



PRESENTS

# Secure Message Macro User Guide



**ARMY MEDICINE**

Serving To Heal...Honored To Serve

**SECURE MESSAGING**  
SECURE MESSAGING

# About this Guide



Greetings and *Thank You* for your interest in the Secure Message Macro. I hope you find it and this accompanying guide useful. This document is designed to help you through understanding the ins, the outs and the oops'es of this unique tool. For those looking to use this macro for the first time, troubleshoot some errant aspect of the macro, or just want to get a better understanding about how these tools can streamline your documentation burden, I trust you will find your answers here.

The field of macro automation within Army EHRs has been a steadily growing and maturing one for the last five years. Since the introduction of the MAPS program in 2008, and the associated Dragon and Asutype programs, Clinical System Trainers and clinicians alike have been experimenting with the capability of text and task automation. Every year, from every region within the AMEDD, new ideas and proofs of concept emerge pushing the envelope of what's possible further. The culmination of much of the thought and research from across this field is represented by the Secure Message Macro.

What will macros be able to accomplish next, what new *high repetition/low variability* tasks will they learn to accomplish? To answer that I look to you. It is through your ideas, and suggestions that tools like this have come so far, and it will be up to you to decide where they go next. Keep an open mind, and an active imagination and Army Medicine will continue to lead the way.

A special thanks to those who gave their time to help test and mature the Secure Message Macro:

- Albert Taylor, MD - NRMCM (Ft Bragg)
- Benjamin Crauder - NRMCM (Ft Drum)
- Chuck Duffield – WRMCM (Ft Leavenworth)
- Eric Shry – WRMCM (MAMC)
- Jason Jewell - ERMCM (Landstuhl)
- Gabriela Mayer - ERMCM (TAC Office)
- Holly Wiley – ERMCM (Region)
- José Gracia - MEDCOM (HQ)
- Minerva Leal – MEDCOM (PASBA)
- Roy Lafollette – WRMCM (Ft Carson)
- Terry Newton, MD - AMEDD (TSG Office)
- Tony Phan - WRMCM (Region)

All the best,

Ron Yeaw – ERMCM (Region)

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# SM MACRO FEATURES

In clinics around the AMEDD, upwards of 40% of all TCons are losing money because the wrong combination of CPT and E&M codes are being used. Let the Secure Message Macro's PASBA approved coding engine do the work for you. All while completing TCons at speeds up to 200% faster than when done manually.

The Secure Message Macro is designed to complete entire AHLTA TCon encounters, including those related to a RelayHealth secure messages, in one painless step. The Secure Message macro is a robust documentation tool specifically designed to work with AHLTA and RelayHealth. It incorporates the latest breakthroughs in Army EHR macro automation in a single sleek deployment package.



**Image 1: Five main features of the SM Macro**

Features of the SM Macro include the abilities to:

- ✓ Create a complete AHLTA encounter in 15 to 45 seconds (depending on role),
- ✓ Enter the correct combination of E&M and CPT codes for every TCon, every time,
- ✓ Support both the Nurse and Provider workflow roles (and respective codes),
- ✓ Transfer TCon CPT and E&M codes easily between Nurses and Providers (and back),
- ✓ Support up to 28 of the most commonly used TCon diagnosis and symptom codes,
- ✓ Enter multiple diagnoses for the same encounter simultaneously,
- ✓ Allow end users to customize and even create their own Diagnosis buttons, and
- ✓ Allow end users to easily share and distribute the SM Macro within their clinics without the need for ESD tickets or IMD intervention.

# WHAT'S NEW IN v2.03

Version 2.03 of the Secure Message Macro further expands the platforms and environments that can be supported with the macro, as well further refines the user's ability to customize the SM Macro for their clinic.

SM Macro v2.03 enhancements include:

1. **AHLTA 3.37/3.38** support. The SM Macro will automatically detect which version of AHLTA is being run and adjust accordingly.
2. **ICD10 format** DX Codes can be activated with the press of a button. The SM Macro comes pre-populated with the 28 most used TCon DXs in ICD9 & ICD10 formats.
3. Some **Virtual Environment** support has been implemented to include USAMITC ACAV and others. Additional options now available to tweak the SM Macro for your own Virtual Environment as well.
4. SM Macro now available in **CHCS format**. This is in addition to the current MS Excel and Word formats already released.
5. This SM Macro version also incorporates several **User-Requested** features:
  - a) Enhanced XP system options.
  - b) Ability to select DX code modifiers.
  - c) Option to return to AP for Refills.

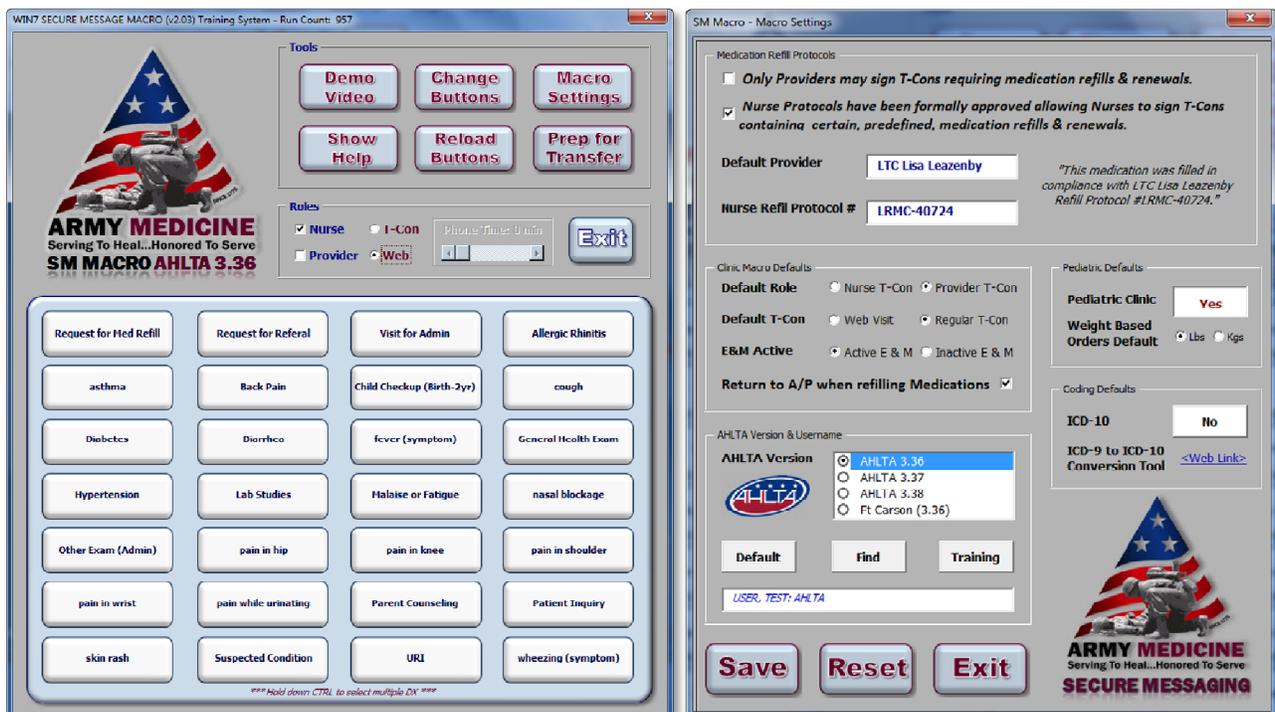


Image 2: Secure Message Macro v2.03 main and 'Macro Settings' interfaces

# SETTING UP THE SM MACRO

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## REQUIREMENTS OF THE SM MACRO

You will need, at a minimum, the following in place to run the SM Macro:

- ☑ Any version, new or old, of the SM Macro (in either Word, Excel, or CHCS format). The macro will immediately look for the latest version of itself online once you run it, so don't worry about which edition you have.
- ☑ AHLTA open to the quick Telcon Entry screen of the desired patient's encounter. It is important that the Telcon be new, and previously unused. The macro is designed to work with blank Telcons only. See page 8, *Testing the SM Macro*, for more.
- ☑ The RelayHealth web portal opened to a secure message, with the designated patient's text highlighted on the screen. *For Web Visit TCons only.*

If this is the first time running the SM Macro, the tool may need to download a file or two, or even an entire updated version of itself from the MEDCOM server. This process is automated, however, and will require no additional steps from you. The whole update process takes less than 5 seconds.



**Image 3: Three core requirements to run the SM Macro**

# HOW TO RUN THE SM MACRO

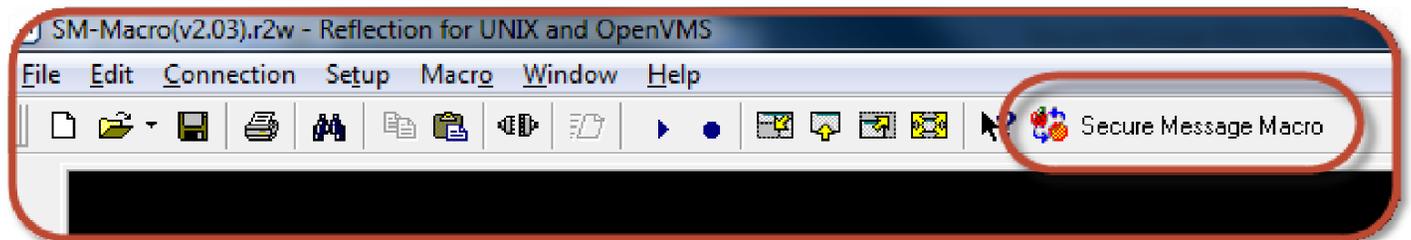
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The SM Macro is designed to be easy to run, and very intuitive. Additionally, if you forget a step, or have made an error, the SM Macro is designed to test for it, and gracefully remind you along the way, with no harm to the AHLTA Encounter.

Once you have a version of the macro copied to your desktop, just double click on the file. Depending on which format you have of the macro determines what your next step is.

## Format 1: CHCS/Reflections

Once you open the file, double click on the **Secure Message Macro** in the header.



*Image 4: CHCS format SM Macro Trigger button*

## Format 2 & 3: Word/Excel

Once you open the file, follow the instructions to “Enable Macros” within the document/workbook. Then simply press the **Run Macro** button in the bottom right corner.

You will need to have **RelayHealth** open to a patient message, with the text you would like to transfer selected. Also verify **AHLTA** is open to the **Telcon Entry** screen of the current patient’s encounter.

Once you are all set, select this button to get started...



*Image 5: MS Office format SM Macro Trigger button*

## Testing the Secure Message Macro

The SM Macro has gone through exhaustive testing in numerous clinics across the Arm, Navy & Air Force. However, it is important for each clinic new to the macro to give it some test runs before trying it on a live patient encounter. This will ensure you know what to expect from the macro, as well as calm concerns about the safety of using the tool in the live AHLTA system.

However, while running the SM macro is relatively easy, testing it is a bit harder. This is because TCons within AHLTA get corrupted easily, and they must be relatively unscathed for the macro to work. Having the ability to create dummy encounters within an AHLTA Test clinic is the easiest method to conduct this testing. However, this is not always possible.

You may need to reuse a TCon of a QQQ patient. If so, it is important that you *\*completely\** reset this form. If you get any weird errors (Tier I, CHCS record locked), or the macro simply does not function as advertised, you'll need to reboot AHLTA, and, perhaps, make a new TCon.

**BEFORE**

Urgency:  High  Medium  Low

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

Discussed:  All Items Discussed  Potential Side Effects  Diagnosis  Medication(s)/Treatment(s)  Alternatives

Admin: Meets Outpt Visit Criteria (Workload)? [No] ? E & M: [99441 Telephone Services (5-10 minutes)]

Disposition: [ ]

Comments (not written to encounter): [ ]

Diagnoses: Search: [715.90] Find

ICD	Diagnosis
845.00	ANKLE SPRAIN
715.90	OSTEOARTHRITIS
724.2	LUMBAGO
V70.5	ASSESSMENT OF PATIENT CONDITION WORK-RELATED

Priority | ICD | Diagnosis | Chronic/Acute | Type  
1 | 715.90 | OSTEoARTHRITIS | Chronic | Follow-Up

**and remove the 98969 CPT code (from the AP section)**

**AFTER**

Urgency:  High  Medium  Low

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

Discussed:  All Items Discussed  Potential Side Effects  Diagnosis  Medication(s)/Treatment(s)  Alternatives

Admin: Meets Outpt Visit Criteria (Workload)? [No] ? E & M: [99441 Telephone Services (5-10 minutes)]

Disposition: [ ]

Comments (not written to encounter): [ ]

Diagnoses: Search: [ ] Find

ICD	Diagnosis
845.00	ANKLE SPRAIN
715.90	OSTEOARTHRITIS
724.2	LUMBAGO
V70.5	ASSESSMENT OF PATIENT CONDITION WORK-RELATED

Priority | ICD | Diagnosis | Chronic/Acute | Type

Image 6: Tips for resetting a TCon prior to running the SM Macro

# THE SM MACRO v2.03 INTERFACE

## Secure Message Window

1. Header window includes a run counter to keep track of SM Macro use. Also identifies Win7, XP and AHLTA Training System environments

2. Opens an editable text file of current 28 DX button settings. Users can customize this file for their own clinic needs. Note: press **Reload Buttons** to refresh screen, see page 21 for more on this feature.

