

# HAIMS to AIMS

## “A Game of Inches”

Ms. Aimee C. Aldendorf, MA OL  
Naval Hospital Bremerton  
Health Educator



# TSWF MHSPHP AIM Form

- Improves Data Accuracy
- Improves HEDIS Metrics

Follow us on Twitter @TSWFTeam >>> ?
TSWF MHSPHP AIM Form (Version 2Q2014)
TSWF Feedback >>> ?

MHSPP Tests Performed Outside of the MTF and not Captured Through Routine Data Sources

**Instructions**

1. Use this form for results received for tests performed outside of military treatment facilities: purchased care, VA, other health insurance sources
2. Ensure a copy of test result is scanned into AHLTA in accordance with service and local policies.
3. The 'Procedure Date' / 'Lab Date' must be documented for the test completion to be captured in MHSPP/HEDIS data sources. This must be the date of the test, not the date of AIM form data entry.
4. If no CPT codes are listed on test report, check the appropriate result type box and enter procedure test date. For Hemoglobin A1c and LDL, enter result value.
5. If result does have CPT code listed on report, then select appropriate code from the list of codes on the lower portion of this page. Only check boxes on the lower portion of the screen if the CPT code is documented and do NOT check the result in the common procedures.
6. The Colon CT option is available to help track colon cancer screenings, but it will not count toward HEDIS measures as per NCQA criteria.

**Common Procedures** X=Performed, P=Positive, N=Negative

Procedure Date	Procedure
<input checked="" type="checkbox"/> Onset	Screening Mammography, Bilateral
<input checked="" type="checkbox"/> Onset	Screening Mammography, Unilateral
<input checked="" type="checkbox"/> Onset	Cervical Cancer Screening, Cytopathology
<input checked="" type="checkbox"/> Onset	Complete Colonoscopy *
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy *
<input type="checkbox"/> Onset	Fecal Analysis - Occult Blood (e.g. Guaiac)
<input checked="" type="checkbox"/> Onset	CT Colon - Virtual (non-HEDIS procedure)

**Additional Procedures/Labs** X=Performed, P=Positive, N=Negative

Procedure Date	Procedure	Code
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy, Diagnostic	45330
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy for Foreign Body Removal	45332
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy for Polyp Removal	45333
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy for Control of Bleeding	45334
<input checked="" type="checkbox"/> Onset	Flex Sigmoidoscopy with Directed Submucosal Injection	45335
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy Decompression of Volvulus	45337
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy for Lesion Removal by Snare	45338
<input checked="" type="checkbox"/> Onset	Flex Sig for Lesion Unamenable to Forcep Removal	45339
<input checked="" type="checkbox"/> Onset	Flex Sigmoidoscopy with Balloon Dilatation of Stricture	45340
<input checked="" type="checkbox"/> Onset	Flexible Sigmoidoscopy with Endoscopic Ultrasound	45341
<input checked="" type="checkbox"/> Onset	Flex Sig with Endoscopic Ultrasound Guided Biopsy	45342
<input checked="" type="checkbox"/> Onset	Flex Sig with Transendoscopic Stent Placement	45345
<input checked="" type="checkbox"/> Onset	Colonoscopy Through Stoma	44398

**\* NOTE \* User must select 'N' for negative result, otherwise AHLTA will select 'P' as a default.**

Lab Date	Lab
<input type="checkbox"/> Onset	Chlamydia trachomatis NAAT *
<input type="checkbox"/> Onset	Human Papillomavirus NAAT
<input type="checkbox"/> Onset	HPV Nucleic Acid Direct Probe

Lab Date	Value	Lab
<input type="checkbox"/> Onset		Hemoglobin A1C
<input type="checkbox"/> Onset		Serum LDL Cholesterol

**\* If Procedure is documented here, no need to document below**

Procedure Date	Procedure	Code
<input checked="" type="checkbox"/> Onset	Colonoscopy Through Stoma with Lesion Ablation	44393
<input checked="" type="checkbox"/> Onset	Colonoscopy Thru Stoma w/ Lesion Removal by Snare	44394
<input checked="" type="checkbox"/> Onset	Colonoscopy Through Stoma with Transendoscopic Stent Placement	44397
<input checked="" type="checkbox"/> Onset	Intraoperative Colonoscopy	45355
<input checked="" type="checkbox"/> Onset	Colonoscopy for Foreign Body Removal	45379
<input checked="" type="checkbox"/> Onset	Colonoscopy with Biopsy, Single or Multiple	45380
<input checked="" type="checkbox"/> Onset	Colonoscopy with Directed Submucosal Injection	45381
<input checked="" type="checkbox"/> Onset	Colonoscopy for Control of Bleeding	45382
<input checked="" type="checkbox"/> Onset	Colonoscopy - Lesion Unamenable to Forcep Removal	45383
<input checked="" type="checkbox"/> Onset	Colonoscopy for Ablation of Lesions	45384
<input checked="" type="checkbox"/> Onset	Colonoscopy for Polyp Removal	45385
<input checked="" type="checkbox"/> Onset	Colonoscopy with Balloon Dilatation of Stricture	45386
<input checked="" type="checkbox"/> Onset	Colonoscopy with Transendoscopic Stent Placement	45387

