” medical record applications or components are approved by BUMED CIO and are in keeping with the enterprise information technology strategy of Navy Medicine.
- Monitoring the compliance with the metrics set forth in this policy memorandum.

Action:

During the implementation phase, all shore based MTFs shall meet the following AHLTA implementation and use standards:

- Less than 5 percent no-show rate for MTF training. At a minimum, all providers, clinical staff, and managed care and referral management departments will attend the training.
- Greater than 65 percent of all outpatient visits fully documented in AHLTA at completion of clinic training. One hundred percent completion of the AHLTA Assessment and Plan (A/P) and disposition section for all outpatient encounters.
- Greater than 75 percent of all outpatient visits fully documented in AHLTA at completion of MTF training. One hundred percent completion of the AHLTA A/P and disposition section for all outpatient encounters.
- Greater than 85 percent of all outpatient visits fully documented in AHLTA by 6 months after completion of medical facility training. One hundred percent completion of the AHLTA A/P and disposition section for all outpatient encounters within 9 months from the completion of training.
- The entire clinical note must be available in AHLTA. For encounter documentation in AHLTA, structured text should be used to the greatest extent practical. If in some areas it is difficult to use AHLTA directly, then the note must be scanned and imported according to the “BUMED Guidance for: Integration of AHLTA into MTF Clinical and Business Practices,” 24 August 2005. Procedures not already electronically interfaced with AHLTA such as electrocardiograms, pulmonary function tests, etc., must be scanned, imported, and the A/P section appropriately completed.

- For multiple reasons, TRICARE network provider documentation is often not available in the outpatient record. By contractual arrangement, these reports are returned to the command designated referral management center or appropriate managed care point of contact. Departments who initially receive network documentation should redirect this information to the designated referral management center or appropriate managed care point of contact to scan and import these network provider reports as per BUMED referral management guidance.

Once AHLTA is fully integrated at an MTF, it shall be the system used for Individual Medical Readiness clinical data capture and beneficiary immunizations.

Points of contact are as follows:

For AHLTA implementation information and clinical support, contact AHLTA Program Director, BUMED, CDR Tina Ortiz at (202) 762-0037 or e-mail: tlortiz@us.med.navy.mil.

For questions concerning clinical integration and user support, contact AHLTA Clinical Champion, BUMED, LCDR William McCullough at (202) 762-3013 or e-mail: wpmccullough@us.med.navy.mil.

For questions regarding duplicative or non-duplicative local applications and overall IM/IT issues, contact Chief Information Officer, BUMED, CAPT Joseph Grace, Jr. at (202) 762-3180 or e-mail: jagrace@us.med.navy.mil.

Security standards and certification can be coordinated through the Navy Medicine Information Assurance Manager, Mr. Dale Edgeington at (301) 319-1257 or e-mail: deedgeington@us.med.navy.mil.

HIPAA and JCAHO compliance questions should be directed to CAPT David McCarthy at (202) 762-0564 or e-mail: drmccarthy@us.med.navy.mil.



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