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AMBULATORY CARE DATA BASE PART B(U) ARMY HEALTH CARE
STUDIES AND CLINICAL INVESTIGATION ACTIVITY FORT SAM
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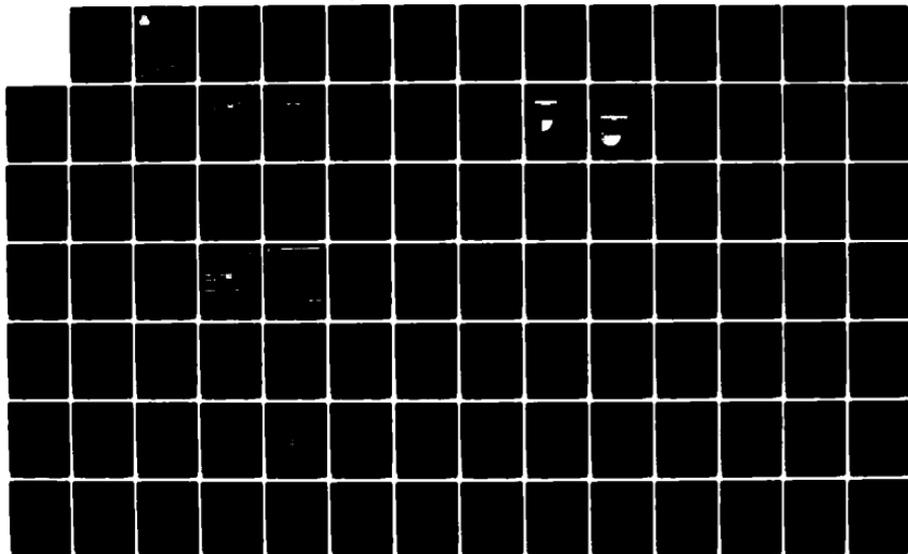
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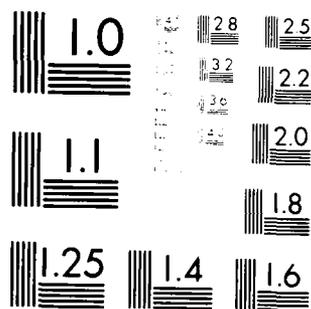
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United States Army
Health Care Studies



and
Clinical Investigation Activity

AD-A144 839

AMBULATORY CARE DATA BASE

LTC T. R. Misener
Mrs. P. M. Gilbert

FINAL REPORT #83-009

PART B

MARCH 1984

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US ARMY
HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) As part of the FY 83 AMEDD Study Program, the Surgeon General of The Army tasked the Health Care Studies & Clinical Investigation Activity (HCSCIA) to investigate the need for an Ambulatory Care Data Base (ACDB). The study proposed to answer two questions: 1) Is it possible to capture the necessary information for an ambulatory data base (will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record) and 2) What types of reports can be generated from the data gathered. A six month project was conducted at Fox Army Hospital,		

Redstone Arsenal, Alabama (this MIF met the requirement of separate occupational health, troop, and outpatient clinics). The 10,000 - 13,000 patients seen each month, clerical staff, and primary care providers assisted in completing a "Mark Sense" data capture form using the National Computer Systems (NCS) Sentry 7001 Table-Top Optical Mark Sense Reader, (OMR). After consultation with other health care providers, a two-sided, single sheet, multicolored form (purple and red) was designed to be different from any existing military forms. Major elements on the form were: demographic data (including occupational), provider identification, physical examinations, procedures performed, eligibility for care, referrals, disposition to include whether the diagnosis was job related, and diagnostic data. The international classification of health problems in primary care (ICHPPC-2) codes were used; the encounter form allowed space for only 250 of a possible 371 diagnoses. However, additional diagnoses could be found in a preprinted index and entered in spaces provided. Actual data collection began on 1 Nov 82. With approximately 60,000 records in the database, it has been demonstrated that personnel will complete the encounter forms. Three major categories of reports can be generated: 1) provider profile reports, 2) reports useful to management, e.g., MED 302, and 3) special reports not generated on a recurring basis.

CONCLUSIONS: The overall objectives of the study have been met: 1) the elements to be collected for an ambulatory care database have been identified. A significant number could be standardized across MTFs, however, the need for site specific variables is recognized, 2) the majority of care providers will complete their portion of the encounter form, 3) a single encounter form for all clinics is not acceptable, 4) data collected can be audited and provide an objective and valid ambulatory peer review and quality assurance mechanism, 5) provider and clerical staff satisfaction was surveyed, 6) comparison of encounters from the ACDB and the MED 302 was accomplished, 7) the number of reports that can be developed from the data are limited only by the users imagination. The MED 302 can be captured from the data elements, 8) the OMR method of data capture was shown to be efficient and cost effective, 9) problems needing resolution in future use of an ACDB were identified, 10) the need for command emphasis, at the highest levels, is obvious.

RECOMMENDATIONS: Recommend that this inexpensive and reliable data collection methodology be tested at more sites for eventual implementation. Even if an ambulatory care database is not developed, it provides an efficient, reliable, and low labor intensive method to capture data which are needed by the Army. The use of the discussed method is highly practical because it will interface with any system or mainframe conceptualized or planned at this time. It provides an excellent interim system until the Composite Health Care System (CHCS) is implemented. Finally, it can continue to be used in areas where a CHCS is not practical or planned, e.g., a field environment.

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TABLE OF CONTENTS

	PAGE
REPORT DOCUMENTATION PAGE.....	i
TABLE OF CONTENTS.....	iii
LIST OF FIGURES.....	iv
LIST OF APPENDICES.....	v
ACKNOWLEDGEMENTS.....	vii
SUMMARY.....	viii
INTRODUCTION.....	1
Purpose.....	1
Background.....	1
OBJECTIVES.....	3
LIMITATIONS OF STUDY.....	3
METHODOLOGY.....	5
Overview.....	5
Procedures.....	8
FINDINGS.....	11
DISCUSSION.....	12
CONCLUSIONS.....	21
RECOMMENDATIONS.....	21
ADDENDUM.....	22
REFERENCES.....	25
BIBLIOGRAPHY.....	27

LIST OF FIGURES

FIGURES		PAGE
1	Demographic Data (OEF).....	6
2	Diagnoses (OEF).....	6
3	Additional Diagnoses (OEF).....	7
4	Flow Chart (Redstone Operation).....	10
5	Graphic Presentation-Provider Percentages for Total Visits.....	11
6	Graphic Presentation-Time Spent with Provider.....	12
7	Flow Chart (Central Appointment System).....	18
8	Flow Chart (Manual System).....	19
9	Conceptual Configuration (Central Appointment System)...	20
10	New Form Element (Complexity-Patient Problem).....	22
11	New Form Element (Additional Procedures).....	23
12	New Form Element (Time Spent With Provider).....	23



AI

APPENDIXES

	PAGE
A Family Practice Center Encounter Form.....	29
B Methods of Data Entry--Advantages/Disadvantages.....	32
C Outpatient Encounter Form (Test).....	34
D ICHPPC-2 & ICD-9 CM Code Numbers.....	37
E Care Provider Codes.....	48
F Clinic Codes.....	50
G Family Member Prefix Codes.....	52
H Other Patient Category Codes.....	54
I Care Provider Instructions.....	57
J Patient Instructions.....	59
K Clerical Staff Instructions.....	61
L Edit Code Sheet.....	63
M Outpatient Encounter Form Test--Conversion Program.....	65
N Memorandum to Care Providers.....	71
O Provider Profile Report.....	74
P Encounters per Clinic per Month.....	89
Q Forms Completed per Care Provider (Jan/Fam Practice).....	95
R MED 302 Report.....	97
S MED 302 Svc Branch Total.....	118
T MED 302 Svc Branch Total (OH and TMC).....	121
U Examinations Chaperoned per Clinic per Month.....	124

APPENDIXES (Contd)

	PAGE
V	Students from Other Countries (Table V-1 & V-2)
	Table V-1 Number of Encounters..... 127
	Table V-2 Breakdown by clinic, date, & diagnosis..... 128
W	Management Reports (Table W-1 & W-2)
	Table W-1 Profile Report (Fam Prac/Jan)..... 132
	Table W-2 Peer Review (Otitis Media/Peds/Jan)..... 147
X	Number of Procedures (Total Study)..... 152
Y	Number of Referrals (Total Study)..... 156
Z	Number of Examinations (Total Study)..... 159
A-A	Number of Dispositions (Total Study)..... 161
B-B	Primary Diagnoses (Total Study)..... 163
C-C	Diagnostic Clusters..... 170
D-D	Comparison MCCU Count/Encounter Forms..... 174
E-E	Care Provider Questionnaire..... 176
F-F	Clerical Staff Questionnaire..... 179
G-G	Letter from MEDDAC Commander..... 181
H-H	New Registration Form (Draft)..... 183
I-I	New General Outpatient Form (Draft)..... 186
J-J	New Preventive Medicine Form (Draft)..... 189

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Because of the magnitude of the study the need for command emphasis was imperative. Therefore, special recognition should be given to the two commanders who were instrumental in allowing the study to be conducted at their MEDDAC. COL John N. Bogart recognized the need for such a study and, during the conceptual phase, invited us into his facility. COL Graham E. Beard, upon taking command, followed through with the commitment and actively supported the endeavor taking the risk of exposing his MEDDAC for high level scrutiny. At the completion of the study COL Beard went one step further and implemented the system on an operational basis.

CPTs Keith Cuff, MSC, and Bruce McIntosh, MSC, the two Chiefs of Clinical Support at Fox Army Hospital were the day-to-day points of contact at the MEDDAC, supplying the detailed tracking of the data capture. Pauline Occomy took responsibility for the management of the data collection and the optical mark reader became "her baby." Hubert Smith of the Missile Command Computer Center provided the necessary link between the MEDDAC and the mainframe computer facility at HCSSA. Skip Cole and Warner Carlisle from HCSSA provided the programming support and preprocessing of the data so that the investigators could analyze the data. Mr. Harold Hill, the vendor's (National Computer Systems) representative, went far beyond the requirements of the contract to assist the study staff so as to provide the best test possible.

But, most importantly, the entire staff of Fox Army MEDDAC accepted the added burden of collecting the data required for the study. The AMEDD owes them a debt of gratitude.

SUMMARY

Providing outpatient health care for over twenty million outpatients per year, the US Army is considered one of the largest Health Maintenance Organizations in the world. It has long been recognized that the Army's Inpatient Data System (IPDS) provides a wealth of data to carry out health service research and to assist in management decisions. Outpatient data have been less abundant. A six month study was undertaken to collect outpatient encounter information (including demographic data, workload, and diagnoses) at Fox Army Hospital, Redstone Arsenal, Huntsville, Alabama, using the National Computer Systems (NCS) Sentry 7001 Table-Top Optical Mark Sense Reader (OMR). A multicolor form was designed and included a total of 371 possible diagnoses; the form allowed for the selection of one primary and five secondary diagnoses for each encounter. This methods study proposed to answer two questions: 1) is it possible to capture the necessary information for a database? i.e., will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record; and 2) what types of reports can be generated from the data gathered?

Data collection began on 1 November 1982; patients, clerical staff, and primary care providers all assisted in completing the mark sense data capture form. Completed forms were processed locally (up to 900 forms per hour can be read by the particular table top reader being used for the test), and scanned to tape, which was then transferred to Fort Sam Houston, Texas. A compression and edit program, creating a 220 character record, was written by personnel of the Health Care Systems Support Activity (HCSSA) and then merged with SPSS (Statistical Package for the Social Sciences) for data manipulation and report generation. Profile reports were furnished (on a monthly basis) to each care provider. The major reporting elements were: 1) primary diagnoses, 2) procedures, 3) demographic data, 4) beneficiary status of patient and, 5) number and types of physical examinations done. At the end of the study with approximately 60,000 records in the database, it has been demonstrated that: 1) personnel will complete the encounter form, 2) data can be audited, therefore, providing the basis for quality peer review, 3) the form effectively fulfills current reporting requirements, e.g., the Med Summary 302, and other administrative reports, 4) the optical mark reader is a reliable data collection method. The number of reports and tables that can be generated are limited only by the user's imagination.

In any future form design, a list of standard common procedures from a menu is recommended; this list should also provide space where less common procedures could be entered from tables. No single page form can meet the comprehensive needs of every MTF, however, several forms could be developed for different specialties (e.g., pediatrics, occupational health, etc.). Recommend that this inexpensive and reliable data collection method be tested at more sites for possible Army-wide implementation.

1. INTRODUCTION.

a. Purpose.

