Instant Medical History

Donald T. Stewart, MD

DonS@SDALC.org

Http://SDALC.org

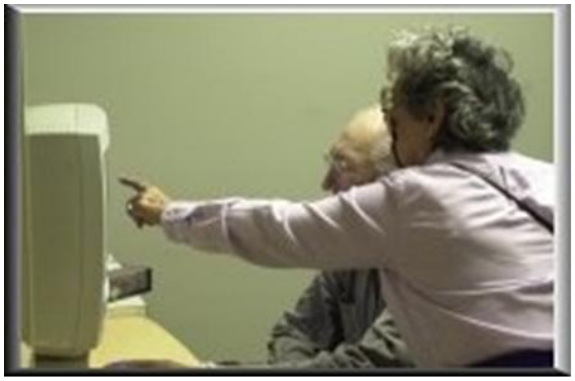
Objectives

- What is Instant Medical History?
- Benefits to Practices
- How you Tweak it
- New Tips and Tricks
- Example using Medicare Annual Wellness Exam

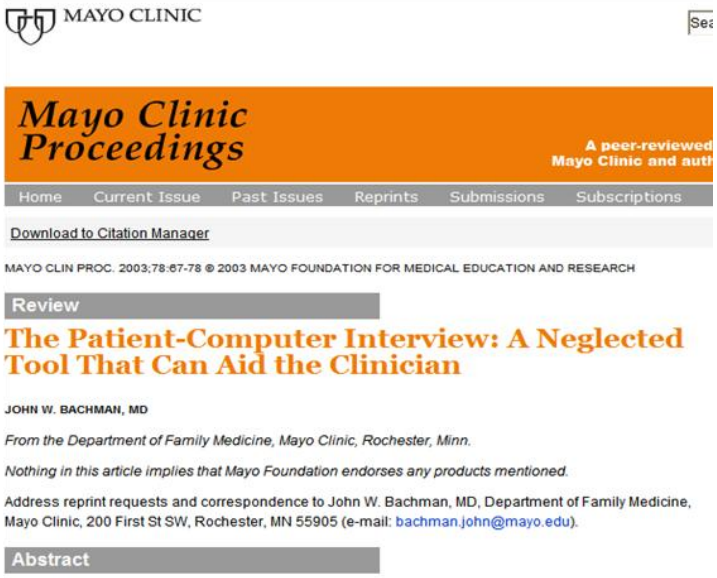
What is Instant Medical History™?

- Branching patient interview software
- Office, kiosk, and web-based questionnaires
- Algorithms are comprehensive and configurable
- Over 6,000 medical problems / 60,000 symptoms
- Customized to the needs of the patient / physician

Instant Medical History™



- Literature shows 83% to 92% of patients can enter information with Instant Medical History in the office or from home
- Powerful Productivity and Quality Tool



MAYO CLINIC

Mayo Clinic Proceedings

A peer-reviewed Mayo Clinic and auth

Home | Current Issue | Past Issues | Reprints | Submissions | Subscriptions

Download to Citation Manager

MAYO CLIN PROC. 2003;78:67-78 © 2003 MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

Review

The Patient-Computer Interview: A Neglected Tool That Can Aid the Clinician

JOHN W. BACHMAN, MD

From the Department of Family Medicine, Mayo Clinic, Rochester, Minn.

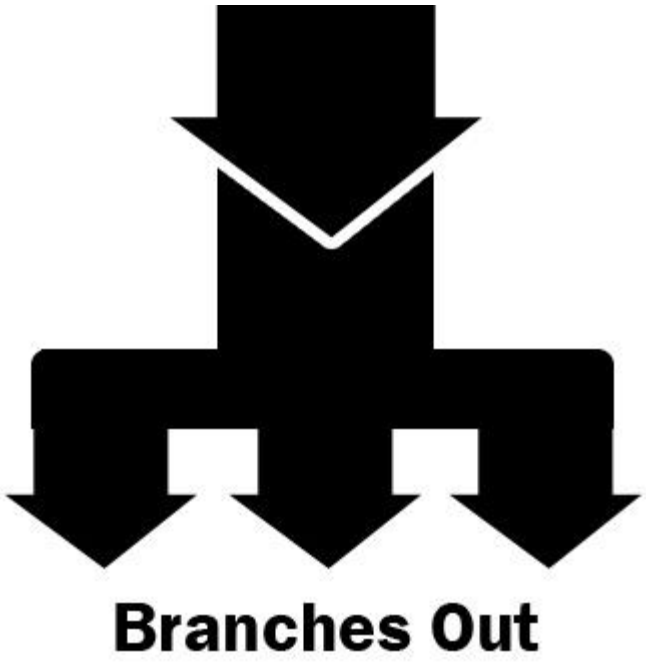
Nothing in this article implies that Mayo Foundation endorses any products mentioned.

Address reprint requests and correspondence to John W. Bachman, MD, Department of Family Medicine, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (e-mail: bachman.john@mayo.edu).

Abstract

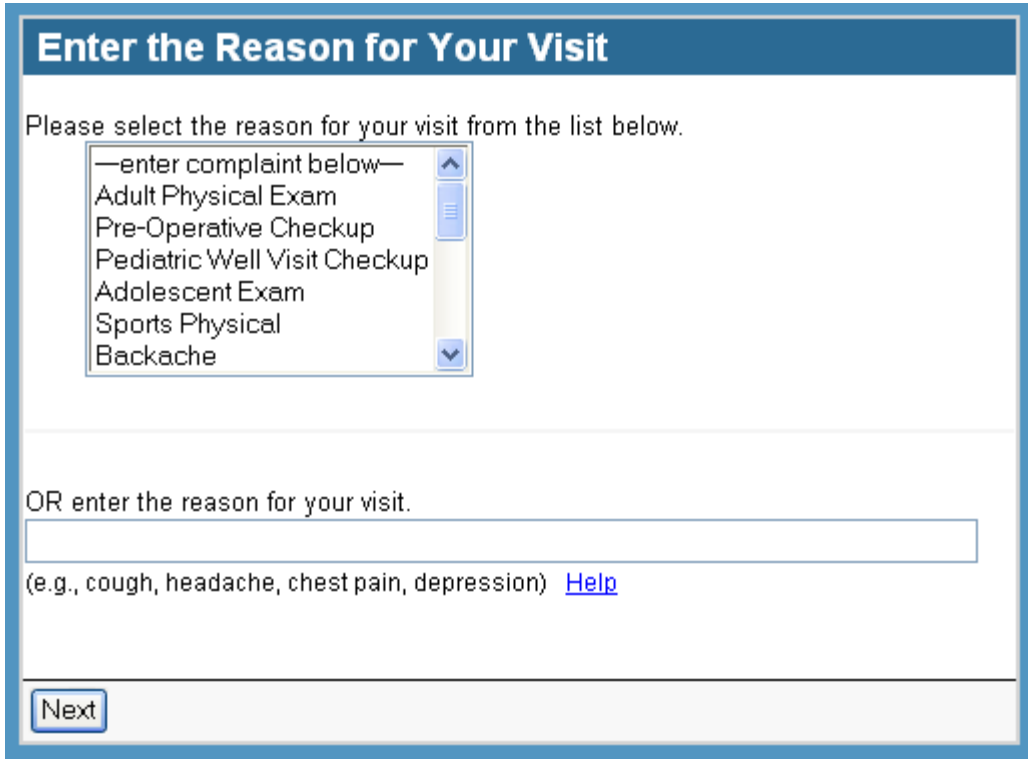
Why Use Branching Logic?

1. Medical complexity requires robust tools; branching mimics what a clinician would ask for indicated positives on a paper questionnaire
2. Branching presents many relevant additional questions as needed, documents negatives that are not productive use of physician time
3. Allows questionnaires to be much more comprehensive than a one size fits all form could, improving data collection to physician, permitting introduction of standardized instruments to care

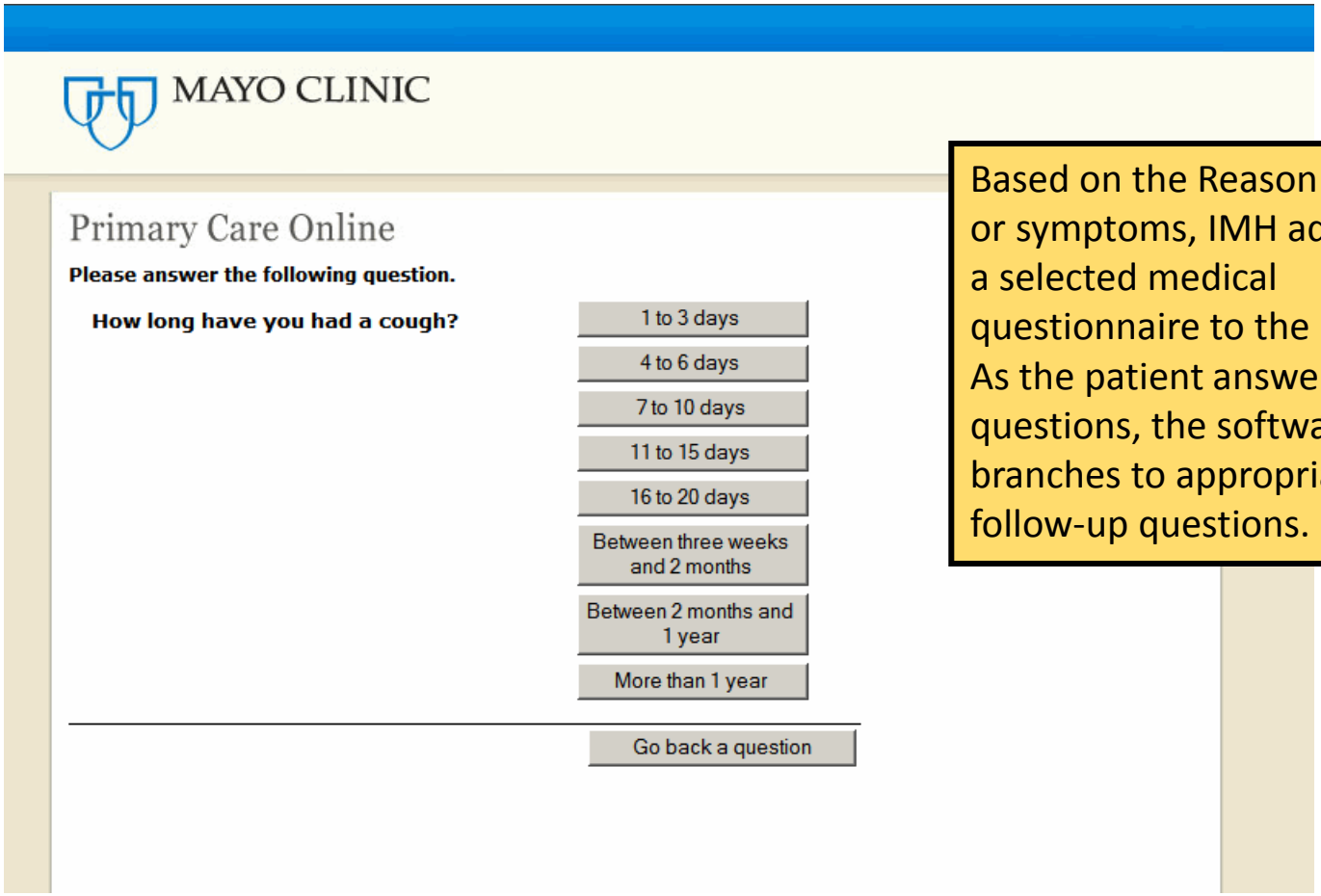


Using Instant Medical History ™

Instant Medical History™ contains questionnaires for almost any concern that a patient could have. The software allows patients to enter their own complaints.



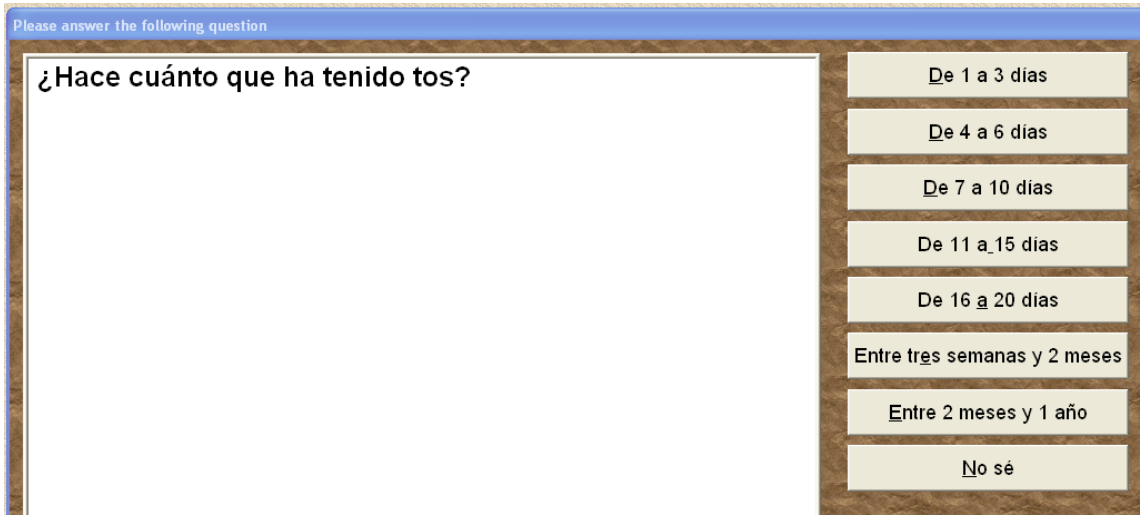
Using Instant Medical History ™



Based on the Reason for Visit or symptoms, IMH administers a selected medical questionnaire to the patient. As the patient answers questions, the software branches to appropriate follow-up questions.

