

Attachment B

Changes to 2014 NAMCS Patient Record Form (PRF)

Proposed changes are indicated in **RED**.

- Modified-Expected source(s) of payment for this visit

<u>Old Answer list</u>	<u>New Answer list</u>
<ul style="list-style-type: none"> • Private insurance • Medicare • Medicaid or CHIP • Worker’s compensation • Self-pay • No charge/Charity • Other • Unknown 	<ul style="list-style-type: none"> • Private insurance • Medicare • Medicaid or CHIP or other state-based program • Workers’ compensation • Self-pay • No charge/Charity • Other • Unknown

- Modified-Tobacco use

<u>Old Answer list</u>	<u>New Answer list</u>
<ul style="list-style-type: none"> • Not current • Current • Unknown 	<ul style="list-style-type: none"> • Not current <ul style="list-style-type: none"> ○ Never ○ Former • Current • Unknown

- Modified-Reason for Visit Questions

“Reason for Visit” Section	
<u>Old</u>	<u>New</u>
<ul style="list-style-type: none"> • Allow up to 3 lines of Reason for visit verbatim and look-up 	<ul style="list-style-type: none"> • Allow up to 5 lines of Reason for visit verbatim and look-up
<ul style="list-style-type: none"> • Major reason for this visit checkboxes <ol style="list-style-type: none"> 1. New problem (<3 mos. onset) 2. Chronic problem, routine 3. Chronic problem, flare-up 4. Pre/Post surgery 5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams) 	<ul style="list-style-type: none"> • Major reason for this visit checkboxes <ol style="list-style-type: none"> 1. New problem (<3 mos. onset) 2. Chronic problem, routine 3. Chronic problem, flare-up 4. Pre-surgery 5. Post-surgery 6. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

- Modified-Injury/Poisoning/Adverse Effect Questions

“Injury/Poisoning/Adverse Effect” Section	
<p>Old</p> <ul style="list-style-type: none"> INJURY: Is this visit related to an injury, poisoning, or adverse effect of medical treatment? <ol style="list-style-type: none"> Yes, injury/trauma Yes, poisoning Yes, adverse effect of medical treatment No Unknown 	<p>New</p> <ul style="list-style-type: none"> INJURY: Is this visit related to an injury, poisoning, or adverse effect of medical treatment? <ol style="list-style-type: none"> Yes, injury/trauma Yes, poisoning Yes, adverse effect of medical/surgical care or adverse effect of medicinal drug No Unknown
	<p>Add new question on recent timing of injury:</p> <ul style="list-style-type: none"> If INJURY=Yes, then ask, Did the injury or poisoning occur within 72 hours prior to the date and time of this visit?
<ul style="list-style-type: none"> Is this injury/poisoning unintentional or intentional? <ol style="list-style-type: none"> Unintentional Intentional Unknown 	<ul style="list-style-type: none"> Is this injury/overdose/poisoning intentional or unintentional? <ol style="list-style-type: none"> Intentional Unintentional (e.g., accidental) Intent unclear
	<p>Add new question for verbatim cause of injury narrative:</p> <ul style="list-style-type: none"> “Cause of injury, poisoning, or adverse effect” verbatim

- Modified-Diagnosis Verbatim and Look-up Table

<p>Old: Allow up to 3 diagnoses verbatim and Look-up table entries</p>	<p>New: Allow up to 5 diagnoses verbatim and look-up table entries</p>
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- Modified-Checkbox list of patient's underlying chronic conditions

Regardless of the diagnoses previously entered, does the patient now have -	
<i>Mark all that apply.</i>	
Old	New
---	Alcohol misuse, abuse, or dependence
---	Substance abuse or dependence
---	Alzheimer's disease/Dementia
Arthritis	Arthritis
Asthma	Asthma
Cancer	Cancer
Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	Cerebrovascular disease/ stroke (CVA) or transient ischemic attack (TIA)
Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease (COPD)
Chronic renal failure	Chronic kidney disease (CKD)
Chronic renal failure	End-stage renal disease (ESRD)
Congestive heart failure	Congestive heart failure (CHF)
Depression	Depression
Diabetes	Diabetes mellitus (DM) If checked, then ask sub-categories for Type I & Type II.
---	History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
---	HIV Infection/AIDS
Hyperlipidemia	Hyperlipidemia
Hypertension	Hypertension
Ischemic heart disease	Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
Obesity	Obesity
---	Obstructive sleep apnea (OSA)
Osteoporosis	Osteoporosis
None of the above	None of the above

- Modified-Services Ordered or Provided

Enter all examinations, laboratory tests, imaging, other procedures or other treatment and health education or counseling ORDERED or PROVIDED.

