

# James L. Holly, M.D.

## 9 Steps Patient Centered Medical Home Evidenced Based Quality Measures Tutorial

### Patient-Centered Medical Home Evidenced-based Quality Measures To be completed on all Patients

Summary of the sequence of steps to completing the quality measures:

1. Complete the disease-management, plan of care and treatment plan for diabetes, hypertension and lipids
2. Complete the Fall Risk Assessment, the Functional Assessment and the Pain Assessment
3. Review and Complete the Health Maintenance deficiencies
4. Complete the allergies review on Medication Module and Review of Systems
5. Complete the ROS of Urinary incontinence
6. Complete the Medication list for the patient
7. Review the Coordination of Care Template for Patient-Centered Medical Home adding any information possible and making sure the issue of code status and living will has been discussed.
8. Complete review of medications and document by check box on Plan entitled “Today I reviewed current medications.”
9. Review Evidenced Based Measures on the Coordination of Care template

These are the general steps which should be taken on **all patients**. Although the following order is efficient, you can do these steps in any order you choose, so long as by the end of the encounter they are all done.

When the steps below are taken, the system automatically updates your evidence-based measures compliance for each of the elements which have been addressed.

#### Step 1

After determining which of the three major conditions which we are reporting on in our Patient-Centered Medical Home, i.e., Diabetes, Hypertension, Dyslipidemia, are present in this patient, launch the Disease Management tools at the bottom of the AAA Home for each of those conditions which apply.

**SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLP**

Patient: Robert Test Jr, Sex: M, Age: 39, DOB: 03/25/1970  
 Home Phone: (409)888-8888, Work Phone: ( ) -  
 Patient's Code Status: DNR

**Patient has one or more alerts!** [Click Here to View Alerts](#)

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)  
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)  
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#)

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |  
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#)

**Disease Management**

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |  
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy: Daleo Pharmacy  
 Phone: (409)833-2255  
 Fax: (409)833-8549

[Rx Sheet - Active](#)  
[Rx Sheet - New](#)  
[Rx Sheet - Complete](#)  
[Home Health](#)

**Pending Referrals**

Status	Priority	Referral	Referring Provider

**Archived Referrals - Do not use for new referrals**

Status	Priority	Referral	Referring Provider

**Chart Note**

[Return Info](#)  
[Return Doc](#)  
[Email](#)  
[Telephone](#)  
[Records Request](#)  
[Transfer of Care Doc](#)

With these functions you will complete the NCQA requirement for a written Plan of Care and a written Treatment Plan

For diabetes, you will need to take the following steps:

1. Once you have launched the diabetes disease management tool



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 Patient's Code Status: DNR

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[Referral History](#)

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**Chart Note**

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- [Return Doc](#)
- [Email](#)
- [Telephone](#)
- [Records Request](#)
- [Transfer of Care Doc](#)

2. Click the lifestyle changes button in the right-hand navigation list

**Diabetes Management**

Diabetic Since (year) Patient Robert Test Jr Age 39 Sex M

Type I Type II GDM Pre-Diabetes Other

**Diagnostic Criteria** **Screening Criteria** **Imp Diabetes Concepts** **Evidenced-Based Recs**

**Compliance**

**Dental Care**

Dilated Eye Exam //  
 Flu Shot //  
 Foot Exam //  
 HgbA1C //  
 Pneumovax 05/30/2007  
 Urinalysis //  
 Aspirin Yes No  
 Statin Yes No

**Vital Signs**

Height 72.00 Weight //  
 BMI // Body Fat % 22  
 Protein Req // BMR //

**Current SQ Insulin Dose as of** //

Time of day	Units	Type	Units	Type	Blood Sugars mg/dl
	.00		.00		
	.00		.00		
	.00		.00		
	.00		.00		

**Most Recent Labs**

HbA1C //  
 Mean Plasma Glucose //  
 C-Peptide //  
 Fructosamine //  
 Cholesterol 150 06/06/2007  
 LDL //  
 HDL //  
 Triglycerides 175 06/06/2007  
 Tri/HDL Ratio 2.72  
 Glucose //  
 Fasting //  
 Insulin //  
 HOMA-IR //  
 Na //  
 K //  
 Magnesium //  
 BUN //  
 Creatinine //  
 U Microalbumin //  
 Albumin/Creat //

**Navigation**

Diabetes General

Home

Diab Sys Review

Diabetic History

Eye Exam

Nasopharynx

Cardio Exam

Foot Exam

Neurological Exam

Complications/Education

Initiating Insulin

**Lifestyle Changes**

Diabetes Plan

Education Booklet Given On //

Diabetes Education

Last DE //

3. Close that template, by clicking on the “return” button

**Diabetes Lifestyle Changes**

Diet Type // Print

**Principles of Dietary Management for Diabetes**

Caloric restriction to achieve weight loss  
 Carbohydrate-limited diet  
 Uniform distribution of calories throughout the day  
 No caloric intake after 6-7 PM  
 (will result in lower first morning blood sugar levels)  
 Very high fat meals may result in delayed hyperglycemia  
 Limit alcohol consumption (no more than 2 drinks per day)

Poor dental hygiene is associated with complications in diabetic patients

Encourage patient to clean teeth with flossing daily  
 Encourage annual dental examination and teeth cleaning

[Exercise](#) [Weight Management](#) [Smoking Cessation](#)

Email

**Information**

Health Risks and Obesity

Consequences of Couch Potato

Benefits of Physical Activity

"Diabetic Diet"