Recognizing the need for an Ambulatory Care Database (ACDB), The Army Surgeon General tasked the Health Care Studies Division (HCSD), Health Care Studies & Clinical Investigation Activity (HCSCIA), to examine the feasibility of implementing such a study. The study proposed to answer two questions:

(1) Is it possible to capture the necessary information for an ambulatory database? (i.e., will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record).

(2) What types of reports can be generated from the data gathered?

b. Background.

Although reports, to document Army outpatient workload, are generated on a recurring basis the reliability of the data and their usefulness has been questioned. The outpatient's individual health record contains routine information expected in any outpatient treatment setting. However, obtaining aggregate data, auditing a random set of outpatient records, documenting individual health care providers' practice profiles, or carrying out epidemiological research, has not been possible.

A literature search was conducted to include a review of the development of standardized diagnostic codes, data systems, methods of data collection, and medical information management. Subsequent telephonic communications and site visits were made to explore available systems and to obtain guidance from those experienced in the field.

Several citations were found of ambulatory diagnostic coding schemes, their development, and use (Cote & Robboy, 1980; Schneider & Kilpatrick, 1974; Steinwachs & Mushlin, 1978; Anderson & Lees, 1978; and Tindall et al., 1981). The coding scheme discussed by Tindall et al. (1981) appeared to be the most prevalent and acceptable in the primary care settings. It had been developed by The World Order of National Academies of Family Physicians/General Practitioners as a truncation of the International Classification of Diseases (1977) and published as International Classification of Health Problems in Primary Care (WHO, 1979), with an abbreviated title of ICHPPC-2.

A seven part series of articles appeared in The Journal of Family Practice (1977), which discussed the use of an integrated medical record and data system for primary care using the ICHPPC-2 codes. Pack & Parrish (1974) published a thesis: Development of a Long-Term Process for Collection of Doctor-Patient Encounter Data in an Ambulatory Care Facility. This thesis discussed a pilot effort in development of a system to capture outpatient encounters in an Army facility. This method required key punching data and was labor intensive.

A limited attempt to gather information in an automated mode has been carried out at Family Practice Residency programs throughout the Army. An analysis of the system was described by Howard (undated paper) at Madigan Army Medical Center. This appeared to be an excellent method meeting the needs of users to document resident physician's experiential base while making program management and research possible. The centralized database is maintained at Fort Sam Houston, Texas. Again, the major disadvantage of the Family Practice dataset has been the requirement to keypunch the data, which necessitated one to two full-time employees at each site, (Appendix A provides a sample of the Family Practice Center Encounter Form). This same disadvantage was noted by Baker, Monson, & Jameson (1981), at Little Rock Veterans' Administration Hospital. The experience of the U.S. Public Health Service (MIDS, 1980) documents the management potential of a multi-site computer linked database to monitor workload, assist in fiscal apportionment and track prescriptions filled for beneficiaries within the PHS. Project officers for the system were enthusiastic about its potential. However, this database was lost when the PHS ceased operating their health care system. Again the need to keypunch data entries was recognized labor intensive. The Bureau of Indian Affairs, (PHS) still uses a key entry method to aggregate workload data, (BIA, 1982). Gelbach (1979), at the Duke-Watts Family Medicine Program, reported three methods of data collection including: write-in encounter form, checklist encounter form, and direct entry from the medical record. All methods required keypunch or keyboard entry.

A site visit was made to the U.S. Army Family Practice Residency Program at Fort Ord, California, to examine their Computer Stored Ambulatory Record (COSTAR) system ("MITRE Corp.," 1978). The database and its management potential were impressive. The disadvantages of COSTAR included: 1) requirement's for terminals in each providers office in addition to those in the clerical area, 2) physicians need to key enter their own data, 3) backup hard copy when the system was "down." COSTAR did not provide a feasible inexpensive interim system which could be used Army-wide prior to installation of the Composite Health Information System (CHIS).

The fiscal intermediary's data processing center for Medicare/Medicaid in the State of Texas was visited. Data are received from throughout the state where they are captured using optical character reading methods. The major disadvantages included the need for on-line editing to correct errors and centralized processing necessary due to the high cost of optical character readers. This method requires that those entering the original data write alphabetic letters and numbers in a standard manner. Errors are decreased when physicians have adequate clerical staff to maintain data entry.

The least labor intensive method of data collection reviewed was the outpatient medical treatment reporting system for shipboard use (Hermansen, Jones, & Butler, 1980). This system used an optically scannable summary of the treatment provided. A separate form was completed for each encounter and was found to be a highly reliable, inexpensive and rapid form of data entry. The investigators were highly encouraged that this might someday provide the basis for a Navy-wide system.

2. OBJECTIVES. During the six-month Redstone ACDB Test the objectives were:

- a. Identify elements to be collected for an ambulatory care database.
- b. Determine the effectiveness of using a single encounter form for outpatient clinics, troop medical clinics, and occupational health clinics.
- c. Determine if collected data can be audited, therefore, providing the basis for peer review.
- d. Measure satisfaction of both care provider and clinic staff with the form and output from collected information.
- e. Determine ACDB effectiveness in fulfilling current reporting requirements, e.g., the MED Summary 302, and other administrative reports.
- f. Compare the number of visits reported by the MED Summary 302 and the ACDB visit count.
- g. Determine the effectiveness of the optical mark reader as a reliable data collection method and identify any problems with the hardware.
- h. Identify problems needing resolution if the ambulatory care database system were expanded to other sites.
- i. Identify personnel requirements and qualifications for an ongoing decentralized database collection system.

3. LIMITATIONS OF THE STUDY.

The study was limited to Tri-service Medical Information Systems (TRIMIS) areas of non-interest. That is, although AR 5-5 allows much latitude in the types of studies that can be carried out, study efforts should not duplicate or interfere with TRIMIS plans. TRIMIS was not actively planning or implementing outpatient workload and epidemiology reporting systems as envisioned by this study; however, they were involved in laboratory, pharmacy, and radiology systems. Therefore, no plans were made to include definitive data capture in these areas. However, it was recognized that the laboratory, pharmacy and radiology data captured under TRIMIS systems were not tied to individual patients allowing for later merging of the data with the ACDB. Discussions with Army TRIMIS at the outset of the conceptual plan of this study, revealed no problems with the study objectives and methodology; the ACDB involved a method of data capture compatible with any mainframe system. Because the proposed method of data capture involved automation, it was necessary to follow AR 18-1, "Management Information Systems: Policies, Objectives, Procedures, and Responsibilities."

Other limitations and caveats of the study were divided into three categories:

Resource constraints (direct costs not to exceed \$10,000).
Amount of data gathered must be reasonable.
Lessons learned from other studies regarding data entry used.

a. Resource constraints included both time and personnel. The data collection phase of the study was to be completed by the end of the 3D QTR FY 83. No full-time employees could be added for the study, i.e., personnel required were to be existent within the Health Care Studies Division, the medical activity where the study was to be carried out, and from shared data processing staff.

b. Prior studies demonstrated that the data gathering tool needed to be provider centered. Any table look-ups required by the provider should be kept to a minimum, and providers must feel the project to be symbiotic, i.e., they would gain something in return for their efforts. To be most effective, the data encounter form could not exceed one page (8½ x 11).

c. Four alternative methods of data entry were examined. The advantages and disadvantages of each are listed in Appendix B. The ACDB project was envisioned as an interim system to be utilized in gathering data necessary before the "total hospital information system of the 1990's" was extant. With this in mind, it was not plausible to consider use of terminals in each provider's office and in all administrative elements. Key punching of data had been shown to be too expensive in the Family Practice Database. When extrapolated to the entire AMEDD the expense in using this method was believed unreasonable, to say nothing of transcription errors. The remaining two methods, viewed as less labor intensive and allowing for use of leased equipment, were the optical character reader (OCR) and the optical mark sense reader (OMR). Individuals possessing experience with OCR stressed three major disadvantages:

- (1) hardware is extremely expensive
- (2) centralized processing is required and therefore increases the turnaround time involved in error correction
- (3) vendors of OCR equipment cite error rates of between 5-33% depending upon the inputting individual's familiarity with the method, and their ability to write alpha numerics in standardized formats

Based on the experiences of the U.S. Air Force, several university testing facilities, and the Academy of Health Sciences Correspondence Course Program, the OMR method was chosen. This method was deemed most reliable and provided maximum decentralization of data processing, while being compatible with any mainframe for "uploading" as it produced a simple record of binary data.

4. METHODOLOGY.

a. Overview.

(1) Site Selection. Several sites for the study were considered. One criterion for selection was that the MTF have separate occupational health, troop, and outpatient clinics. The site chosen was Redstone Army Arsenal, Huntsville, Alabama, as it met the criterion, and provided a MEDDAC of comparable size to another site which had been slated for an OCR study ("United States," 1981). Another significant factor in the selection of Redstone was the expressed desire on the part of the command staff to participate in the study.

(2) Participants. A six month project was undertaken to collect outpatient encounter information (including demographic data, workload, and diagnoses) at Fox Army Hospital, Redstone Arsenal. The 10,000 - 13,000 patients seen each month, the clerical staff, and primary care providers all assisted in completing a "mark sense" data capture form.

(3) Hardware. The hardware selected was the National Computer Systems (NCS) Sentry 7001 Table-Top Optical Mark Sense Reader, with tape drive and transport printer attached. This equipment was compatible with hardware existing within HSC and a proposed Air Force study. NCS forms with an individual lithocode printed on each form facilitated merging/finding records easily. NCS was the only vendor known to provide this feature.

(4) Encounter form development. After site selection, it was necessary to create the two-sided, single page encounter form (Appendix C). A multi-color form (purple and red) was designed to be different from any existing military forms. The face validity of the form was assured by the investigators after consultation with other health care providers, public health professionals, and providers at Redstone. The major data elements collected on the encounter form were:

- demographic data (including occupational site for civilians)
- provider identification
- physical examinations
- procedures performed
- eligibility for care
- referrals
- disposition to include whether the diagnosis was job related
- diagnostic data

Sample demographic data are shown in Figure 1. Diagnostic codes included actual diagnoses, signs, symptoms, questionable laboratory findings, or a series of wellness oriented reasons for care (see Figure 2).

MED EMPLOYERS										ACTIVE DUTY ARMY				DEPENDENTS AND RETIREES DO NOT USE						
GS		PAY		BUILDING						OFFICER	WARRANT OFF	ENLISTED	UNIT							
CIVILIAN	OC	OC	OC	PAY	PAY	PAY	PAY	PAY	PAY	PAY	PAY	PAY		PAY	PAY	PAY	PAY	PAY	PAY	PAY
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Figure 1

PRIMARY DX	ADDITIONAL	ICHPPC-2
		DIAGNOSES
		INFECTIVE & PARASITIC DISEASES
<input type="radio"/>		000 PROVEN INFECTIOUS INTESTINE DISEASE
<input type="radio"/>		009 PRESUMED INFECTIOUS INTESTINE DISEASE
<input type="radio"/>		011 TUBERCULOSIS
<input type="radio"/>		024 STREP THROAT SCARLET FEV ERYSIPELAS
<input type="radio"/>		054 HERPES SIMPLEX
<input type="radio"/>		067 OTHER VIRAL EXANTHEMS
<input type="radio"/>		070 INFECTIOUS HEPATITIS
<input type="radio"/>		075 INFECTIOUS MONONUCLEOSIS
<input type="radio"/>		078 WARTS ALL SITES
<input type="radio"/>		079 VIRAL INFECTION NOS
<input type="radio"/>		080 SYPHILIS ALL SITES & STAGES
<input type="radio"/>		098 GONORRHEA ALL SITES
<input type="radio"/>		0984 NON SPECIFIC URETHRITIS
<input type="radio"/>		110 DERMATOPHYTOSIS & DERMATOMYLOSIS
<input type="radio"/>		112 MONILIASIS FACI UROGENITAL
<input type="radio"/>		1121 MONILIASIS UROGENITAL PROVEN
<input type="radio"/>		1122 TRICHOMONIASIS UROGENITAL PROVEN
<input type="radio"/>		127 OXYURIASIS PINWORMS HELMINTH NEC
<input type="radio"/>		112 MEDICINOSIS & OTHER INFESTATIONS
<input type="radio"/>		133 SCABIES & OTHER ASCLARIASIS
<input type="radio"/>		136 OTHER INFECT PARASITIC DISEASES NEC

