

2012 Military Health System CONFERENCE



AHLTA Co-Sign Feature:

Consult Tracking and Care Coordination in the
Medical Home Port Environment

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Background



- Problem:
 - Info on patient's network care is not easily accessible in AHLTA.
 - Providers lack awareness of consult disposition, as well as network emergency care.
- Solution:
 - Referral Management facilitates working agreements with network consult providers to fax/e-mail all notes.
 - Facilitate arrangement with local Emergency Departments to forward written copies of all care to Referral Management.
 - All consult/ER notes are then scanned into AHLTA and pushed to PCM via Co-Sign feature.
 - PCM maintains 100% awareness of all external care.



After a consult is received by Referral Management, a telephone consult (T-CON) is initiated. E&M (99499) and ICD codes (v68.9—administrative) are appropriately completed.

New Telcon

Change Patient ...

H: [] Clinic: OH REFERRAL(FCAA) Assigned Owner: []

W: []

Call Back Number: []

Reason for Telephone Consult: []

Urgency: High Medium Low

OK Cancel

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Save A/P Forward Task Sign Templates Mgt Cancel Close

FolderList

Telephone Consults Appointments Previous Encounters Current Encounter **Telcon Entry**

H: [] Call Back Number: [] Clinic: OH REFERRAL(FCAA) Assigned Owner: [] Urgency: High Medium

W: []

Note: []

Follow Up: With PCM When: [] For Tx: []
 PRN In Clinic: []

Discussed: All Items Discussed
 Diagnosis Potential
 Medication(s)/Treatment(s) Alternative

Admin: Meets Outpatient Criteria (Workload)? No

E & M: 99499 (Unlisted E&M)

Disposition: []

Comments (not written to encounter): []

Diagnoses: Clinic List Problem List Search: [] Find

ICD Diagnosis

User: V68.9 visit for: administrative purpose

Clinic: []

Add Remove

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V68.9	visit for: administrative	Acute	New

Once a T-CON is entered, the actual consult or ER notes are added through the use of ADOBE acrobat software and then pasted into the AddNote section of AHLTA.



The screenshot displays the AHLTA software interface. On the left is a 'Folder List' with categories like Search, New Results, Tasking, Co-signs, Sign Orders, Consult Log, Patient List, CHCS-1, EWSR, Reports, Tools, Web Browser, and AHLTA Links. The main window shows a patient encounter for '02 Nov 2011 1259 PST' with 'Status: In Progress' and 'Type: T-CON*'. The 'Reason for Telephone Consult' is 'Sleep Results'. The 'AddNote' button is circled in red. A red circle highlights the 'Note Written by' and 'Disposition' sections, which contain the following text:

A/P Last Updated by @ 02 Nov 2011 1259 PST
1. visit for: administrative purpose

Disposition Last Updated by I @ 02 Nov 2011 1259 PST

Note Written by : @ 02 Nov 2011 1302 PST

TRIWEST 2011/11/02 11: :15 3 /5

NOV-02-2011 Front

Name: DOB: Date of Service: I

Chief Complaint: Loud snoring, pauses in breathing, excessive sleepiness in the day, previous diagnosis of

The AHLTA encounter is signed by Referral Management staff, who then specifies that a Cosigner (the PCM) is Required. PCMs receive the “Co-sign” alert in AHLTA, review and sign the note, thus closing the encounter.



Sign Encounter

NOV-01-2011 01:07 2011/11/04 06:35:51 3 /3 P.02

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11/01/11 VITAL SIGNS: BP: 125/76 P: 80 TEMP: 98.2
Meds, drug sensitivity reviewed.

DOB:

FOLLOW-UP NOTE: The patient is here to follow-up her left knee video arthroscopy and partial medial and lateral meniscectomy and tri-compartmental chondroplasty. The patient has been doing much better. The patient states that her pain is rated about a 2/10 which is much improved from last time which was a 5. She states she has much improved range of motion, has been doing quite well and is ready to go back to work at light duty.

P.E.: Blood pressure is 125/76, pulse is 80, temperature 98.2. GENERAL: No acute distress. The patient is alert and responsive. LEFT KNEE: The patient has no effusion today. Incisions are well healed. The patient can straight leg raise. She has good strength with resisted extension of the knee. Homans sign is absent bilaterally. Less than 3 second capillary refill. The patient's dorsiflexion and plantarflexion is 5/5.

IMPRESSION: Status post left knee video arthroscopy with partial medial and lateral meniscectomy and tricompartmental chondroplasty.

PLAN: I discussed with the patient, the patient will be returning back to light duty at work on 11/07/2011. The patient has improved range of motion and strength. She will continue with four to six more weeks of physical therapy. We will see the patient back on an as needed basis. We discussed at that time that her arthritis may worsen and she may need a cortisone injection or maybe visco supplementation. The patient will ice and elevate

Enter Your Password: Taxonomy: Technologists, Technicians & Other Te Sensitive Auto-Print

Cosigner Required

Comment: