

# **Implementation of AHLTA for Marine Corps Recruit Encounters**

## **Naval Medical Center San Diego**

### **Branch Medical Clinic Marine Corps Recruit Depot San Diego**

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- **Introduction**

In fiscal year 2011, the Navy Medicine data quality standard for AHLTA utilization increased from 80% of outpatient encounters to 95%. While most outpatient medical encounters at Naval Medical Center San Diego were documented in AHLTA, due to high volumes of patients and recruit training schedule time constraints, Marine Corps recruit in-processing encounters and selected recruit immunizations were documented in the Ambulatory Data Module (ADM) of CHCS, not AHLTA. As a result, the percentage of Naval Medical Center San Diego outpatient encounters in AHLTA during the first quarter of FY 2011 was 93% and did not meet the new 95% standard. In November 2010, while clinic leadership was considering how to increase utilization of AHLTA to meet the new 95% data quality standard, the CHCS ad hoc routine which captured and reported standardized medical encounter data for Marine Corps recruits at Marine Corps Recruit Depot San Diego failed and was not able to be recreated. The failure of the CHCS ad hoc routine prevented the capture and transmission of workload data for several thousand recruit encounters per month.

To address the underutilization of AHLTA and the failed CHCS ad hoc, the Naval Medical Center San Diego Director of Branch Clinics chartered a team to increase utilization of AHLTA and reestablish electronic capture and reporting of all recruit medical workload at Branch Medical Clinic Marine Corps Recruit Depot San Diego. The team was chartered in January 2011 and employed a six sigma rapid improvement event methodology. The team goal was to create and implement a process that would accurately and fully capture recruit encounter data in AHLTA within the time constraints of the recruit training schedule before the start of the seasonal increase in recruit training that begins each June.

- **Methods:**

Use of AHLTA requires an individual AHLTA record be created for each recruit encounter. The chartered team decided that AHLTA templates would reduce the amount of time needed to create each AHLTA encounter record. Naval Medical Center San Diego outpatient coding staff assisted in creation of the templates by walking through the patient flow process and defining the documentation the template would

need to support full and accurate coding of the encounters to be captured in AHLTA. After the AHLTA templates were designed and data entry SOPs created, time studies were done to quantify the data entry time and staff needed to create the AHLTA templates within the time limits imposed by the recruit training schedule. Based on projected recruit company sizes, the time studies documented a need for up to 5 additional staff members to enter AHLTA template data.

Pilots of the AHLTA process for recruit in-processing encounters were conducted in March 2011 for recruit training companies of 250-260 recruits using existing clinic staff,. The pilots resulted in some modifications of the data entry SOPs and the AHLTA templates.

In May 2011, pilots were conducted to capture immunizations given to recruits on training days 22 and 48 using AHLTA templates. These pilots were also successful and pushed percentage of all Naval Medical Center San Diego outpatient encounters captured in AHLTA over the 95% Navy Medicine data quality standard.

In June 2011, the template for recruit in-processing encounters was modified to include appropriate units of service. June was also the start of the normal summer increase in the number of recruits in training. To handle the increase in the number of AHLTA in-processing templates that needed to be created, five Naval Medical Center San Diego corpsman were reassigned to the Branch Medical Clinic Marine Corps Recruit Depot. Branch Medical Clinic leadership provided just in time training on the AHLTA template SOPs for the reassigned corpsmen.

Despite the increase in units of service added to the AHLTA template during June 2011, which should have increased the RVU per encounter, a drop in the average RVU per encounter was noted in the June data. Investigation revealed that the order of the procedure codes being captured in ADM was not the order specified in the SOP for AHLTA template creation. As the know MHS business rules awarded RVU credit for only the first four procedure codes entered into the AHLTA template, the order in which the procedures codes were entered into AHLTA was important in maximizing RVU per encounter. This decrease in RVU was initially believed to be due to variation in data entry resulting from a change in the AHLTA template SOP and new staff entering data. After investigation however, it was uncovered that AHLTA encounters containing more than 4 procedure codes are pulled into ADM in a random order, not the order entered into AHLTA. To validate that staff were creating AHLTA templates according to the SOP with minimal variation, clinic leadership had staff enter only 4 procedure codes starting in July 2011. This change validated that the data entry process was stable with minimal variation and the clinic staff was highly proficient in creating consistent and accurate AHLTA templates. In October 2011 the SOP for recruit in-processing encounters was again modified to include all procedure codes.

Data was updated twice a month and weekly averages for RVU per encounter, and percentage of outpatient encounters captured in AHLTA, were calculated for each week a recruit company was formed. Data was plotted on run charts starting in March 2011

and provided to the branch medical clinic leadership, including the Branch Clinic Head, Senior Nurse, and the Leading Chief Petty Officer for Recruit Processing. The frequency of data updates was changed to monthly in August 2011.

In FY 2011, the data used to measure process performance was pulled from the SADR using M2. In October 2011, the data used to measure process performance were converted from SADR based to CAPER based. The change in the data base used to measure processes was due to the MHS transition from SADR to CAPER in FY 2012.

- **Results:**

The initiative increased the percentage of outpatient encounters captured in AHLTA in the recruit processing clinic (DMIS 0230 MEPRS BHBR) from 0% to 100%. The data was pulled twice a month and plotted on a run chart which broke the data down by week to identify trends or problems that might require an intervention. The initiative also increased the percentage of all outpatient encounters captured in AHLTA at Naval Medical Center San Diego over the 95% Navy Medicine Data Quality Management Control Program standard.

The initiative captured 10,554 recruit in-processing encounters in AHLTA between March and September 2011. Using the CAPER Total Enhanced RVU (13), the average FY11 RVU per encounter in AHLTA was 11.042, an increase of 0.695 RVUs per encounter over the 10.346 RVU average for recruit in-processing encounters in FY10. The initiative created a FY11 increase of 7,349 RVUs captured in AHLTA with a PPS value of \$284,803.

Changes in the SOP for recruit in-processing AHLTA template creation, which were initiated in October 2011, are expected to increase the RVU per encounter to 12.97 in FY 2012. This would be an increase of 2.50 RVU per encounter over the FY 2010 baseline. Based on a projected FY 2012 recruit load of 18,031 recruits, the FY 2012 increase in RVU per encounter would increase RVU production by 45,078, with a PPS value of \$1,687,251.

- **Conclusion:**

The use of AHLTA for all recruit encounters has been incorporated as standard procedure at Branch Medical Clinic Marine Corps Recruit Depot San Diego. Data continues to be tracked monthly and shows that the processes used to create AHLTA encounters for Marine Corps recruits are meeting utilization and productivity goals with minimal variation. The processes developed at Branch Medical Clinic Marine Corps Recruit Depot San Diego may be able to be replicated at the Branch Medical Clinic Marine Corps Recruit Depot Parris Island South Carolina.

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