GENERAL SIGNS & SYMPTOMS	
<input type="radio"/>	1804 EXCESSIVE SWEATING
<input type="radio"/>	1806 FEVER OF UNDETERMINED CAUSE
<input type="radio"/>	1821 RASH & OTHER NONSPECIFIC SKIN ERUPTION
<input type="radio"/>	1832 WEIGHT LOSS
<input type="radio"/>	1874 LATE OR EXPECTED PHYSIOLOGIC CHANGE
<input type="radio"/>	1881 LEGAL PROBLEM RISK TO OTHERS
<input type="radio"/>	1885 MALTREATMENT OF OTHERS
<input type="radio"/>	1887 MASS LOCALIZED SWELLING NOT MND
<input type="radio"/>	1888 UNUSUAL PHYSIOLOGIC
UNEXPLAINED ABNORMAL RESULTS	
<input type="radio"/>	1901 ABNORMAL URINE TESTS
<input type="radio"/>	1906 HEMATOLOGICAL ABNORMALITY NEC
<input type="radio"/>	1907 ABNORMAL URINE/BLOOD/OTHER TEST
<input type="radio"/>	1950 NON SPECIFIC ABNORMAL LABORATORY
<input type="radio"/>	1981 ELEVATED BLOOD PRESSURE
<input type="radio"/>	1982 OTHER UNEXPLAINED ABNORMAL RESULTS
<input type="radio"/>	1884 SIGN SYMPTOM ILL DEFINED COND NEC

Figure 2

(5) Diagnostic Codes. Overall Army needs mandated that diagnostic information be a priority element in the database. After review of several outpatient diagnostic codes, the International Classification of Health Problems in Primary Care (ICHPPC-2) was selected (truncations of the ICD-9 classification ("Ninth Revision," 1977)). The codes were simple to use, and had previously been used for the family practice database. The encounter form allowed space for only 250 of the possible 371 diagnoses. The remaining diagnoses not on the menu could be found in a preprinted index and then entered in spaces provided (see Figure 3):

ADDITIONAL DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
1	2	3	4	5	6	7	8	9	10
1	1	1	1	1					
2		2	2						
3	3	3	3						
4	4	4	4						
5									
6		6	6						
7									
8	8	8	8						
9									
10									

Figure 3

Along with the demographics, the diagnostic information provides the core of the epidemiological data. These same data gave the MEDDAC the ability to carry out peer review and retrospective chart audits in a reliable and objective manner. Some demographic data elements such as race and ethnicity were included as recommended by the National Center for Health Statistics ("National Center," 1974) as part of a "minimum basic data set."

(6) Unique Element Rationale. Three groups of elements (federal employee data, care providers, and students from other countries) need explanation. The civilian occupational series numbers for federal employees correspond to standard job titles; building number refers to the employees' usual work site. These variables provided the basis for epidemiological studies by the occupational health physicians. The fields "#1 and #2 care provider" allowed for documentation when more than one provider saw a patient. For example, if a patient were to be first seen by a physician's assistant, a nurse practitioner, or even a general medical officer, and then subsequently seen by another provider (e.g., a specialty physician), both individuals would be credited for seeing the patient. The variable "Students from Other Countries" was requested by the treasurer to enable fiscal reimbursement from embassies for health care services provided to foreign nationals who are students at Redstone.

(7) MTF Needs. Finally, it should be noted that several of the elements on the sample encounter form reflect unique needs of the medical treatment studied. An example is the field indicating whether an examination was chaperoned, requested by the Department of Nursing, for manpower documentation. The remaining elements on the form are self-explanatory.

b. Procedures.

(1) A pilot test of the instrument was carried out at Fort Hood, Texas. Twenty nurse practitioners used the encounter form to note any difficulty in flow or tracking. After the one day test a debriefing was held with the nurses and subsequently, minor form design and instruction sheet changes were made. A major change, suggested and incorporated, was to request able patients to complete their portion of the form.

(2) Staff training began two weeks prior to the collection of data. The Chief, Clinical Support, scheduled all clinic receptionists and primary providers to attend an orientation. Training was carried out by the investigators (a nurse experienced in primary care and a management analyst). Each trainee was informed about the data elements that required their attention as well as the overall concept of the project. During the orientation providers practiced using ICHPPC-2. Also, they were informed that regular practice profiles would be furnished and they would have access to data for research and credentialing purposes. (Appendix D shows the ICHPPC-2 index.)

(3) Prior to the implementation of the study, care providers were assigned a code number which was used in conjunction with the last four digits of their social security number, i.e., physicians: 1 + last four = 12345; (see Appendix E); a two digit number was assigned to each clinic (see Appendix F); family member prefix codes were defined (see Appendix G); and "other" patient category codes were taken from the beneficiary codes already established for the Medical Summary 302 Report (see Appendix H). Three sets of instructions were prepared for each of the following: providers, patients, and the clerical staff. (See Appendixes I thru K.)

(4) Patients were instructed to complete their portion of the demographic-type data which was checked for completeness and accuracy by the clerical staff; the clerical staff then entered the clinic identifier, family member prefix (to identify household status of the patient), appointment status, and time in. The remainder of the form was completed by the providers. The clerical staff monitored completeness and entered the time out of the clinic. The encounter form allowed the provider to select one of 371 diagnostic codes as the primary reason for seeing a patient on a particular visit. One primary diagnosis was required. Additionally, the providers were allowed to select up to five secondary diagnoses germane to a particular visit (a secondary diagnosis was not required). Data collection began on 1 November 1982. It was expected that 80,000 forms would be consumed within six months.

(5) The patient portion of the form could be completed in about two minutes; the provider data required about 30 seconds (after providers became familiar with frequently used diagnoses). Clerical staff required about 30 seconds to check and complete each form. After the encounter forms were completed and checked for errors in the clinic, they were taken to a central point in the Administrative Department of the MEDDAC, where one of three trained persons processed the records. Up to 900 forms per hour were read by the particular table top reader used for the test. The first time records were read, they were scanned only, i.e., errors are identified by an internal program in the readers edit routine (see Appendix L).

(6) Error fields are marked along timing marks (the short black rectangles along the left edge of the form). Forms containing errors were returned to the clinic for correction and re-editing. Error-free and corrected forms were read by the scanner and output onto seven inch magnetic tape. Data could have been transferred on line to a host computer, however, processing by the tape method was chosen to be compatible with the goal of data decentralization and exportability.

(7) Tapes were transferred to the installation computer facility where a backup copy was made before mailing to Fort Sam Houston, Texas. Attempts using telecommunications (AUTODIN) to Fort Sam were problematic and abandoned. The data would be handled locally in a completely decentralized fashion, however, for the six month study, it was not reasonable to request the facility to increase its workload. Instead, it was decided that data analysis and report generation would take place at the investigators' facility.

(8) Data were received at the Fort Sam Houston computer facility as a 696 column record. A data compression and editing program was written by personnel of the Health Care Systems Support Activity (HCSSA) to create a more parsimonious 220 character record which was then merged with the Statistical Package for the Social Sciences (SPSS) for data analysis and report generation (the compression and editing program can be seen at Appendix M). SPSS was not the ideal method for data handling; however, it was an "off-the-shelf" package. Ideally, a program would be written to run on the installation host computer, and data manipulation and report generation would be carried out on-site. (A flow chart is shown at Figure 4).

U.S. ARMY AMBULATORY DATA BASE STUDY

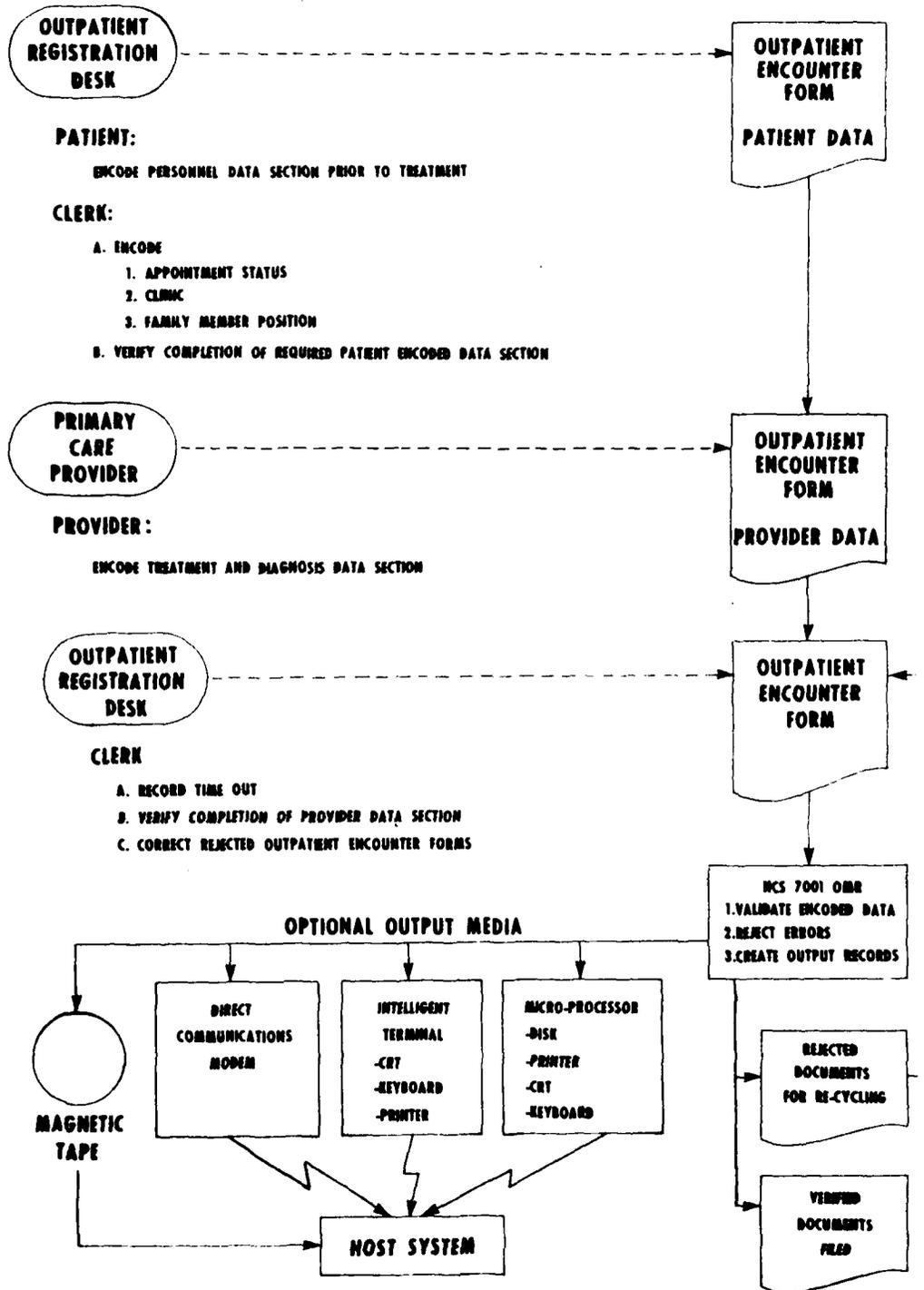


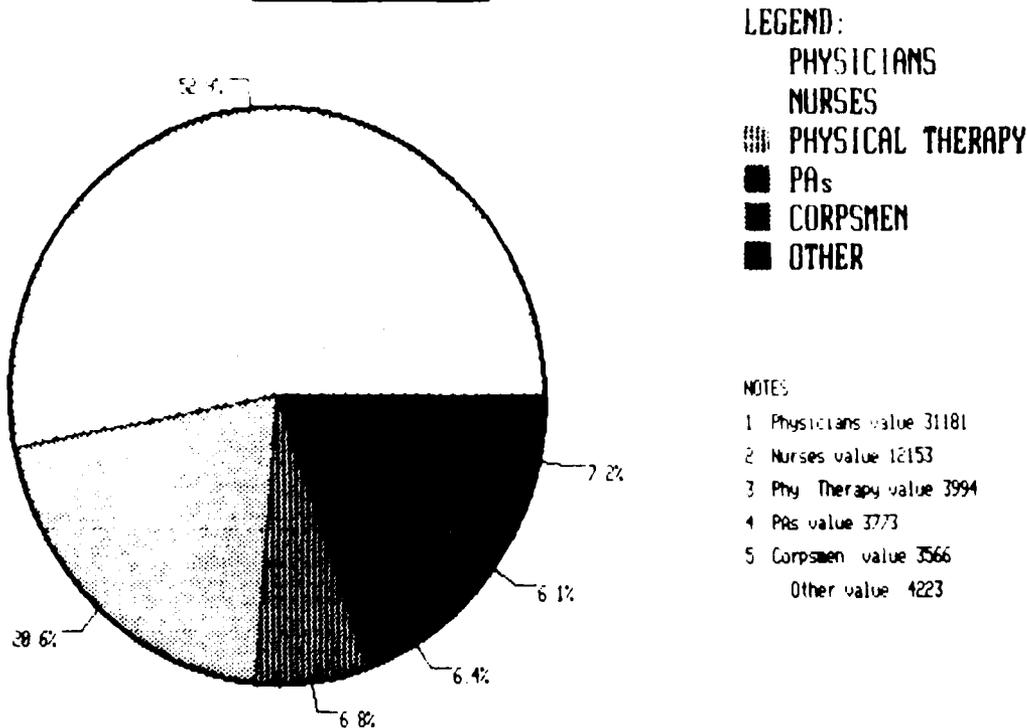
Figure 4

5. FINDINGS.

a. The major study question was: will providers complete the encounter forms as requested? With approximately 60,000 records in the database, it has been demonstrated that personnel will complete the encounter forms. All primary provider visits included in the Medical Summary 302 Feeder Reports were counted in the study. Visits to physicians accounted for 53% of the total encounters. The remaining 47% of all encounters were credited to other providers (see Figure 5).