3. Will swap out the current role's CPT and E&M codes (i.e. Nurse) for the other's, see page 27 for more. Note: assumes one set of CPT/E&M codes have already been entered.

4. Opens the **Macro Settings** window, see page 10, **Item 1**.

5. Closes out the SM Macro. Also, by pressing **CTRL**, plus **LEFT** clicking this button, you can reset all of the SM Macro core files.

6. Analog slide bar for documenting exact phone duration.

7. Toggles between the T-Con and Web Visit. Note: the default option here can be changed, see page 10, **Item 9**.

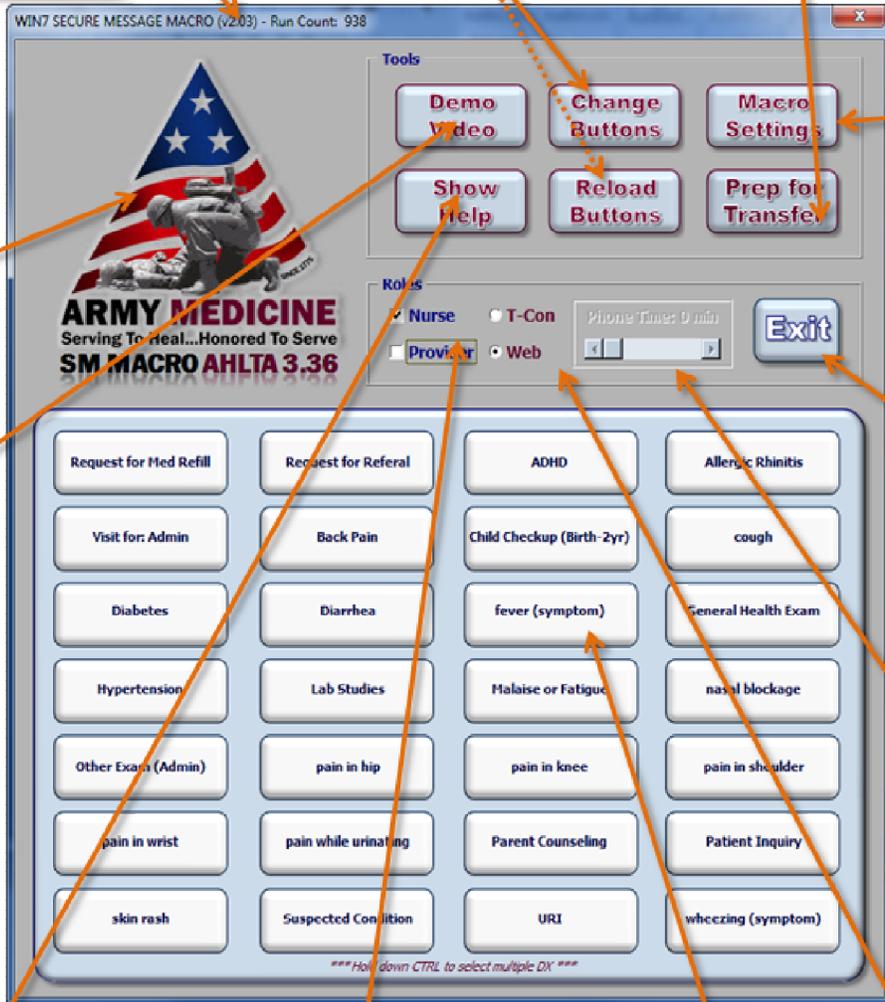
12. By pressing **CTRL**, plus **LEFT** clicking this icon, new additional AHLTA versions can be toggled to.

11. Opens a five minute summary and capabilities demonstration video. Note: requires an internet connection.

10. Opens a PASBA T-Con tips window (see page 31 for image), as well as an online version of the SM User Guide. Also displays the **Email Ideas** button for sharing your feedback with the SM Macro team.

9. Toggles between the Nurse and the Provider role. Note: the Provider role brings up a new count/non-count RVU toggle. See page 25, for more.

8. These 28 buttons will trigger the macro to run, utilizing the respective diagnosis listed. Use the **CTRL** button to multi-select DX buttons. See page 18 for more.



## Macro Settings Window

**1.** The **Macro Settings** window enables users to set defaults and store clinic information for repeated use later.

**2.** The refill protocol window delineates the medication refill & renewal SOPs for the clinic. The default is "Provider only."

**3.** Shows the compiled protocol policy statement that will be included in the AHLTA TCon encounter.

**4.** Pediatric clinic toggle switch. If **Yes**, the SM Macro will request weight information for each med refill (see **Item 6**). The default is **No**.

**5.** Toggles between the ICD9 and ICD10 DX button text files, which drive the DX buttons displayed. Note: changes in one file are not reflected in the other.

**6.** If the Pediatric clinic toggle is **Yes**, the **Pediatrics Weight** window will appear when med refills are selecting prompting the user for the patient's weight.

**7.** Resets the fields of the Clinic Settings window back to their original setting. Note: this does not update the saved settings.

**8.** Documents the settings captured here to a text file, allowing these default settings to be stored for future use.

**9.** Defines AHLTA settings such as AHLTA version & Username. Note: When in doubt use the **Find** button to auto-detect the AHLTA settings.

**10.** Allows the user to set the default roles, TCon type, and other settings used by the SM Macro. See page 15 for more.

**11.** Defines the Nurse Protocol parameters. Note, the Nurse Refill protocol window will only become active once the "Nurse Protocol" line has been checked.

Images 7/8: Guide to v2.00 of the SM Macro and Macro Settings window interfaces

# FREQUENTLY ASKED QUESTIONS

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## WHEN SHOULD I USE THE SM MACRO?

The SM Macro is designed to transfer information from RelayHealth into an AHLTA web visit TCon. However, clinical judgment must be used when deciding what information should be transferred, when it should be transferred, ...or if a TCon is even appropriate at all.

### When to use a TCon for a Secure Message

Every secure message is not required to be entered into AHLTA. Unless it is clinically pertinent, or involved some level of workload, or medical decision making, there is, often, no need to create the redundant TCon copy of the secure message.

Additionally, it is advisable that *\*all\** secure messaging traffic be completed first prior to transferring the thread into AHLTA. This could be a single reply to a message, or a series of messages until the issue is resolved. Once the issue is resolved, then the entire “conversation” thread is captured and pasted into a TCon AddNote via the SM Macro.

Unfortunately, some locations will just immediately take the initial patient message and only put this into a TCon, and then forward it as is. This is a very inefficient way to do business and removes all the staff except the Nurse from using secure messaging. Secure messaging should be a team communication tool, and there should be secure communication between patient, staff, provider and between members of the team until an issue is resolved. It is only *\*then\** (*if it is clinically significant*) that is appropriate to capture the, now, complete “cycle of correspondence” communication via the SM Macro.

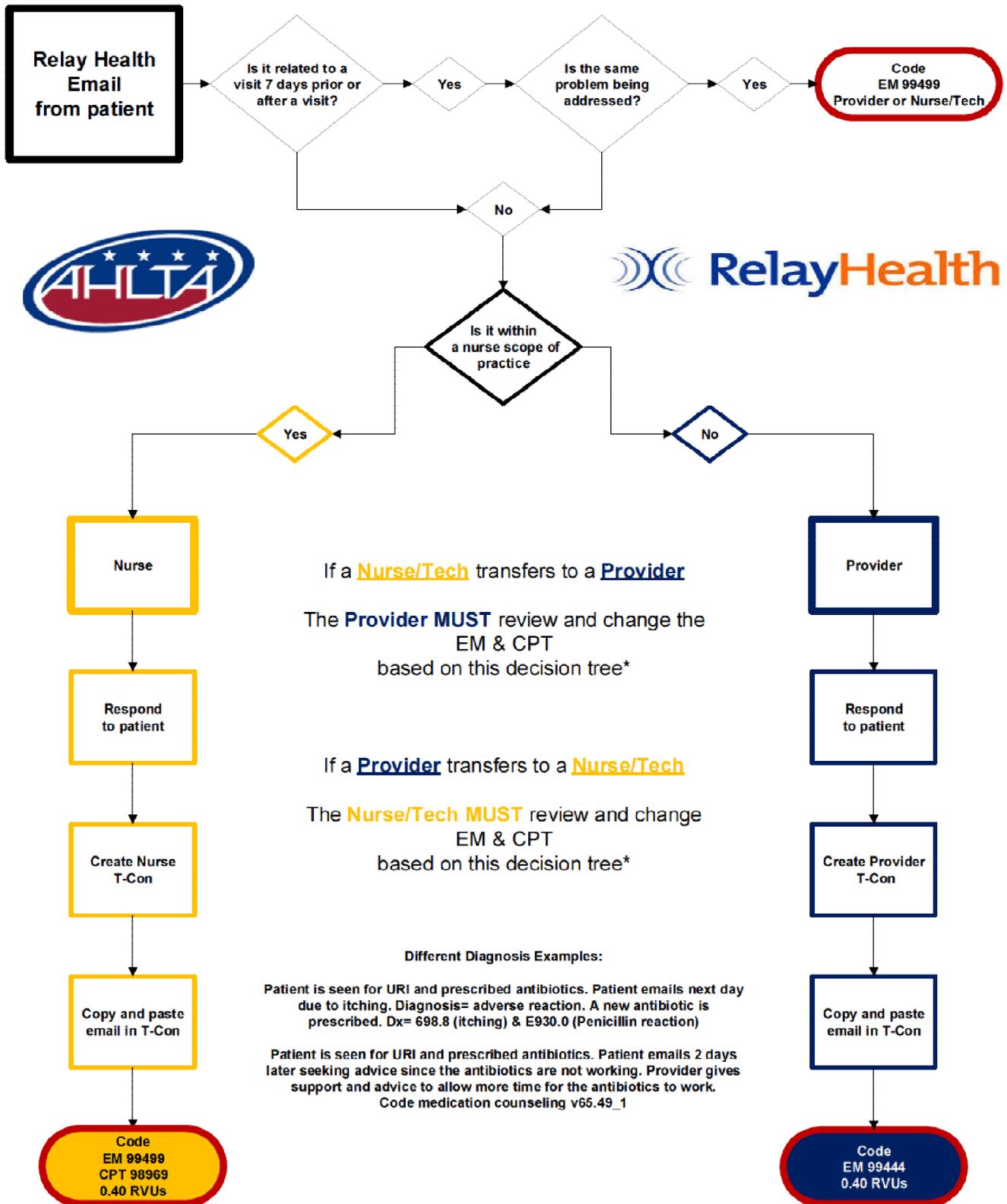
### Coding and Secure Messages

Please also keep in mind that normal TCon coding rules still apply to web visits.

1. If the patient was seen in the clinic for the same Diagnosis within 7 days, no credit will be given to the TCon, as it is considered follow up care to the already billed visit.
2. In the Army (unlike the Air Force), any TCon not *\*initiated\** by the patient will not result in RVU credit.
3. If the patient is new, i.e. not ‘established,’ they are not eligible for a Telephone Consult.

Please see page 28, *Is the SM Macro PASBA Coding Compliant*, for more coding advice.

## Suggest Secure Message Clinic Workflow



\*If Relay Health/ email is related to a visit 7 days before/ after a visit and the same problem is addressed only code is EM 99499

**Image 9: The ERMTC TAC Secure Message Workflow**

## HOW DOES THE SM MACRO WORK?

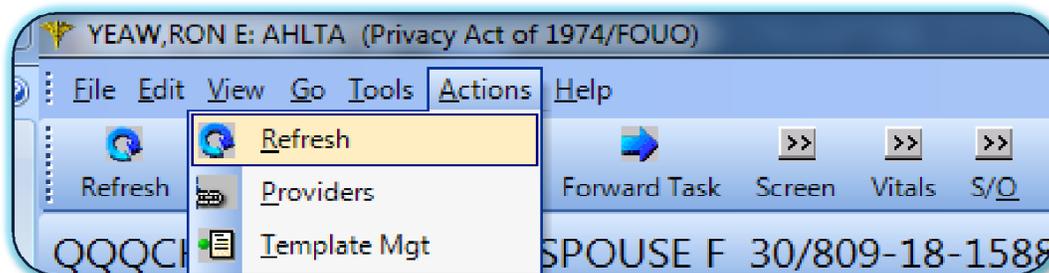
The SM Macro is able to automate every aspect of an AHLTA encounter. To do this in the most secure, least intrusive way possible, the macro uses keyboard hotkeys to make this happen. In tech-speak, the SM Macro interfaces with AHLTA by operating on what is defined as the OSI model '*Application layer*' (i.e. '*Layer 7*'). This is the user Interface layer. In laymen terms, this means that the SM Macro communicates with AHLTA exactly the same way a person does.

By utilizing a common VB macro command called *SendKeys*, the macro is able to actually simulate the user typing commands into the keyboard. The computer has no idea that the information it is receiving is not actually coming from a real person. Now, while, this may be straightforward for entering text and codes, it does not yet explain how the macro is able to move around to different screens of AHLTA as well.

Fortunately, this is where Federal Communications Commission (FCC) Telecommunication Act of 1996 comes in. This act brought into the 21st century numerous FCC policies, including the overhaul of Section 255 of the Communications Act (i.e. *Section 255*). This area of legislature outlines rules requiring telecommunication equipment manufacturers and service providers to make their products and services accessible to people with disabilities.

What does this have to do with the SM Macro? Well, it requires software products, like AHLTA, to be accessible by those people unable to use certain high functioning interface devices, like a mouse. Because of *Section 255*, AHLTA has been designed to also allow any user to navigate to and from any screen using only the keyboard.

Take a closer look at the menu bar of AHLTA below. Do you see those underlined characters? By pressing the **Alt** key on your keyboard and one of those underlined letters, you will activate that item on the menu. In this example pressing **Alt + A**, then pressing the **R** key will refresh your screen. This approach can be used to go anywhere, and do anything in AHLTA, and this is exactly how the SM Macro works. Who knew it was that easy?

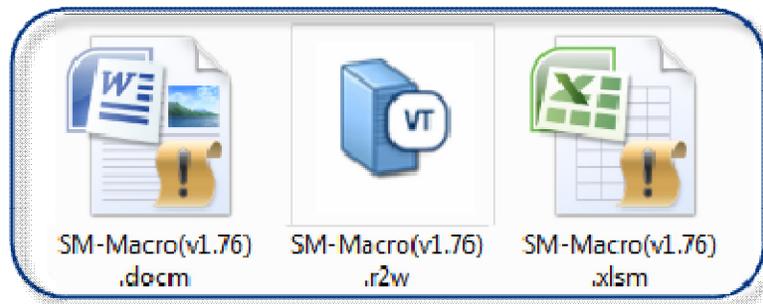


**Image 10: Examples of underlined Hotkeys in AHLTA**

# WHICH VERSION OF THE SM MACRO SHOULD I USE?

The SM Macro comes in three flavors: MS Word, CHCS/Reflections and MS Excel. All three options of the SM Macro operate identically.

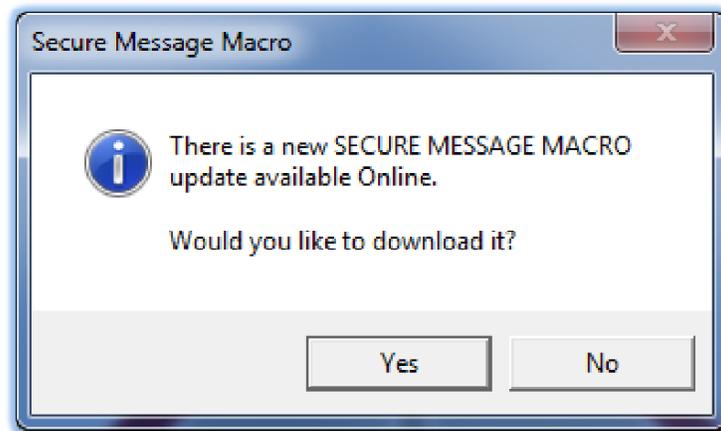
Unfortunately, all the *Sendkeys* code mentioned in the previous section has to operate somewhere in order for the SM Macro to function. And since both MS Office and CHCS/Reflections allow for the storing of customized macro buttons, these programs serve as ideal hosts for the SM Macro code. The only reason for the three versions is to allow the end user the choice of which program they would like to use as an interface. People often prefer Excel because that is more familiar, however MS Office is often not available on a kiosk computer, so in that situation a CHCS version would work better.



*Image 11: The three flavors of the SM Macro*

## How do I know I have the Latest Version of the SM Macro?

The SM Macro is designed to update itself as needed. Whenever you run the SM Macro, the code checks its home on the MEDCOM server to see if any changes have been loaded. If it finds any, it asks for permission from the end user to download them. The whole process takes less than 5 seconds.



*Image 12: Example of the SM Macro update request*

# WHAT CLINIC DEFAULTS CAN I SET UP?

The SM Macro supports several different environments, operating systems and clinic workflows. These defaults can be activated through the **Macro Settings** window (see *Item 9* on page 10), or the through the **SM Macro** main window (see *Item 9* on page 9).

Once defaults are selected and **Saved** (see *Item 10* on page 10), they will appear every time the Secure Message Macro is run, even if the macro is turned off completely.

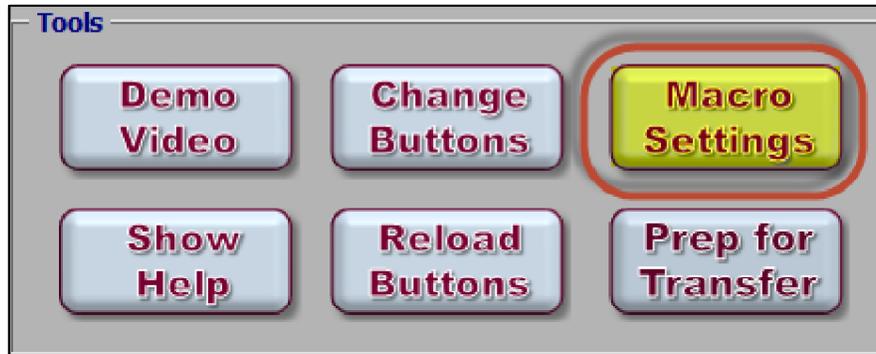
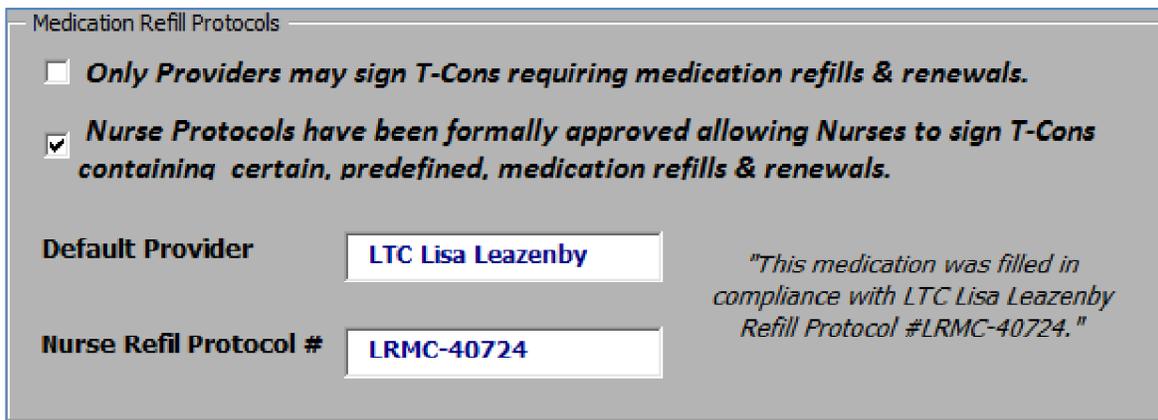


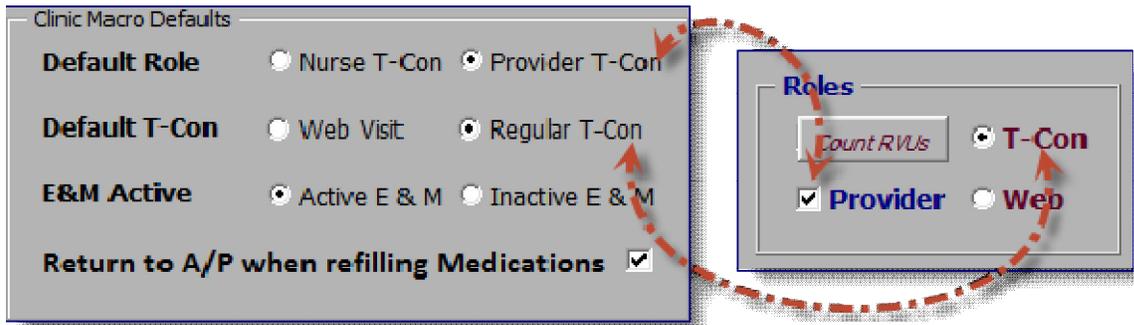
Image 13: The Macro Settings button on the main SM Macro GUI

## SM Macro Default Settings



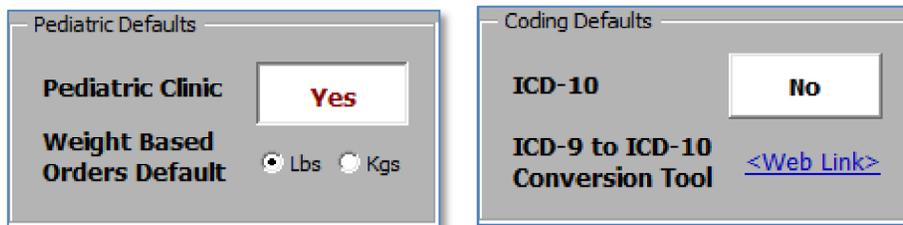
Images 14: Clinic Setting options within the SM Macro

- **Refill Protocols:** Settings can be set to restrict entering medication refills to Providers only, or to both Providers & Nurses. In order to enable Nurse refills, information relating to the clinic's nurse refill protocol must be entered, however. PASBA requires these details to be included in order to allow full coding credit for Nurses signing TCons containing a v68.1 (Med Refill) diagnosis.



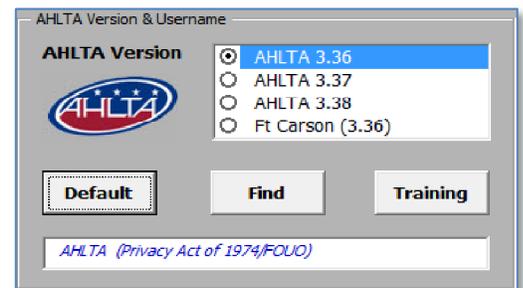
**Images 15: Clinic Default Setting options within the SM Macro**

- **Default Role:** Set SM Macro role to default to Nurse or Provider.
- **Default TCon Type:** Set SM Macro to default to regular TCons or web visits. Web visits are used when transferring a secure message from RelayHealth into AHLTA.
- **Active E&M:** Some clinics have ‘grayed-out’ or disabled the E&M window in the Telcon Quick Entry screen for non-credentialed Providers. This setting alerts the SM Macro.
- **Return to AP when Refilling Medications:** A popular feature request was to have the SM Macro leave the user in the medication tab of the AP section when a Med Refill (v68.1) is detected. Previously the user was always left on the Telcon entry screens.



**Images 16/17: Clinic Setting options within the SM Macro**

- **Pediatric Clinic:** Alerts the SM Macro that the clinic is Pediatrics. This will prompt the user for the patient’s weight when medication refills are requested, as well as change the verbage on regular TCons from “spoke to patient” to “spoke to parent of patient.”
- **Pediatric Clinic Weight Unit:** Toggles weight from pounds to kilograms.
- **ICD10:** Toggles the SM Macro buttons from looking at the ICD9 text file to the ICD10 text file. Please note, the SM Macro uses \*separate\* text files for ICD9 and ICD10 codes. Changes in one are \*not\* reflected in the other.
- **AHLTA Version:** Sets the SM Macro to AHLTA 3.36, 3.37, or 3.38 mode. Note: Ft Carson mode allows Web Visits without RelayHealth being open. Pressing **Find** will atomically determine the version.
- **AHLTA Username:** Allows the user to set a Default user name, auto-detect (**Find**) one, or manually enter an AHLTA username (often used for SM Macro troubleshooting). Training mode is set here also.