Print All

**Glycemic Information**

Importance of Glycemic Index

Applying the Glycemic Index

Glycemic Load

Processing and Glycemic Level

**Return**

4. Click on the Diabetes Plan

## Diabetes Management

Type I  Type II  GDM  Pre-Diabetes  Other

Patient: Robert Test Jr    Age: 39    Sex: M

Diabetic Since (year): \_\_\_\_\_

**Compliance**

Dental Care

Dilated Eye Exam: //

Flu Shot: //

Foot Exam: //

HgbA1C: //

Pneumovax: 05/30/2007

Urinalysis: //

Aspirin:  Yes  No

Statin:  Yes  No

**Screening Criteria**

Smoker E-mail:  +  -

Metabolic Syndrome  +  -

Fram. CVI 10-Yr Risk: 5 %

Fram. Stroke 10-Yr Risk: 0 %

Global Cardio Risk: 1.4

Weight Management

Hypertension Management

Lipids Management

Immunizations

**Most Recent Labs**  Check for New Labs

HgA1C: //

Mean Plasma Glucose: //  Insulin

C-Peptide: //

Fructosamine: //

Cholesterol: 150    06/06/2007

LDL: //

HDL: //

Triglycerides: 175    06/06/2007

Tri/HDL Ratio: 2.72

Glucose: //

Fasting: //

Insulin: //

HOMA-IR: //

Na: //

K: //

Magnesium: //

BUN: //

Creatinine: //

U Microalbumin: //

Albumin/Creat: //

**Navigation**

Diabetes  General

**Home**

Diab Sys Review

Diabetic History

Eye Exam

Nasopharynx

Cardio Exam

Foot Exam

Neurological Exam

Complications/Education

Initiating Insulin

Lifestyle Changes

Diabetes Plan

Education Booklet Given On: //

Diabetes Education

Last DE: //

**Vital Signs**

Height: 72.00    Weight: //    BMI: //

Waist: .00    Hips: //    Body Fat %: 22

Chest: .00    Abdomen: 0    Protein Req: //

Ratio: .00    BMR: //

Finger Stick Glucose: //

Pulse: //

Blood Pressure: // / //

BP In Diabetics:

Vitals Over Time:

**Current SQ Insulin Dose as of** //

Time of day	Units	Type	Units	Type	Blood Sugars mg/dl
	.00		.00		
	.00		.00		
	.00		.00		
	.00		.00		

Diary:

5. At this point, if you came to this template first, you will need to complete the following steps:

- a. Fill in the box entitled "ordering provider" In the first column

## Diabetes Plan

**Meal Requirements**

Total Daily Dose: //    Total Meal Dose: //

Basal Requirement: //    Pre-breakfast: //

**Management**

Change Self-Monitoring of Blood Glucose (SMBG) to: //

Phone glucose data into our office in 7 days

Refer to eye specialist: //

**HgbA1C Treat Goals**

**Return**

Consortium Data Set

Patient Compliance

Comments

**Follow Up Document**

Document

**Laboratory & Procedures**

**Ordering Provider**

**Holly**    **James**

BMP: //

C-Peptide: //

Creatinine: //

EKG: //

Flu Shot: //

Fructosamine: //

Hepatic Profile: //

HgbA1C: //

Lipid Profile w/LDL: //

Magnesium: //

Microalbumin: //

Pneumovax: 05/30/2007

Spot AC Ratio: //

TSH: //

Venipuncture: //

**Medications**

Continue present insulin and metformin/sulfonylurea/acarbose/pioglitazone regimen

Continue Aspirin

Start Aspirin 325 mg

Begin  Increase  Decrease  Stop: // to // mg //

Brand Name: //

**Assessment**

Dx1: //

Dx2: //

Dx3: //

**New SQ Insulin Dose**    


*You MUST click "Save" above after entering new insulin information.*

**Education and Eye Referrals**

Priority	Referring First	Referring Last	Referral

**Comparison of Human Insulin**

Conditions - Glycemic Control

Drugs - Glucose Levels

Basal/Bolus Insulin

Incretins

Byetta

Actions: Byetta



- d. Launch the Consortium Data Set button in the fourth column

The screenshot shows a web-based interface for managing a Diabetes Plan. The title is "Diabetes Plan".

- Meal Requirements:** Includes fields for Total Daily Dose, Basal Requirement, Total Meal Dose, Pre-breakfast, Pre-lunch, and Pre-dinner. There are "Calc" and "Help" buttons.
- Laboratory & Procedures:** Lists various tests such as BMP, C-Peptide, Creatinine, EKG, Flu Shot, Fructosamine, Hepatic Profile, HgbA1C, Lipid Profile w/LDL, Magnesium, Microalbumin, Pneumovax, Spot AC Ratio, TSH, and Venipuncture. Each has a status field (e.g., "///").
- Management:** Includes options for SMBG monitoring, phone data entry, and eye specialist referrals. There is an "HgbA1C Treat Goals" button.
- Medications:** Includes checkboxes for continuing insulin/metformin/sulfonylurea/acarbose/pioglitazone and aspirin. It also has controls for adjusting medication (Begin, Increase, Decrease, Stop) and a "Double-Click to View/Add Meds" section.
- Assessment:** Includes fields for Dx1, Dx2, and Dx3, and a "Chronic Conditions" button.
- Insulin Dose:** A section for "New SQ Insulin Dose" with a grid for "Sliding Scale" and "Import Current" buttons.
- Right-hand Column:** A vertical stack of buttons: "Return" (top), "Consortium Data Set" (highlighted with a red box), "Patient Compliance", "Comments", "Follow Up Document", and "Document".

A red box highlights the "Consortium Data Set" button in the right-hand column.

- e. Complete any standards of care measures which are in red by clicking the button next to the measure.

Diabetes Dm

### Diabetes Management

*Order Hemoglobin A1C*      Last Hemoglobin A1C      

*Order Fasting Lipid Profile*      Last Fasting Lipid Profile      

*Schedule Dilated Eye Exam*      Last Eye Exam      

*Schedule Flu Shot for October*      Last Flu Shot         
 Patient refused flu shot

*Order Urinalysis*      Last Urinalysis      

*Foot Exam Current*      Last Foot Exam

*Monitor Blood Pressure*      Blood Pressure  /

*Ensure that patient has at least two office visits per year.*  
Follow-Up Visit   for

*Is the patient on Aspirin?*  Yes  No  
*Was aspirin suggested but contraindicated?*  Yes  No  
Reason

*Has the Diabetes Treatment Plan been completed with the last year?*         
Date Last Completed

  

6. Launch the follow-up document button in the navigation list

The screenshot shows the 'Diabetes Plan' software interface. At the top, there are sections for 'Meal Requirements' (with a 'Calc' button), 'Laboratory & Procedures' (with an 'Ordering Provider' dropdown showing 'Holly' and 'James'), and 'Management'. The 'Management' section includes options for 'Change Self-Monitoring of Blood Glucose (SMBG)', 'Phone glucose data into our office in 7 days', and 'Refer to eye specialist'. A red box highlights the 'Follow Up Document' button in the top right corner. Below this, there are sections for 'Follow Up Visit', 'Medications' (with options to continue, start, or adjust insulin and aspirin), and 'Education and Eye Referrals'. At the bottom, there is an 'Assessment' section with 'Dx1', 'Dx2', and 'Dx3' fields, and a 'New SQ Insulin Dose' section with a 'Save' button. A red text warning states: 'You MUST click "Save" above after entering new insulin information.' Other buttons include 'Return', 'Consortium Data Set', 'Patient Compliance', 'Comments', 'HgbA1C Treat Goals', 'Double-Click to View/Add Meds', 'Comparison of Human Insulin', 'Conditions - Glycemic Control', 'Drugs - Glucose Levels', 'Basal/Bolus Insulin', 'Incretins', 'Byetta', and 'Actions: Byetta'.