Provider Percentages

for Total Visits



Entire Redstone Data Set

Figure 5

b. The second study question was: what reports can be generated from the acquired data? Reports can be partitioned into three major categories: 1) provider profiles, 2) reports useful to management; and 3) special reports not generated on a recurring basis. Samples of different reports possible are numerous as can be examined at the appendices and are explained in the discussion section.

6. DISCUSSION.

a. Physician participation was highly important. Therefore, all primary providers were promised regular reports of their practice. The first provider profile reports were mailed on 27 December 1982 (see letter, Appendix N); thereafter, on a monthly basis, reports were prepared for each provider to include physicians, social workers, nurses, and medics working in the various clinics, i.e., all personnel generating outpatient Medical Care Composite Units (MCCUs). The report included the following information: (A sample care provider report can be seen at Appendix O):

- a list and frequency of all primary diagnoses
- procedures reported
- patient demographic data
- beneficiary status of patients
- number and types of physical examinations
- average time patients spent in the clinic

A graphic presentation of the distribution of patient time spent in clinics is shown at Figure 6.

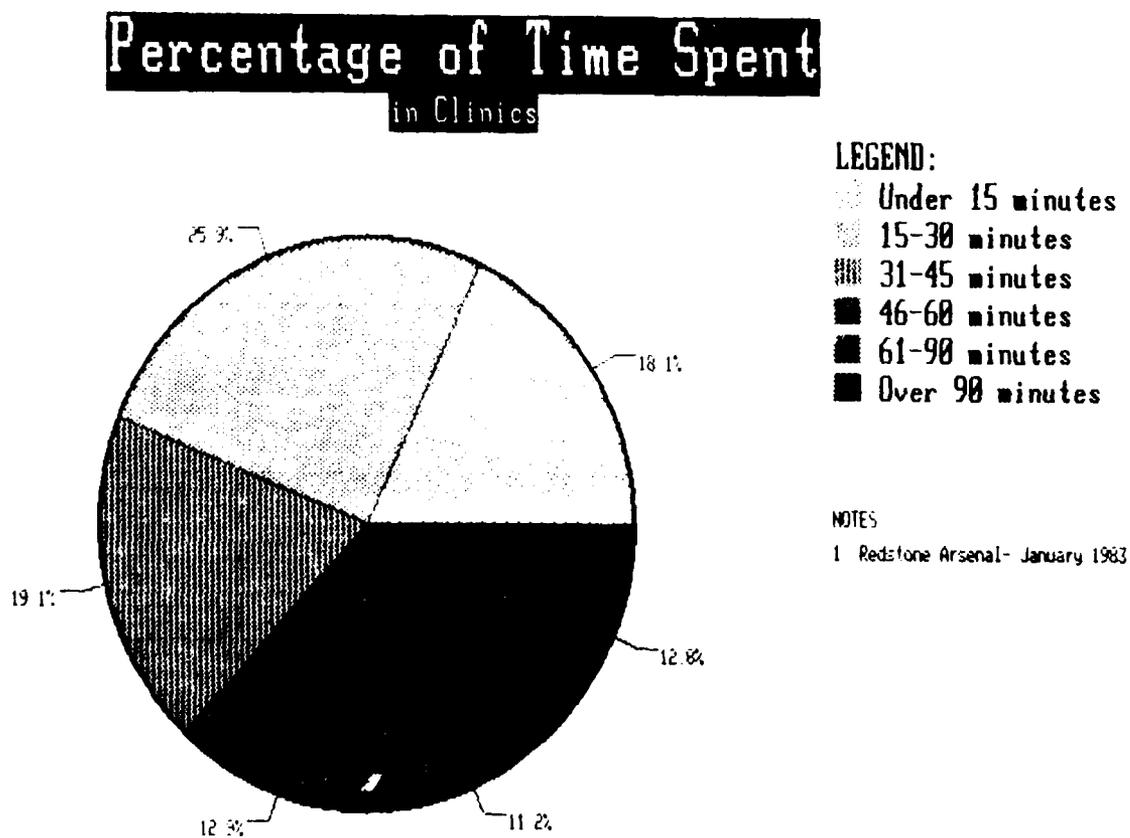


Figure 6

As can be seen, 44% and 63% of all clinic visits were completed within 30 minutes and 45 minutes, respectively. This variable was collected at the request of individuals who had received complaints that patients had to "wait" too long in their clinic. In those clinics where providers filled out forms immediately upon completion of the patient encounters, the values are reliable. Problems arose in clinics when providers did not complete forms immediately following the patient visit (encounter), but held records and forms for completion during a slack time such as during an appointment "no show" period. Subsequent time capture should be based on time spent with the provider and not on time in the clinic. In addition to the already cited problem, several patients tend to arrive early for appointments (for their own personal reasons); if "time in clinic" is recorded, rather than "time spent with provider" it skews the data making a clinic look inefficient when, in fact, this may not be true.

Monthly aggregate reports, useful to management, were prepared and are shown at Appendixes P thru V. These reports include:

- number of patients seen in each clinic
- number of forms completed by each provider
- information for the Medical Summary Report
- MED 302 Service Branch Total
- MED 302 Service Branch Total/OH and TMC
- number of exams chaperoned per clinic
- students from other countries

Appendix P provides information on the number of encounters per clinic per month. November, December, and January provide the most reliable counts. February and March data may show a decrease in visits captured as a function of providers' beliefs that the study was approaching a finish coupled with a perception that the command would not be continuing the method of data capture after the study.

Appendix Q demonstrates a sample of encounter tracking by providers for one clinic for one month. Spurious provider codes were believed to be a function of a provider marking an incorrect clinic and/or possible a miss-mark of provider code.

Appendixes R thru T shows data needed to complete the Medical Summary 302 Report. If a system such as that used in the study were operationalized, Med Summary feeder reports as well as clinic "sign in" sheets could be deleted as redundant. This would make the data capture more palatable to the clinic clerical staff.

Appendix U demonstrates the number of exams requiring a chaperone by clinic by month. This item requested by the MEDDAC for manpower documentation will be deleted in subsequent form design, as it was a one-time data capture.

Redstone Arsenal hosts several students from other countries and their families. The MEDDAC, as mentioned earlier, must request reimbursement from the appropriate embassy for medical care provided these recipients. Appendix V, Table V-1, shows the number of encounters for foreign nationals; Table V-2 is a further breakdown showing the clinic in which they were seen, the day seen, and the diagnosis for each encounter. The treasurer could use these data to initiate fiscal reimbursement.

Appendix W, Table W-1, shows a management report for one clinic for one month; Table W-2 provides a sample of a report generated for one month in one clinic on one diagnosis (otitis media). These data make an objective chart audit and peer review process possible in the ambulatory care setting. Appendixes X thru A-A shows the number of procedures, referrals, examinations, and dispositions for the total study.

b. When data collection began, it was believed that providers would use a few select diagnoses regularly (likely to not exceed 20). This was not true at Redstone; providers used a full range of diagnoses. This can be seen at Appendix B-B which is a report of cumulative primary diagnoses for the total study. Because of the numerous definitive diagnoses used, to provide a more parsimonious report, a set of 92 diagnostic clusters developed at the University of Washington, Department of Family Practice by Schneeweiss et al. (1983) was used as a further truncation of the 371 ICHPPC-2 diagnostic codes (see Appendix C-C). As can be seen, twenty diagnostic clusters account for 77.9% of the diagnoses made during November, 75.4% in December, 76.6% in February, 78.9% in March, and 77.1% of the total diagnoses. These data have implications for the kinds of physician staff mixes needed. For example, it would appear from the data that an orthopedist would be utilized whereas some internists might possibly be replaced by a general medical officer and/or family physicians, nurse practitioners, or physician's assistants.

c. To address reliability of data captured, the investigators randomly selected 30 encounter forms and compared the entries against the outpatient charts for the same encounter. The information on the encounter form compared identically in 100% of the cases.

d. Another major concern of the hospital staff was fear that the total encounters reflected by the study would be fewer than the MCCU based on the Medical Summary 302 count. If the MEDDAC were to use the encounter system to replace all Medical Summary 302 feeder reports, would the activity be penalized? During the training phase this concern was alleviated, when one clinic, which had counted 78 patient encounters on the MED 302 feeder report the previous day, ran their encounter forms and found 120 encounters documented, an increase of 54%. Appendix D-D demonstrates the month by month comparison of MCCU and encounter forms. The discrepancies are explained, in part, as some providers did not participate in the study or stopped filling out the forms after an initial participation. This will be discussed further in paragraph g of this section. A major strength of the encounter system is that the counts or visits are completely auditable; i.e., charts can be pulled to compare encounter forms to actual patient visits. This information is more difficult to extract from Medical Summary 302 feeder reports.

e. During the study, individual requests for special reports were processed. Examples included: request by an occupational physician to identify job related accidental injuries occurring in a particular building to study possible trends that might benefit from intervention; request by the community health nurse for a list of all patients seen with a diagnosis of chronic lung disorders to provide patients with information about a free educational program available in the civilian community; request by a physician to list all patients seen with a diagnosis of migraine headaches to enable him to do a study; and, a request by another physician to document peak workload times in his clinic to enable documentation for staffing schedule changes. These requests demonstrated that the staff did recognize the potential research, service, administrative, and epidemiological uses for the database.

f. Near the end of the study period, care providers and clerical personnel participated in a survey (see Appendix E-E and Appendix F-F) to measure their opinions of the encounter form and suggestions (additions/deletions) to increase its effectiveness. A synopsis of returned questionnaires follows:

Care Providers. Twenty percent of the care providers indicated they would like to receive the practice profile report on a continuing basis. Others did not desire routine reports, but wanted to know that the information was available. Some providers felt that patient satisfaction with the form should be addressed as additional feedback. Average time reported to complete their portion of the form was 56 seconds with a range of 10 to 120 seconds, the high occurring when care providers had to look up additional diagnostic codes. Diagnostic categories were indicated as sufficient by 53% of the care providers and insufficient by 47%. Most of the comments regarding insufficient diagnostic categories were generated by Occupational Health because of needs peculiar to that clinic, and by pediatricians who felt that many pediatric clinical conditions were inadequately addressed on the form. Use of secondary diagnoses was indicated as: almost never 16%, rarely 42%, frequently 42%, and almost always, 0%. When asked if use of the form should be adopted Army-wide, 21% said yes because they felt the form would give good estimates of workload; 68% said no, their reasons focused on additional time spent in filling out the form, which caused them to see two to four less patients per day; 11% had no opinion. Forty-seven percent felt information gained by completing the form was of value to them, while 53% felt it was of no value; 58% felt it was of value to Fox Army Hospital and the Army while 26% felt it was not; and 16% had no opinion. Comments regarding improvement of the form ranged from elimination of patient involvement, as much as possible, to deletion of some elements such as ethnicity, race, and job related diagnosis, while Occupational Health and Community Mental Health felt the value of the form would increase if it contained elements more unique to their clinics. Only 10% said they preferred not to use the form at all.