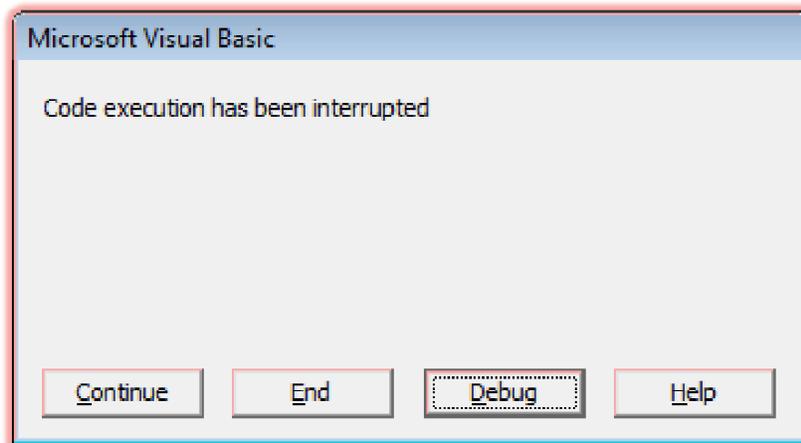
**Image 18: AHLTA Version and Username options Window**

# HOW CAN I STOP THE SM MACRO FROM RUNNING?

The SM Macro can be halted immediately at any time simply by pressing the **Ctrl** and **Pause/Break** buttons on your keyboard. Depending on your model of computer, or keyboard, you may have to press a function key to invoke the Pause/Break part of a key in the case the key's primary function is something else (i.e. *F12*)



After halting the macro you will get the following message, letting you know the code supporting the macro has been stopped. Simply press the **End** key to close out this screen. Please note, at this point, however, the *\*entire\** macro has been stopped, not just the specific part of the code you interrupted. In order to continue using the SM Macro you will now need to restart the SM Macro from scratch. Please see page 7, *How to Run the SM Macro*, for more.



*Images 19/20: The Pause/Break & interrupted code warning screens*

# HOW CAN I SELECT MULTIPLE DIAGNOSIS BUTTONS AT ONCE?

While most TCons only require a single diagnosis or symptom to be entered, there does occur situations, such as for medication refills, that a secondary diagnosis is required. The SM Macro allows for these multiple diagnoses to be entered easily for a single encounter.

To add multiple diagnoses, the user need only hold down the **CTRL** button on their keyboard when selecting the diagnosis button with their mouse. Simply let go of the **CTRL** button and select the last diagnosis to trigger the macro using the full diagnosis set selected. Users may also unselect a chosen diagnosis button using the same **CTRL** plus left-mouse click process.

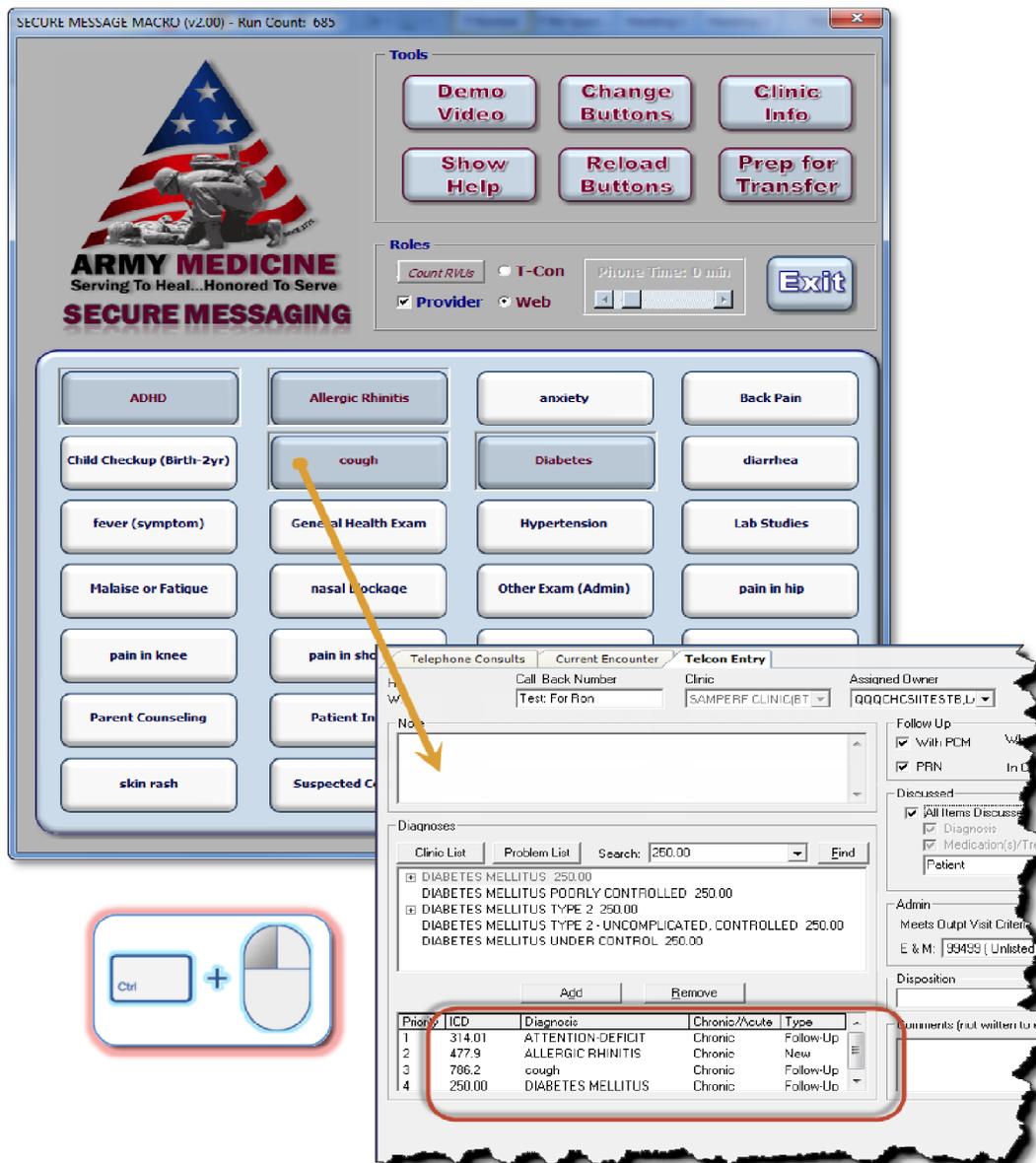
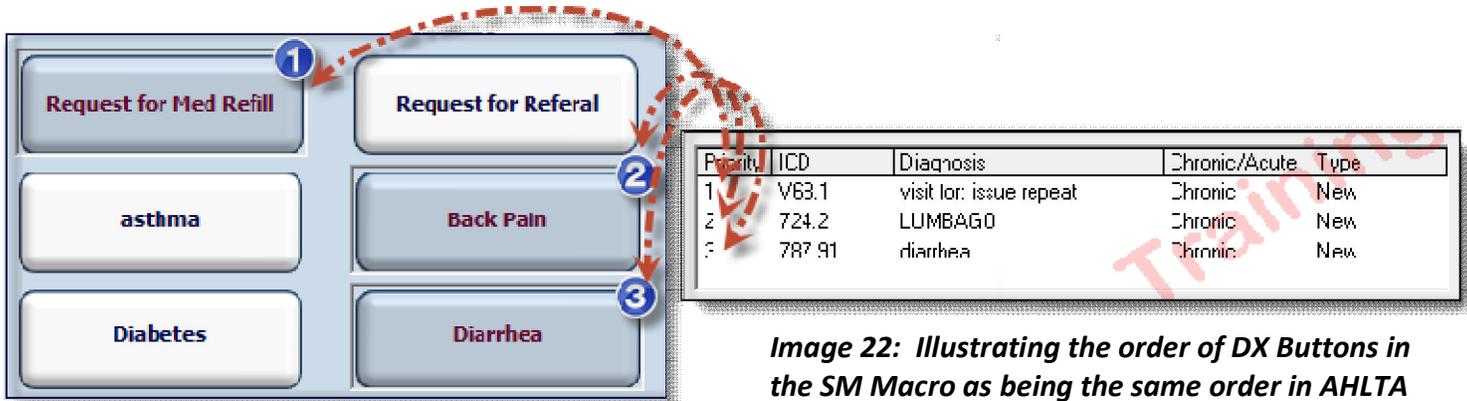


Image 21: Selecting multiple Diagnosis buttons simultaneously

# HOW CAN I CHANGE THE ORDER OF THE DX CODES IN AHLTA?

The order that the DX codes go into AHLTA is the \*same order\* that they appear on the DX dashboard within the SM Macro. Note: Changing the order the buttons are selected/clicked will \*not change\* the order they go into AHLTA. If the user would like to see the DX codes order entered differently, the DX buttons themselves will have to be changed. See page 20, *How can I change/reset the Diagnosis Buttons*, for details on this.

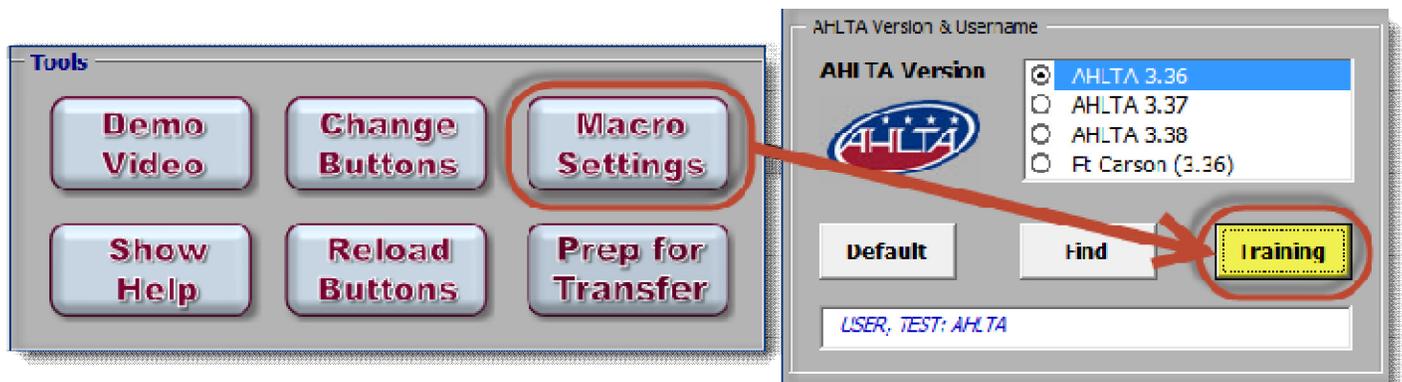


**Image 22: Illustrating the order of DX Buttons in the SM Macro as being the same order in AHLTA**

# WILL THE SM MACRO WORK IN AHLTA'S TRAINING SYSTEM?

Yes. However, due to the differences in the menus for several areas within AHLTA between the AHLTA training system (ATS) and live system, the SM Macro requires a specific username to operate in the ATS. As outlined on page 16, Item 18, support for AHLTA's training system can be toggled on in the **Macro Settings** form under *AHLTA Version & Username*.

Note: The SM Macro will \*not work\* with the virtual CITRIX-based ATS, only the locally installed version, see previous section for more.



**Image 23: Setting the SM Macro for the AHLTA Training System**

## HOW CAN I SHARE THE SM MACRO?

The SM Macro is designed to be shared easily. It can be copied, saved and even emailed instantly. No additional setup or installation is required. The user can simply open the attachment, fire up the macro and start using it immediately.

You may also share any customized Diagnosis buttons you have created easily as well. Simply Press the **Change DX Codes** button on the SM Macro, and the text file that hosts this information will appear. Just save this text file to your desktop, and now you can email your clinic's customized set of DX codes to anyone you wish. To use these codes they'll either...