7. You are through

Remember, if you make important medication or treatment plans for the patient with diabetes and/or after your new laboratory data returns, for highest quality of care, you should come back to the Diabetes Disease Management tool and update the Follow-up Document. The same is true for all of the disease-management-tool plans of care and treatment plans.

For Hypertension, you will need to take the following steps:

1. Open the Hypertension Disease Management tool



Patient   Sex  Age  DOB   
 Home Phone  Work Phone   
 Patient's Code Status

**Patient has one or more alerts!** [Click Here to View Alerts](#)

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[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |  
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

**Disease Management**

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | **[Hypertension](#)** | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |  
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy  
  
 Phone   
 Fax

**Pending Referrals** | [Referral History](#)

Status	Priority	Referral	Referring Provider

**Archived Referrals - Do not use for new referrals** | [Referral History](#)

Status	Priority	Referral	Referring Provider

2 Click the “Calculate Assessment” button in the third column

**Hypertension Management**  
Guidelines

Patient: Robert Test Jr  
Age: 39 Sex: M

Beginning Blood Pressure: 05/19/2009 210 / 99  
Highest Blood Pressure: 05/19/2009 210 / 99

**Vital Signs**  
Blood Pressure: Trial 1 / / Pulse Pressure: 0  
Trial 2 / /  
Trial 3 / /  
Pulse:   
Height: 72.00 inches  
Weight: pounds  
BMI:   
Body Fat: 22 %  
Waist: .00 inches  
Hips: inches  
Ratio: .00  
From CVD 10-Yr Risk: 5 %  
From Stroke 10-Yr Risk: 0 %  
Global Cardio Risk: 1.4  
Metabolic Syndrome: - + C  
Vitals Over Time

**Major Risk Factors**  
 Tobacco Use  
 Dyslipidemia  
 Diabetes Mellitus  
Family Hx of CV Disease  
 Male < 55  
 Female < 65  
Sex  
 Male  
 Postmenopausal Female

**Additional Risk Factors**  
 CHF  
 CAD  
 TIA  
 Stroke  
 Peripheral Vascular Disease  
 Renal Insufficiency  
 Retinopathy

Calculate Assessment

Blood Pressure Classification:   
Recommended Follow-Up:   
Risk Group:   
Treatment Based on Risk Assessment:   
Lab Results  
Labs Over Time

**Navigation**  
HPT General  
Home  
Lifestyle Changes  
Dippers and White Coat  
HPT and Diabetes  
HPT and Depression  
HPT and the Elderly  
HPT, Insulin Resistance  
Isolated Systolic HPT  
HPT and Kidney Disease  
Evaluation  
Diagnosis and Screening  
Treatment  
HPT Plan  
Physician Role  
Patient Information  
Click for Documents  
Physician Information  
Classification  
Risk Stratification

3. Click the lifestyle changes button in the right hand navigation button list

**Hypertension Management**  
Guidelines

Patient: Robert Test Jr  
Age: 39 Sex: M

Beginning Blood Pressure: 05/19/2009 210 / 99  
Highest Blood Pressure: 05/19/2009 210 / 99

**Vital Signs**  
Blood Pressure: Trial 1 / / Pulse Pressure: 0  
Trial 2 / /  
Trial 3 / /  
Pulse:   
Height: 72.00 inches  
Weight: pounds  
BMI:   
Body Fat: 22 %  
Waist: .00 inches  
Hips: inches  
Ratio: .00  
From CVD 10-Yr Risk: 5 %  
From Stroke 10-Yr Risk: 0 %  
Global Cardio Risk: 1.4  
Metabolic Syndrome: - + C  
Vitals Over Time

**Major Risk Factors**  
 Tobacco Use  
 Dyslipidemia  
 Diabetes Mellitus  
Family Hx of CV Disease  
 Male < 55  
 Female < 65  
Sex  
 Male  
 Postmenopausal Female

**Additional Risk Factors**  
 CHF  
 CAD  
 TIA  
 Stroke  
 Peripheral Vascular Disease  
 Renal Insufficiency  
 Retinopathy

Calculate Assessment

Blood Pressure Classification:   
Recommended Follow-Up:   
Risk Group:   
Treatment Based on Risk Assessment:   
Lab Results  
Labs Over Time

**Navigation**  
HPT General  
Home  
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HPT and the Elderly  
HPT, Insulin Resistance  
Isolated Systolic HPT  
HPT and Kidney Disease  
Evaluation  
Diagnosis and Screening  
Treatment  
HPT Plan  
Physician Role  
Patient Information  
Click for Documents  
Physician Information  
Classification  
Risk Stratification

- Click the HPT Plan button in the right hand navigation button list

**Hypertension Management Guidelines**

Patient: Robert Test Jr  
Age: 39 Sex: M

Beginning Blood Pressure: 05/19/2009 210 / 99  
Highest Blood Pressure: 05/19/2009 210 / 99

**Vital Signs**  
Blood Pressure: Trial 1, Trial 2, Trial 3  
Pulse Pressure: 0  
Pulse, Height (72.00 inches), Weight, BMI, Body Fat (22%), Waist, Hips, Ratio (1.00)  
Fram\_CVD 10-Yr Risk: 5%  
Fram\_Stroke 10-Yr Risk: 0%  
Global Cardio Risk: 1.4  
Metabolic Syndrome

**Major Risk Factors**  
 Tobacco Use  
 Dyslipidemia  
 Diabetes Mellitus  
Family Hx of CV Disease: Male < 55, Female < 65  
Sex: Male, Postmenopausal Female