Clerical Staff. Most receptionists responded that the form was easy to use and agreed that the elements were in the most logical sequence. All agreed that the color coding made the form easier to use and 90% felt the form captured all information required for report generation such as the MED Summary Report 302. Average time to complete their portion of the form was 2.1 minutes reflecting that several clinic receptionists actually filled out the patient's portion of the form. Most said patients were cooperative "if they understood the form." Retirees and higher ranking active duty members comprised those most vocal in their desire to not complete the patient portion of the form.

g. When the satisfaction survey was undertaken, a debriefing was held to provide preliminary results to the staff. At this time several providers verbalized their desire that the project not be continued. A subjective appraisal revealed that objections seem to be loudest from providers appearing to be least productive vis-a-vis the number of encounter forms completed. Providers were assured that their concerns would be reflected in the final report. Their most verbalized concern was that the time required to fill out forms eroded into potential time to see patients. A check with the administrative section revealed that the number of clinic visits had not decreased, clinic backlog of appointments had not increased, clinic hours had not needed expansion, and overtime had not been necessary to meet clinic workload. In sum, it appeared that the providers found the information from the project to be potentially useful, however, they would prefer not to expend the time to collect data. A concern never verbalized by providers, but one which must be addressed, is the fear of having their practice and "productivity" monitored.

h. Validation of the value of the data captured to management was provided in a letter received from the MEDDAC Commander requesting that the study method be operationalized as an ongoing system at Redstone (see Appendix G-G).

i. Several lessons have been learned from the study:

(1) It was recognized at the outset that the procedures list was far from complete, however, it contained those procedures which the medical staff at the study site stated they wanted to capture. Having a prepared menu of procedures did not require the provider to look up entries from a code table. Experience has shown that about 25% of the procedures were reported in the "other" category, which is not acceptable. Therefore, in any future form design, it would be considered advisable to include a list of standard procedures, and to also provide spaces where less common procedures could be entered from tables.

(2) It is further believed that no one page form can meet the needs of every clinic. It is suggested that further study be undertaken to develop several forms for use by different specialties (e.g., pediatrics, obstetrics, occupational medicine, walk-in clinic, etc.).

(3) Several providers found the ICHPPC-2 diagnostic codes to be too general for their needs. This may be a result of the physicians' experience with the ICD-9 codes for inpatient diagnoses. This area bears further exploration.

(4) The recording of significant telephone visits with patients may be underreported as providers would have to initiate a form versus having one started by the patients and clerical staff.

(5) Time to fill out encounter forms would be greatly decreased if a registration system were developed to hold the patients' basic demographic data for call up.

(6) The need for trained and dedicated personnel to manage the project and to process encounter forms is obvious. The number of personnel needed is a function of the number of forms processed, the number of forms with entry errors, and the size of OMR used. It is not envisioned that added personnel would be required, but that a realignment of duties may be necessary as the system would greatly decrease the MED Summary 302 clerk's workload. Additional personnel would possibly be required for the ADP activity.

j. In the future, it would be desirable that the system be connected to a Central Appointment System. When a patient makes an appointment the system would:

create a chart pull list

create a problem list which would include the patient's list of current problems along with the first date they were seen for the problem, how many times they had been seen for the problem, and when they were seen last for the problem

an encounter form could be "preslugged" with data from the registered patient's database precluding the regathering of known information

Figure 7 shows an Outpatient Encounter Processing Centralized Patient Appointment Procedure.

OUTPATIENT ENCOUNTER PROCESSING
CENTRALIZED PATIENT APPOINTMENT PROCEDURE

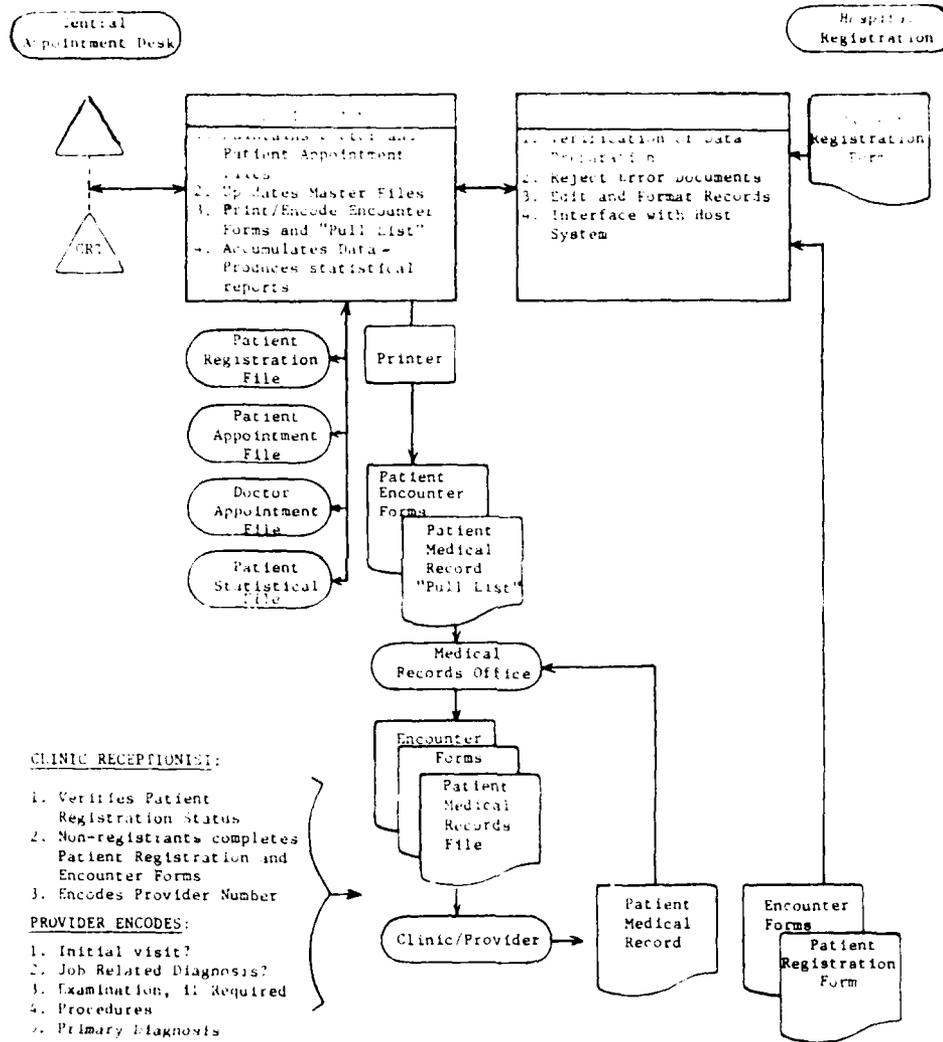


Figure 7

However, a completely manual system, such as that reported here, is needed for back-up when the system is "down" and for the walk-in patient as well as patients who are seen outside the main treatment facility in a remote site clinic or mobile health delivery unit (see Figure 8).

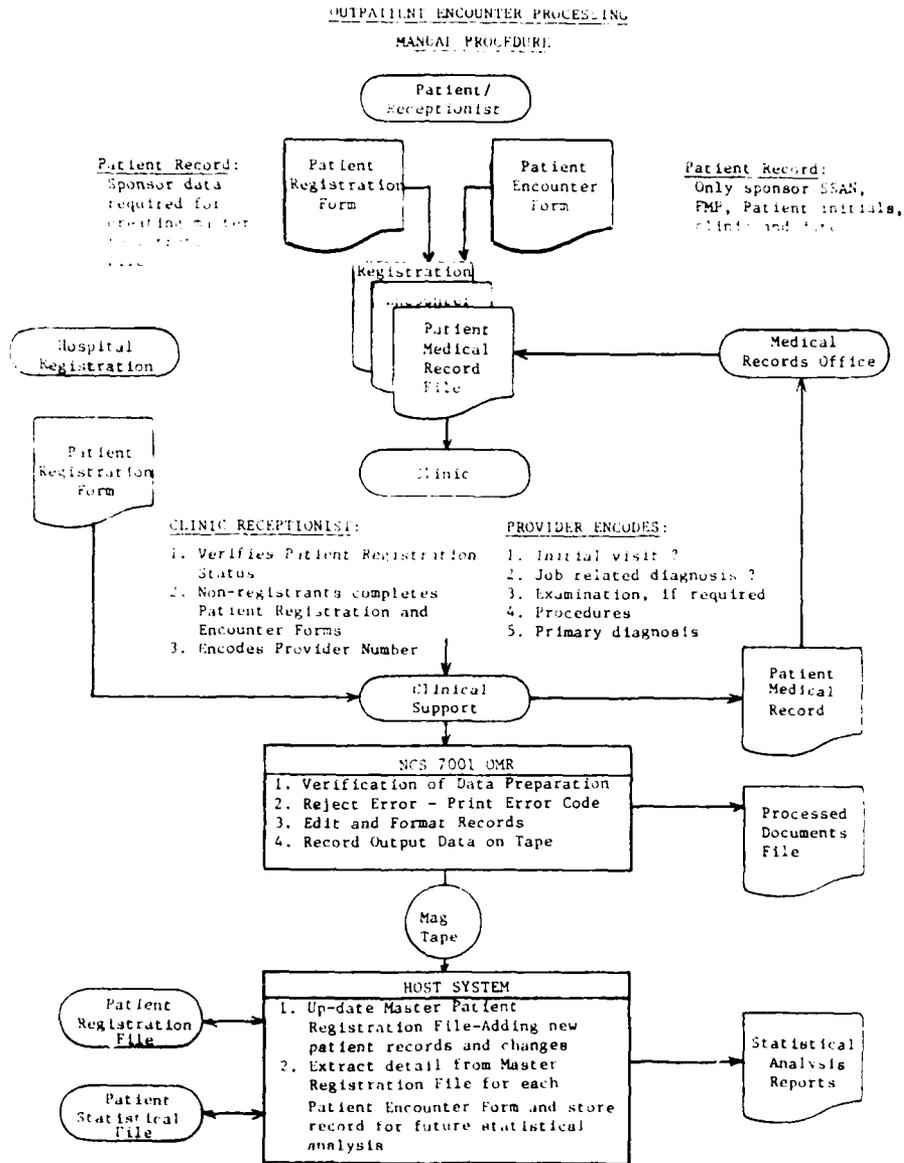


Figure 8

k. It is possible for the system to be connected to a word processing program whereby the provider's routine medical chart entry could be generated from the encounter form. Additional narrative could be dictated and merged with the encounter data using the lithocode on each encounter form. If radiology, laboratory and pharmaceutical orders, and clinic reappointments could also be handled, the system would be even more acceptable (see Figure 9).

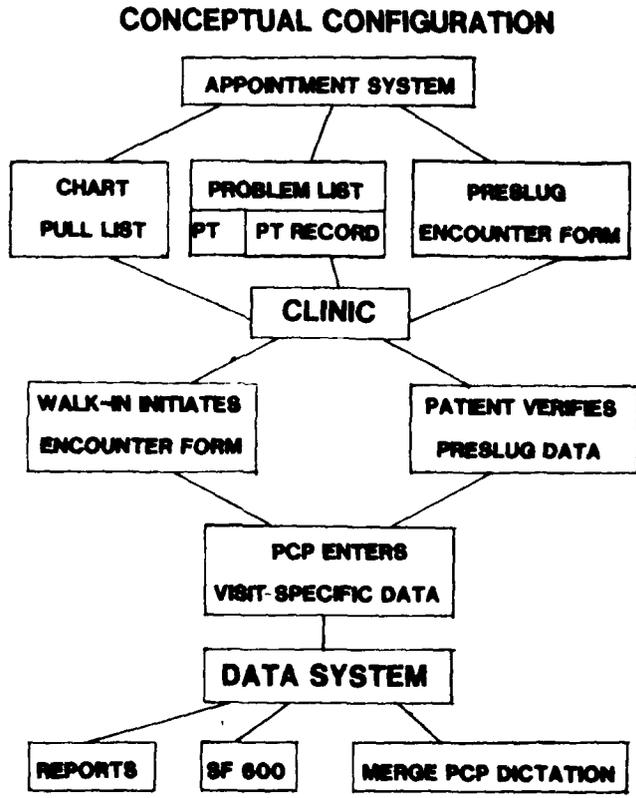


Figure 9

1. The need for command emphasis is obvious. Less obvious is the need for good public relations groundwork with the providers. For the system to be functioning at its optimal level, it must be symbiotic. Providers must believe it has something to offer them.

7. CONCLUSIONS.

The overall objectives of the study have been met. It has been demonstrated that:

(1) The elements to be collected for an ambulatory care database were identified. A significant number could be standardized across MTF's, however, the need for site specific variables is recognized.

(2) The majority of care providers will complete their portion of the encounter form.

(3) A single encounter form for all clinics is not acceptable.

(4) Data collected can be audited and provide an objective and valid ambulatory peer review and quality assurance mechanism.

(5) Provider and clerical staff satisfaction was surveyed.

(6) A comparison of encounters from the ACDB and the MED Summary 302 was accomplished.

(7) The number of reports that can be developed from the data are limited only by the users' imagination. The MED Summary 302 can be captured from the data elements.

(8) The OMR method of data capture was shown to be efficient and cost effective.

(9) Problems needing resolution in future use of an ACDB were identified.

(10) The need for command emphasis, at the highest levels, is obvious. Failure to fill out the form properly must be viewed as negatively as falsification of patient records.