1. Press the **Change DX Codes** button on their own copy of the SM Macro, and just swap out the text they have with what you sent (and save it), or
2. Save a copy of the text file you sent to their "**C:\Users\Public\Documents**" drive. They will be warned the file already exists, and they will just need to choose "Copy and Replace." When they rerun their SM Macro they will now see your clinic's DX Buttons.

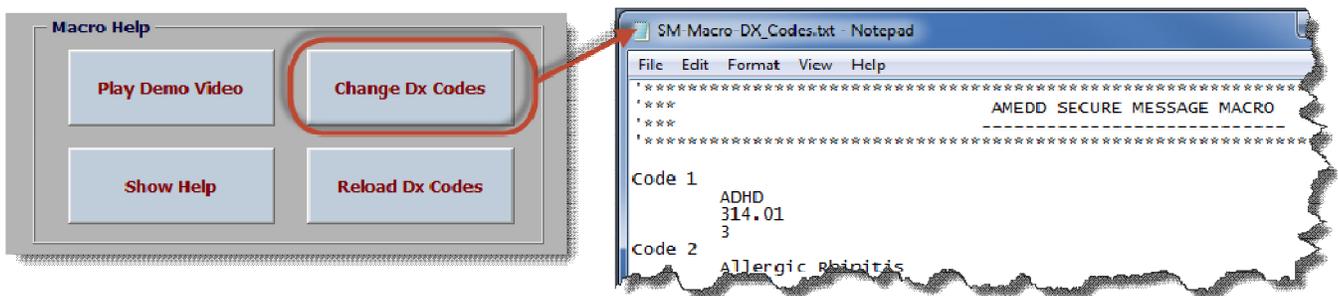


Image 24: Accessing the list of DX Button codes

## WILL THE SM MACRO WORK IN VPN/VIRTUAL ENVIRONMENTS?

Because of the way the SM Macro utilizes the user's keyboard to interface with AHLTA (as illustrated in Image 10, on page 13), the SM Macro is capable of being used in both VPN and \*some\* Virtual environments, like USAMITIC's *Viosk* or *VDesk*, just as if you were sitting at your host terminal. In these instances the user will notice no difference in macro usability.

For other environments, however, such as many CITRIX based ones, the SM Macro will need to be placed "server side." Meaning it will have to be on the same computer as AHLTA, in whatever remote location that is. In some cases the user can do this directly, in others your local IMD will need to assist. Once the file is copied remotely it should install and run normally.

At the end of the day, the SM macro will always run better when **co-located with AHLTA**, ...whether that is on the user's machine or virtually.

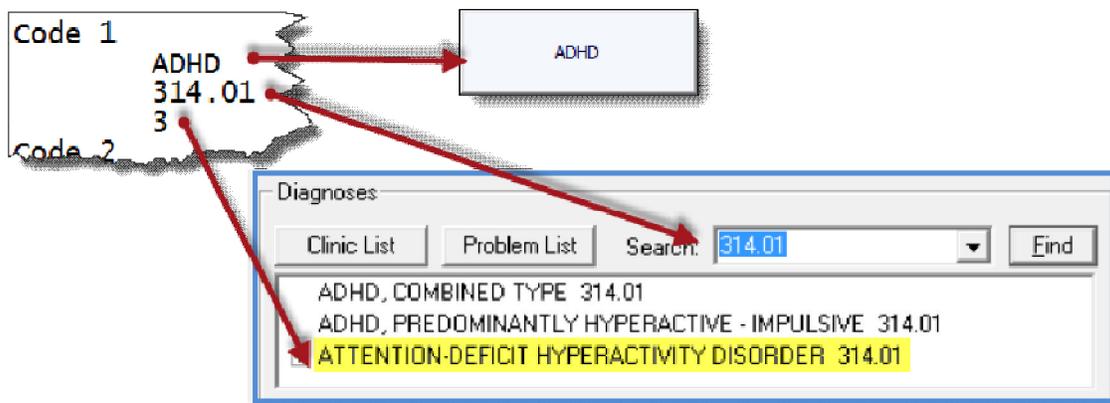
# HOW CAN I CHANGE/RESET THE DIAGNOSIS BUTTONS?

In addition to the 28 preset Diagnosis buttons that the SM Macro comes with, the SM Macro is also designed to allow users to customize their own buttons. As seen on page 20, in Image 24, selecting the **Change DX Codes** button will bring up a file allowing the user to alter the codes.

Please see page 9, *Item 4*, for a diagram of the location of the **Change DX Codes** button.

It is important to understand the (3) pieces of information that are included under each respective DX Code:

- **Part 1:** “ADHD” - The corresponding Diagnosis button **Label**,
- **Part 2:** “314.01” - The exact **ICD9 Code** of the selected Diagnosis, &
- **Part 3:** “3” - The **DX List Count**, or the row number the desired Diagnosis appears on once the ICD9 code is entered into AHLTA. Unfortunately, there is not a 1-to-1 relationship between ICD9 codes and Diagnosis terms. In fact, a single ICD9 code can equate to **dozens** of different exact diagnosis. Therefore, more information is required here. Here “ADHD” appears on the **3<sup>rd</sup> row** of options once 314.01 is entered, ...so it appears on the DX Codes text file as “**3.**”



*Image 25: Illustration of the 3 elements of a SM Macro DX button's code*

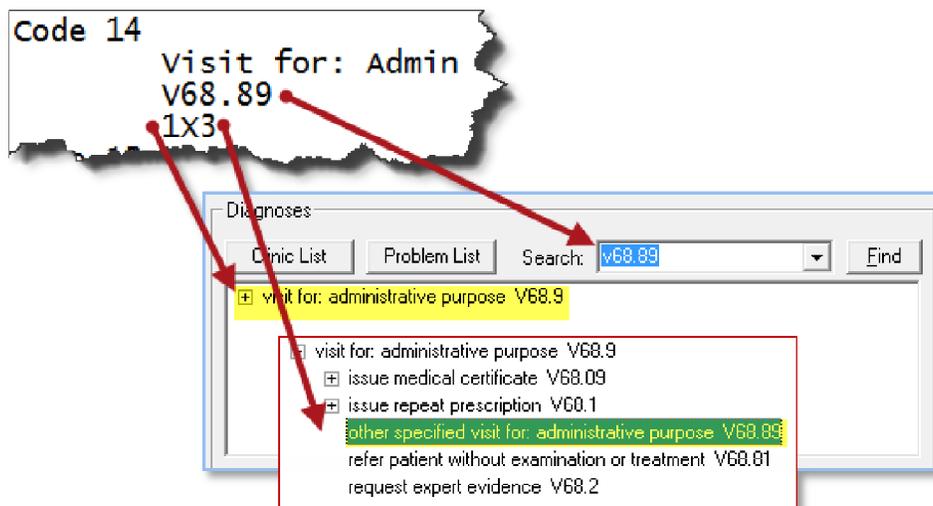
## DX Code Order

As clarified on page 19, *How can I change the order of Diagnosis codes in AHLTA*, the order in which the codes are listed in this text file determines the order they appear in AHLTA; i.e. *Code 1* will always be entered before *Code 10*. For this reason, you may wish to make 'Request for Med Refill' (v68.1) appear early on in your code list, such that it is certain to appear before the respective diagnosis associated with the Medication Refill.

## Buried DX Codes

Not all diagnosis codes can be easily navigated to within AHLTA's MEDCIN tree, however. Some codes are hidden behind parent terms that must be expanded first. These are referred to as 'buried' DX Codes. In the example below, the user is unable reach the ICD9 code of v68.89, even after entering it directly into AHLTA. The parent DX code for v68.9 must be selected and expanded first, before the child term of v68.89 will appear.

To navigate this problem, the SM Macro allows users to enter a specific identifier in the DX Codes text file indicating that the desired ICD9 code is hidden behind a specific row. In the same example for v68.89, the SM Macro must first expand the box on the **first row**, and then go down **three rows** to get to the exact v68.89 term. The syntax for telling the macro to do this would be "**1X3**." If the parent term were on the fourth row, and the child term another 2 rows below that, then the syntax would have been "4X2."



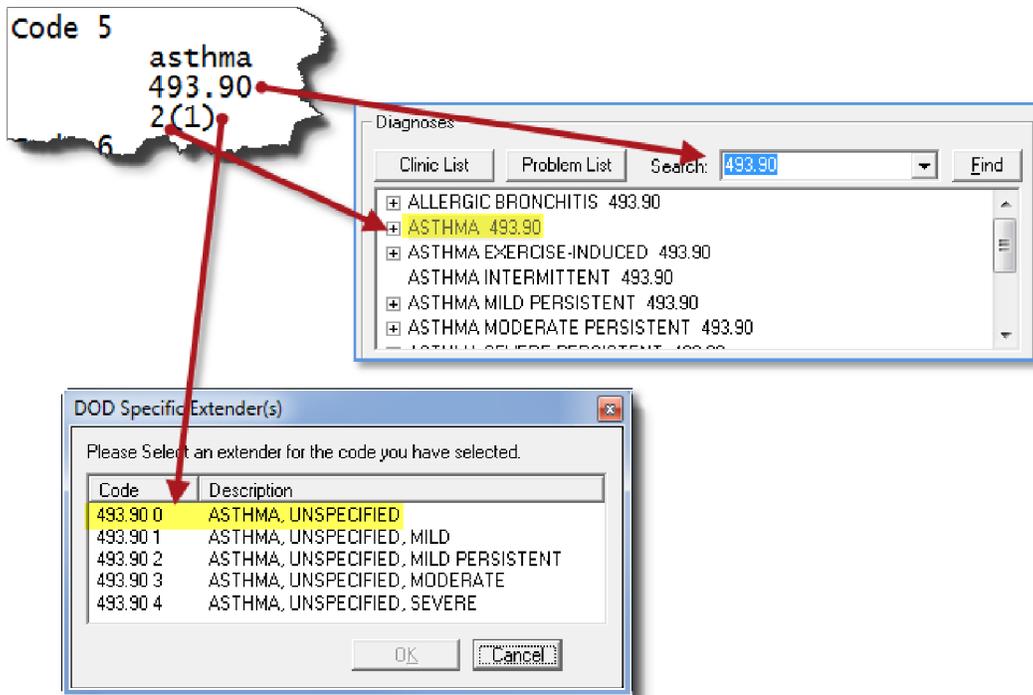
*Image 26: Illustration of the syntax for selecting buried DX codes*

## DX Modifiers/Extenders

In addition to buried DX Codes, some DX codes require additional information even after successfully being selected in AHLTA. These codes need details referred to as 'modifiers' or 'extenders.'

In the following example, the user is trying to enter a diagnosis of Asthma, 493.90. However, once the DX is entered, a "DoD Specific Extender" window appears requiring the user to delineate the exact **type** of Asthma being diagnosed. As in the case of buried DX codes, The SM Macro also has a special syntax that allows the user to communicate which extender they would like to have chosen beforehand as well.

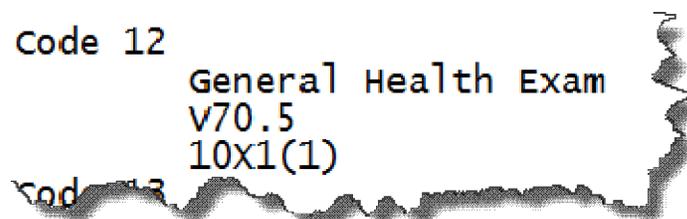
The user need only include what row the requested modifier/extender code appears on inside parenthesis after the primary row number. In this example, after entering 493.90, the user would like the diagnosis appearing on the **second row**. And, after entering that field, the user wants the extender appearing on the **first row** to be selected. So the syntax for this specific type of Asthma would appear as “**2(1)**” in the DX Codes text file.