**Additional Risk Factors**  
 CHF  
 CAD  
 TIA  
 Stroke  
 Peripheral Vascular Disease  
 Renal Insufficiency  
 Retinopathy

Buttons: Calculate Assessment, Lab Results, Labs Over Time

**Navigation**  
HPT (selected) General  
Home  
Lifestyle Changes  
Dippers and White Coat  
HPT and Diabetes  
HPT and Depression  
HPT and the Elderly  
HPT, Insulin Resistance  
Isolated Systolic HPT  
HPT and Kidney Disease  
Evaluation  
Diagnosis and Screening  
**Treatment**  
**HPT Plan** (highlighted)  
Physician Role  
Patient Information (Click for Documents)  
Physician Information (Classification, Risk Stratification)

- Check the “continue current medications” box in the second column or note what the medication changes are

**Hypertension Plan**

**Laboratory**  
Ordering Provider: Holly James  
CBC, BMP, Uric Acid, Urinalysis, Micral Strip, Spot A/C Ratio, Lipid Profile w/LDL, Plasma Renin Activity, Thyroid Profile, Venipuncture

**Procedures**  
EKG, Echocardiogram, Renal Artery Ultrasound, Renal Ultrasound, Ambulatory BP Monitoring

**Assessment**  
Dx1, Dx2, Dx3  
Submit Charge Posting, EM Coding

**Medications**  
 Continue current medications  
Medication list with controls: Begin, Increase, Decrease, mg  
General Dosing Information

**Follow Up**  
Acute, Routine  
Call Your Doctor If..., Take Care of Yourself, OTC Medications

**Information (Auto-Print)**  
HPT Medications, Antihistamines, Cautions About OTC Meds, OTC Meds and Hypertension

Buttons: Return, Comments, Follow-Up Doc, Document

6. Click "Follow-up Document" button

**Hypertension Plan**

**Laboratory**  
Ordering Provider: Holly James  
CBC, BMP, Uric Acid, Urinalysis, Micral Strip, Spot A/C Ratio, Lipid Profile w/LDL, Plasma Renin Activity, Thyroid Profile, Venipuncture

**Medications**  
Continue current medications:   
Begin, Increase, Decrease: [ ] [ ] mg [ ]  
General/Dosing Information

**Procedures**  
EKG, Echocardiogram, Renal Artery Ultrasound, Renal Ultrasound, Ambulatory BP Monitoring

**Assessment**  
Dx1, Dx2, Dx3  
Submit Charge Posting, EM Coding

**Follow Up**  
Acute, Routine  
Call Your Doctor if..., Take Care of Yourself, OTC Medications

**Return**  
Comments, **Follow-Up Doc**, Document

**Information (Auto-Print)**  
HPT Medications, Antihistamines, Cautions About OTC Meds, OTC Meds and Hypertension

7. You are through

For Lipids, you will need to take the following steps:

1. Open the Lipid Disease Management Tool



Patient Robert Test Jr Sex M Age 39 DOB 03/25/1970  
Home Phone (409)888-8888 Work Phone ( ) -  
Patient's Code Status DNR

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**Disease Management**

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[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

**Patient's Pharmacy**

Daleo Pharmacy  
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Rx Sheet - Active  
Rx Sheet - New  
Rx Sheet - Complete

Home Health

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Status	Priority	Referral	Referring Provider

**Archived Referrals - Do not use for new referrals**

Status	Priority	Referral	Referring Provider

**Chart Note**

Return Info  
Return Doc  
Email  
Telephone  
Records Request  
Transfer of Care Doc

2 Click the Check for New Labs button in the second column

## Lipids Management

Patient: Robert Test Jr      Age: 39      Sex: M

SETMA's Lipid Philosophy

### Compliance

Last Lipid: //

Last CRP: //

Last Liver Panel: //

Height: 72.00 inches

Weight: // pounds

BMI: //

Body Fat: 22 %

BMR: // cal/day

Protein Req: // grams/day

Waist: .00 inches

Blood Pressure: // mmHg

Diabetes Mellitus:

Metabolic Syndrome:

### Fredrickson Classification

Assess from Labs

I    IIa    IIb

III    IV    V

Help   Info

Last Updated/Reviewed: 12/02/2009

### Most Recent Labs

Check for New Labs

Cholesterol	289	06/06/2007
HDL	69	//
HDL 2	0	
HDL 3	0	
Cholesterol:HDL	4.19	
Triglycerides	188	06/06/2007
Trig:HDL	2.72	
Chylomicrons	+ // - //	
CPK	//	
Lp(a)	0	
LDL	182	//
IDL	0	
VLDL	0	
LDL-Remnant	0	

Pattern A  
 Pattern B    Info  
 Pattern A/B

Homocystiene	0	//
hsCRP	.0	//
Apo A1	.0	
Apo B	.0	
Apo E2	.0	
Apo E4	.0	

Labs Over Time

### Risk Factors

Coronary Heart Disease  
 MI (Heart Attack)  
 Angina  
 CABG  
 Non-Coronary Atherosclerosis  
 Peripheral Artery Disease  
 Cerebrovascular Disease  
 Aortic Aneurysm

Fram\_CVD 10-Year Risk: 5 %  
 Fram\_Stroke 10-Year Risk: 0  
 Global Cardio Risk: 1.4

Male Age > 45  
 Female Age > 55  
 Hypertension > 140/90  
 Blood Pressure Medications  
 Smoking

HDL  
 Male < 40  
 Female < 50

FHx: Premature HD  
 Male First Degree < 55  
 Female First Degree < 65

**Assessment**    Update  
**Aggressive measures must be taken to lower LDL to below 70.**  
 Last Updated/Reviewed: //

### Navigation

Return

- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- Lipids Plan

### Lipoprotein Metabolism

- Summary of Lipid Studies
- Lipoproteins
- Significance
- Composition
- Classification
- Hyperlipoproteinemias
- Hypolipoproteinemias
- VLDLs
- IDLs
- LDLs
- HDLs
- LDL Receptors
- Chylomicrons
- Chylomicrons and Triglycerides