8. RECOMMENDATION.

Recommend that this inexpensive and reliable data collection methodology be tested at more sites for eventual implementation. Even if an Ambulatory Care Database is not developed, it provides an efficient, reliable, and minimally labor intensive method to capture data which are needed by the Army. The use of the discussed method is highly practical because it will interface with any system or mainframe conceptualized or planned at this time. It provides an excellent interim system until the Composite Health Care System (CHCS) is implemented. Finally, it can continue to be used in areas where a CHCS is not practical or planned, e.g., a field environment.

ADDENDUM

At the completion of the study, approval was granted allowing the facility to continue use of the system in an operational mode. This was based on the Commander's request cited in the text of the report. Because of the time required to obtain permission for continuation, to extend the contract, and to order a new supply of encounter forms, the system went down for approximately six months; in November 1983, Redstone began to again capture data. Data processing support was provided by the local computer facility. Local programs have been written in IBM COBOL which is compatible with the VIABLE environment. This allows for rapid turnaround. Any data delivered to the computer facility at the close of business one day is batch processed and reports are available at the beginning of the next day. This further demonstrates the benefit of local processing in addition to ease of editing errors. This decentralized method allows for more "user friendly" reports. In order to begin data collection as rapidly as possible, the same forms used in the study were ordered awaiting forms redesign. Subsequently, three forms have been developed for the facility in consultation with the study investigators. The forms included one for registration and a general outpatient form in addition to a form specific for the preventive medicine activity. Drafts of these forms are provided at Appendixes H-H, I-I, and J-J.

The diagnostic codes were augmented by surveying providers. Secondary diagnoses were eliminated as the original study revealed that this variable was not used extensively. Instead, an element was added to indicate the acuity and complexity of the patient problem (see Figure 10).

TYPE OF VISIT (mark only one)

- Acute problem, minor
- Acute problem, complex
- Chronic problem, routine
- Multiple chronic problems, routine
- Chronic problem, flare-up
- Post surgery/injury
- Non-illness care

Figure 10

This element will capture data necessary to study Average Visit Groups (AVGs), which are outpatient correlaries to the inpatient Diagnoses Related Groups (DRGs).

With about one year of experience, the clinical support office was queried about clerical and patient reaction to the system. The Chief of the Activity states that complaints from patients and clerks about having to complete forms have dropped to almost zero. He believes the system has been in existence long enough so that personnel and patients now accept it as part of a visit.

The facility continues to develop new reports and conceptualize additional uses for the data. For the providers, reports can be generated (if they leave the Army) to help them document their experiences when they apply for clinical privileges and credentials at a civilian health care facility.

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APPENDIX A

APPENDIX A

FAMILY PRACTICE CENTER ENCOUNTER FORM

(425M TRHPIKDD) BUK LMI

PATIENT IDENTIFICATION

CC 15-20 (KEY LAST 6 DIGITS)

PROVIDER STAMP

CC 1-2 PREFIX
 CC 3-11 SSN
 CC 12-14 INITIALS

- 1 THE AUTHORITY FOR COLLECTION OF THIS INFORMATION IS TITLE 5, U.S. CODE 301
- 2 THE PRINCIPLE PURPOSE IS TO COLLECT STATISTICAL DATA ON FAMILY PRACTICE PATIENTS FOR THE FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
- 3 ROUTINE USES INCLUDE RETRIEVAL OF HEALTH RECORDS FOR APPOINTMENTS, THE COMPILATION OF STATISTICAL DATA FOR REQUIRED MONTHLY REPORTS AND THE ASCERTAINMENT OF EACH FAMILY'S COMPLIANCE WITH THE POLICIES AND PROCEDURES OF THE FAMILY PRACTICE PROGRAM
- 4 DISCLOSURE OF INFORMATION IS MANDATORY FOR TREATMENT IN THE FAMILY PRACTICE CENTER. FAILURE TO COMPLY COULD RESULT IN ELIMINATION FROM THE FAMILY PRACTICE PROGRAM

Y Y M M D D

CC 21-26 DATE

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CC 27 TREATMENT NO

CC 28 APPOINTMENT

INIT

F-U

WALK

EMERG

PHONE

OTHER

CC 29 APPT STATUS

LATE

NO SHOW

NIGHT CALL

INAPPROPRIATE

CC 30 ADMITTED TO HOSPITAL

1

CC 31-38 PROCEDURES DONE (LIMIT 4)

01	ABDOMINAL EXAM	17
02	ASPIRATION	38
03	BLOOD PRESSURE	18
04	CAST APPLICATION	40
05	CAST REMOVAL	19
06	CHEST EXAM	34
07	COMPLETE PHYS EXAM	20
08	DIAPHRAGM FITTING	21
09	DRESSING CHANGE	22
10	EAR EXAMINATION	23
11	EAR IRRIGATION	24
12	EKG	25
13	EKG ORDER FORM	26
14	ENDOMETRIAL BIOPSY	27
15	ENT EXAMINATION	28
16	EYE EXAMINATION	29
17	HEMOCULT	30
18	I & D	31
19	INFECTION/OBSERVATION	32
20	IUD	33
21	KOH PREP/WET MOUNT	34

CC 43-50 IMMUNIZATIONS (LIMIT 4)

02		10
03		12
04		13
05		14
06		15
07		16
08		17
09		18

CC 39-40 REFERRALS (LIMIT 1)

01	ALLERGY
02	ARMY HEALTH NURSE
03	AUDIOLOGY
04	CARDIOLOGY
05	COUNSELLING (CHAP)
06	DENTAL
07	DERMATOLOGY
08	DIEETICIAN
09	LENT
10	GYNECOLOGY
11	INTERNAL MED
12	NEUROLOGY
13	OBSTETRICS
14	OCC THERAPY
15	ONCOLOGY
16	OPHTHALMOLOGY
17	ORTHOPEDICS
18	PEDIATRICS
19	PHYS THERAPY
20	PODIATRY
21	PSYCHIATRY
22	RHEUMATOLOGY
23	SOCIAL WORK
24	SURGERY
25	UROLOGY
26	OTHER

CC 51-54 SUSPENSE DATE

Y	Y	M	M

PT TO RETURN

ENTER DIAGNOSIS CODES ON REVERSE SIDE OF FORM

CC 55-56 PRECEPTOR

APPENDIX A (Contd)