Using Instant Medical History ™

Spanish Interviews allow a practice to collect history information from a growing number of patients who speak limited English.

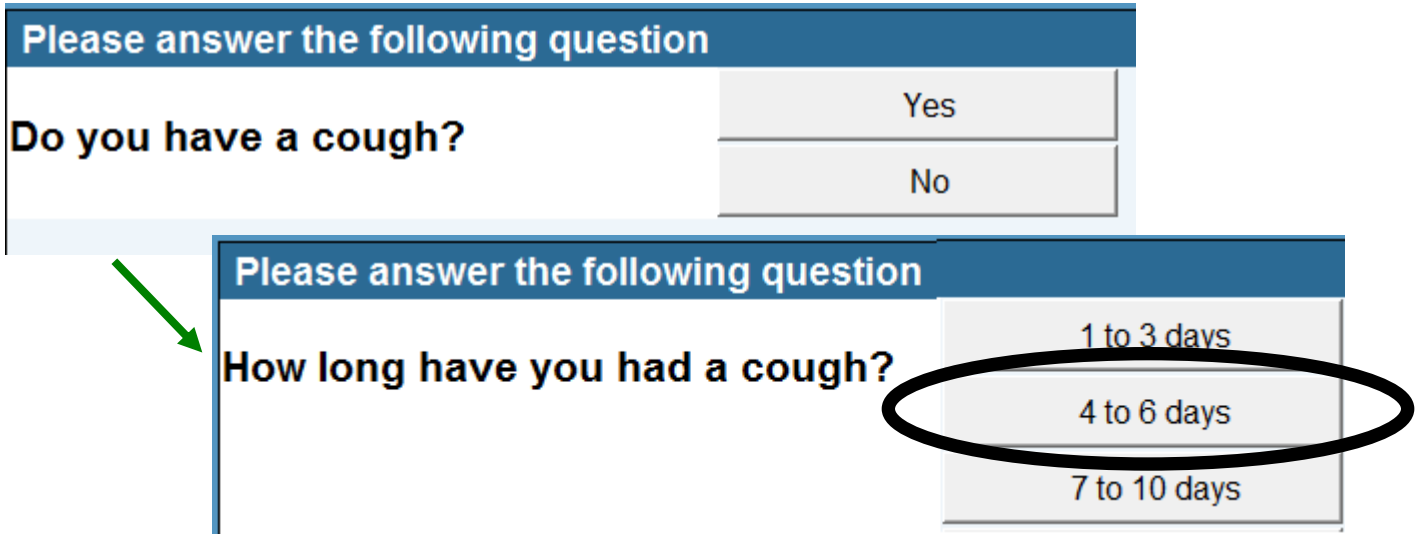


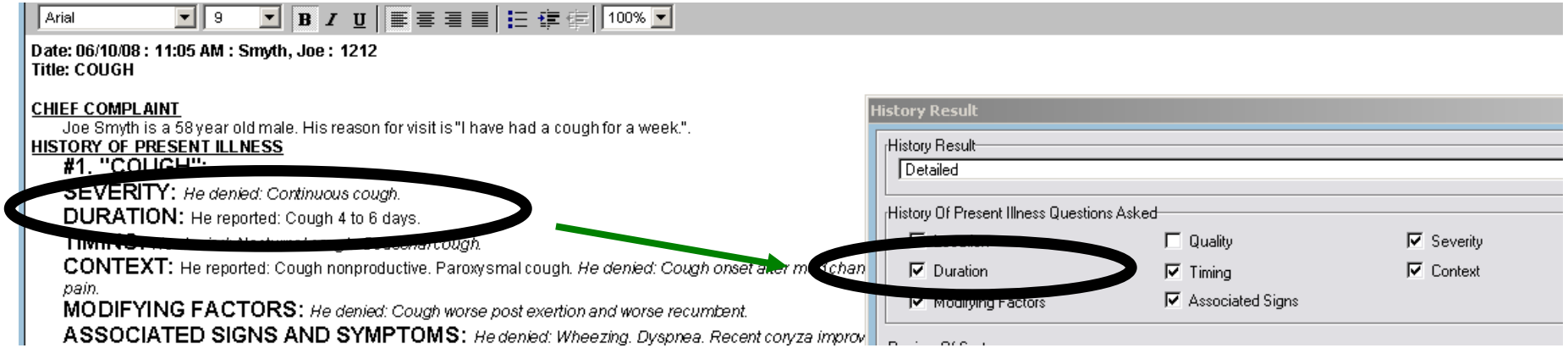
What can IMH Gather?

- History of Present Illness
- Review of Systems
- New Patient Information
  - Past Medical History
  - Family History
  - Social History
  - Surgical History
- Health Risks and Prevention Information

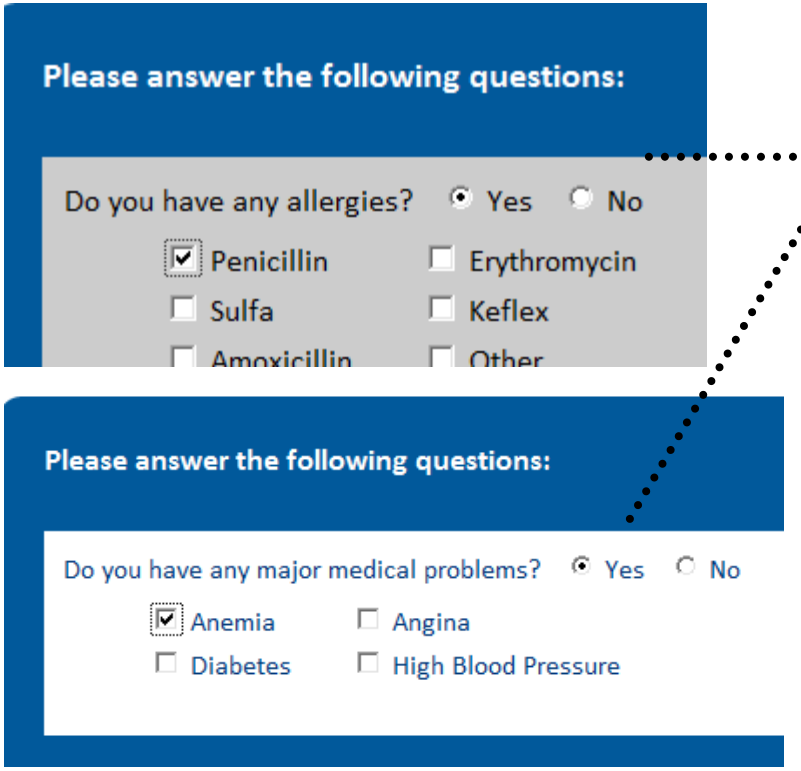
Types of Questionnaires

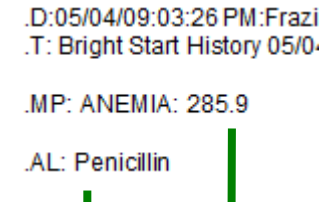
History of Present Illness



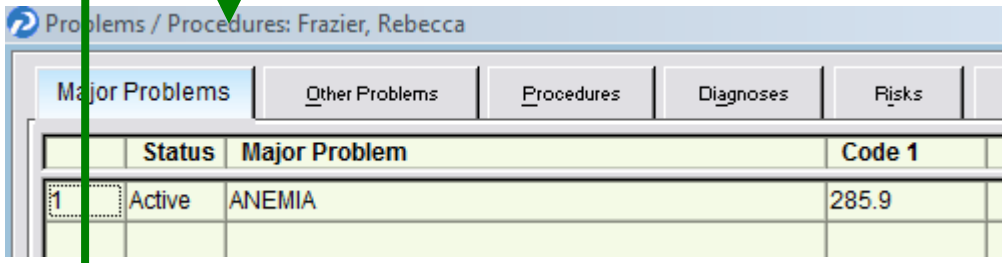


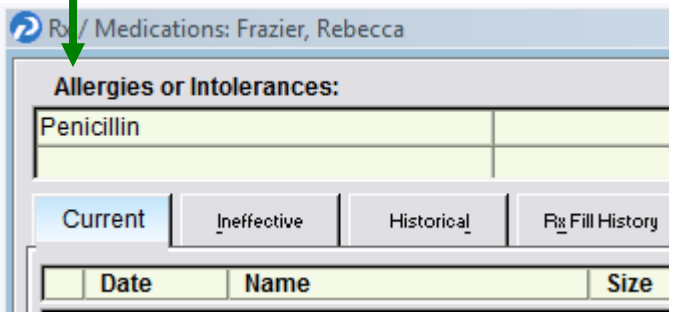
BrightStart for New Patients



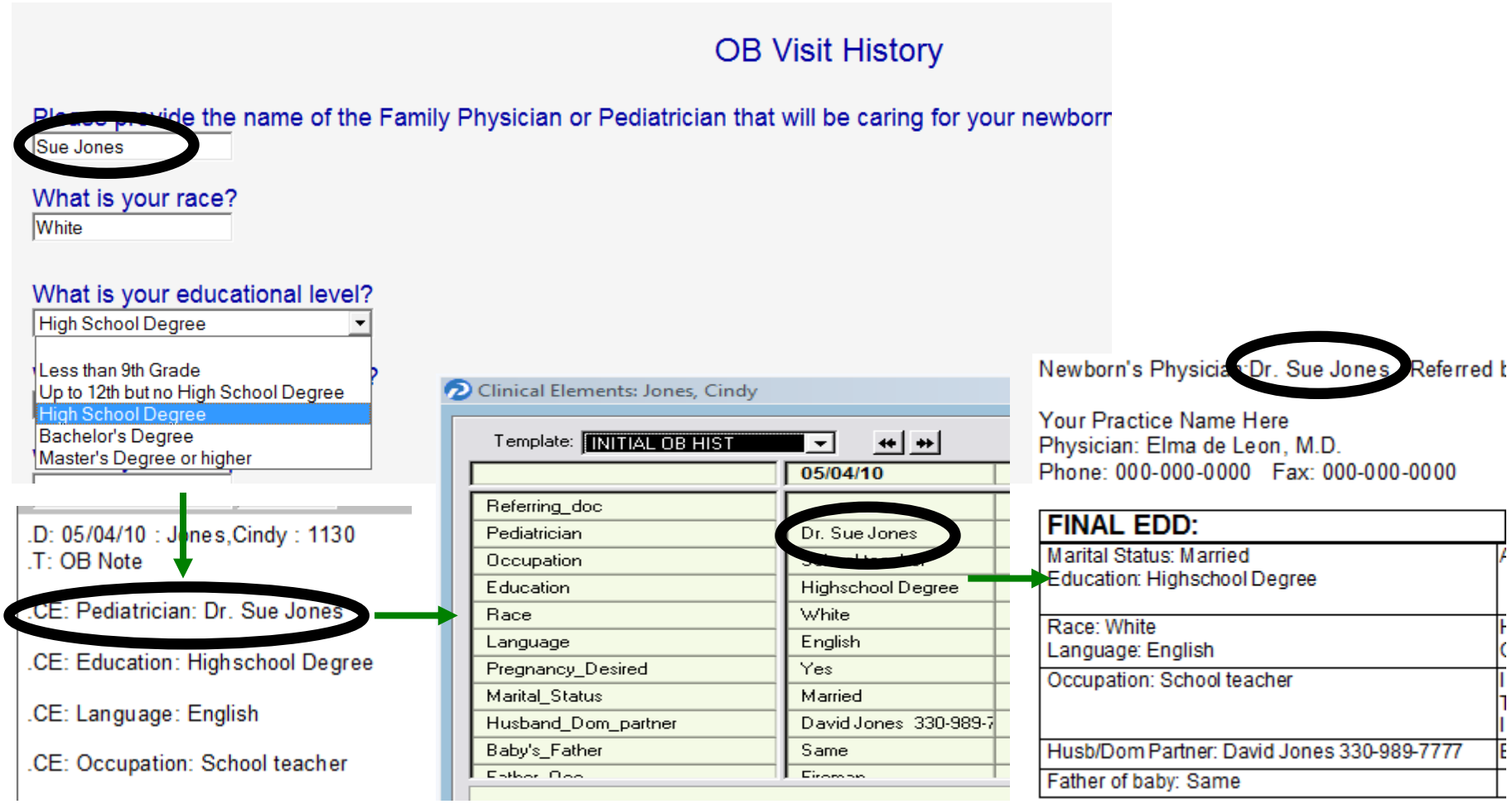


Optional .CE Reporting





Practice Forms



Practice Forms

INSTRUCTIONS: This questionnaire has been des
manage your everyday activities. Please answer ea
feel that more than one statement may relate to you
DESCRIBES YOUR PROBLEM RIGHT NOW.

