

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

- Modified-Tobacco use

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

- Modified-Reason for Visit Questions

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

- Modified-Injury/Poisoning/Adverse Effect Questions

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

- Modified-Diagnosis Verbatim and Look-up Table

<p><b>Old:</b> Allow up to 3 diagnoses verbatim and Look-up table entries</p>	<p><b>New:</b> Allow up to 5 diagnoses verbatim and look-up table entries</p>
---	---

- Modified-Checkbox list of patient’s underlying chronic conditions

<b>Regardless of the diagnoses previously entered, does the patient now have -</b>	
<i>Mark all that apply.</i>	
<b>Old</b>	<b>New</b>
---	<b>Alcohol misuse, abuse, or dependence</b>
---	<b>Substance abuse or dependence</b>
---	<b>Alzheimer's disease/Dementia</b>
Arthritis	Arthritis
Asthma	Asthma
Cancer	Cancer
Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	Cerebrovascular disease/ <b>stroke (CVA)</b> or transient ischemic attack (TIA)
Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease (COPD)
Chronic renal failure	<b>Chronic kidney disease (CKD)</b>
Chronic renal failure	<b>End-stage renal disease (ESRD)</b>
Congestive heart failure	Congestive heart failure ( <b>CHF</b> )
Depression	Depression
Diabetes	Diabetes <b>mellitus (DM)</b>  <b>If checked, then ask sub-categories for Type I &amp; Type II.</b>
---	<b>History of pulmonary embolism (PE) or deep vein thrombosis (DVT)</b>
---	<b>HIV Infection/AIDS</b>
Hyperlipidemia	Hyperlipidemia
Hypertension	Hypertension
Ischemic heart disease	<b>Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)</b>
Obesity	Obesity
---	<b>Obstructive sleep apnea (OSA)</b>
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

<b>Old:</b> Allow up to 10 drug entries (verbatim and look-up table)	<b>New:</b> Allow up to 30 drug entries (verbatim and look-up table)
--	--

- Modified-Time spent with physician

<b>Old:</b> Time spent with physician	<b>New:</b> <b>Estimated</b> time spent with physician
---------------------------------------	--

- Modified-Visit disposition

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