DIAGNOSIS CODES (LIMIT IS A TOTAL OF 5)
CC 57-75 KEY ALL CODES RECORDED BELOW
BOTH 3 CHARACTER & 5 CHARACTER

N - INITIAL
R - RECURRING
M - MANDATORY CONSULT
C - CONSULT
A - ADMITTED

CC	DIAGNOSIS CODES	CC	DIAGNOSIS CODES
01	000 INFECTIVE & PARASITIC DISEASES	40	810 BREAST DISEASES
02	014 PROSOMYXINFECTIONS INTESTIN DISEASE	41	819 CHRONIC EYEPHIBOPHARYNGITIS
03	014 OTHER TRICHINELLOSIS SCARLETT FEVER TRYPANOSOMIASIS	42	820 FEMALE MENSTRUATION DISEASES
04	077 CHLORAL CONJUNCTIVITIS	43	8101 MENSTRUATION
05	078 WARTS ALL SITES	44	8102 MENSTRUATION
06	079 CHLORAL INFECTION NOS	45	8103 MENSTRUATION
07	1121 AMAROPHYTOSIS & TRYPANOMYXOSIS	46	8104 MENSTRUATION
08	1122 MALARIAL DISEASES	47	8105 MENSTRUATION
09	218 BENIGN NEOPLASM UTERUS	48	8106 MENSTRUATION
10	229 OTHER BENIGN NEOPLASMS NEC	49	8107 MENSTRUATION
11	274 MALIGNANT NEOPLASM BREAST	50	8108 MENSTRUATION
12	274 MALIGNANT NEOPLASM BREAST	51	8109 MENSTRUATION
13	274 MALIGNANT NEOPLASM BREAST	52	8110 MENSTRUATION
14	278 OBESITY	53	8111 MENSTRUATION
15	300 ANXIETY DISORDER	54	8112 MENSTRUATION
16	3004 DEPRESSIVE DISORDER	55	8113 MENSTRUATION
17	3078 TENSION HEADACHE	56	8114 MENSTRUATION
18	3031 ALCOHOL ABUSE & ALCOHOLIC PSYCHOSIS	57	8115 MENSTRUATION
19	3051 TOBACCO ABUSE	58	8116 MENSTRUATION
20	3720 CONJUNCTIVITIS & OPHTHALMIA	59	8117 MENSTRUATION
21	3801 OTITIS EXTERNA	60	8118 MENSTRUATION
22	3820 ACUTE OTITIS MEDIA	61	8119 MENSTRUATION
23	3811 ACUTE & CHRONIC SEROUS OTITIS MEDIA	62	8120 MENSTRUATION
24	3815 EUSTACHIAN BLOCK OR CATARRH	63	8121 MENSTRUATION
25	412 REGULATORY SYSTEM DISEASES	64	8122 MENSTRUATION
26	412 CHRONIC ISCHEMIC HEART DISEASE	65	8123 MENSTRUATION
27	429 OTHER HEART DISEASES NEC	66	8124 MENSTRUATION
28	7992 ELEVATED BLOOD PRESSURE NYD	67	8125 MENSTRUATION
29	401 HYPERTENSION UNCOMPLICATED	68	8126 MENSTRUATION
30	402 HYPERTENSION INVOLVING TARGET ORGAN	69	8127 MENSTRUATION
31	480 ACUTE UPPER RESPIRATORY INFECTION	70	8128 MENSTRUATION
32	481 SINUSITIS ACUTE & CHRONIC	71	8129 MENSTRUATION
33	483 ACUTE TONSILLITIS & QUINSY	72	8130 MENSTRUATION
34	486 BRONCHITIS & BRONCHOLITIS ACUTE	73	8131 MENSTRUATION
35	486 PNEUMONIA	74	8132 MENSTRUATION
36	491 BRONCHITIS CHRONIC & BRONCHIECTASIS	75	8133 MENSTRUATION
37	492 EMPHYSEMA & COPO	76	8134 MENSTRUATION
38	492 ASTHMA	77	8135 MENSTRUATION
39	477 HAY FEVER	78	8136 MENSTRUATION
40	519 OTHER RESPIRATORY SYSTEM DISEASES	79	8137 MENSTRUATION
41	530 ESOPHAGEAL DISEASES	80	8138 MENSTRUATION
42	533 DUODENAL ULLER W/O COMPLICATIONS	81	8139 MENSTRUATION
43	536 OTHER STOMACH & DUODENAL DISORDERS	82	8140 MENSTRUATION
44	568 IRRIT BOWEL SYNDROME INTEST DISEASE NEC	83	8141 MENSTRUATION
45	5640 CONSTIPATION	84	8142 MENSTRUATION
46	5691 HEMORRHOID PER RECTUM NOS	85	8143 MENSTRUATION
47	565 HEMORRHOIDS	86	8144 MENSTRUATION
48	879 OTHER DIGESTIVE SYSTEM DISEASES NEC	87	8145 MENSTRUATION
49	595 CYSTITIS & URINARY INFECTION NOS	88	8146 MENSTRUATION
50	595 CYSTITIS & URINARY INFECTION NOS	89	8147 MENSTRUATION
51	595 CYSTITIS & URINARY INFECTION NOS	90	8148 MENSTRUATION
52	595 CYSTITIS & URINARY INFECTION NOS	91	8149 MENSTRUATION
53	595 CYSTITIS & URINARY INFECTION NOS	92	8150 MENSTRUATION
54	595 CYSTITIS & URINARY INFECTION NOS	93	8151 MENSTRUATION
55	595 CYSTITIS & URINARY INFECTION NOS	94	8152 MENSTRUATION
56	595 CYSTITIS & URINARY INFECTION NOS	95	8153 MENSTRUATION
57	595 CYSTITIS & URINARY INFECTION NOS	96	8154 MENSTRUATION
58	595 CYSTITIS & URINARY INFECTION NOS	97	8155 MENSTRUATION
59	595 CYSTITIS & URINARY INFECTION NOS	98	8156 MENSTRUATION
60	595 CYSTITIS & URINARY INFECTION NOS	99	8157 MENSTRUATION
61	595 CYSTITIS & URINARY INFECTION NOS	00	8158 MENSTRUATION
62	595 CYSTITIS & URINARY INFECTION NOS	01	8159 MENSTRUATION
63	595 CYSTITIS & URINARY INFECTION NOS	02	8160 MENSTRUATION
64	595 CYSTITIS & URINARY INFECTION NOS	03	8161 MENSTRUATION
65	595 CYSTITIS & URINARY INFECTION NOS	04	8162 MENSTRUATION
66	595 CYSTITIS & URINARY INFECTION NOS	05	8163 MENSTRUATION
67	595 CYSTITIS & URINARY INFECTION NOS	06	8164 MENSTRUATION
68	595 CYSTITIS & URINARY INFECTION NOS	07	8165 MENSTRUATION
69	595 CYSTITIS & URINARY INFECTION NOS	08	8166 MENSTRUATION
70	595 CYSTITIS & URINARY INFECTION NOS	09	8167 MENSTRUATION
71	595 CYSTITIS & URINARY INFECTION NOS	10	8168 MENSTRUATION
72	595 CYSTITIS & URINARY INFECTION NOS	11	8169 MENSTRUATION
73	595 CYSTITIS & URINARY INFECTION NOS	12	8170 MENSTRUATION
74	595 CYSTITIS & URINARY INFECTION NOS	13	8171 MENSTRUATION
75	595 CYSTITIS & URINARY INFECTION NOS	14	8172 MENSTRUATION
76	595 CYSTITIS & URINARY INFECTION NOS	15	8173 MENSTRUATION
77	595 CYSTITIS & URINARY INFECTION NOS	16	8174 MENSTRUATION
78	595 CYSTITIS & URINARY INFECTION NOS	17	8175 MENSTRUATION
79	595 CYSTITIS & URINARY INFECTION NOS	18	8176 MENSTRUATION
80	595 CYSTITIS & URINARY INFECTION NOS	19	8177 MENSTRUATION
81	595 CYSTITIS & URINARY INFECTION NOS	20	8178 MENSTRUATION
82	595 CYSTITIS & URINARY INFECTION NOS	21	8179 MENSTRUATION
83	595 CYSTITIS & URINARY INFECTION NOS	22	8180 MENSTRUATION
84	595 CYSTITIS & URINARY INFECTION NOS	23	8181 MENSTRUATION
85	595 CYSTITIS & URINARY INFECTION NOS	24	8182 MENSTRUATION
86	595 CYSTITIS & URINARY INFECTION NOS	25	8183 MENSTRUATION
87	595 CYSTITIS & URINARY INFECTION NOS	26	8184 MENSTRUATION
88	595 CYSTITIS & URINARY INFECTION NOS	27	8185 MENSTRUATION
89	595 CYSTITIS & URINARY INFECTION NOS	28	8186 MENSTRUATION
90	595 CYSTITIS & URINARY INFECTION NOS	29	8187 MENSTRUATION
91	595 CYSTITIS & URINARY INFECTION NOS	30	8188 MENSTRUATION
92	595 CYSTITIS & URINARY INFECTION NOS	31	8189 MENSTRUATION
93	595 CYSTITIS & URINARY INFECTION NOS	32	8190 MENSTRUATION
94	595 CYSTITIS & URINARY INFECTION NOS	33	8191 MENSTRUATION
95	595 CYSTITIS & URINARY INFECTION NOS	34	8192 MENSTRUATION
96	595 CYSTITIS & URINARY INFECTION NOS	35	8193 MENSTRUATION
97	595 CYSTITIS & URINARY INFECTION NOS	36	8194 MENSTRUATION
98	595 CYSTITIS & URINARY INFECTION NOS	37	8195 MENSTRUATION
99	595 CYSTITIS & URINARY INFECTION NOS	38	8196 MENSTRUATION
00	595 CYSTITIS & URINARY INFECTION NOS	39	8197 MENSTRUATION
01	595 CYSTITIS & URINARY INFECTION NOS	40	8198 MENSTRUATION
02	595 CYSTITIS & URINARY INFECTION NOS	41	8199 MENSTRUATION
03	595 CYSTITIS & URINARY INFECTION NOS	42	8200 MENSTRUATION
04	595 CYSTITIS & URINARY INFECTION NOS	43	8201 MENSTRUATION
05	595 CYSTITIS & URINARY INFECTION NOS	44	8202 MENSTRUATION
06	595 CYSTITIS & URINARY INFECTION NOS	45	8203 MENSTRUATION
07	595 CYSTITIS & URINARY INFECTION NOS	46	8204 MENSTRUATION
08	595 CYSTITIS & URINARY INFECTION NOS	47	8205 MENSTRUATION
09	595 CYSTITIS & URINARY INFECTION NOS	48	8206 MENSTRUATION
10	595 CYSTITIS & URINARY INFECTION NOS	49	8207 MENSTRUATION
11	595 CYSTITIS & URINARY INFECTION NOS	50	8208 MENSTRUATION
12	595 CYSTITIS & URINARY INFECTION NOS	51	8209 MENSTRUATION
13	595 CYSTITIS & URINARY INFECTION NOS	52	8210 MENSTRUATION
14	595 CYSTITIS & URINARY INFECTION NOS	53	8211 MENSTRUATION
15	595 CYSTITIS & URINARY INFECTION NOS	54	8212 MENSTRUATION
16	595 CYSTITIS & URINARY INFECTION NOS	55	8213 MENSTRUATION
17	595 CYSTITIS & URINARY INFECTION NOS	56	8214 MENSTRUATION
18	595 CYSTITIS & URINARY INFECTION NOS	57	8215 MENSTRUATION
19	595 CYSTITIS & URINARY INFECTION NOS	58	8216 MENSTRUATION
20	595 CYSTITIS & URINARY INFECTION NOS	59	8217 MENSTRUATION
21	595 CYSTITIS & URINARY INFECTION NOS	60	8218 MENSTRUATION
22	595 CYSTITIS & URINARY INFECTION NOS	61	8219 MENSTRUATION
23	595 CYSTITIS & URINARY INFECTION NOS	62	8220 MENSTRUATION
24	595 CYSTITIS & URINARY INFECTION NOS	63	8221 MENSTRUATION
25	595 CYSTITIS & URINARY INFECTION NOS	64	8222 MENSTRUATION
26	595 CYSTITIS & URINARY INFECTION NOS	65	8223 MENSTRUATION
27	595 CYSTITIS & URINARY INFECTION NOS	66	8224 MENSTRUATION
28	595 CYSTITIS & URINARY INFECTION NOS	67	8225 MENSTRUATION
29	595 CYSTITIS & URINARY INFECTION NOS	68	8226 MENSTRUATION
30	595 CYSTITIS & URINARY INFECTION NOS	69	8227 MENSTRUATION
31	595 CYSTITIS & URINARY INFECTION NOS	70	8228 MENSTRUATION
32	595 CYSTITIS & URINARY INFECTION NOS	71	8229 MENSTRUATION
33	595 CYSTITIS & URINARY INFECTION NOS	72	8230 MENSTRUATION
34	595 CYSTITIS & URINARY INFECTION NOS	73	8231 MENSTRUATION
35	595 CYSTITIS & URINARY INFECTION NOS	74	8232 MENSTRUATION
36	595 CYSTITIS & URINARY INFECTION NOS	75	8233 MENSTRUATION
37	595 CYSTITIS & URINARY INFECTION NOS	76	8234 MENSTRUATION
38	595 CYSTITIS & URINARY INFECTION NOS	77	8235 MENSTRUATION
39	595 CYSTITIS & URINARY INFECTION NOS	78	8236 MENSTRUATION
40	595 CYSTITIS & URINARY INFECTION NOS	79	8237 MENSTRUATION
41	595 CYSTITIS & URINARY INFECTION NOS	80	8238 MENSTRUATION
42	595 CYSTITIS & URINARY INFECTION NOS	81	8239 MENSTRUATION
43	595 CYSTITIS & URINARY INFECTION NOS	82	8240 MENSTRUATION
44	595 CYSTITIS & URINARY INFECTION NOS	83	8241 MENSTRUATION
45	595 CYSTITIS & URINARY INFECTION NOS	84	8242 MENSTRUATION
46	595 CYSTITIS & URINARY INFECTION NOS	85	8243 MENSTRUATION
47	595 CYSTITIS & URINARY INFECTION NOS	86	8244 MENSTRUATION
48	595 CYSTITIS & URINARY INFECTION NOS	87	8245 MENSTRUATION
49	595 CYSTITIS & URINARY INFECTION NOS	88	8246 MENSTRUATION
50	595 CYSTITIS & URINARY INFECTION NOS	89	8247 MENSTRUATION
51	595 CYSTITIS & URINARY INFECTION NOS	90	8248 MENSTRUATION
52	595 CYSTITIS & URINARY INFECTION NOS	91	8249 MENSTRUATION
53	595 CYSTITIS & URINARY INFECTION NOS	92	8250 MENSTRUATION
54	595 CYSTITIS & URINARY INFECTION NOS	93	8251 MENSTRUATION
55	595 CYSTITIS & URINARY INFECTION NOS	94	8252 MENSTRUATION
56	595 CYSTITIS & URINARY INFECTION NOS	95	8253 MENSTRUATION
57	595 CYSTITIS & URINARY INFECTION NOS	96	8254 MENSTRUATION
58	595 CYSTITIS & URINARY INFECTION NOS	97	8255 MENSTRUATION
59	595 CYSTITIS & URINARY INFECTION NOS	98	8256 MENSTRUATION
60	595 CYSTITIS & URINARY INFECTION NOS	99	8257 MENSTRUATION
61	595 CYSTITIS & URINARY INFECTION NOS	00	8258 MENSTRUATION
62	595 CYSTITIS & URINARY INFECTION NOS	01	8259 MENSTRUATION
63	595 CYSTITIS & URINARY INFECTION NOS	02	8260 MENSTRUATION
64	595 CYSTITIS & URINARY INFECTION NOS	03	8261 MENSTRUATION
65	595 CYSTITIS & URINARY INFECTION NOS	04	8262 MENSTRUATION
66	595 CYSTITIS & URINARY INFECTION NOS	05	8263 MENSTRUATION
67	595 CYSTITIS & URINARY INFECTION NOS	06	8264 MENSTRUATION
68	595 CYSTITIS & URINARY INFECTION NOS	07	8265 MENSTRUATION
69	595 CYSTITIS & URINARY INFECTION NOS	08	8266 MENSTRUATION
70	595 CYSTITIS & URINARY INFECTION NOS	09	8267 MENSTRUATION
71	595 CYSTITIS & URINARY INFECTION NOS	10	8268 MENSTRUATION
72	595 CYSTITIS & URINARY INFECTION NOS	11	8269 MENSTRUATION
73	595 CYSTITIS & URINARY INFECTION NOS	12	8270 MENSTRUATION
74	595 CYSTITIS & URINARY INFECTION NOS	13	8271 MENSTRUATION
75	595 CYSTITIS & URINARY INFECTION NOS	14	8272 MENSTRUATION
76	595 CYSTITIS & URINARY INFECTION NOS	15	8273 MENSTRUATION
77	595 CYSTITIS & URINARY INFECTION NOS	16	8274 MENSTRUATION
78	595 CYSTITIS & URINARY INFECTION NOS	17	8275 MENSTRUATION
79	595 CYSTITIS & URINARY INFECTION NOS	18	8276 MENSTRUATION
80	595 CYSTITIS & URINARY INFECTION NOS	19	8277 MENSTRUATION
81	595 CYSTITIS & URINARY INFECTION NOS	20	8278 MENSTRUATION
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84	595 CYSTITIS & URINARY INFECTION NOS	23	8281 MENSTRUATION
85	595 CYSTITIS & URINARY INFECTION NOS	24	8282 MENSTRUATION
86	595 CYSTITIS & URINARY INFECTION NOS	25	8283 MENSTRUATION
87	595 CYSTITIS & URINARY INFECTION NOS	26	8284 MENSTRUATION
88	595 CYSTITIS & URINARY INFECTION NOS	27	8285 MENSTRUATION
89	595 CYSTITIS & URINARY INFECTION NOS	28	8286 MENSTRUATION
90	595 CYSTITIS & URINARY INFECTION NOS	29	8287 MENSTRUATION
91	595 CYSTITIS & URINARY INFECTION NOS	30	8288 MENSTRUATION
92	595 CYSTITIS & URINARY INFECTION NOS	31	8289 MENSTRUATION
93	595 CYSTITIS & URINARY INFECTION NOS	32	8290 MENSTRUATION
94	595 CYSTITIS & URINARY INFECTION NOS	33	8291 MENSTRUATION
95	595 CYSTITIS & URINARY INFECTION NOS	34	8292 MENSTRUATION
96	595 CYSTITIS & URINARY INFECTION NOS	35	8293 MENSTRUATION
97	595 CYSTITIS & URINARY INFECTION NOS	36	8294 MENSTRUATION
98	595 CYSTITIS & URINARY INFECTION NOS	37	8295 MENSTRUATION
99	595 CYSTITIS & URINARY INFECTION NOS	38	8296 MENSTRUATION
00	595 CYSTITIS & URINARY INFECTION NOS	39	8297 MENSTRUATION
01	595 CYSTITIS & URINARY INFECTION NOS	40	8298 MENSTRUATION
02	595 CYSTITIS & URINARY INFECTION NOS	41	8299 MENSTRUATION
03	595 CYSTITIS & URINARY INFECTION NOS	42	8300 MENSTRUATION
04	595 CYSTITIS & URINARY INFECTION NOS	43	8301 MENSTRUATION
05	595 CYSTITIS & URINARY INFECTION NOS	44	8302 MENSTRUATION
06	595 CYSTITIS & URINARY INFECTION NOS	45	8303 MENSTRUATION
07	595 CYSTITIS & URINARY INFECTION NOS	46	8304 MENSTRUATION
08	595 CYSTITIS & URINARY INFECTION NOS	47	8305 MENSTRUATION
09	595 CYSTITIS & URINARY INFECTION NOS	48	8306 MENSTRUATION
10	595 CYSTITIS & URINARY INFECTION NOS	49	8307 MENSTRUATION
11	595 CYSTITIS & URINARY INFECTION NOS	50	8308 MENSTRUATION
12	595 CYSTITIS & URINARY INFECTION NOS	51	8309 MENSTRUATION
13	595 CYSTITIS & URINARY INFECTION NOS	52	8310 MENSTRUATION
14	595 CYSTITIS & URINARY INFECTION NOS	53	

APPENDIX B

APPENDIX B

Methods of Data Entry

Advantages/Disadvantages

WHY OMR?