- NONE

Examinations/Screenings:

- **Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)**
- Breast
- Depression screening
- **Domestic violence screening**
- Foot
- ~~General physical exam (DELETE)~~
- Neurologic
- Pelvic
- Rectal
- Retinal/ Eye Exam
- Skin
- **Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)**

Blood tests: Laboratory tests:

- **Basic metabolic panel**
- CBC
- **Chlamydia test**
- **Comprehensive metabolic panel**
- **Creatinine /Renal function panel**
- **Culture**
 - **Blood**
 - **Throat**
 - **Urine**
 - **Other**
- Glucose, **serum**
- **Gonorrhea test**
- HbA1c (Glycohemoglobin)
- **Hepatitis testing/Hepatitis panel**
- HIV test (**NEW LOCATION**)
- HPV DNA test (**NEW LOCATION**)
- Lipid profile
- **Liver enzymes/Hepatic function panel**
- PAP test (**NEW LOCATION**)
- Pregnancy/HCG test (**NEW LOCATION**)
- PSA (prostate specific antigen)
- Rapid strep test
- **TSH/Thyroid panel**
- Urinalysis (**NEW LOCATION**)
- **Vitamin D test**

Imaging:

- Bone mineral density

- CT scan
- Echocardiogram
- Ultrasound
- Mammography
- MRI
- X-ray

~~Other tests and procedures:~~ **Procedures:**

- Audiometry
- Biopsy
- Cardiac stress test
- Colonoscopy
- **Cryosurgery (cryotherapy)/ Destruction of tissue**
- EKG/ECG
- Electroencephalogram (EEG)
- Electromyogram (EMG)
- Excision of tissue
- Fetal monitoring
- Peak flow
- Sigmoidoscopy
- Spirometry
- Tonometry
- **Tuberculosis skin testing/PPD**
- **Upper gastrointestinal endoscopy/EGD**

~~Non-medication treatment:~~ **Treatments:**

- Cast/splint/wrap
- Complementary and alternative medicine (CAM)
- Durable medical equipment
- Home health care
- Mental health counseling, excluding psychotherapy
- **Occupational therapy**
- Physical therapy
- Psychotherapy
- Radiation therapy
- Wound care

Health education/Counseling:

- **Alcohol abuse counseling**
- Asthma
- Asthma action plan given to patient
- **Diabetes education**
- Diet/Nutrition
- Exercise
- Family planning/Contraception
- **Genetic counseling**
- Growth/Development
- Injury prevention
- STD prevention
- Stress management

- **Substance abuse counseling**
- Tobacco use/Exposure
- Weight reduction

Other services not listed:

- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____

- Modified-Medications and Immunizations

Old: Allow up to 10 drug entries (verbatim and look-up table)	New: Allow up to 30 drug entries (verbatim and look-up table)
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- Modified-Time spent with physician

Old: Time spent with physician	New: Estimated time spent with physician
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- Modified-Visit disposition

<p>Old</p> <ul style="list-style-type: none"> • Mark (X) all that apply. <ol style="list-style-type: none"> 1. Refer to other physician 2. Return at specified time 3. Refer to ER/Admit to hospital 4. Other 	<p>New</p> <ul style="list-style-type: none"> • Mark (X) all that apply <ol style="list-style-type: none"> 1. Return to referring physician 2. Refer to other physician 3. Return at specified time-less than 1 week 4. Return at specified time-1 week to less than 2 months 5. Return at specified time-2 months or greater 6. Return as needed (p.r.n.) 7. Return to ER/Admit to hospital 8. Other
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