### Secondary Causes of Abnormal Lipids

- Hypercholesterolemia
- Hypocholesterolemia
- Low HDL
- Hypertriglyceridemia

3. Click Assess from labs button which is found under the title Fredrickson Classifications

## Lipids Management

Patient: Robert Test Jr      Age: 39      Sex: M

SETMA's Lipid Philosophy

### Compliance

Last Lipid: //

Last CRP: //

Last Liver Panel: //

Height: 72.00 inches

Weight: // pounds

BMI: //

Body Fat: 22 %

BMR: // cal/day

Protein Req: // grams/day

Waist: .00 inches

Blood Pressure: // mmHg

Diabetes Mellitus:

Metabolic Syndrome:

**Fredrickson Classification**

Assess from Labs

Help    Info

Last Updated/Reviewed: 12/02/2009

### Most Recent Labs

Check for New Labs

Cholesterol	289	06/06/2007
HDL	69	//
HDL 2	0	
HDL 3	0	
Cholesterol:HDL	4.19	
Triglycerides	188	06/06/2007
Trig:HDL	2.72	
Chylomicrons	+ // - //	
CPK	//	
Lp(a)	0	
LDL	182	//
IDL	0	
VLDL	0	
LDL-Remnant	0	

Pattern A  
 Pattern B    Info  
 Pattern A/B

Homocystiene	0	//
hsCRP	.0	//
Apo A1	.0	
Apo B	.0	
Apo E2	.0	
Apo E4	.0	

Labs Over Time

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Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Lipids Plan

### Lipoprotein Metabolism

Summary of Lipid Studies

Lipoproteins

Significance

Composition

Classification

Hyperlipoproteinemias

Hypolipoproteinemias

VLDLs

IDLs

LDLs

HDLs

LDL Receptors

Chylomicrons

Chylomicrons and Triglycerides

### Secondary Causes of Abnormal Lipids

Hypercholesterolemia

Hypocholesterolemia

Low HDL

Hypertriglyceridemia

- If a Fredrickson Classification is not automatically selected, it may be because the patient has been treated. In that case, simple click the type which you know the patient to have.

**Lipids Management** Patient: Robert Test Jr Age: 39 Sex: M

SETMA's Lipid Philosophy

**Compliance**

Last Lipid: //  
 Last CRP: //  
 Last Liver Panel: //

Height: 72.00 inches  
 Weight: // pounds  
 BMI: //  
 Body Fat: 22 %  
 BMR: // cal/day  
 Protein Req: // grams/day  
 Waist: .00 inches

Blood Pressure: // mmHg  
 // mmHg  
 // mmHg

Diabetes Mellitus:      
 Metabolic Syndrome:

**Fredrickson Classification**

Assess from Labs

I  IIa  IIb  III  IV  V

Help Info

Last Updated/Reviewed: 12/02/2009

**Most Recent Labs** Goals

Check for New Labs

Cholesterol	289	06/06/2007
HDL	69	//
HDL 2	0	
HDL 3	0	
Cholesterol:HDL	4.19	
Triglycerides	188	06/06/2007
Trig:HDL	2.72	
Chylomicrons	+ -	
CPK	//	
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LDL-Remnant	0	

Pattern A   
 Pattern B  Info  
 Pattern A/B

Homocystiene	0	//
hsCRP	.0	//
Apo A1	.0	
Apo B	.0	
Apo E2	.0	
Apo E4	.0	

Labs Over Time

**Risk Factors**

Coronary Heart Disease  
 MI (Heart Attack)  
 Angina  
 CABG

Non-Coronary Atherosclerosis

Peripheral Artery Disease  
 Cerebrovascular Disease  
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 From Stroke 10-Year Risk: 0  
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**Secondary Causes of Abnormal Lipids**

- Hypercholesterolemia
- Hypocholesterolemia
- Low HDL
- Hypertriglyceridemia

5. Click the Lifestyle Changes button in the navigation tool list to the right

**Lipids Management** Patient: Robert Test Jr. Age: 39 Sex: M

SETMA's Lipid Philosophy

**Compliance**

Last Lipid: //  
 Last CRP: //  
 Last Liver Panel: //

Height: 72.00 inches  
 Weight: // pounds  
 BMI: //  
 Body Fat: 22 %  
 BMR: // cal/day  
 Protein Req: // grams/day  
 Waist: // inches

Blood Pressure: // mmHg  
 // mmHg  
 // mmHg

Diabetes Mellitus:      
 Metabolic Syndrome:

**Fredrickson Classification**

Assess from Labs:  I  IIa  IIb  III  IV  V

Help Info

Last Updated/Reviewed: 12/02/2009

**Most Recent Labs** Goals

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Trig:HDL	2.72	
Chylomicrons	+ // -	
CPK	//	
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Pattern A   
 Pattern B  Info  
 Pattern A/B

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 hsCRP: 0 //  
 Apo A1: 0  
 Apo B: 0  
 Apo E2: 0  
 Apo E4: 0

Labs Over Time

**Risk Factors**

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 LDL Receptors  
 Chylomicrons  
 Chylomicrons and Triglycerides

**Secondary Causes of Abnormal Lipids**

Hypercholesterolemia  
 Hypocholesterolemia  
 Low HDL  
 Hypertriglyceridemia

6. Check the box beside the kind of diet the patient should be eating.

## Lifestyle Changes

[Goals](#)

**Recommended Actions**

**Diets**

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

**Weight Loss Initiative**

BMR  cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

**Patient Information**  
(Automatically Prints)

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

**Navigation**

- 
- 
- 
- 
- 
-

**Creating an Electronic Tickler File**

1. Open Microsoft Outlook by clicking on the e-mail button
2. Address the e-mail to your unit clerk, your nurse and yourself
3. Click on the "options" button at the top, right of the Microsoft Outlook tool bar
4. Find "delivery options" on the "options" pop-up
5. Click on "do not deliver before"
6. Select a date, preferably a Monday, one month hence
7. Close the "option" pop-up
8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

**The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.**

7. Click the button entitled Lipid Plan in the navigation buttons to the right hand of the screen

## Lifestyle Changes

**Recommended Actions**

**Diets**

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

**Weight Loss Initiative**

BMR  cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

**Patient Information**  
(Automatically Prints)

Alcohol and Lipids
BMR -- Changing It
Dining Out
Dyslipidemia and Inactivity
Exercise and Weight Loss
Foods to Eat, Avoid
Inactivity and Cholesterol
Step I, II Diets and Fiber
Step I, II Diets - Description
Training Intensity and Lipids
Transfats and LDL

**Navigation**

Lipids Master
Lipids System Review
Extremity Exam
Eye Exam
Cardio Exam
Lipids Plan

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**The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.**

8. Note whether to continue current medications by checking the box at the top of the screen or note new medications to be started.