PAIN INTENSITY:

- (•) The pain comes and goes and is very mild
- ( ) The pain is mild and does not vary much.
- ( ) The pain comes and goes and is moderate.
- ( ) The pain is moderate and does not vary much.
- ( ) The pain comes and goes and is severe.
- ( ) The pain is severe and does not vary much.

LIFTING:

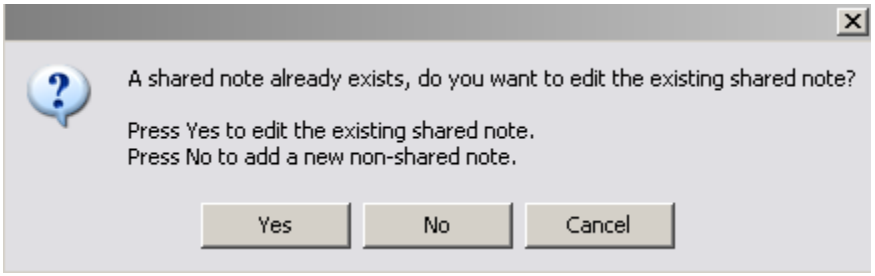
- ( ) I can lift heavy weights without extra pain.
- (•) I can lift heavy weights, but it causes extra pain.

```
.CE: ODQ_FORM: Patient Scored a: 52% Disability.
```

How Does Patient-Entered Data Impact the EMR?

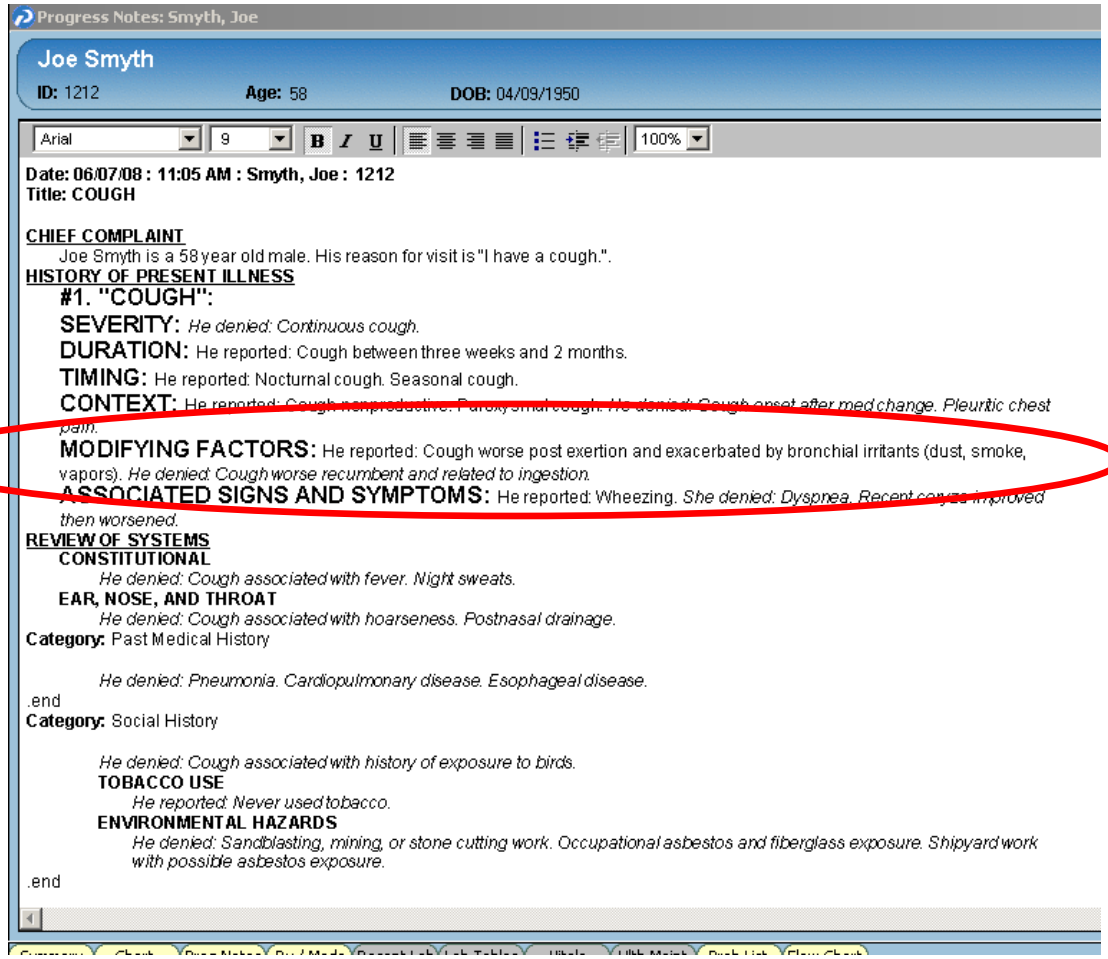
1. Streamlines Documentation at Point of Care
2. Makes Progress Notes Faster
3. Increases Quality of Care
4. Increases Reimbursement
5. Improves Patient Satisfaction

1. Streamlines Documentation



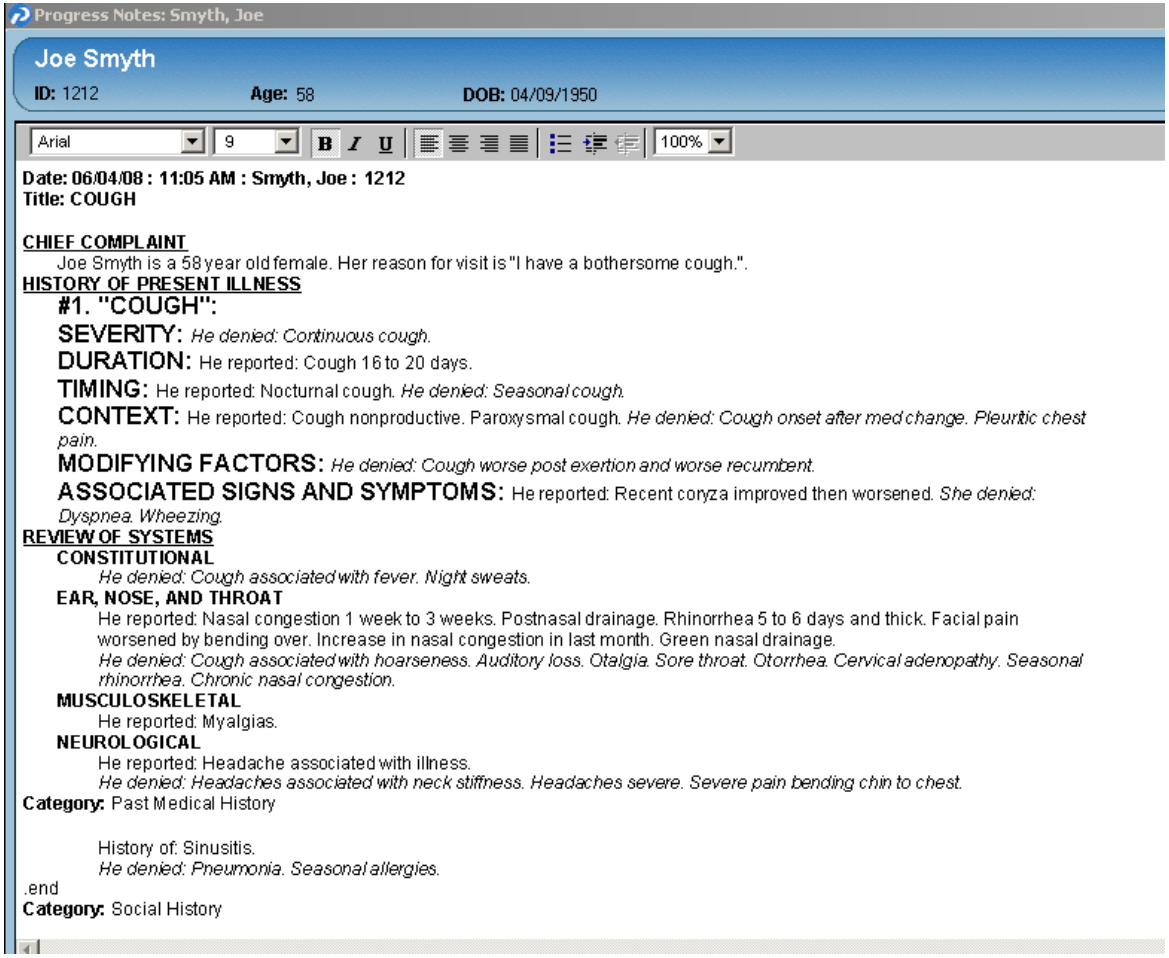
- After a patient completes an IMH questionnaire, it can be loaded into Practice Partner as a shared note, which you complete at the time of the visit

1. Streamlines Documentation



Editable information is automatically available in the note. The interface incorporates the subjective history at the point of care.

2. Faster Progress Notes


Progress Notes: Smyth, Joe

Joe Smyth

ID: 1212 Age: 58 DOB: 04/09/1950

Arial 9 B I U 100%

Date: 06/04/08 : 11:05 AM : Smyth, Joe : 1212
Title: COUGH

CHIEF COMPLAINT
Joe Smyth is a 58 year old female. Her reason for visit is "I have a bothersome cough.".

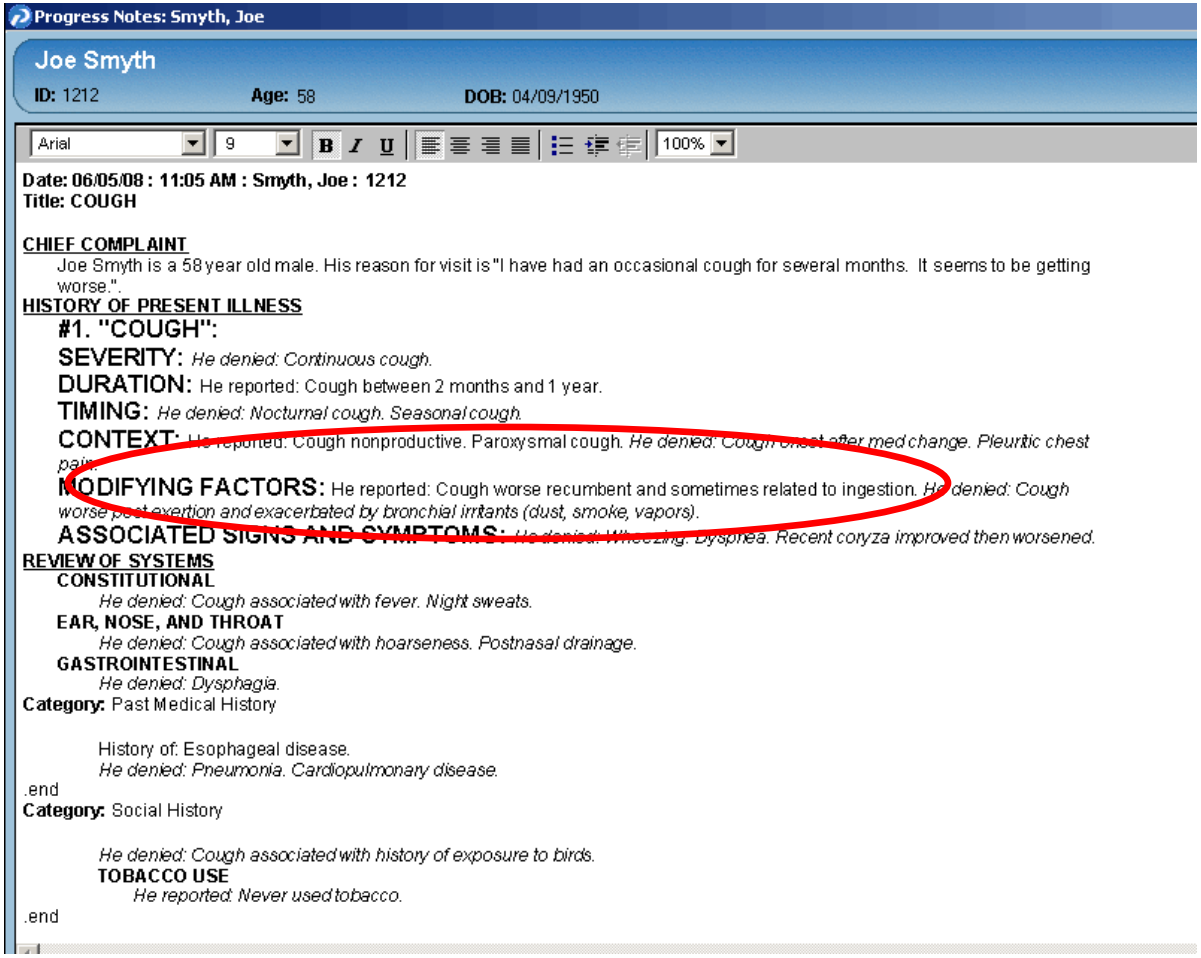
HISTORY OF PRESENT ILLNESS
#1. "COUGH":
SEVERITY: *He denied: Continuous cough.*
DURATION: He reported: Cough 16 to 20 days.
TIMING: He reported: Nocturnal cough. *He denied: Seasonal cough.*
CONTEXT: He reported: Cough nonproductive. Paroxysmal cough. *He denied: Cough onset after med change. Pleuritic chest pain.*
MODIFYING FACTORS: *He denied: Cough worse post exertion and worse recumbent.*
ASSOCIATED SIGNS AND SYMPTOMS: He reported: Recent coryza improved then worsened. *She denied: Dyspnea. Wheezing.*

REVIEW OF SYSTEMS
CONSTITUTIONAL
He denied: Cough associated with fever. Night sweats.
EAR, NOSE, AND THROAT
He reported: Nasal congestion 1 week to 3 weeks. Postnasal drainage. Rhinorrhea 5 to 6 days and thick. Facial pain worsened by bending over. Increase in nasal congestion in last month. Green nasal drainage.
He denied: Cough associated with hoarseness. Auditory loss. Otalgia. Sore throat. Otorrhea. Cervical adenopathy. Seasonal rhinorrhea. Chronic nasal congestion.
MUSCULOSKELETAL
He reported: Myalgias.
NEUROLOGICAL
He reported: Headache associated with illness.
He denied: Headaches associated with neck stiffness. Headaches severe. Severe pain bending chin to chest.
Category: Past Medical History

History of: Sinusitis.
He denied: Pneumonia. Seasonal allergies.
.end
Category: Social History

Instant Medical History questionnaires can save up to 6 minutes an encounter (American Academy of Urgent Care). Physicians can focus on the 20% of questions that get 80% of the information.