**Image 27: Illustration of the syntax for selecting DX codes with modifiers/extenders**

### Combining Advance DX Syntax

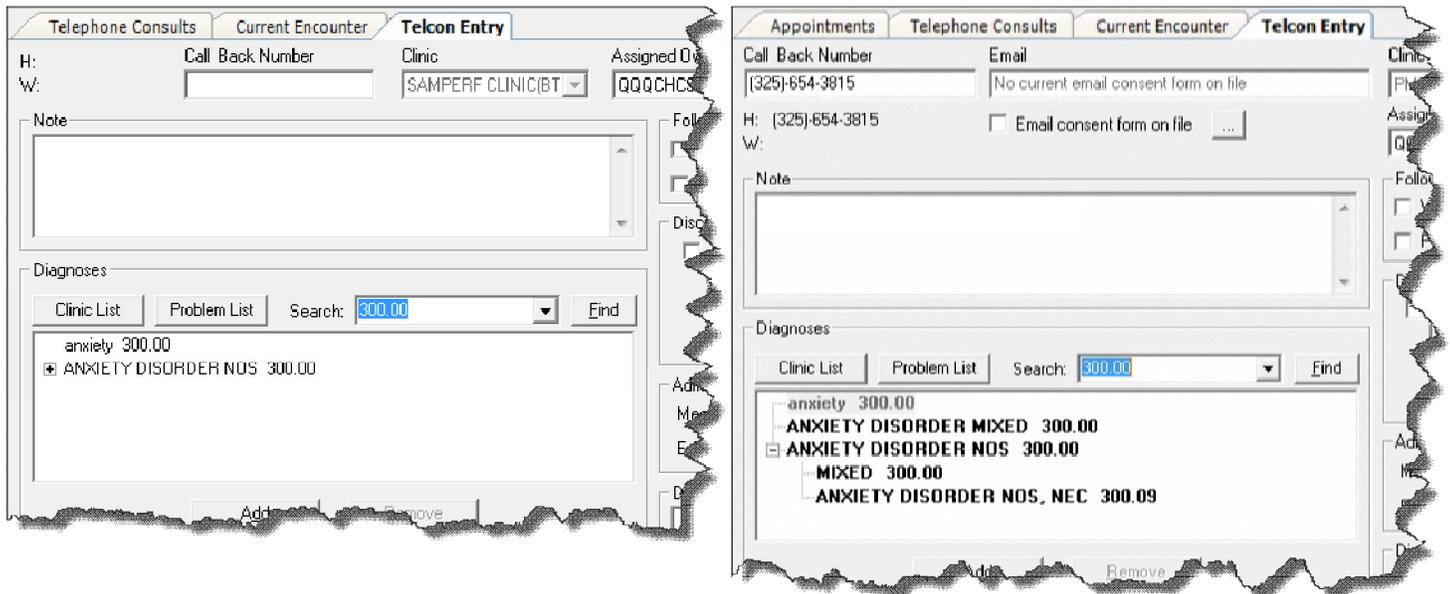
The syntax for buried and extender codes can be combined in the DX Codes text file as well. As seen in the below example, if the user wanted to enter a “General Health Exam” for *school children*, the user would need to expand the term on the **tenth row**, and go down to the **first row** below that. Additionally, the user would need to select the **first row** of the “DoD Specific Extender” window popup if they wanted to choose an “Armed Forced Medical Examination” extender code. Therefore the correct syntax here would be “**10X1(1)**.”



**Image 28: Example of a DX code utilizing syntax for both buried codes and an extender code**

## AHLTA 3.38 Variations

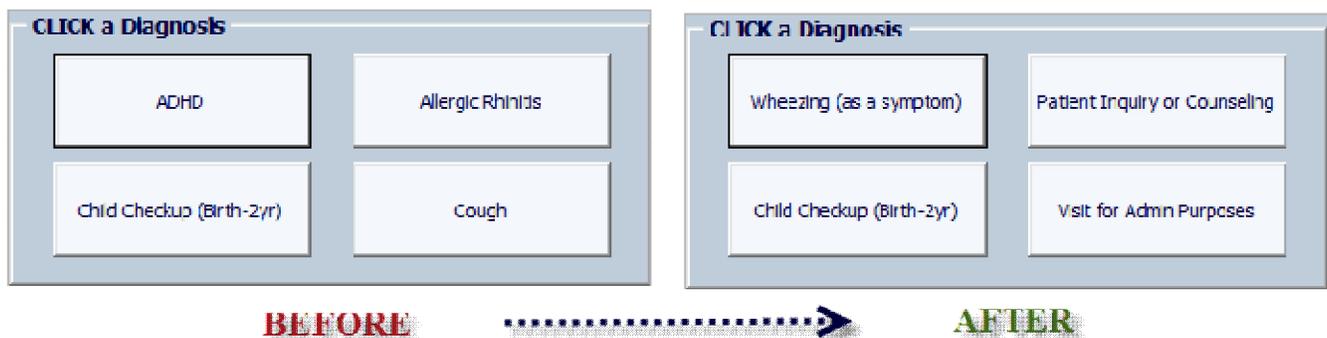
Please note that the MEDCIN tree appears a little different in AHLTA 3.38. While the syntax for requesting exact diagnosis will not change, the row numbers they appear on might. In the below example ANXIETY DISORDER NOS, 300.00, appears on the 2<sup>nd</sup> row in AHLTA 3.36 and on the 3<sup>rd</sup> row in AHLTA 3.38. This information would need to be updated in the DX Codes txt file.



*Image 29: The MEDCIN tree for AHLTA 3.36 (left) and AHLTA 3.38 (right)*

## Updating the Dashboard

Once you have updated the codes to your choosing, save this file and select the **Reload DX Codes** button on the SM Macro interface to see your changes. If at any time you would like to **Reset** the buttons to their original form, you need only delete the file found at this location on your computer: “C:\Users\Public\Documents\SM-Macro-DX\_Codes.txt.” Once you rerun the SM Macro, it will download a fresh replacement.



*Image 30: Example of updating the SM Macro DX buttons*

# WHAT IS THE DIFFERENCE BETWEEN NURSE MODE AND PROVIDER MODE?

The Provider and Nurse modes in the SM Macro allow for the tool to account for the differences in coding that come into play depending on whether a Provider completed the work, or a Nurse. This is, by far and away, the most complicated aspect of TCons within AHLTA, and confusion here literally leads to tens of thousands of dollars being left on the table by nearly every clinic in MEDCOM.

When a **Nurse** completes a TCon, the Nurse is required to use a CPT code, and set the E&M to a count/not-count status of 99499. However, when a **Provider** completes a TCon, they do *\*not\** get to use a CPT code. Instead, their work is captured in the appropriate E&M code.

To simplify the complexities of this coding issue, the SM Macro simply asks the Provider or Nurse to enter the type of TCon appointment they would like to enter, whether it is a web visit or a traditional TCon of some specified length of time.

The SM Macro will then determine which codes to put where. In this manner a clinic need not worry about lost RVUs to incorrect, or conflicting E&M and CPT codes. As long as the person who *\*starts\** the TCon/Web Visit is the one to *\*finish\** the TCon/Web Visit, there will never be a problem.

## Can I still select a Non-Count E&M code as a Provider?

Yes. When you check the Provider role box on the SM Macro main interface, a new toggle will appear allowing you to choose between “Count RVUs” and “Non-Count.” Should you select “Non-Count” option, the encounter will be completed using a 99499 E&M code, just as in the case of the nurse role. Please note, the “Non-Count” toggle will always revert back to “Count RVUs” at the completion of each encounter entry.



Image 31: The Count/Non-Count RVU toggle for the Provider Role

## Does a Provider have to sign off on a Nurse Telcon?

There are numerous myths surrounding the use of TCons that cause many clinics to incorrectly think that a Provider \*must\* sign off on all Nurse TCons.

### Common TCon Coding Myths:

1. *Providers will get more RVUs for a TCon than a Nurse:* **False**, in the Army a Nurse will get .40 RVUs for the CPT code they use (98969) as part of the web visit, while a Provider also gets .40 RVUs for the E&M code they use (99444). Whether it is the Nurse CPT, or the Provider E&M code, either way it is still .40 RVUs. See page 28, for a full grid of these codes.
2. *There is no downside to having the Providers sign off on all Nurse Tcons:* **False**, because a Nurse starts the TCon, it is likely they will include the TCon CPT code, and the E&M code will be defaulted to 99499. Providers \*cannot\* use this CPT code, so once the encounter is transferred to the Provider, the coding becomes invalid. Providers \*often\* sign the encounter with the Nurse codes still attached. This results in NO money being allocated for the TCon. Additionally, as soon as the CPT is removed, any Nurse workload associated is removed as well. Transferring TCons, often, only result in **lost workload for the Nurses**.
3. *Providers must sign any TCon involving a Lab order or Medication:* **False**, while Providers are required to intervene if the nature of the TCon is beyond a Nurse's scope of practice, just having an order does not automatically mean a Nurse can no longer sign the TCon itself. See the below guidance from the Office of the Surgeon General (OTSG).

-----Original Message-----

From: Newton, Terry J Dr CIV USA MEDCOM BMACH  
Sent: Friday, February 08, 2013 2:56 PM  
To: Yeaw, Ronald E MIL US USA MEDCOM LRMC  
Subject: RE: SM Macro Workflow questions <Help> (UNCLASSIFIED)

There should not be a reason for nurse to forward a t-con. The workflow is that all communication happen in RH platform. Once the nurse, patient, provider, whoever have completed the communication then it is captured in t-con. Who does that is determined by who addressed the issue. If the nurse resolved the issue she/he codes using CPT and if the message was forwarded to provider to resolve he/she should do the t-con and code. There is not a reason for a nurse to transfer to a provider just for workload regardless of RVU. **The Nurse should close t-con based on role and function and who addressed the patient issue.**

If the nurse completes a task that requires orders to be placed in AHLTA/CHCS then the nurse should do that based on their standing orders and SOP's. **If the provider needs to go into AHLTA/CHCS to sign those orders that is a separate task but should have nothing to do with who signs the t-con.** I don't want people making more work for themselves just to chase RVU's.

"Serving to heal...honored to serve"

Terry Newton, M.D., DAC  
Physician Executive, OCIO, OTSG  
PCMH IT Portfolio Capability Manager  
Informatics Consultant, MEDCOM PCMH Taskforce Office of Surgeon General, Falls Church VA BB 706-604-7788  
Fax 706-596-9666 terry.j.newton@us.army.mil

**Image 32: TCon guidance from the OTSG**

# HOW DO I TRANSFER A TELCON TO A PROVIDER?

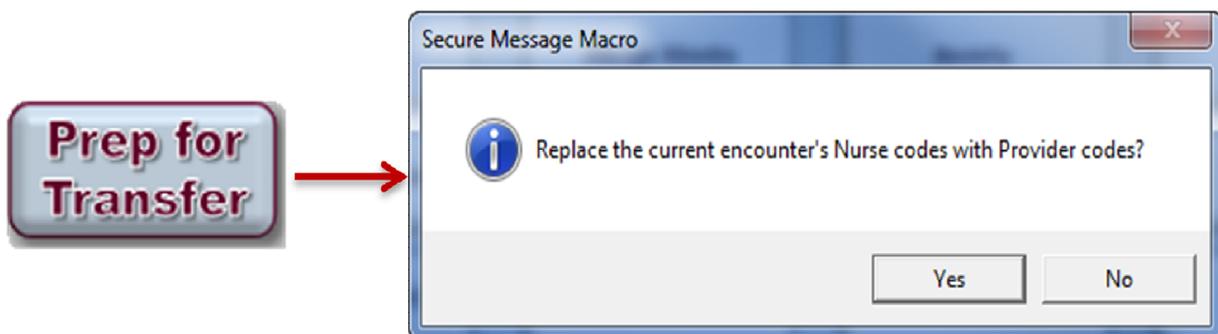
While the previous section highlights many of the misconceptions related to the need to transfer TCons from a Nurse to a Provider, there still arises the need to do so occasionally. Should the nature of the TCon be beyond the Nurse's scope of practice, or if simply the Nurse would like Provider feedback related to a TCon, the requirement to transfer a TCon, and its respective CPT/E&M codes, successfully is a core element of any clinic's RVU recoupment.

As outlined in *Item 2* on the previous page, it's this transfer process that causes the vast majority of coding headaches for a clinic, and causes them to lose the most RVUs. Please keep in mind, however, that ***the person who completed the work associated with a Telcon should still be the one to sign it.*** If the Nurse did the work for the TCon, and the Provider simply reviewed it, then the Nurse should sign the encounter. The spirit of the CPT/E&M codes is to allocate workload to who performed the TCon work, not who touched the TCon last.

## Prepping the Telcon

The most important step prior to transfer ownership of the TCon in AHLTA is to ensure that the codes associated with encounter are updated. This **critical** step is what most clinics around the AMEDD forget to do. If you are a Nurse, looking to transfer your *already coded* TCon to a Provider simply press the **Prep for Transfer** button. Please note, the **Prep for Transfer** button assumes that a complete set of CPT/E&M codes have already been documented.

