



INSTANT MEDICAL HISTORY

## 2012 Release Notes

---

---

Enclosed is your CD to upgrade to Instant Medical History 2012. Please install by clicking "IMHInstall.msi" on the CD, and following the prompts to upgrade your program. Your preferences and settings will not be changed. We will briefly describe new features in the following sections, and invite you to web training to learn more.

### New Questionnaires

#### *New Content Releases*

##### **Specialty Care**

Follow-up patients can be interviewed more concisely. A series of follow-up questionnaires are available that allow collection of HPI and a focused Review of Systems, with minimal PMH/SH and no Family History. Early adopters have reported patients finishing 15-20% faster than with IMH 2011.

##### **Primary Care**

Instant Medical History can provide great assistance performing the Medicare Annual Wellness Exam difficult or impossible to perform without using Instant Medical History. With the Medicare AWE interview using Instant Medical History, review of the scales can allow quick assessment of the needed referrals:

- 1) ophthalmological exam (ADVS),
- 2) otolaryngology (HHIE-S),
- 3) occupational and physical therapy (VES-13 and FRAT),
- 4) neurology or neuropsychiatry (AD8 and GDS),
- 5) dietician (Nutrition survey), and
- 6) Urologic evaluation (IIQ).

Appendix A is a patient hand-out for explanation of the AWE examination. Appendix B is a workflow summary to help with implementation of this exam. In addition to the alcohol screening, nicotine dependency, several new scales have been added to meet the Medicare screening requirements:

**Activities of Daily Vision Scale (ADVS)** is a definitive functional screening test that can be used to determine if a person needs a cataract operation.

**Hearing Handicap Inventory for the Elderly – Screen (HHIE-S)**, 10-item scale to evaluates hearing loss and need for evaluation and treatment in patients over 65 years of age.

**Vulnerable Elders Survey (VES-13)** 13-item function-based targeting system effectively and efficiently identifies older people at risk of functional decline and death.

**AD8 Dementia Screen** is a simple 8 question to screen for cognitive functioning. If abnormal, the more in depth mental status evaluation (Mini-mental status) is indicated during the physical portion of the examination.

**Two Question Depression Test** is used to screen for patients who need the **Geriatric Depression Test** now available in the 17-question and 30-question versions.

**Nutrition Survey** a 10-question scale for diet evaluation useful in elderly patients.

**Falls Risk Assessment Test (FRAT)** 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

**Incontinence Impact Questionnaire – Short Form (IIQ-7)** a 7-question quality of life scale to measure impact of incontinence on activities of daily living and symptom distress scale for women with urinary incontinence.

## **Future Development**

Instant Medical History™ improves with customer feedback. We welcome suggestions for new or enhanced interviews to help you practice medicine easier while getting paid for the hard work you do and have difficulty documenting.

If you find an output you feel was inadequate for your needs, please mark it up with comments about details of the history that should have been elicited. Please fax the deidentified output to 928-962-0034.

If you have questionnaire suggestions or general ideas for improving Instant Medical History content, please e-mail us at [awenner@medicalhistory.com](mailto:awenner@medicalhistory.com)

## Meaningful Use

Instant Medical History™ can impact several bullet points in the qualification process:

**[9] Objective:** Record smoking status for patients 13 years old or older.

**Measure:** At least 80% all unique patients 13 years old or older seen by the Eligible Professional (EP) "smoking status" recorded.

Is an 80% requirement reasonable for a busy staff that must remember to ask? IMH can ask every patient about smoking. In addition, IMH generates the documentation for quality audits that would prompt the office nurse to do brief intervention for smokers and facilitate the appropriate charges for 99406. This would generate follow up office visits for care and treatment and improve smoking cessation efforts.

**[17] Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request.

**Measure:** At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.

**[19] Objective:** Provide clinical summaries to patients for each office visit.

**Measure:** Clinical summaries provided to patients for at least 80% of all office visits.

Instant Medical History™ is designed to save documentation time for the physician. The HPI, PMH, SH, and ROS make up 70% of the volume of the medical record. By substantially reducing the data entry portion of the subjective, real-time documentation can occur. If the subjective can be completed before the clinical physical exam begins, then the objectives of providing a clinical summary or an electronic version of the visit note become achievable.