3. Increased Quality of Care



Progress Notes: Smyth, Joe

Joe Smyth

ID: 1212 Age: 58 DOB: 04/09/1950

Arial 9 B I U 100%

Date: 06/05/08 : 11:05 AM : Smyth, Joe : 1212
Title: COUGH

CHIEF COMPLAINT
Joe Smyth is a 58 year old male. His reason for visit is "I have had an occasional cough for several months. It seems to be getting worse.".

HISTORY OF PRESENT ILLNESS
#1. "COUGH":
SEVERITY: *He denied: Continuous cough.*
DURATION: He reported: Cough between 2 months and 1 year.
TIMING: *He denied: Nocturnal cough. Seasonal cough.*
CONTEXT: *He reported: Cough nonproductive. Paroxysmal cough. He denied: Cough onset after med change. Pleuritic chest pain.*
MODIFYING FACTORS: He reported: Cough worse recumbent and sometimes related to ingestion. *He denied: Cough worse post exertion and exacerbated by bronchial irritants (dust, smoke, vapors).*
ASSOCIATED SIGNS AND SYMPTOMS: *He denied: Wheezing. Dysphea. Recent coryza improved then worsened.*

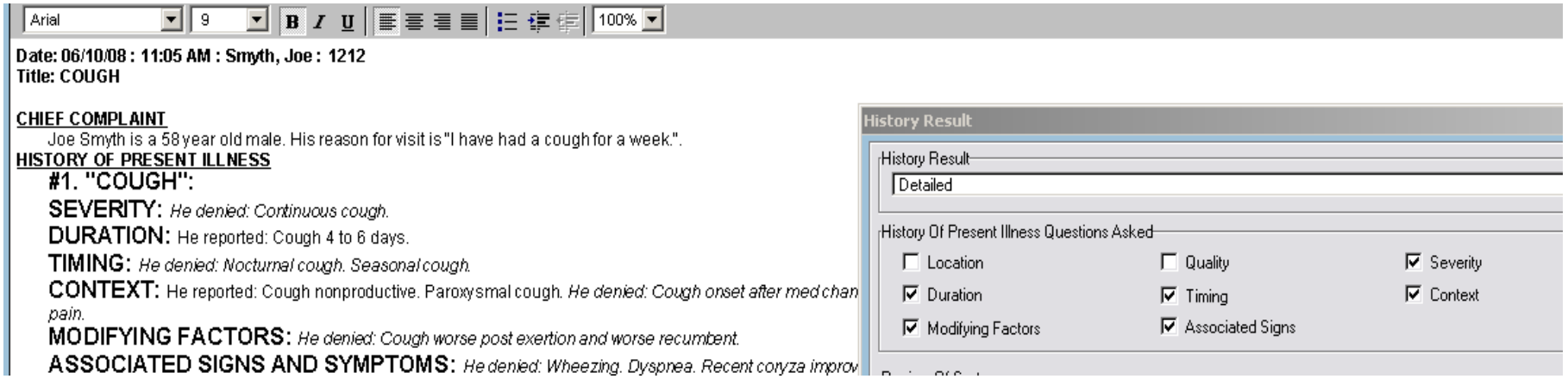
REVIEW OF SYSTEMS
CONSTITUTIONAL
He denied: Cough associated with fever. Night sweats.
EAR, NOSE, AND THROAT
He denied: Cough associated with hoarseness. Postnasal drainage.
GASTROINTESTINAL
He denied: Dysphagia.
Category: Past Medical History

History of: Esophageal disease.
He denied: Pneumonia. Cardiopulmonary disease.
.end
Category: Social History

He denied: Cough associated with history of exposure to birds.
TOBACCO USE
He reported: Never used tobacco.
.end

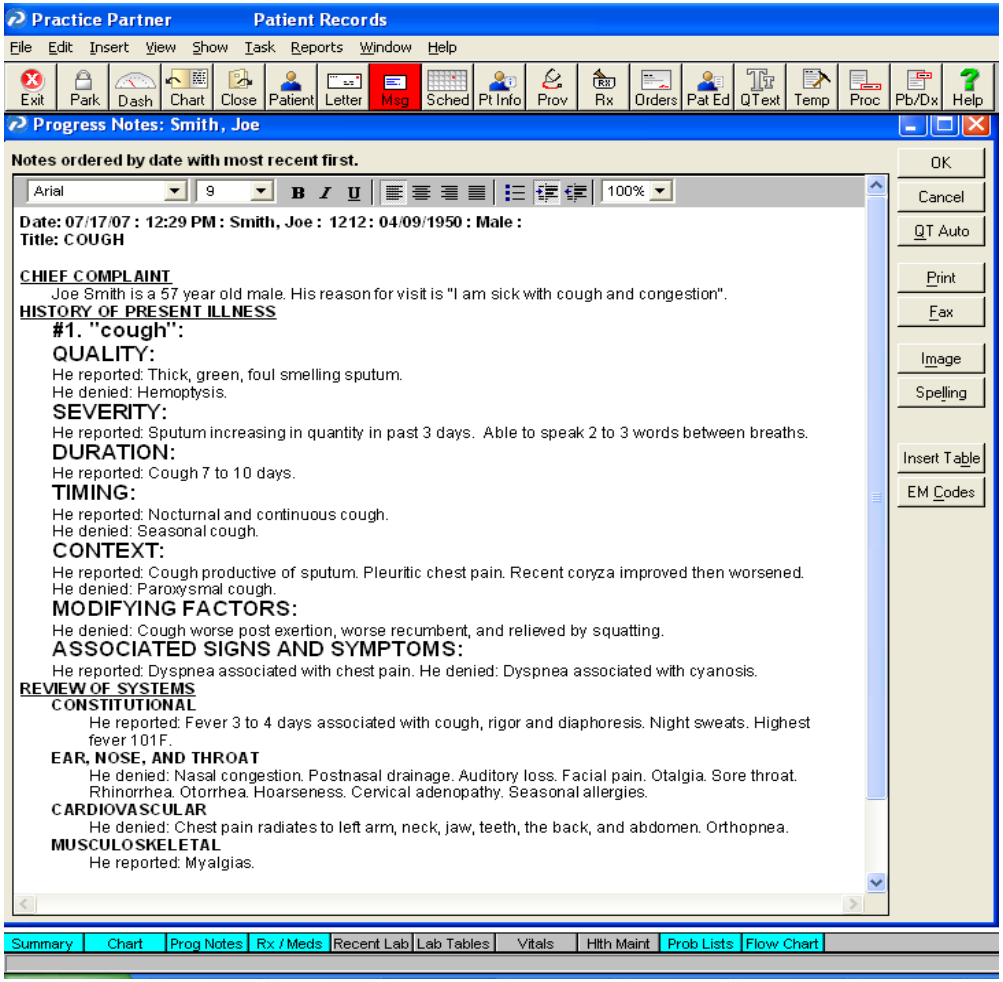
The Mayo Clinic reports that physicians receive more clinically relevant data than from a conventional history, and this leads to improved communication with patients. Essential questions are asked every time, and patients are more forthcoming with socially-sensitive information.

4. Increased Reimbursement



Instant Medical History questionnaires support appropriate coding by populating the E&M Coder with elements from the interview. Reimbursement is based on the work performed, because the details are documented.

5. Improved Patient Satisfaction



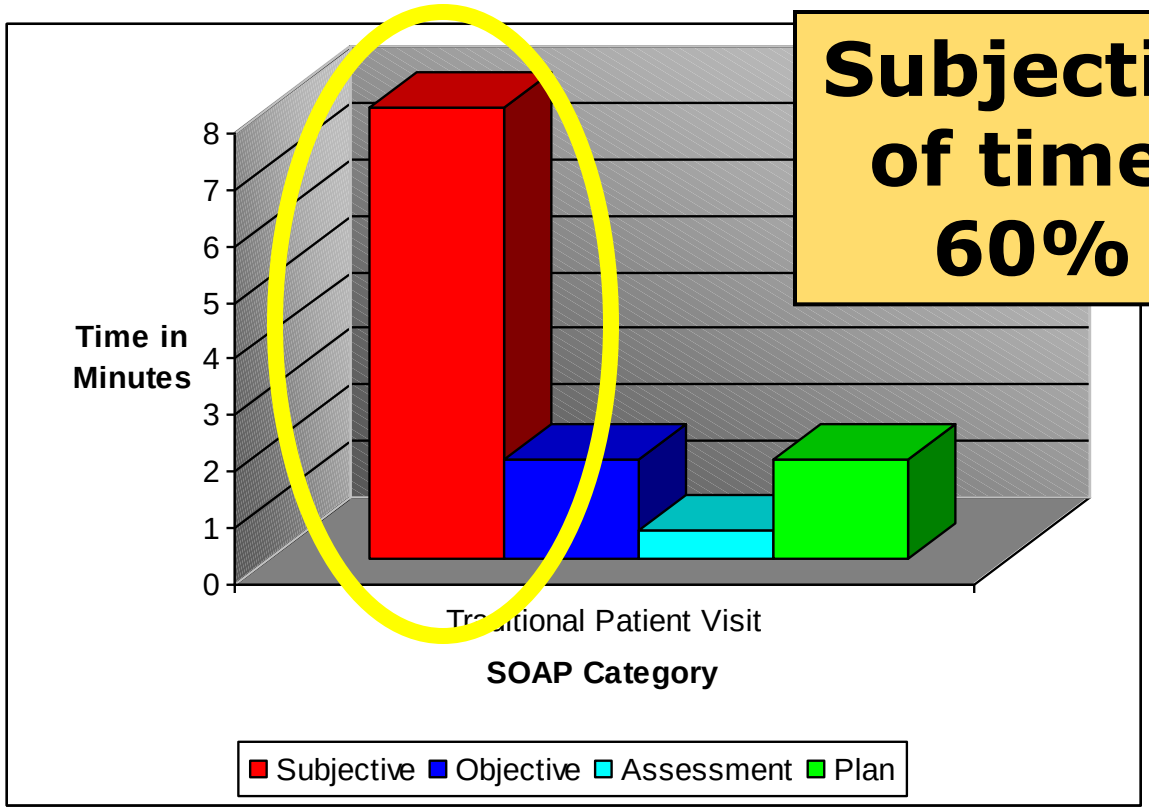
Less time "waiting".

Patient and physician are focused at the start of the encounter.

More time available for shared decision making *(the single metric that contributes most to patient satisfaction)*.