10. You are through

## Step 2

Go to the **Fall Risk, Functional and Pain Assessments** on **Master GP**

The screenshot displays a medical software interface for a patient named Robert Test Jr, 39 years old, male. The interface includes a navigation menu at the top with options like NURSE, HISTORIES, HEALTH, QUIZES, HPI, ROS, P.E., X-RAY, ASSESS, PLAN, and PROCS. A sidebar on the right contains a list of menu items, with 'Health' checked. The main area shows patient details, a table for Chronic Conditions, and a table for HCC (Health Care Condition) risk categories. A central panel displays vital signs (BP, Temp, Pulse, Resp, Wt, BMI, Body Fat, BMR, Cardiac Risk Ratio) and assessment options. The 'Fall Risk Assessment', 'Functional Assessment', and 'Pain Assessment' buttons are highlighted with a red box. Other buttons include 'Alert', 'Allergies', 'Comments', 'E-Mail Note', 'Telephone', 'Vitals/Time', 'Nursing Home Patient', 'HCC Reviewed Today', and 'Last Reviewed'.

Complete the Fall Risk Assessment Complete the Functional Assessment Complete the Pain Assessment

## Step 3

Go to **Health Maintenance** by clicking on the button entitled 'Health' in the navigation tool list to the right of the template and review **the Preventive Care Routine Measures** and the **Gender Specific measures** and complete those things which are incomplete (**Nurse and Provider**)

This is the **Health Maintenance** for a male patient complete the **Preventive Care Routine Measures** and the gender specific measures.

Sex   Reviewed H.M. Today  Specialty MD's  X

Age   Childhood Immunization UTD Diet

**Last Test**

<input type="text"/>	Annual Physical Exam	<input type="text"/>	HFP
<input type="text"/>	BMP	<input type="text"/>	Lipids
<input type="text"/>	Carotid Doppler	<input type="text"/>	Microalbumin
<input type="text"/>	CBC	<input type="text"/>	Pelvic Ultrasound
10/09/2008	Chemistry	<input type="text"/>	PFT
<input type="text"/>	Chest X-Ray	<input type="text"/>	Prealbumin
<input type="text"/>	CPK	<input type="text"/>	PTINR
<input type="text"/>	CRP	<input type="text"/>	Rectal Exam
<input type="text"/>	Dental Care	<input type="text"/>	Serum Creatinine
<input type="text"/>	Diabetic Education	<input type="text"/>	Sleep Study
<input type="text"/>	Diabetic Foot Exam	<input type="text"/>	Stress Test (yearly)
<input type="text"/>	Echocardiogram	<input type="text"/>	TB Skin Test
<input type="text"/>	EGD	<input type="text"/>	Thyroid Profile
<input type="text"/>	EKG (every 5 years)	<input type="text"/>	Urinalysis
<input type="text"/>	Eye Exam	<input type="text"/>	uTSH
<input type="text"/>	Eye Exam (Dilated)	<input type="text"/>	Venous Doppler
<input type="text"/>	Flexible Sig	<input type="text"/>	
<input type="text"/>	Glyco Hemoglobin A1C	<input type="text"/>	

**Preventive Care Routine Measures**

Medication Assessment & Reconciliation

Clinic

Hospital Discharge

Nursing Home

Bone Density [Help](#)

Colonoscopy

Functional Assessment

Hemocult

05/30/2007 PneumoVax Allergic?

Patient refused pneumovax

12/24/2005 Tetanus Allergic?

Patient refused tetanus

Flu Shot Allergic?

Patient refused flu shot

2009 H1N1 Vaccine

Dose 1

Dose 2

Navigate to the immunizations to edit.

**Sex Specific**

PSA (yearly after 50)

PSA Velocity

Date of Last Biopsy Referral

**Comments**

Complete any of the Preventive Care Routine Measures. Be sure to ask the patient if they had a flu immunization last fall as there are many places where they can get those shots. If the patient is definite, i.e., "I got a flu shot at the VA or at work, etc," you can with confidence accept that and document the immunization. If the patient says, "I think I did," do not document that.

Sex   Reviewed H.M. Today  Specialty MD's  X

Age   Childhood Immunization UTD Diet

**Last Test**

<input type="text"/>	Annual Physical Exam	<input type="text"/>	HFP
<input type="text"/>	BMP	<input type="text"/>	Lipids
<input type="text"/>	Carotid Doppler	<input type="text"/>	Microalbumin
<input type="text"/>	CBC	<input type="text"/>	Pelvic Ultrasound
10/09/2008	Chemistry	<input type="text"/>	PFT
<input type="text"/>	Chest X-Ray	<input type="text"/>	Prealbumin
<input type="text"/>	CPK	<input type="text"/>	PTINR
<input type="text"/>	CRP	<input type="text"/>	Rectal Exam
<input type="text"/>	Dental Care	<input type="text"/>	Serum Creatinine
<input type="text"/>	Diabetic Education	<input type="text"/>	Sleep Study
<input type="text"/>	Diabetic Foot Exam	<input type="text"/>	Stress Test (yearly)
<input type="text"/>	Echocardiogram	<input type="text"/>	TB Skin Test
<input type="text"/>	EGD	<input type="text"/>	Thyroid Profile
<input type="text"/>	EKG (every 5 years)	<input type="text"/>	Urinalysis
<input type="text"/>	Eye Exam	<input type="text"/>	uTSH
<input type="text"/>	Eye Exam (Dilated)	<input type="text"/>	Venous Doppler
<input type="text"/>	Flexible Sig		
<input type="text"/>	Glyco Hemoglobin A1C		

**Sex Specific**

PSA (yearly after 50)

PSA Velocity

Date of Last Biopsy Referral

**Preventive Care Routine Measures**

Medication Assessment & Reconciliation

Clinic

Hospital Discharge

Nursing Home

Bone Density [Help](#)

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05/30/2007 PneumoVax Allergic?

Patient refused pneumovax

12/24/2005 Tetanus Allergic?

Patient refused tetanus

Flu Shot Allergic?

Patient refused flu shot

2009 H1N1 Vaccine

Dose 1

Dose 2

Navigate to the immunizations to edit.