In the Nurse transfer example, the SM Macro will display a popup, seen below, verifying that the user would, in fact, like to swap out the current counter's Nurse codes (a CPT and a 99499 E&M) for the Provider equivalent codes. Select 'Yes' and the macro will take care of the rest. Should the situation be reversed, a Provider need only check the Provider role box, hit **Prep for Transfer**, and the Nurse codes will be inserted in place of the Provider codes within the Telcon. At this point, the user need only transfer ownership of the Telcon within AHLTA through their normal process, and the clinic can rest assured their E&M/CPT codes are correct.



**Image 33: The 'Prep for Transfer' CPT/E&M code swap feature**

# IS THE SM MACRO PASBA CODING COMPLIANT?

The SM Macro has been thoroughly reviewed by the ERMCT Training, Audit and Compliance (TAC) coding office, as well as the MEDCOM Patient Administration Systems and Biostatistics Activity (PASBA) office.

These groups outlined eight (8) key focus areas of TCon coding scrutiny to audit against. On 1 May, 2013, after careful review and testing, both the ERMCT TAC and MEDCOM PASBA offices certified the SM Macro as meeting their criteria for TCon coding compliance.



## ERMCT TAC/PASBA Requirements

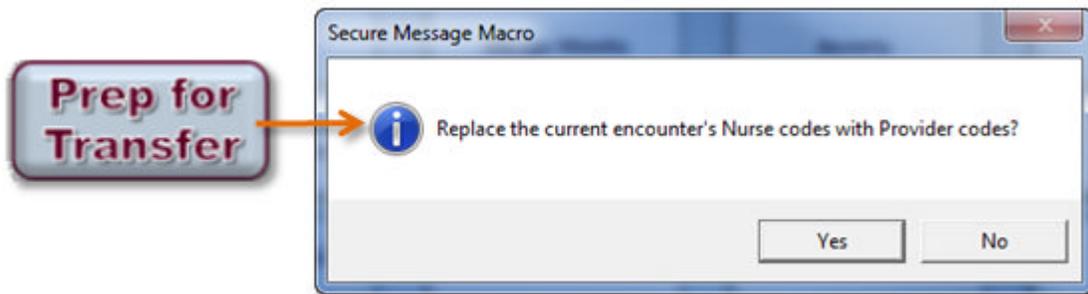
1. Requirement for appropriate CPT/E&M codes to be utilized based on Nurse or Provider role. – *The SM Macro utilizes the following, approved, grid combination of CPT and E&M codes when compiling the complete AHLTA Encounter.*

<input checked="" type="checkbox"/> Nurse		<input checked="" type="checkbox"/> Provider	
CPT Code	E&M Code		
98969	99499	←····	Web Visit
98966	99499	←····	5-10 Minutes
98967	99499	←····	11-20 Minutes
98968	99499	←····	21-30 Minutes

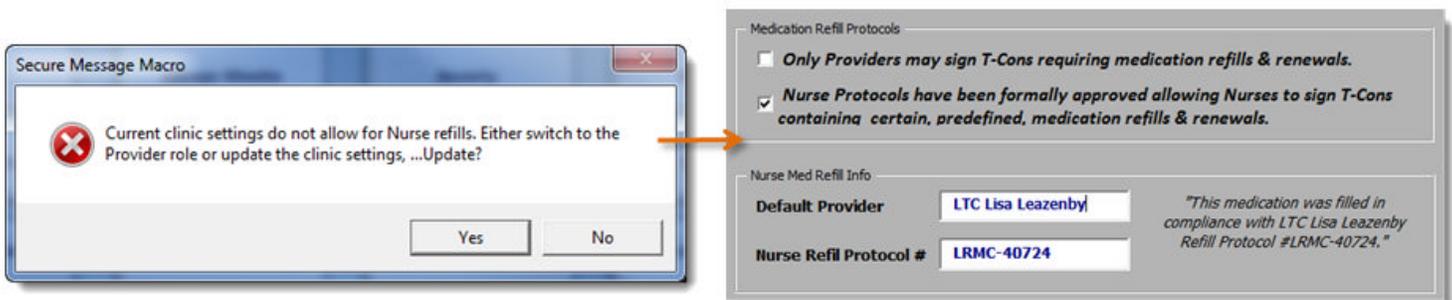
2. Requirement for exact phone duration time to be included in TCon documentation. – *The SM Macro uses an analog bar to precisely articulate the phone conversation length, and then inserts this into the AHLTA encounter documentation.*

The screenshot shows the AHLTA interface. On the left, there is a control panel with radio buttons for 'Nurse' (selected), 'T-Con', 'Provider', and 'Web'. Below these is an analog bar labeled 'Phone Time: 12 min'. An orange arrow points from this bar to the 'Note' field in the 'Telcon Entry' window. The note contains the text: 'Spoke with Patient on Phone for 12 Minutes. This medication was filled in compliance with LTC Lisa Leazerby Refill Protocol #LRMC-40724. Medication dose calculated based on child weight of 85 lbs.'

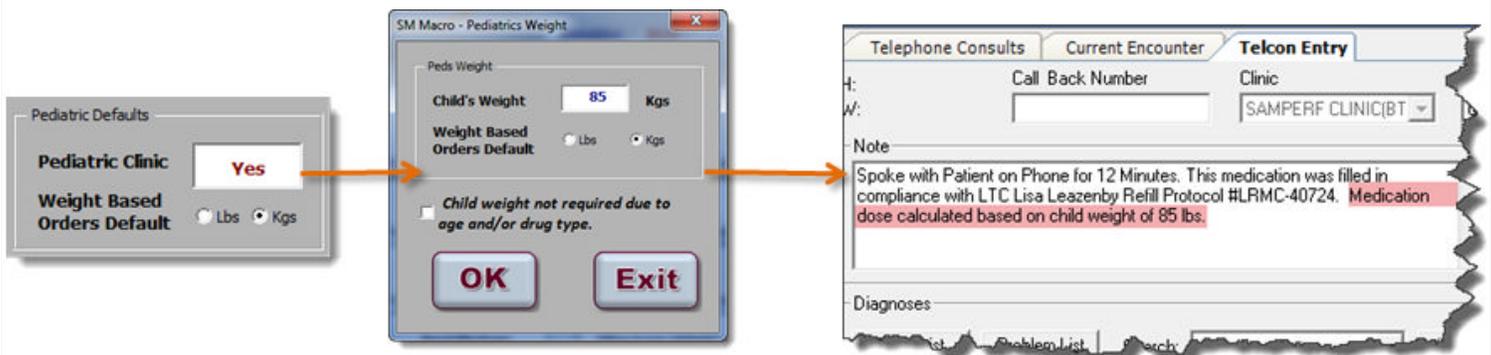
3. The ability to switch out already documented Nurse and Providers codes, should the associated encounter need to be transferred to the other clinician's role. – *The SM Macro features a **Prep for Transfer** button, which allows the clinician to replace an encounter's Nurse codes for Provider codes and vice-versa. Please see page 27, 'How do I Transfer a Telcon to a Provider, for more.*



4. The requirement that if a Nurse performs a med refill/renewal that a "Provider Nurse Refill Protocol" number be required, and included in the TCon documentation. – *The SM Macro features a **Macro Settings** window, which enables clinicians to store Nurse protocol information. Additionally, if the Nurse role is used to enter a med refill, and the stored settings are either blank, or do not allow for Nurse refills, the SM Macro will warn the user.*



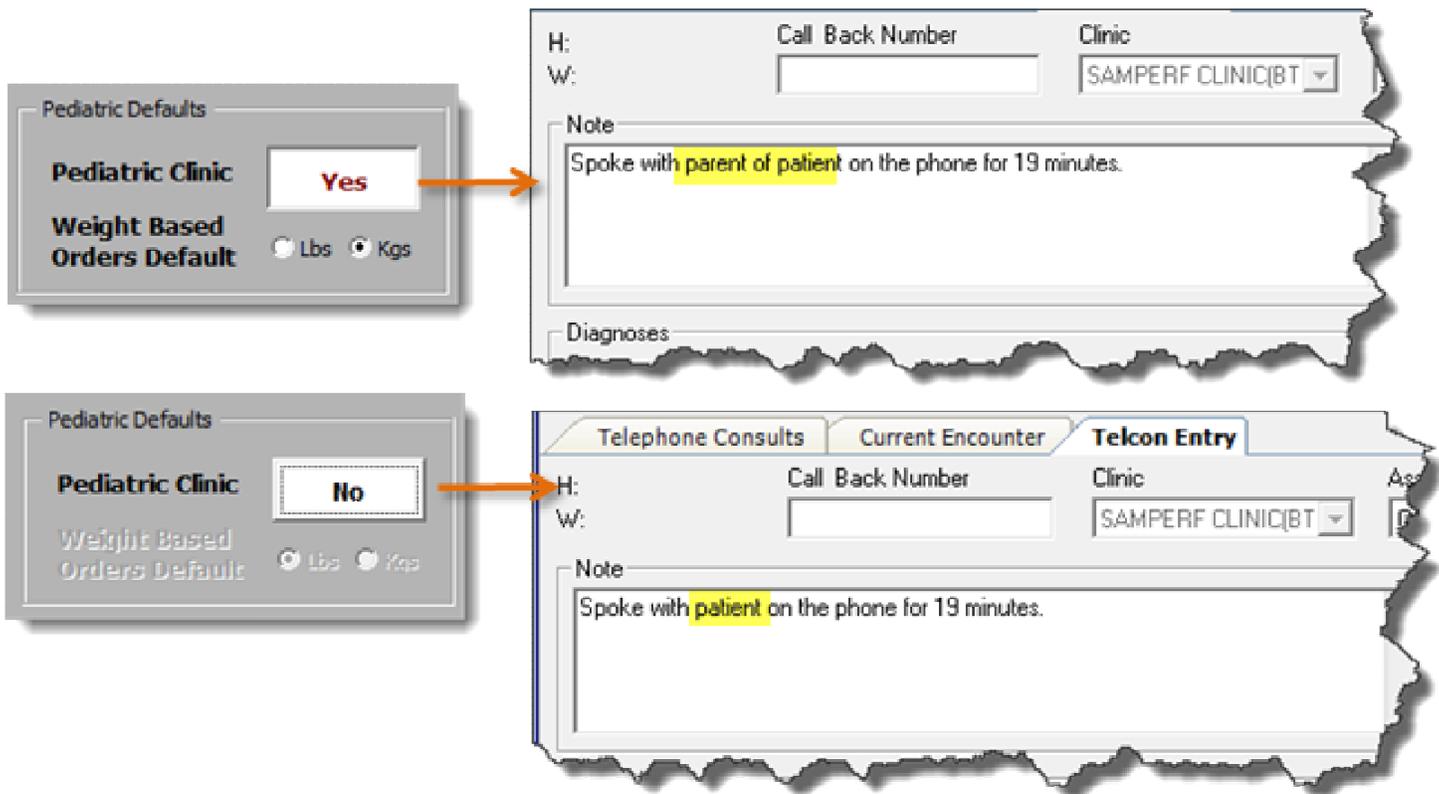
5. The requirement that if the refill is for a patient 10 years or younger, that the weight be included in the documentation. – *The SM Macro **Macro Settings** window also has a **Pediatric Clinic** toggle, that, if selected, will prompt the user for the child's weight whenever a refill is selected. This weight information is then included in the TCon AHLTA encounter.*



6. Ensure that the clinician is made aware of the need for supporting documentation regarding the length of the TCon. The requirement also that the TCon be at least 5 minutes long before allowing it to be coded. – *The SM Macro will prompt the user if a TCon has been selected and the selected time is 5 minutes or less.*



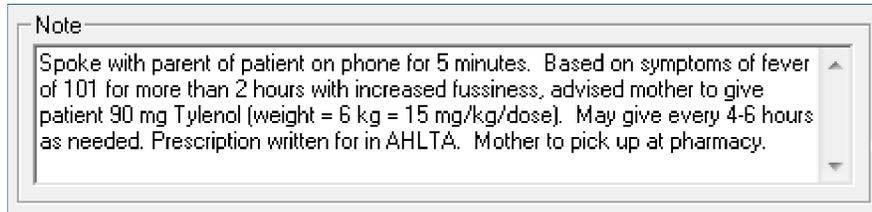
7. The requirement that if the TCon is for a Pediatrics clinic that the TCon notes default to “spoke with parent of patient...” versus “spoke with patient...” statements. – *The SM Macro Clinic Settings window has a Pediatric Clinic toggle, that, if selected, will default the appropriate text to be “parent of patient” versus “patient.”*



8. The requirement that the SM Macro include supporting guidance and education for how clinicians can reduce T-Con coding errors. – *The SM Macro main window features a Show Help button that, in addition to opening the online version of this Help Guide, also opens the PASBA/TAC TCon Coding Advice window seen on the next page.*

## What about Medical Decision Making (MDM)?

The documentation auto-generated via the SM Macro provides for the core documentation requirements of a TCon, but does not speak to the need to justify MDM within the note. Specifically in the rare instances in which a non-99499 E&M is looking to be justified, it is still necessary to document these clinical decision making details, as shown in the example below.