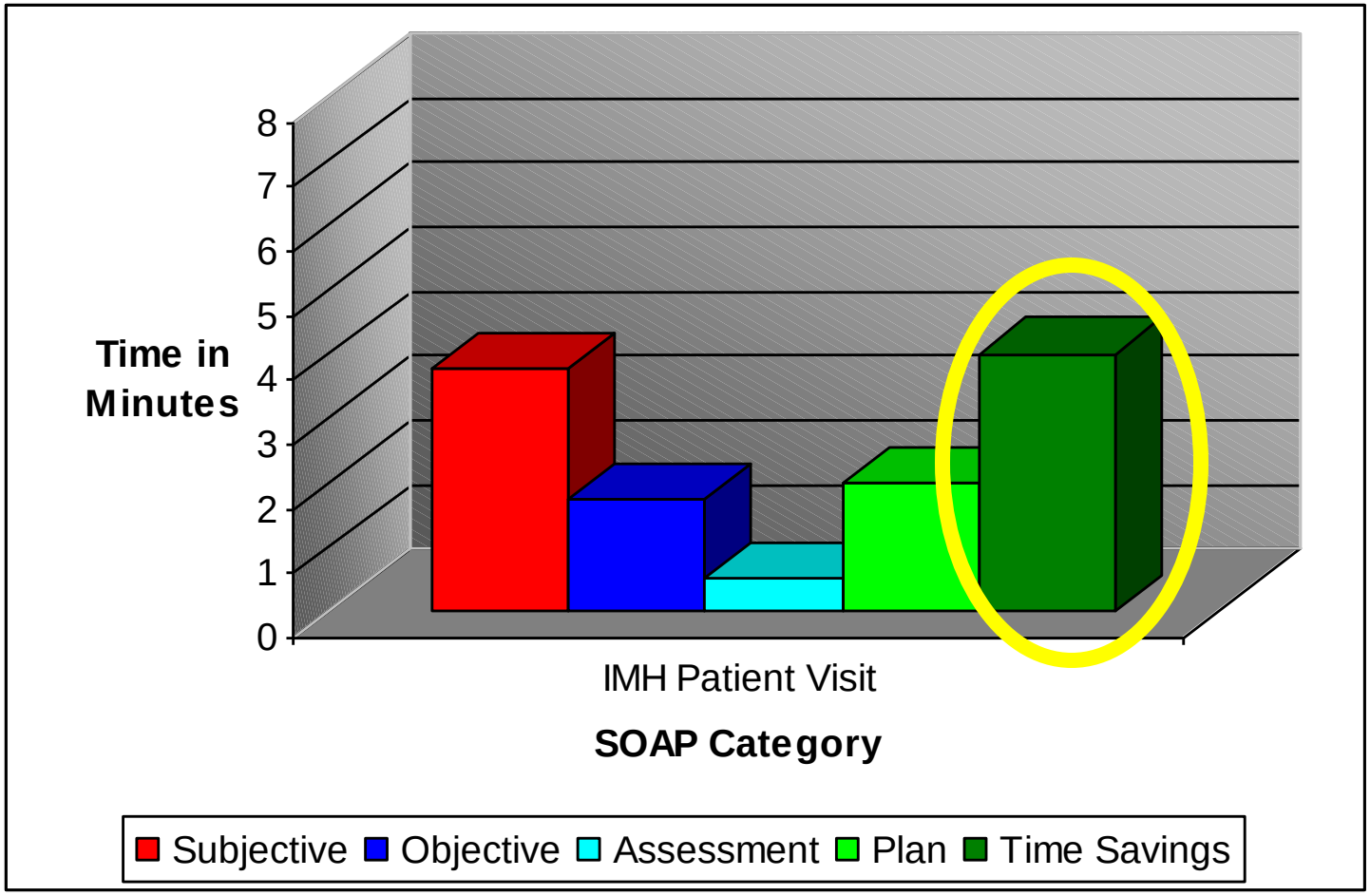
Why is this Valuable to Physicians?

An Acute Office Visit Today



Subjective takes a lot of time and creates 60% of the note

An Acute Visit with IMH

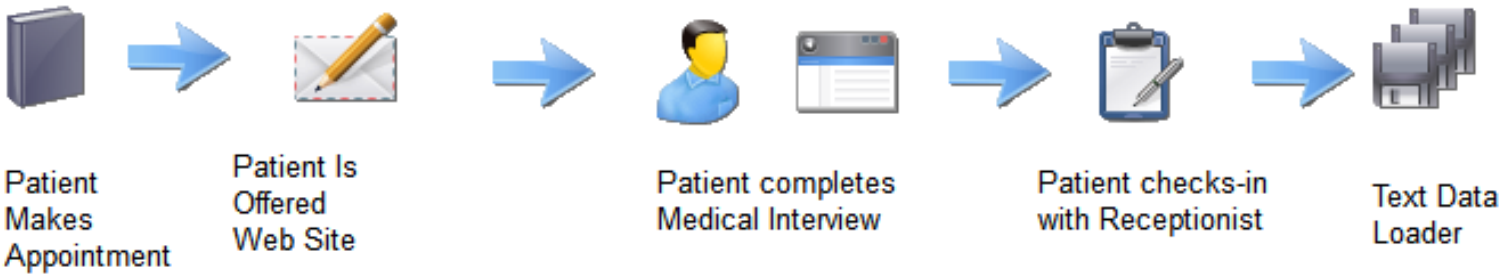


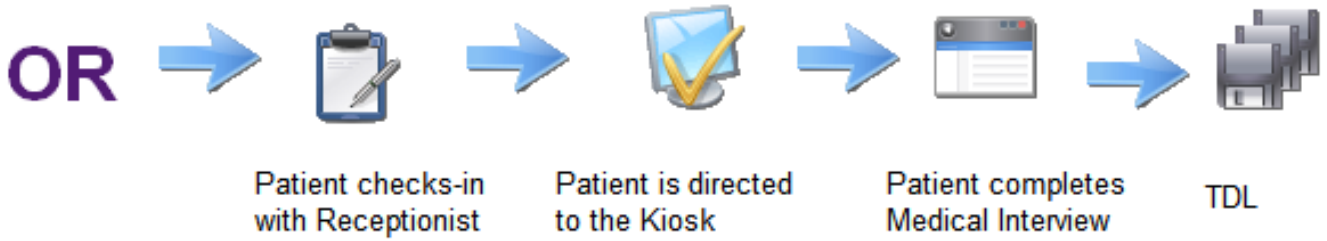
Physician Value

- Interviews the patient before visit
  - *Like a medical assistant*
  - *Physicians receive more data. In Mayo Clinic research, 40% of the time useful information that had been overlooked is found*
- Gathers data
  - *Focuses the patient, better organized information*
  - *Patients are more likely to reveal social secrets to a computer*
- Documents subjective history
  - *Saves time and includes pertinent negatives*
  - *90% of patients in most practices can use this*
- Puts data into Practice Partner
  - *Lets doctors treat patients data instead of creating data*

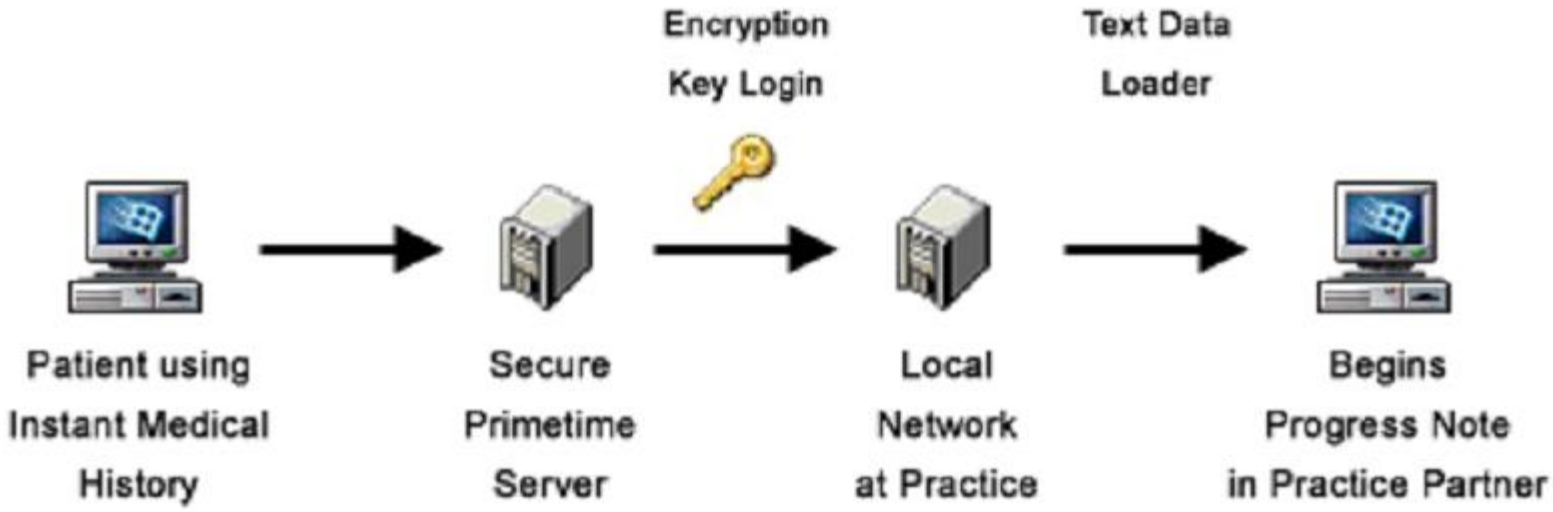
How Do Offices Implement it?

How Do Patients Work with IMH?