**Comments**

Complete any other evaluations by checking for documentation of when the screening test was last done and the by asking the patient if they have had these if they are not documented. If they have not been done initiate a referral for them to be completed or order the test to be done.

Sex  Age

Reviewed H.M. Today  Childhood Immunization UTD

Specialty MD's  X Diet

**Last Test**

<input type="text"/> Annual Physical Exam	<input type="text"/> HFP
<input type="text"/> BMP	<input type="text"/> Lipids
<input type="text"/> Carotid Doppler	<input type="text"/> Microalbumin
<input type="text"/> CBC	<input type="text"/> Pelvic Ultrasound
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<input type="text"/> CPK	<input type="text"/> PTINR
<input type="text"/> CRP	<input type="text"/> Rectal Exam
<input type="text"/> Dental Care	<input type="text"/> Serum Creatinine
<input type="text"/> Diabetic Education	<input type="text"/> Sleep Study
<input type="text"/> Diabetic Foot Exam	<input type="text"/> Stress Test (yearly)
<input type="text"/> Echocardiogram	<input type="text"/> TB Skin Test
<input type="text"/> EGD	<input type="text"/> Thyroid Profile
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**Preventive Care Routine Measures**

Medication Assessment & Reconciliation

Clinic  Hospital Discharge  Nursing Home

Bone Density [Help](#)

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Patient refused flu shot

2009 H1N1 Vaccine

Dose 1

Dose 2

Navigate to the immunizations to edit.

**Sex Specific**

PSA (yearly after 50)

PSA Velocity

Date of Last Biopsy Referral

**Comments**

- Dilated Eye Exam (in the current year)
- Diabetic Education (in the past two years)
- Microalbumin (in the current year)
- HgbA1C
- Urinalysis (in the current year)

This is the **Health Maintenance** for a female patient – complete the **Preventive Care Routine Measures** and the **gender specific measures**

Sex   Reviewed H.M. Today  Specialty MD's  X

Age   Childhood Immunization UTD Diet

**Last Test**

<input type="text"/>	Annual Physical Exam	<input type="text"/>	HFP
<input type="text"/>	BMP	<input type="text"/>	Lipids
<input type="text"/>	Carotid Doppler	<input type="text"/>	Microalbumin
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10/09/2008	Chemistry	<input type="text"/>	PFT
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<input type="text"/>	Glyco Hemoglobin A1C		

**Preventive Care Routine Measures**

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Dose 1

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Navigate to the immunizations to edit.

**Sex Specific**

PSA (yearly after 50)

PSA Velocity

Date of Last Biopsy Referral

**Comments**

#### Step 4

From the **GP Master** go to the **Allergies module**

Date	Description	Onset/Sympt	Resolved	Type	Comment
09/24/2007 10:06 AM	ERYTHROMYCIN BASE	09/24/2007	00/00/0000	Inredient	ERY-TAB
09/24/2007 10:06 AM	PENICILLIN G POTASSIUM	09/24/2007	00/00/0000	Inredient	PENICILLIN

  

Allergy:    
 Location: Southeast Texas Medical Associates   
 Provider: Holly, James L MD   
 Onset/Sym: 11/30/2009  Reaction:    
 Resolved: 00/00/0000  Allergy type:    
 Allergy Comments:

Last Reviewed By: Karen Groff      Date: 05/19/2009 09:08 AM

Complete the review of the patient’s allergies and then click the button entitled “**Review**” which is outlined above in red; it is found at the bottom right hand side of the allergies template and when launched documents that you have reviewed and/or updated the allergies.

### Step 5

Go to the **Systems Review** (for the nurse)

**Chief Complaints**

**Source of Information**

Patient  
 Family member  
 Caregiver  
 Chart (hospital setting)

**Chronic Conditions**

**Allergies**  
 Double-click below to add/edit patient allergies.

Allergy	Date of Onset
PENICILLIN G POTASSIUM	09/24/2007
ERYTHROMYCIN BASE	09/24/2007

Patient's allergies reviewed/updated today.

**Positive**

Constitutional  
 Self Monitoring  
 Eyes  
 HENMT  
 Cardiac  
 Respiratory  
 Gastrointestinal  
 Urinary/Repr.  
 Musculoskeletal  
 Integumentary  
 Neuro  
 Psychiatric  
 Psych Eval  
 Endocrine  
 Hematology

**Return**

**Comments**

Once the **Medication Allergies** have been reviewed, check the box at the bottom which is entitled “**Patient’s allergies reviewed/updated today.**” Go to the Urinary/Reprod template by clicking on the navigation button to the right

**Ros Male** X

## Male Urinary & Reproductive System

**Urinary**

<input type="checkbox"/> Neg	<input type="checkbox"/> Pos	Dysuria
<input type="checkbox"/>	<input type="checkbox"/>	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	Hesitancy
<input type="checkbox"/>	<input type="checkbox"/>	Urgency
<input type="checkbox"/>	<input type="checkbox"/>	Dribbling
<input type="checkbox"/>	<input type="checkbox"/>	Hematuria
<input type="checkbox"/>	<input type="checkbox"/>	Pyuria
<input type="checkbox"/>	<input type="checkbox"/>	Oliguria
<input type="checkbox"/>	<input type="checkbox"/>	Weak Stream
<input type="checkbox"/>	<input type="checkbox"/>	Polyuria
<input type="checkbox"/>	<input type="checkbox"/>	Nocturia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Urinary Incontinence
<input type="checkbox"/>	<input type="checkbox"/>	Frequent UTIs
<input type="checkbox"/>	<input type="checkbox"/>	Foul Smelling Urine
<input type="checkbox"/>	<input type="checkbox"/>	Dark Urine
<input type="checkbox"/>	<input type="checkbox"/>	Prostate problems
<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter
<input type="checkbox"/>	<input type="checkbox"/>	Condom catheter
<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic Catheter