## Free Training

We are scheduling web tutorials to introduce these new options and discuss patient scheduling and physician workflow. A full schedule is at <http://www.medicalhistory.com/usertools/trainingclasses.asp> Please telephone us at 803-796-7980 or send an e-mail to [support@medicalhistory.com](mailto:support@medicalhistory.com) if we can be of assistance to you. We appreciate your comments and feedback as an important source of improving Instant Medical History, and thank you in advance for suggestions.

## APPENDIX A - Annual Wellness Visit Example Letter

There is no scientific evidence that shows that a one-size-fits-all “complete annual physical exam” prolongs life. We find that each patient has unique needs. Our practice provides two types of extended visits to best meet *your* needs.

Insurance rules have recently changed to reflect modern science. **Please let us know whether you would like PREVENTION or PROBLEM services when you call for an extended appointment.**

Because we aim to provide high quality care, we will not book both types of visits on the same day. Experience has taught us to divide these services into separate visits, so they may each receive the time and care they deserve.

### Prevention and Wellness Services

Under the Affordable Care Act, if you have Medicare, you may qualify for a yearly wellness exam and many preventive services. Depending on your age and needs, these preventive services might include:

- Yearly wellness review
- Bone mass measurement
- Cervical cancer screening, including Pap smear tests and pelvic exams
- Cholesterol and other heart disease screenings
- Colorectal cancer screening, some types of prostate cancer screenings
- Diabetes screening
- Flu, pneumonia, and hepatitis B shots
- HIV tests for people at increased risk or who ask for the test
- Mammograms
- Nutrition visits to help manage diabetes or kidney disease

You can make your Prevention & Wellness Visit more productive by preparing in advance. Please plan to provide information and discuss some of the following items:

- ✓ Your immunization (shots) history
- ✓ Your allergies
- ✓ Your family history, especially of heart disease and cancer
- ✓ A brief review of your medical illnesses.
- ✓ Your complete medication list (including eye drops, over-the-counter medications and herbal/nutritional supplements)
- ✓ Your lifestyle. You should prepare for a frank discussion about diet, exercise, smoking, alcohol and drug habits.

*Prevention/Wellness visits may include ROUTINE, uncomplicated refill of medications.*

### Problem-based Services

Some examples of Problem-Focused visits are as follows:

- **Multiple medical problems** needing review. For example, a patient with heart disease, diabetes, high blood pressure and high cholesterol may need laboratory tests, review of problems and adjustment of medications.
- **New problems** such as tiredness and fatigue, new dizzy spells, headaches, abdominal pain, bleeding, chest pain, etc.

.....  
If you have old or new problems that need special attention, please book an extended, Problem-Focused, 20 or 40 minute visit. This will provide adequate time for problem-solving, which cannot be done well during a Prevention/Wellness visit.

## APPENDIX B

# Workflow of the Medicare Annual Wellness Visit

The Medicare Annual Wellness exam is an excellent way to increase the well-being of complex elderly patients. This fee-for-service exam can be profitable when done with Instant Medical History helping to facilitate the extensive documentation required. The exam is repeated yearly. Scheduling in seasonally-adjusted lower volume months like May, October, and December can help balance income to practices.

Here is how to do Medicare AWEs:

- A. Put a link on your website for Pre-visit history. The hyperlink can specify the Annual Wellness Exam for Medicare. If you are using Instant Medical History via the internet, the *Medicare Annual Wellness Exam* should be in the Favorites drop-down list. If you need help, contact Primetime technical support ([support@medicalhistory.com](mailto:support@medicalhistory.com))
- B. If you have a patient portal, start with those patients over age 64½ that you know are web enabled. E-mail these patients inviting them to schedule a Medicare Wellness Exam.
- C. If you don't have a patient portal, search your practice management system for all patients older than 64 ½.
- D. Call these Medicare-eligible patients and ask if they an e-mail address OR are web enabled. Advise them that each year Medicare provides a free wellness examination for prevention of illness.
- E. Have patients access the interview through your website or portal
- F. Check 24-48 hours in advance of the patient's appointment for the Medicare Annual Wellness Exam to be certain they have completed the interview. If they have not, call and request that they complete it or cancel the appointment. Doing an extensive interview in the office might strain scarce private office space required if they need the aid of a family member to complete the questions.