Securely Messaged to the Clinic



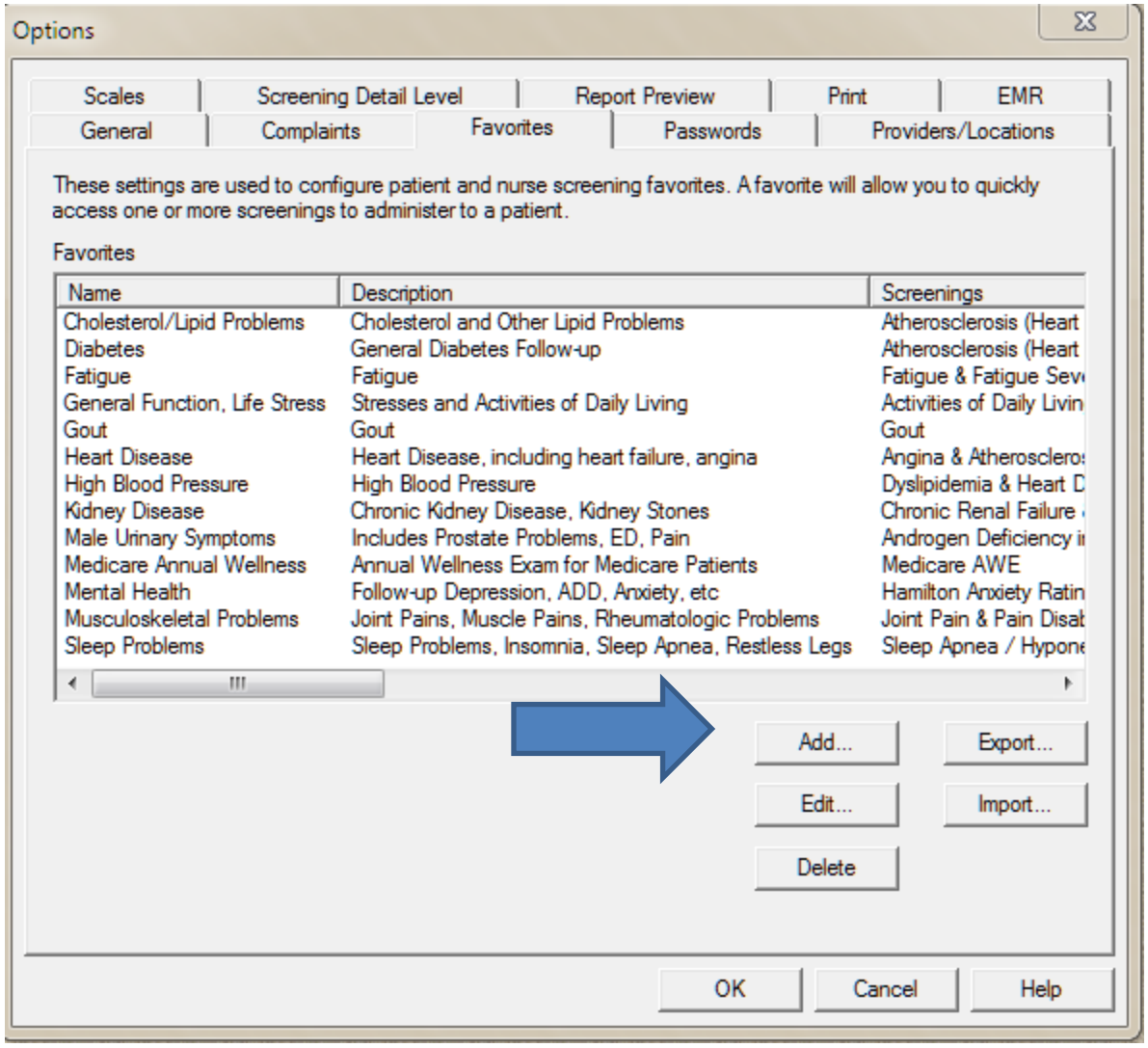
Tips and Tricks

For Using Instant Medical History

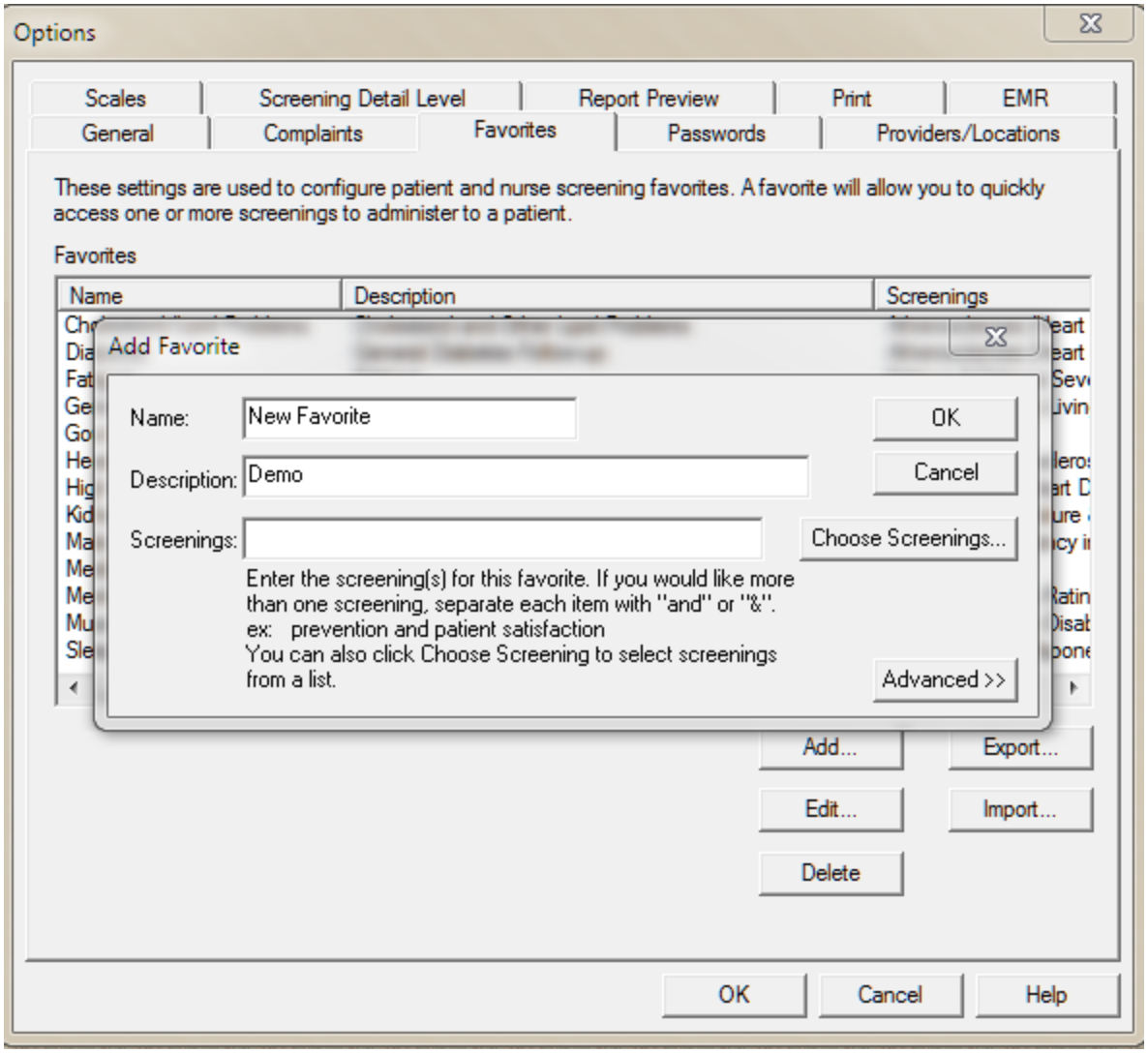
Install it on a Computer at Home or the Office

- Play with it
- Explore the settings
- See what you get with the default settings, then tweak the settings on your system to get the results you want
- Once you get things set up the way you want, email the configuration file to IMH, and the Web version will be tweaked to your settings.