Ileostomy    Colostomy    Rectal Tube

**Reproductive**

<input type="checkbox"/> Neg	<input type="checkbox"/> Pos	Hernias
<input type="checkbox"/>	<input type="checkbox"/>	Discharge from penis
<input type="checkbox"/>	<input type="checkbox"/>	Rash / lesions on penis
<input type="checkbox"/>	<input type="checkbox"/>	Rash / lesions on scrotum
<input type="checkbox"/>	<input type="checkbox"/>	Testicular pain
<input type="checkbox"/>	<input type="checkbox"/>	Testicular Mass / Swelling
<input type="checkbox"/>	<input type="checkbox"/>	Genital Ulcer(s)
<input type="checkbox"/>	<input type="checkbox"/>	Genital Itching
<input type="checkbox"/>	<input type="checkbox"/>	Possible STD
<input type="checkbox"/>	<input type="checkbox"/>	Sexually Active
<input type="checkbox"/>	<input type="checkbox"/>	Uses condoms every time
<input type="checkbox"/>	<input type="checkbox"/>	Partner uses contraception
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Partners
<input type="checkbox"/>	<input type="checkbox"/>	Impotence
<input type="checkbox"/>	<input type="checkbox"/>	Premature ejaculation
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty achieving erection
<input type="checkbox"/>	<input type="checkbox"/>	Difficult to maintain erection
<input type="checkbox"/>	<input type="checkbox"/>	Decreased libido

**Last PSA**

**Last Digital Rectal Exam**

**American Urology data this visit**

Score  Degree

Male Surgeries	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PSA Velocity**

Date of Last Biopsy Referral

**Comments**

For both male and female make sure that the assessment of urinary incontinence has been completed.

### Step 6

Go to **AAA Home**

**SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLP**

Patient: Robert Test Jr, Sex: M, Age: 39, DOB: 03/25/1970  
 Home Phone: (409)888-8888, Work Phone: ( ) -  
 Patient's Code Status: ONR

**Patient has one or more alerts!** [Click Here to View Alerts](#)

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)  
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E/M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)  
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |  
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

**Disease Management**

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |  
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy  
 Daleo Pharmacy  
 Phone: (409)833-2255  
 Fax: (409)833-8549  
 Rx Sheet - Active  
 Rx Sheet - Now  
 Rx Sheet - Complete  
 Home Health

**Pending Referrals**

Status	Priority	Referral	Referring Provider

**Archived Referrals - Do not use for new referrals**

Status	Priority	Referral	Referring Provider

**Chart Note**

- Return Info
- Return Doc
- Email
- Telephone
- Records Request
- Transfer of Care Doc

Complete the **Rx Sheet Active** to the left of the screen. (This can also be completed from the **Plan template** under **Rx Sheet** in the fourth column under Super bill and Plan Summary.)

**Step 7**

Go to **Plan Template**





### Medical Home Coordination Review

<b>Patient</b>		<b>Ancillary Agencies</b>		<b>Medical Power of Attorney</b>		<input type="button" value="Return"/> <input type="button" value="Trans-theoretical Model"/> <input type="button" value="Print Note"/>
Robert	Test Jr	Home Health			( ) -	
Date of Birth	03/25/1970	Hospice		Primary Caregiver	( ) -	
Sex	M Age 39 Years	Assisted Living		Emergency Contact	( ) -	
Home Phone	(409)868-8888	Nursing Home			( ) -	Patient's E-mail Address <input type="text"/>
Work Phone	( ) -	Physical Therapy		Relation		

  

Coordination Review Completed Today? <input type="radio"/> Yes <input type="radio"/> No	Last Reviewed	<input type="text" value="//"/> <input type="text" value="//"/>	<b>Compliance</b>
Patient needs discussed today at Care Coordination Team Conference? <input type="radio"/> Yes <input type="radio"/> No	Last Reviewed	<input type="text" value="//"/> <input type="text" value="//"/>	Last HSP <input type="text" value="//"/> Telephone Contact <input type="text" value="//"/> Correspondence <input type="text" value="//"/> Birthday Card <input type="text" value="//"/>

  

<b>Chronic Conditions</b>	<b>Care Coordination Team</b>		<b>Phone</b>	<b>Evacuation Options</b>											
	Primary MD		( ) -	<input type="checkbox"/> Self Evacuation Contact Information											
	CFNP		( ) -	<input type="checkbox"/> Family Name <input type="text"/>											
	Coordinator		( ) -	<input type="checkbox"/> Community Phone ( ) -											
	Nurse		( ) -												
	Unit Clerk		( ) -	<b>Advanced Care Planning</b>											
	Secondary/Specialty Physicians			Code Status <input type="text" value="DNR"/>											
	<b>Evidence-Based Measures Compliance</b>			Advanced Directives Discussed? <input type="radio"/> Yes <input type="radio"/> No <input type="text" value="//"/>											
	<div style="border: 2px solid red; padding: 5px;">           XX Elderly Medication Summary XX            HEDIS Measures Compliance            NQF Measures Compliance            PQRS Measures Compliance            Lipids Treatment Audit            Diabetes Physician Consortium         </div>			Advanced Directives Completed? <input checked="" type="radio"/> Yes <input type="radio"/> No Date 04/18/2009 Detail given to pt 4/17/09											
	<b>Disease Management Tools Accessed</b>			<b>Barriers to Care</b>											
Diabetes <input type="radio"/> Yes <input type="radio"/> No	Lipids <input type="radio"/> Yes <input type="radio"/> No	CHF <input type="radio"/> Yes <input type="radio"/> No	<b>Social</b>												
<b>Referral History</b> <a href="#">Click for Detail</a>			<input type="checkbox"/> Deaf <input type="checkbox"/> Hearing <input type="checkbox"/> Blind <input type="checkbox"/> Vision <input type="checkbox"/> Literacy <input type="checkbox"/> Social Isolation <input type="checkbox"/> Language												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Status</th> <th>Referral</th> <th>Referring Provider</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Status	Referral	Referring Provider										<b>Financial</b>
Status	Referral	Referring Provider													
			<input type="checkbox"/> Co-Pays <input type="checkbox"/> Medications <input type="checkbox"/> Nutrition <input type="checkbox"/> Transportation <input type="checkbox"/> Uninsured												
			<b>Assistive Devices</b>												
			<input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Prosthetic Limb <input type="checkbox"/> Splint/Brace <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair												

Complete any items which appear in **red** on each of the six evidenced-based measures (which indicates that they apply to this patient but are incomplete) which are entitled:

- Elderly Medication Summary
- [HEDIS Measures Compliance](#)
- [NQF Measures Compliance](#)
- [PQRS Measures Compliance](#)
- [PCPI Diabetes Compliance](#)
- [PCPI Hypertension Compliance](#)