It is for this reason that the SM Macro does *\*not\** take the user to the **Sign Encounter** page for signature, but instead takes the user back to the **Telcon Entry** screen *Note* section. Again, as these encounters are simple TCons, there is a small threshold for the reasonable amount of MDM that can be included without warranting a face-to-face visit. Additionally, TCons of these complexities account for less than 7% of workload, and would typically require a Provider.

## PASBA TCon Screen

SM Macro - TCon Coding Advice

*It is not uncommon for 40% or more of a clinic's T-Cons to receive no RVU credit. Follow these tips to ensure your clinic's hard work is always rewarded.*

**Exit** **Post Ideas** **PASBA**

1. The Patient must be an established patient.
2. The Patient must have initiated the T-Con or Secure Message.
3. The T-Con must not be related to an appointment within previous 7 days, or the next 24 hours (or earliest appointment) for the same condition.
4. The T-Con must not be within the post-op period of a previously completed service for the same condition.
5. E&M T-Con codes can only be utilized by a Provider, i.e. (99441-99444).
6. CPT T-Con codes can only be utilized by a Nurse, i.e. (98966-98969).

**Nurse**  **Provider**

CPT Code	E&M Code		CPT Code	E&M Code
98969	99499	Web Visit	<None>	99444
98966	99499	5-10 Minutes	<None>	99441
98967	99499	11-20 Minutes	<None>	99442
98968	99499	21-30 Minutes	<None>	99443

Images 34-42: PASBA/ERMC TAC Coding compliance screen captures

# TROUBLESHOOTING

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The SM Macro has been exhaustively tested and enhanced throughout the course of a dozen different BETA trials. In that time the code supporting the macro has been tightened up, nipped, and tinkered with as much as humanly possible. However, at the end of the day, it is still a 3<sup>rd</sup> party interface to AHLTA, and therefore at the mercy of AHLTA's often inconsistent, and sometimes schizophrenic behavior.

While test trials showed a 95% success rate when using the SM Macro, there is still that 5% to contend with. This section will step you through mitigating errors that may occur throughout the execution of the SM Macro. Please do attempt the resolutions offered in this section of the *Help Guide* before giving up the SM Macro. Often it's just a minor detail that can mean the difference between success and failure of high end solutions like this in your clinic.

## THE SM MACRO DID NOT WORK

---

If the SM Macro simply did not execute as was advertised, and the suggestions offered in the rest of this *Troubleshooting* section are of no help, please try out the following ideas.

- ☑ **Restart AHLTA** - A thousand and one things can go wrong on the AHLTA side preventing the user from being able to complete an entire TCon, even without the use of the SM Macro. In a majority of cases SM Macro errors are simply AHLTA errors. Restarting AHLTA often fixes these glitches.
- ☑ **Try Again** – The SM Macro is never more likely to fail than during its \*first\* pass through of AHLTA for the day. This is because it is during the first encounter that AHLTA makes its formal connection to CHCS's *Order Entry* module. This initial connection takes time. This explains why the AP takes two to three times longer to load this first iteration. This is also where AHLTA is most likely to throw a monkey wrench in the SM Macro's plans.
- ☑ **Turn off Asatype** – As outlined on page 13, *How Does the SM Macro Work*, the macro uses keyboard hotkeys to interface with AHLTA. In some cases this could conflict with keyboard hotkeys reserved by an Asatype macro. If turning off Asatype and re-running the macro works, then you've found your culprit.
- ☑ **Reset the Telcon** – as illustrated in Image 6 on page 8, *How to Test the SM Macro*, the macro requires a completely clean TCon to run. If weird boxes are being checked, or things are showing up where they shouldn't this may likely be the cause.

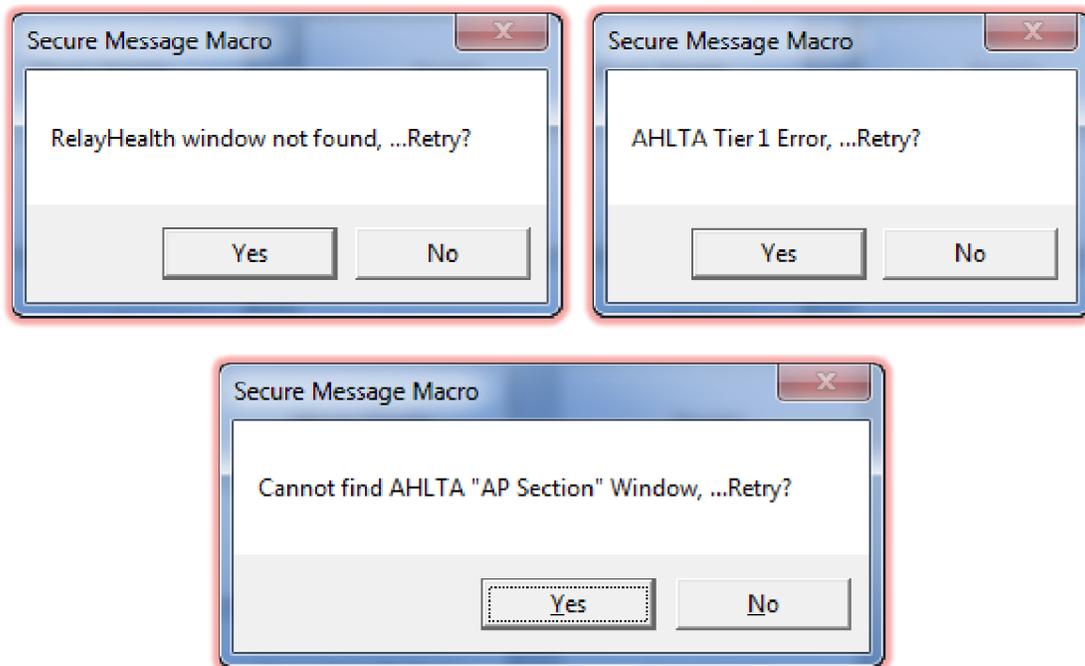
## I RECEIVED A "CANNOT FIND/RETRY" SM MACRO POP-UP

Because the SM Macro is reliant on AHLTA to operate, it is both prudent and logical to include some error handling to account for the situations that AHLTA may invoke. As the SM Macro moves from field to field, and from screen to screen in AHLTA, it sets up certain timers to make sure AHLTA is still alive and kicking. These timers enable the SM Macro an opportunity to gracefully abort running should AHLTA become non-responsive.

These timers typically run invisibly in the background, calmly ensuring that AHLTA is diligently completing its work. From time to time however, and most frequently during AHLTA's first encounter of the day (per the advice listed on bullet two of the previous page), AHLTA will exceed one of these timer thresholds and you will receive a 'Retry?' pop-up window, like the ones shown below. These windows are nothing to worry about.

If AHLTA has not locked up, and is just taking its time, than just select "Yes" and the SM Macro will carry on. If however, you think AHLTA has stopped responding than you may select "No" and the macro will stop running, and return you to the main SM Macro interface screen.

Below are shown several examples of Retry windows the SM Macro might produce. Please note, these are *\*not\** errors in the SM Macro, but a specifically designed mechanism to inform the user, and allow them to intervene should AHLTA or RelayHealth cease functioning.



**Image 42: Sample SM Macro pop-up Retry windows**

## AHLTA FROZE WHILE RUNNING THE SM MACRO

---

As outlined on page 13, *How Does the SM Macro Work*, the SM Macro leverages a macro command called *SendKeys* to mimic the user manually entering information and commands into the keyboard. Because of this approach, the SM Macro interfaces with AHLTA \*exactly\* like an end user would. However, just as AHLTA may lock up when a Nurse or Provider is attempting to enter TCon information, AHLTA may also lock up when the SM Macro attempts to enter the same information through automation.

As with typical AHLTA troubleshooting advice, if AHLTA freezes while running the SM Macro, you will need to restart AHLTA. If this problem persists, than it may be due to a corrupt TCon. Again, because of the manual keyboard-simulated approach the SM Macro takes to enter data into the system, it would not be possible for the SM Macro to be the reason AHLTA freezes.

## THE DIAGNOSIS WAS NOT ENTERED

---

One of the common effects of a Tier 1 error within an AHLTA TCon is for there to be a corruption between AHLTA and the CHCS *Order Enter* module. If you are able to see the Diagnosis get properly entered into the Telcon Entry screen, however it no longer appears once you enter the AP section, than this would be the reason. In order to fix this you will need to restart AHLTA to allow for this connection to be remade.

## THE WRONG DIAGNOSIS WAS ENTERED

---

If, instead of no Diagnosis being entered into AHLTA, the \*wrong( Diagnosis was entered, this is more of a serious problem.

The resolution to this issue lies in the Diagnosis Code text file that comes with the SM Macro. It is likely, that if you are having this problem, that you attempted to modify this text file, but made a mistake in either listing the appropriate ICD9 code or forgot to determine what the “Diagnosis List Count” value was. It is also possible the Diagnosis entered required an additional modifier extender that the SM Macro was unable to process; (*i.e. Asthma*).

Please see Image 25 on page 21, *How can I Change/Reset the Diagnosis Buttons*, for tips on fixing these issues, or on how to reset the Diagnosis Code file back to its original form.

## THE PROCEDURE CODE DID NOT GO IN PROPERLY

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Of all the areas the SM Macro touches within AHLTA, its connection to the *Procedures* tab within AHLTA is the most dicey. Because the AP section requires a connection to CHCS's *Order Entry* module it is sometimes unpredictable where AHLTA will pop out once this linkup is done. As you can tell from watching the SM Macro run through the AP section, the macro takes several approaches to try and consistently enter in the TCon CPT code.

One approach is through the initial entering of 0's in the *Procedure* tab. As 0 does not align to any known CPT code this produces an error. However, this is intentional. Because it is not clear when AHLTA will complete the *Order Entry* connection and be ready to receive a proper CPT code, the SM Macro simply blasts the *Procedure* field with 0's till it registers this error has appeared. Now the SM Macro knows that AHLTA is ready for the real code.

This is by no means the most elegant approach (it is referred to fondly as the *Jersey Shore*), but it is effective, and does highlight the difficulty in managing AHLTA's AP section. If the CPT code does not consistently go in, please do check the tips on page 32, *The SM Macro did not Work*.

## I NEED HELP, WHO CAN I CONTACT?

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- ☑ For questions about how the SM Macro can be utilized in your region please contact the OTSG PCMH IT Capability Manager, **Dr Terry Newton**, [terry.j.newton.civ@mail.mil](mailto:terry.j.newton.civ@mail.mil)
- ☑ For questions about using RelayHealth in the Army, and how do more with it, please contact your regional AMSMS (Secure Message) POC.
  - NRMCM: **Becky Baker**, [rebecca.baker@us.army.mil](mailto:rebecca.baker@us.army.mil)
  - SRMC: **Dennis Lott**, [dennis.lott@amedd.army.mil](mailto:dennis.lott@amedd.army.mil)
  - WRMC: **Dr. Robert Marshall**, [robert.Marshall13@us.army.mil](mailto:robert.Marshall13@us.army.mil)
  - PRMCS: **LTC Miko Watkins**, [miko.watkins@us.army.mil](mailto:miko.watkins@us.army.mil)
  - ERMCM: **CPT Robert Davis**, [robert.b.davis126.mil@mail.mil](mailto:robert.b.davis126.mil@mail.mil)
- ☑ For troubleshooting, suggestions or training related to the SM Macro, please contact the SM Macro author, **Ron Yeaw**, [ronald.e.yeaw2.civ@mail.mil](mailto:ronald.e.yeaw2.civ@mail.mil).
- ☑ For information on the Army's Secure Messaging program, AMSMS, visit their website, [https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Pages/AMSMS\\_SecureMessaging.aspx](https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Pages/AMSMS_SecureMessaging.aspx).
- ☑ For advanced training and workflow support relating to value-added use case examples of secure messaging please watch this thorough video by Dr Terry Newton, <http://www.youtube.com/watch?v=q3OJkOfEiHw&hd=1>.