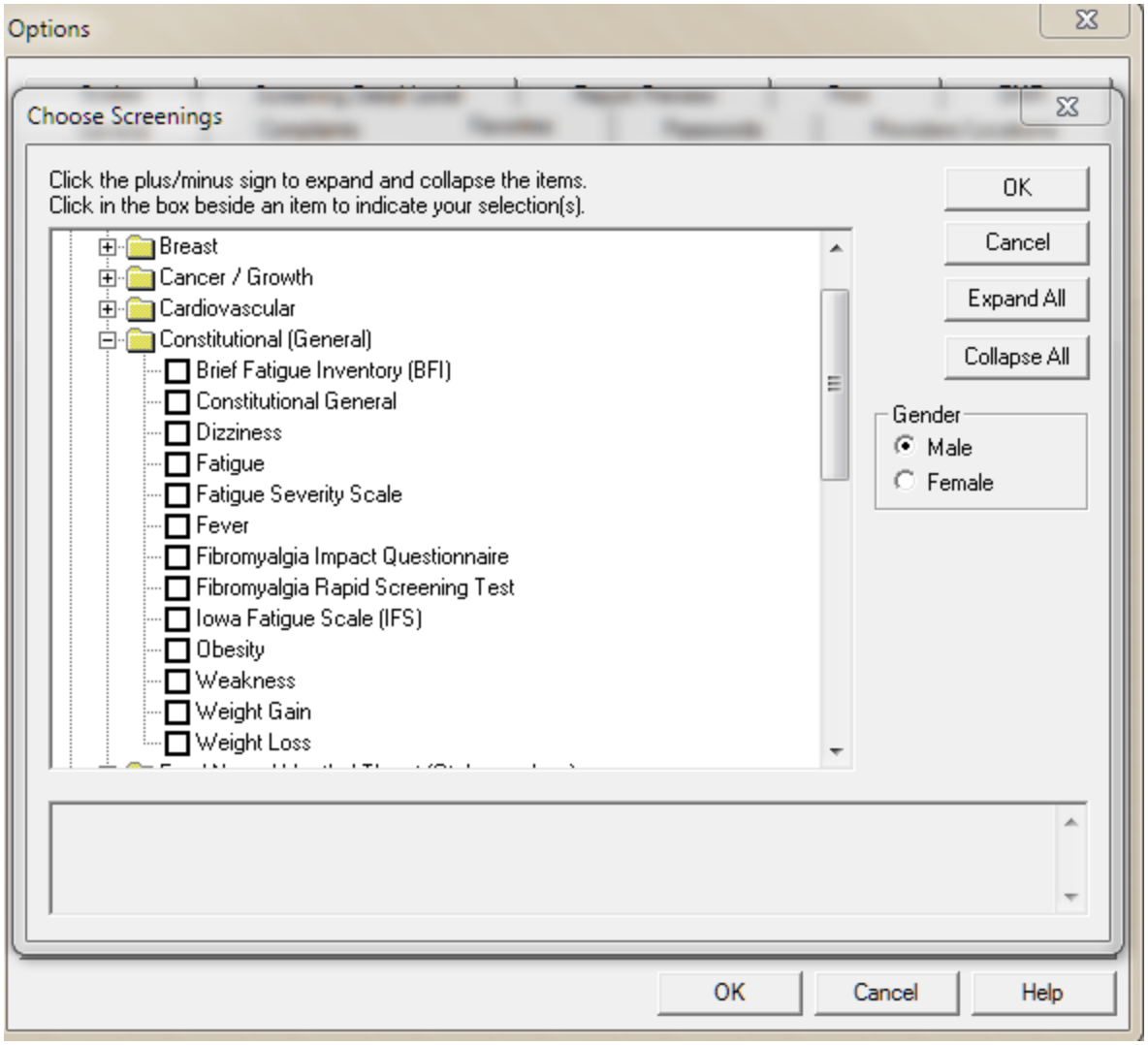
Favorites – Customize Screenings



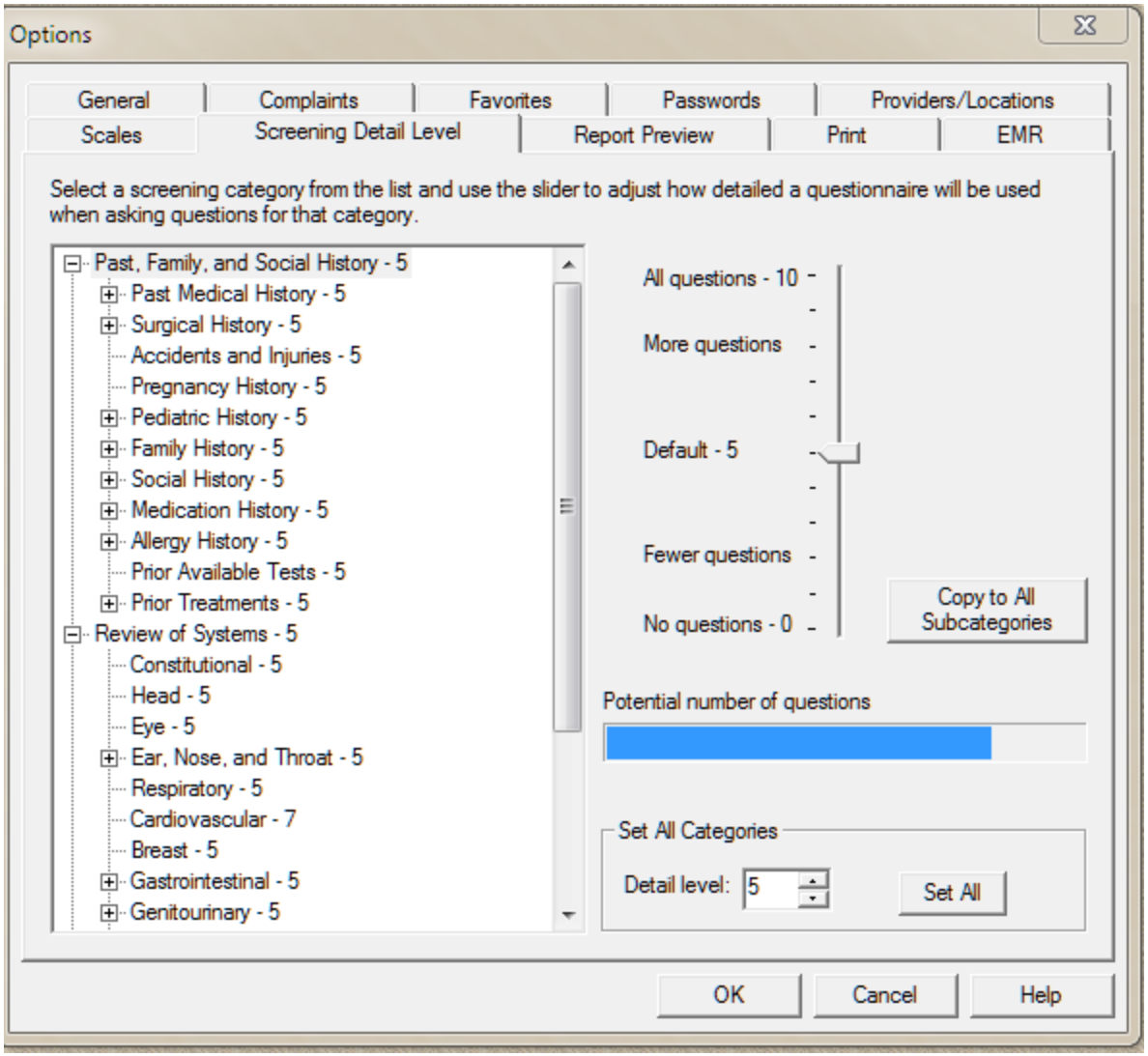
New Favorite



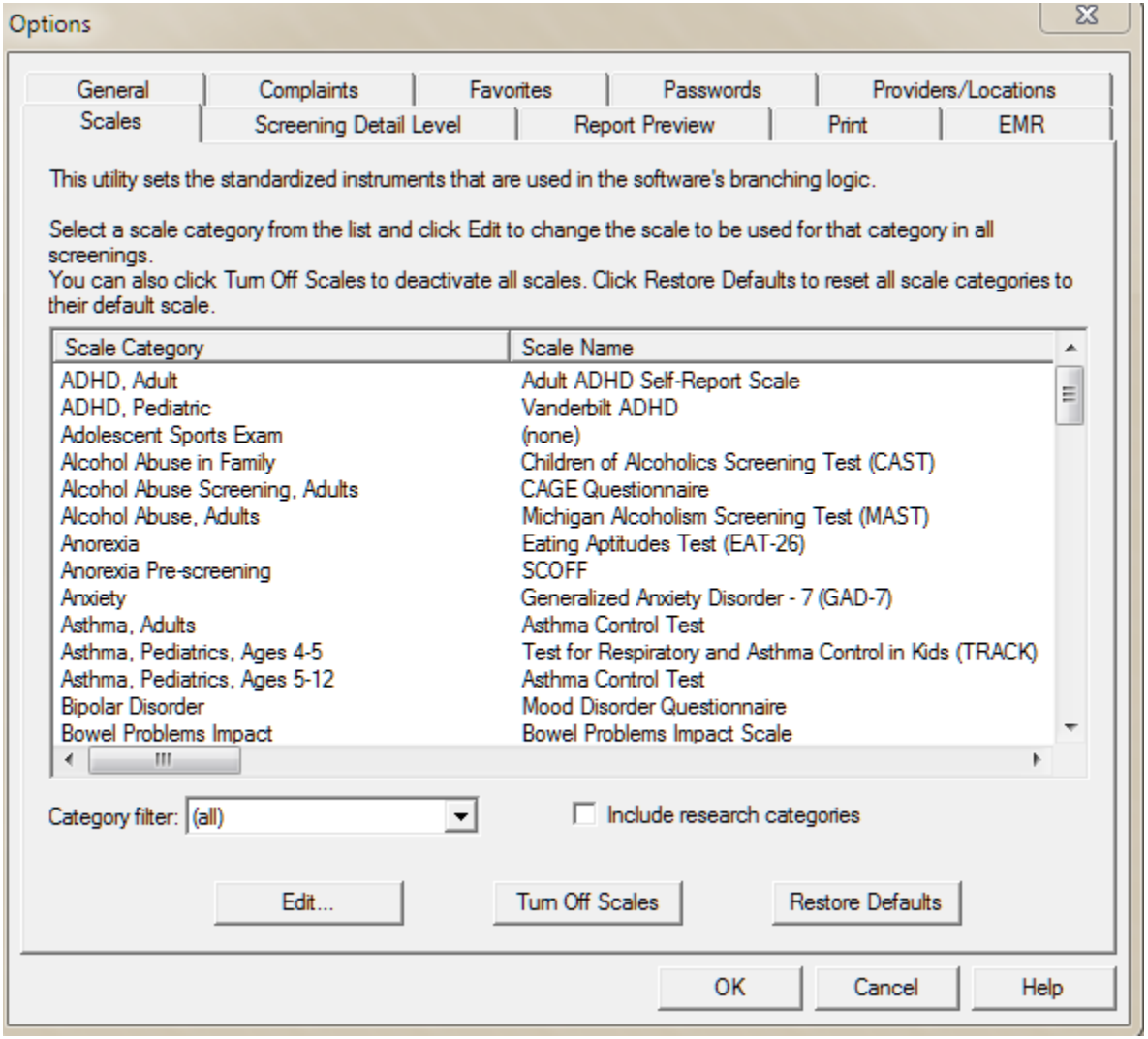
Select the Screenings for Favorite



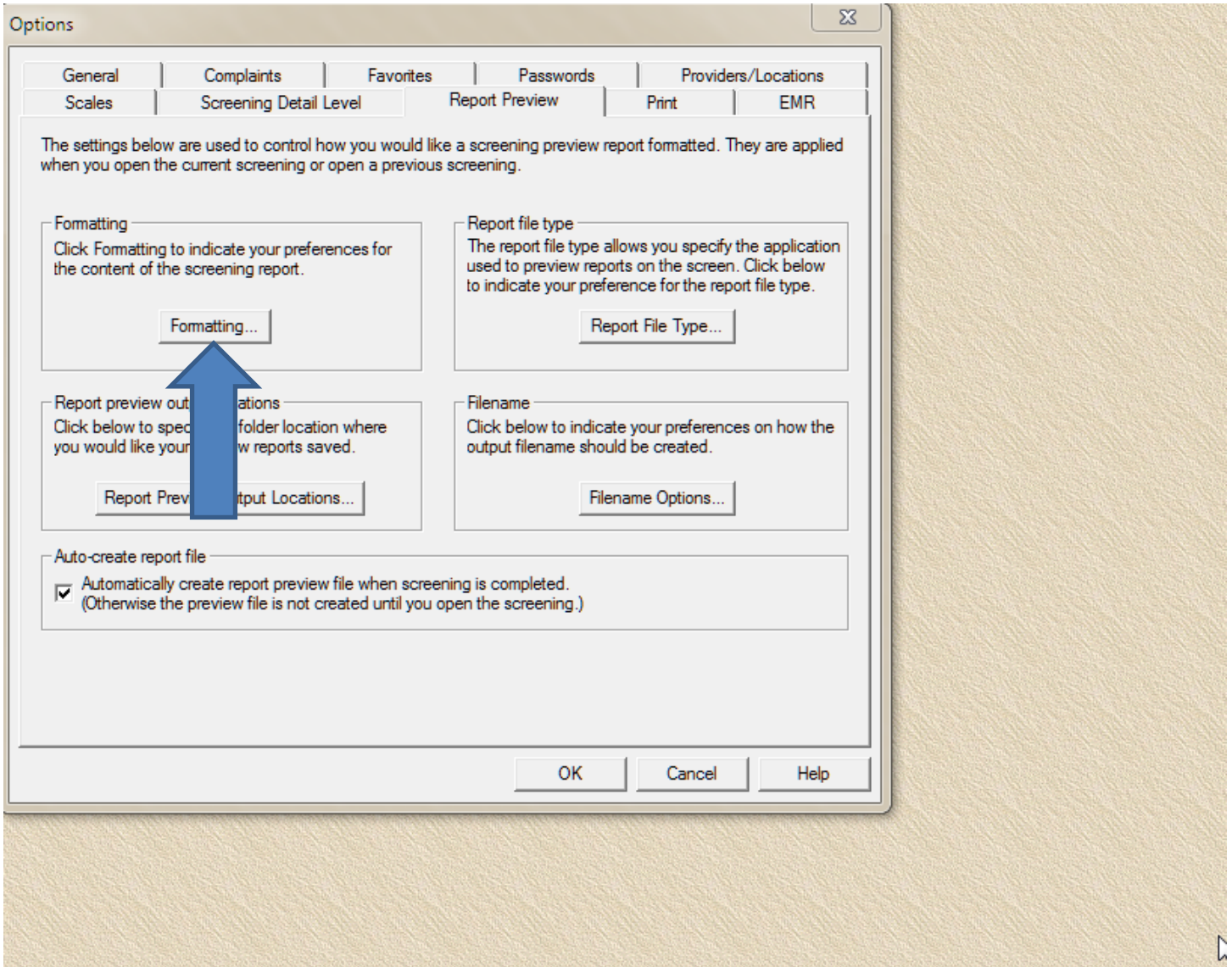
Screening Level Detail



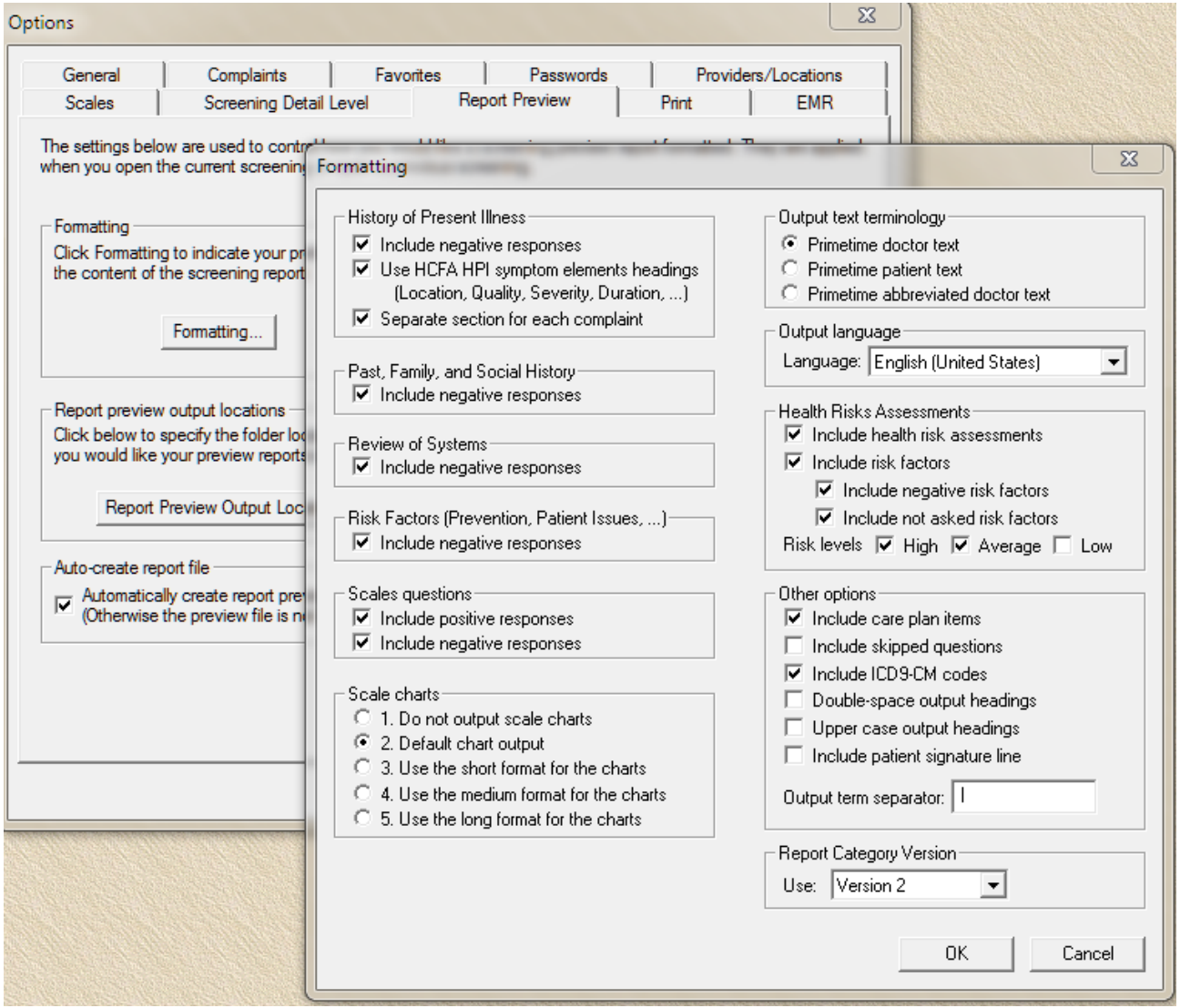
Choose Your Scales



Report Options



Report Formatting



Email Specific Links to Patients

- www.ihealthinterview.com/specificcondition/drdonaldstewart.asp?Interview=diabetes
- The word after the "=" is the name of the screening you want done. If there is a space in the name of the screening, use %20 instead of the space
- www.ihealthinterview.com/specificcondition/drdonaldstewart.asp?Interview=Sleep%20Disorder

Put Link to Screening in Web View Message

- Tripp Bradd has described this on EMR Village, and his practice uses Web View to send messages to patients with links to the specific screenings they want the patients to take.
- http://emrvillage.com

The Medicare Annual Wellness Exam

- Instant Medical History is an ideal way of documenting the screenings required for the Medicare Annual Wellness Exam
- I email the link: www.ihealthinterview.com/specificcondition/drdonaldstewart.asp?Interview=Medicare%20AWE
- The patient, the patient's family, or the patient's caregiver can complete all of the screenings at home, before the visit

How the IMH AWE Integrates with PP

- IMH does an excellent job of documenting what is required for the AWE.
- The version released in the next couple of weeks will collect lists of all other doctors the patient sees, and will allow you to import their names into a Clinical Element table.
- All of the screening exam results will also port into Clinical Elements

Medicare AWE -- Billing

- At the time of the visit, the physician can review the results of the screenings and the recommendations for preventive services. The initial exam is billed as a G0438, which is 4.74 RVUs, with an average national payment of $159.25.

AWE and Welcome to Medicare Codes

- Welcome to Medicare: G0402
  - During the first year in Medicare
- First AWE: G0438
  - A year later (366 days)
- Subsequent AWEs: G0439
  - A year later (366 days)

Medicare AWE -- Billing

- The AWE can be billed once every 365 days, and is not subject to co-insurance or deductibles.
- If a physician treats any medical problems on the same day as the AWE, an additional E&M code can be billed, but this charge is subject to co-insurance and deductible issues.
- The E&M code is billed with a -25 modifier

Example of an AWE - 1

.D: 09/25/11 : 11:27 PM : Test, Medicare : : 10/01/1932 : Male : 123-45-6789
.T: MEDICARE AWE

Care Plan

1. USPSTF A Recommendation: Fecal Occult Blood

fecal occult blood test performed : No

2. USPSTF A Recommendation: Lower intestinal endoscopy

lower gastrointestinal endoscopy : No

3. USPSTF A Recommendation: Lipid Screening

cholesterol has been measured : No

4. USPSTF B Recommendation: Abdominal Ultrasound

former tobacco use : Yes

radiological screening for abdominal aortic aneurysm : No

5. Needs influenza vaccine

influenza vaccine within past year : No

Chief Complaint

Medicare Test is a 78 year old male. His reason for visit is "Medicare AWE".

Example of an AWE - 2

Review of Systems

Constitutional

He reported: Health status fair. No energy.

He denied: Weight loss in last year.

Eye

He reported: Vision disturbance.

He denied: Vision change in the last year.

Ear, Nose, and Throat

He reported: Hearing spoken voice. Auditory loss causes problems when someone speaks in a whisper.

Genitourinary

Urinary Incontinence

He denied: Urinary incontinence.

Skin

He reported: Herpes zoster.

Musculoskeletal

He denied: Leg pain.

Neurological

He reported: Much afraid of falling. Concentration difficulty. Change in memory for dates in last year, for appointments in last year, and in last year. Dizziness sometimes precipitated by getting out of bed. Fear of falling sometimes limits activities. Difficulty with balance. Fear of falling in last year. Falling within the last year. Change in repetitive speech in last year and learning ability in last year. Abnormal balance. Standing up sometimes precipitates lightheadedness. Patient having concerns regarding memory. Judgment change in last year.

Example of an AWE - 3

Psychiatric

He reported: Anhedonia in past 2 weeks. Depressed in past 2 weeks. Worried about the future and about the past. Dissatisfied with life. Decreased interests. Feels life empty. Bored often. Hopeless about future. Recurring thoughts. Poor spirits most of the time. Fear something bad will happen. Unhappy most of the time. Feeling helpless. Restlessness. Prefers staying at home. Memory problems. Not good to be alive. Feeling downhearted and blue. Feels worthless. Life not exciting. Hard to start new projects. Hopeless about situation. Most people better off than me. Frequently upset over little things. Frequently feels like crying. Avoiding social gatherings. Not easy to make decisions. Mind not clear.

He reported: Enjoying getting up in morning.