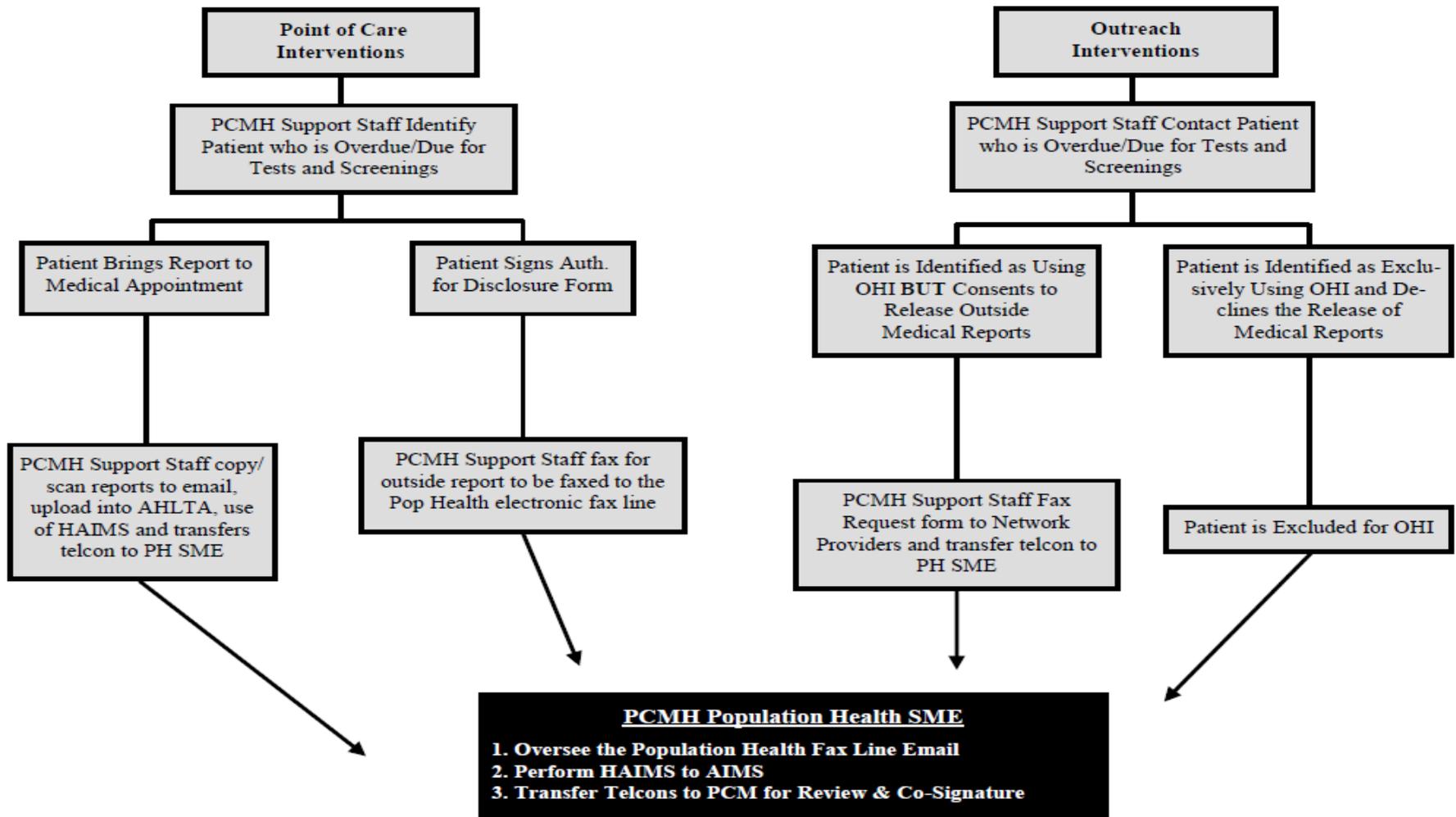
# Health Artifacts and Images Management Solution (HAIMS)

- Facilitates uploading outside reports into patients electronic medical records by:
  - 1) Importing assets functionality
  - 2) Creating an association between assets and AHLTA encounter

# Impact / Relevance of HAIMS to AIMS Process

As of 30 Apr 14	Apr 14 Points	Apr 14 %	May 13 %	% Change	Apr 13 HEDIS Metric Numer	Action List Denom	Next Point above current point	% Threshold for next Point	# of patients to next point	# of AIM entries documented in CP3G
<b>5 points</b>										
Cervical CA Screen	5	84.6%	84.1%	0.5%	6909	9530	NA	Above:	141	33
Breast CA Screen,52-69	5	84.2%	80.0%	4.2%	1694	2011	NA	Above:	111	41
<b>4 points</b>										
CRC Screen	4	72.4%			3360	4650	5	75.0%	121	53
<b>3 points</b>										
DM Mx, LDL Screen	3	87.6%	86.9%	0.7%	1021	1165	4	88.3%	<b>7</b>	14
DM Mx, A1C Screen	3	92.8%	92.2%	0.6%	1082	1165	4	92.9%	<b>1</b>	14

# Obtaining Outside Reports





# Challenges

- Dependent upon network facilities
- Obtaining buy-in and support from PCMH teams
- Streamlining the synchronization of patient, network source, PCMH teams, and Population Health

# Questions????

---

Aimee C. Aldendorf, MA OL  
Naval Hospital Bremerton  
[Aimee.Aldendorf.ctr@med.navy.mil](mailto:Aimee.Aldendorf.ctr@med.navy.mil)  
360-475-5345

# Live Demo of HAIMS to AIMS

---