Risk Factors

Prevention

Preventive Procedures

He reported: Ophthalmological exam performed 3 to 4 years ago. Fecal occult blood test never performed. Never had flexible sigmoidoscopy or colonoscopy. No radiological screening for abdominal aortic aneurysm.

He reported: Blood pressure checked between 2 months and 1 year ago.

Screening Lab Tests

He reported: Doesn't know if cholesterol has been measured.

Example of an AWE - 4

Immunizations

He reported: Influenza vaccine more than 1 year ago. Pneumonia vaccine unknown. Diphtheria tetanus immunization unknown.

Patient Issues

He reported: Established patient. Historian understands to answer for the patient. Feeling handicapped by auditory loss.

Patient Education

He denied: Having specific questions for discussion.

Self-assessment Scales

Title: **Geriatric Depression Scale**

Description: Scale for evaluation of depression in elderly patients.

Patient Score: **29 - Moderate to severe depression**

Scoring Key and Interpretation:

```
 0 -  10 : Normal
11 -  20 : Mild depression
21 -  30 : Moderate to severe depression
```

Reference: *Yesavage JA,Brink TL,Rose TL,and Adey M. The geriatric depression scale: Comparison with other self-report and psychiatric rating scales, in Crook,Ferris,Bartus(editors), Assessment in Geriatric Psychopharmacology:New Caanan,Conn.: Mark Powlev Assoc.1983*

Example of an AWE - 5

Title: **Falls Risk Assessment Tool (FRAT)**
Description: A 5-item rapid assessment of the individual's risk of falling. The presence of three or more risk factors had a positive predictive value for a fall in the next 6 months. Part 2 of the tool is observer rated and is not patient self reported.
Patient Score: **4 - High risk of fall within 6 months**
Scoring Key and Interpretation:

0 - 2 : Low risk of fall within 6 months
3 - 5 : High risk of fall within 6 months

Reference: *Nandy S et al. Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care. Journal of Public Health, 2004, Vol. 26, No 2, pg 138.*

Title: **Vulnerable Elders Survey (VES-13)**
Description: 13-item function-based targeting system effectively and efficiently identifies older people at risk of functional decline and death.
Patient Score: **3 - Four fold increase in risk of death or functional decline within 2 years.**
Scoring Key and Interpretation:

0 - 2 : No increase in risk of death or functional decline with 2 years
3 - 4 : Four fold increase in risk of death or functional decline within 2 years.
5 - 10 : 50% risk of death or functional decline within 2 years

Reference: *Saliba D, Elliott M, Rubenstein LZ, et al, The Vulnerable Elders Survey: A Tool for Identifying Vulnerable Older People in the Community, Journal American Geriatric Society 49:1691-1699, 2001.*

Example of an AWE - 6

Title: **Activities of Daily Vision Scale (ADVS)**
Description: 20-item 5-category self rating scale to determine visual function in patients with cataracts. Helpful in measuring overall visual functioning over time and for outcomes of cataract surgery.
Patient Score: **30 - Ability to perform activities of daily living (100=No difficulty, 0=Worst difficulty)**
Scoring Key and Interpretation:
`0 - 100 : Ability to perform activities of daily living (100=No difficulty, 0=Worst difficulty)`
Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
Title: **ADVS - Night Driving**
Description: Ability to drive at night related to vision.
Patient Score: **43 - Difficulty driving at night (100=No difficulty, 0=Stopped driving at night)**
Scoring Key and Interpretation:
`0 - 100 : Difficulty driving at night (100=No difficulty, 0=Stopped driving at night)`
Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
Title: **ADVS - Day Driving**
Description: Ability to drive during daytime related to vision.
Patient Score: **66 - Difficulty driving during daytime (100=No difficulty, 0=Stopped driving during the daytime)**

Example of an AWE - 7

- Scoring Key and Interpretation:
  0 - 100 : Difficulty driving during daytime (100=No difficulty, 0=Stopped driving during the daytime)
  Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
  Title: **ADVS - Distant Vision**
  Description: Ability to see at a distance.
  Patient Score: **29 - Ability to see at a distance (100=Best distant vision, 0=Worst distance vision)**
  Scoring Key and Interpretation:
  0 - 100 : Ability to see at a distance (100=Best distant vision, 0=Worst distance vision)
  Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
  Title: **ADVS - Near Vision**
  Description: Ability to see close up.
  Patient Score: **13 - Ability to see close up (100=Best near vision, 0=Worst near vision)**
  Scoring Key and Interpretation:
  0 - 100 : Ability to see close up (100=Best near vision, 0=Worst near vision)
  Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
  Title: **ADVS - Glare Disability**
  Description: Degree of visual impairment from glare.
  Patient Score: **37 - Difficulty with glare (100=No difficulty, 0=Worst glare difficulty)**
  Scoring Key and Interpretation:
  0 - 100 : Difficulty with glare (100=No difficulty, 0=Worst glare difficulty)
  Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*

Example of an AWE - 8

Title: **ADVS - Overall Score Omitting Driving Components**
Description: Overall visual impairment for patients that do not drive.
Patient Score: **20 - Overall visual impairment (100=No impairment, 0=Worst impairment)**
Scoring Key and Interpretation:

```
  0 - 100 : Overall visual impairment (100=No impairment, 0=Worst impairment)
```

Reference: *Mangione CM, Phillips RS, Seddon JM, et al, Activities of Daily Vision Scale: A Measure of Visual Functional Status; Medical Care, Vol. 30, No. 12 (Dec., 1992), pp. 1111-1126.*
Title: **AD8 Dementia Screening Interview**
Description: 8-item self-reported scale to differentiate cognitively normal individuals from those with very mild dementia. The sensitivity was 74%, and specificity was 86%.
Patient Score: **8 - Cognitive impairment is likely to be present**
Scoring Key and Interpretation:

```
  0 -   1 : Normal cognition
  2 -   8 : Cognitive impairment is likely to be present
```

Reference: *Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005:65:559-564.*
Title: **Hearing Handicap Inventory for Elderly - Screening (HHIE-S)**
Description: 10-item scale to evaluate hearing loss and need for evaluation and treatment.
Patient Score: **40 - Moderate to severe hearing handicap**
Scoring Key and Interpretation:

```
  0 -   8 : No hearing handicap
  9 -  24 : Minor to moderate hearing handicap
 25 -  40 : Moderate to severe hearing handicap
```

Reference: *Ventry IM, Weinstein BE. Identification of elderly people with hearing problems. Ear & Hearing. 3(3):128-134, May/June 1982*

Example of an AWE - 9

Title: **HHIE-S - Social Aspects of Hearing**
Description: 5-item scale to evaluate social and interactional aspects of hearing loss.5-item scale to evaluate social and interactional aspects of hearing loss.
Patient Score: **20 - Moderate to severe social or interactional handicap due to hearing loss**
Scoring Key and Interpretation:

```
  0 -   4 : No social or interactional handicap due to hearing loss
  5 -  12 : Minor to moderate social or interactional handicap due to hearing loss
 13 -  20 : Moderate to severe social or interactional handicap due to hearing loss
```

Reference: *Ventry IM, Weinstein BE. Identification of elderly people with hearing problems. Ear & Hearing. 3(3):128-134, May/June 1982*
Title: **HHIE-S - Emotional Aspects of Hearing**
Description: 5-item scale to evaluate the emotional aspects of hearing loss.
Patient Score: **20 - Moderate to severe emotional handicap due to hearing loss**
Scoring Key and Interpretation:

```
  0 -   4 : No emotional handicap due to hearing loss
  5 -  12 : Minor to moderate emotional handicap due to hearing loss
 13 -  20 : Moderate to severe emotional handicap due to hearing loss
```

Reference: *Ventry IM, Weinstein BE. Identification of elderly people with hearing problems. Ear & Hearing. 3(3):128-134, May/June 1982*
Title: **Two Question Depression Test**
Description: 2-item screener for major depression. The sensitivity is 95% and the specificity is 59%.
Patient Score: **2 - Major depression likely**
Scoring Key and Interpretation:

```
  0 -   0 : Major depression unlikely
  1 -   2 : Major depression likely
```

Reference: *Whooley MA, Avins AL, Miranda J, Browner WS, Case-Finding Instruments for Depression: Two Questions Are as Good as Many; Journal of General Internal Medicine; Vol. 12, No. 7, July 1997, pg 439-445.*

Example of AWE – 10

Past Medical History

He denied: Neurological disease.

Medication History

Ongoing Medications

History of: Currently taking psychiatric medication. 4 or more different prescription medications sometimes daily. Central nervous system medications.

He denied: Long term aspirin therapy.

Social History

History of: Previous evaluation auditory loss.

Activities for Daily Living

History of: Severe difficulty stooping, crouching, or kneeling. Auditory loss limits or hampers personal or social life. Health limits a little vigorous activity and walking more than a mile. Very difficult driving in unfamiliar areas, reading ordinary newsprint, reading the ingredients on cans of food, writing checks, and preparing meals. Extreme difficulty driving at night. Little difficulty reading street signs in daylight. Moderate difficulty due to seeing moving objects or people while driving at night, due to oncoming headlights or streetlights when driving at night, and reading street signs at night. Needing some assistance keeping track of medications and managing own money. Due to vision unable to walk down steps in daylight and walk down steps in dim light. Somewhat difficult driving in daylight. Not recently trying to use rulers, yard sticks or tape measures, use a screwdriver, and play cards. Difficulty reading numbers, getting up from a chair, and managing finances. With difficulty able to drive a car. Some difficulty seeing faces in bright sunlight, seeing television, reading the directions on medicine bottles, lifting 10 pounds, reaching above shoulder level, grasping and using small objects, walking quarter mile (400 meters), and doing heavy housework. Not recently able to thread a needle without a threading device. Change in managing finances in last year. Auditory loss causes embarrassment when meeting new people, frustration when talking to family members, difficulty when visiting friends, relatives, or neighbors, arguments, difficulty when listening to a TV or radio, and difficulty when in a restaurant. Not recently used public transportation. Attending religious services less often because of auditory loss. Concern about driving.

Example of AWE - 11

He denied: Needing help managing finances. Due to vision unable to thread a needle, use rulers, yard sticks or tape measures, use a screwdriver, and play cards. Difficulty shopping, doing light housework, and bathing. Difficulty walking. Due to vision avoids public transportation. Functional status unlimited. He reported: Recently driven at night, driven during day, watching television, attempted to read newsprint, and prepared meals. Recently trying to drive in unfamiliar areas, read street signs during daylight, read the directions on medicine bottles, and read the ingredients on cans of food. Recently able to see faces from distance on a sunny day and write checks without help. Able to read numbers on television.

Tobacco Use

History of: Former tobacco use.

Alcohol

History of: Alcohol use 2 drinks maximum a day and 3 days per week.

Hobbies

History of: Change in normal pastimes in last year.

Environmental Hazards

History of: Having stairs in home environment.

AWE Clinical Elements

- For ease of tracking results of the numerous assessment scales over time, IMH converts these into Clinical Elements, which can be viewed in a template.
- The Clinical Element Names can be viewed on the EMR Village File Sharing Site. http://emrvillage.com/page/CEElements

AWE Clinical Elements

Clinical elements for MPP Patient Records

Author/Category	Clinical Element Name	Alternative Lookup
IMH MEDICARE AWE		
Don Stewart	Geriatric Depression Scale	
Don Stewart	Falls Risk Ass Tool	Falls Risk Assessment Tool (FR
Don Stewart	Vulnerable Elders Survey	VES-13
Don Stewart	Activities of Daily Vision Scale	ADVS
Don Stewart	ADVS - Night Driving	
Don Stewart	ADVS - Day Driving	
Don Stewart	ADVS - Distant Vision	
Don Stewart	ADVS - Near Vision	
Don Stewart	ADVS - Glare Disability	
Don Stewart	ADVS - Overall Omitting Driving	
Don Stewart	AD8 Dementia Screen	
Don Stewart	Hearing Handicap Inv for Elderly - S	Screening (HHIE-S)
Don Stewart	HHIE-S - Social Aspects of Hearing	
Don Stewart	HHIE-S - Emotional Asp of Hearing	
Don Stewart	Two Question Depression Test	

Consultants/Other Providers

Clinical Elements: <DUCKDONALD> Duck, Donald

Template: Consultants

	07/27/12	03/30/12	03/30/12
Consultant-Accu			
Consultant-Aller			
Consultant-Audio			
Consultant-Behav			
Consultant-Card	none		none
Consultant-CardSurg			
Consultant-Chiro			
Consultant-Couns			
Consultant-Derm			
Consultant-DiabEdu			
Consultant-Endo		Wallum	
Consultant-ENT			
Consultant-GenSurg			
Consultant-GI			
Consultant-GYN			
Consultant-Hand			
Consultant-ID			
Consultant-IM			
Consultant-Massage			
Consultant-Neph			
Consultant-Neuro			
Consultant-NeuroSurg			
Consultant-Nutri			
Consultant-Onc			
Consultant-Opth		Lk Jane	
Consultant-Optom			

Summary

- Instant Medical History integrates superbly with McKesson Practice Partner, allowing not only fine tuning of history taking, but also importing data directly into appropriate chart sections and even as discrete clinical elements, lab data, and health maintenance items.
- IMH can improve the efficiency of your documentation and the quality of your care.

Thank You

- Questions?