<u>ALTERNATIVES</u>	<u>MODE</u>	<u>PRO</u>	<u>CON</u>
Key Punch	Centralized manual Data preparation (Batch Mode)	<ul style="list-style-type: none"> - Low Cost Hardware - Hard Copy-visual record - Low salary range operator personnel - Data recovery re-read - Centralized control 	<ul style="list-style-type: none"> - Old Hardware- Low Reliabilty - Slow Input - Transcription error rate - Manual Key Entry and Verification cost
CRT	Centralized or remote-on-line Key Entry	<ul style="list-style-type: none"> - On-line-elimination of Key Punch - Edit/Validation - Visual Retrieval - "Real Time" input 	<ul style="list-style-type: none"> - Requirement for multiple devices in decentralized mode - Loss of Control for: <ul style="list-style-type: none"> a-data validation b-Hard copy "back-up" c-Input data integrity - Training of non-DP personnel - Manual Key Entry-requiring Transcription of data from original source document
OCR	Centralized optical scanning data entry (Decentralized data preparation)	<ul style="list-style-type: none"> - Fast Input machine readable documents - Reads Alpha/Numeric Characters - Eliminates Manual Key Entry - Hard copy-provides automatic means of Data Recovery 	<ul style="list-style-type: none"> - Expensive Technology High Cost - Reliability of "reading" documents prepared in un-controlled environment - Error correction cycle long due to centralized mode of operation
OMR	Centralized or decentralized Data collection (decentralized data preparation)	<ul style="list-style-type: none"> - Low Cost - Machine "readable documents" - Eliminates Manual Key entry - Reliable - Originator encoded data-improved accuracy - Hard copy provides automatic means of data recovery 	<ul style="list-style-type: none"> - Cost of forms - Time consuming process to encode data by originator - Requires forms to be available for data collection

APPENDIX C

CLINIC	FOSP	BIRTH	
		YEAR	MONTH
0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9

PATIENT'S INITIALS	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PATIENT STATUS
 INPATIENT
 OUTPATIENT

APPOINTMENT STATUS
 UNSCHEDULED
 SCHEDULED
 MISSED APPT
 LATE TO APPT
 OTHER

SEX
 MALE
 FEMALE

ETHNICITY
 HISPANIC ORIGIN
 NOT HISPANIC ORIGIN

RACE
 BLACK
 WHITE
 AM INDIAN/ALASKAN NATIVE
 ASIAN/PACIFIC ISLANDER
 OTHER

OUTPATIENT ENCOUNTER FORM (TEST)

USE NO. 2 PENCIL ONLY

STATUS

ACTIVE DUTY
 DEPENDENT
 RETIRED
 DEPT RETIRED
 OTHER

BRANCH OF SERVICE

ARMY
 NAVY
 AIR FORCE
 MARINE CORPS
 COAST GUARD
 NATIONAL GUARD
 RESERVE
 OTHER

IF STUDENT FROM OTHER COUNTRY

FOR CLERKS USE ONLY

SPONSOR SSAN

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2	2	2	2	2	2
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NO. WR

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OFFICER
WARRANT OFF
ENLISTED

DEPENDENTS AND RETIREES DO NOT USE

PAY GRADE **IF ARMY DUTY** **UNIT**

0	0	STU 4
1	1	STU 5
2	2	STU 6
3	3	STU 7
4	4	STU 8
5	5	ACD
6	6	DET
7	7	DET
8	8	DET
9	9	OTHER

TODAY'S DATE

DAY	MONTH	YEAR
0	JAN	
1	FEB	
2	MAR	82
3	APR	83
4	MAY	
5	JUN	
6	JUL	
7	AUG	
8	SEP	
9	OCT	
0	NOV	
1	DEC	

TIME IN **TIME OUT**

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5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

BOTTOM SECTION TO BE FILLED OUT BY PROVIDER

INITIAL VISIT FOR THIS PROBLEM

YES	NO
#1 CARE PROVIDER	#2 CARE PROVIDER
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5	5
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- | | | | |
|---------------------|--------------------|----------------------|------------------|
| ADVICE/HEALTH INSTR | ENDOMETRIAL BIOPSY | MYRINGOTOMY | SPERMING |
| ANTIBIOTIC | HEARING CONSV | NASAL SMEAR | STUDY GUIDE |
| AUDIOMETRY | HEMOCCULT | OB WORKUP | STRESS TEST |
| BIOPSY | HOME VISIT | OT SERVICE | TUBERC |
| BLOOD PRESSURE | IED | PATIENT CONSULTATION | SUTURE REMOVAL |
| CAST APPLICATION | IMMUNIZATIONS | PHYS THERAPY | TELE CONSULT |
| LAST REMOVAL | INJECTION/OBSERV | PREG DETERMINATION | THROAT CULTURE |
| DIAPHRAGM FITTING | IED | PREMENSTRUAL EXAM | TUNOMETRY |
| DIETARY COUNSELLING | KUN PREP WET MOUNT | PROCTOSCOPY SIGMOID | LYMPHADENECTOMY |
| DRESSING CHANGE | LETTERS FORMS | SHOT RECORD REVIEWED | VASCULOMY |
| EAR IRRIGATION | LIQUID NITROGEN | SOL WRK SVCS | VITAL SIGNS |
| EKG | MANIPULATION | SPINAL TAP | OTHER PROCEDURES |
| EKG ORDER FORM | MINOR SURGERY | SPIROMETRY | |

- REFERRED TO**
- | | |
|-------------------|-----------------|
| ALLERGY | FAMILY PRACTICE |
| COMM HEALTH NURSE | GYNECOLOGY |
| AUDILOGY | INTERNAL MED |
| LABORATORY | NEUROLOGY |
| DENTAL | OB/GYN |
| DERMATOLOGY | OCULAR THERAPY |
| DIEITICIAN | ONCOLOGY |
| DEPT | OPHTHALMOLOGY |
| ER | ORTHOPEDECS |

- | |
|-------------------|
| PEDIATRICS |
| PHYS THERAPY |
| PODIATRY |
| PRIVATE PHYSICIAN |
| PSYCHIATRY |
| RHEUMATOLOGY |
| SOCIAL WORK |
| SURGERY |
| UROLOGY |
| OTHER |

JOB RELATED DIAGNOSIS

YES NO

DISPOSITION

HOME CARE
 RETURN TO CLINIC
 CONSULT
 EXAMPTS REFERRAL
 ADMITTED
 QUARTERS
 OTHER

033149 DO NOT WRITE IN THIS AREA

APPENDIX D

APPENDIX D

ICHPPC and ICD-9-CM Code Numbers

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
I. Infective & Parasitic Diseases			
1	003-	Proven Infectious Intestine Disease	003
2	009-	Presumed Infectious Intestine Disease	009
4	011-	Tuberculosis	011
6	033-	Whooping Cough	033
7	034-	Strep Throat, Scarlet Fever, Erysipelas	034
8	045-	Polio & CNS Enteroviral Diseases	045
9	052-	Chickenpox	052
10	053-	Herpes Zoster	053
11	054-	Herpes Simplex	054
12	055-	Measles	055
13	056-	Rubella	056
14	057-	Other Viral Exanthems	057
15	070-	Infectious Hepatitis	070
16	072-	Mumps	072
17	075-	Infectious Mononucleosis	075
18	077-	Viral Conjunctivitis	077
19	0781	Warts, All Sites	078.1
20	0799	Viral Infection NOS	079.9
21	084-	Malaria	084
22	090-	Syphilis, All Sites & Stages	091
23	098-	Gonorrhea, All Sites	098
372	0994	Nonspecific Urethritis	099.4
24	110-	Dermatophytosis & Dermatomycosis	110
25	112-	Moniliasis, Excluding Urogenitis	112
26	1121	Moniliasis, Urogenital, Proven	112.1
27	1310	Trichomoniasis, Urogenital, Proven	131.0
28	127-	Oxyuriasis, Pinworms, Helminth NEC	127
29	132-	Pediculosis & Other Infestations	132
30	133-	Scabies & Other Acariasis	133
31	136-	Other Infectious/Parasitic Diseases NEC	136
II. Neoplasms			
Malignant Neoplasms			
32	151-	Malignant Neoplasm, Gastrointestinal Tract	151
33	162-	Malignant Neoplasm, Respiratory Tract	162
34	173-	Malignant Neoplasm, Skin/Subcutaneous Tissue	173
35	174-	Malignant Neoplasm, Breast	174
36	180-	Malignant Neoplasm, Female Genital Tract	180
37	188-	Malignant Neoplasm, Urinary & Male Genital Tract	188
38	201-	Hodgkin's Disease, Lymphoma, Leukemia	201
39	199-	Other Malignant Neoplasms NEC	199

NEC-not elsewhere classified
 NOS-not otherwise specified
 NYD-not yet diagnosed

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
Benign Neoplasms			
40	214-	Lipoma, Any Site	214
41	216-	Benign Neoplasm, Skin	216
42	217-	Benign Neoplasm, Breast	217
43	218-	Benign Neoplasm, Uterus	218
44	228-	Hemangioma & Lymphangioma	228
45	229-	Other benign Neoplasms NEC	229
Unspecified Neoplasms			
46	239-	Neoplasms NYD as Benign or Malignant	239
III. Endocrine, Nutritional, Metabolic Diseases			
47	240-	Nontoxic Goiter & Nodule	240
48	242-	Thyrotoxicosis W/WO Goiter	242
49	244-	Hypothyroidism, Myxedema, Cretinism	244
50	250-	Diabetes Mellitus	250
52	260-	Vitamin & Nutritional Disorder NEC	269
54	274-	Gout	274
55	278-	Obesity	278
56	272-	Lipid Metabolism Disorders	272
57	279-	Other Endocrine, Nutritional, Metabolic Disorders	277
IV. Blood Diseases			
58	280-	Iron Deficiency Anemia	280
59	281-	Pernicious & Other Deficiency Anemias	281
60	282-	Hereditary Hemolytic Anemias	282
61	285-	Anemia, Other/Unspecified	285
62	287-	Purpura, Hemorrhagic & Coagulation Defects	287
63	2891	Lymphadenitis, Chronic/Nonspecific	289.1
64	288-	Abnormal White Cells	288
65	2899	Blood/Blood Forming Organ Disorders, NEC	289.9
V. Mental Disorders			
Psychoses, Except Alcoholic			
66	294-	Organic Psychosis, Excluding Alcoholic	294
67	295-	Schizophrenia, All Types	295
68	296-	Affective Psychoses	296
69	298-	Psychosis, Other/NOS, Excluding Alcoholic	298
Neuroses			
70	3000	Anxiety Disorder	300.0
71	3001	Hysterical & Hypochondriac Disorders	300.1
72	3004	Depressive Disorder	300.4
73	3009	Neurosis, Other/Unspecified	300.9
Other Mental, Psychologic Disorders			
74	315-	Specific Learning Disturbance	315
75	3074	Insomnia & Other Sleep Disorders	307.4
76	3078	Tension Headache	307.8
77	308-	Transient Situational Disturbance, Adjustment Reaction	308

APPENDIX D (Contd)

Position Number	ICHPIC Code	Condensed Title	ICD-9-CM
78	312-	Behavior Disorders NEC	312
79	3027	Sexual Problems	302.7
80	3031	Alcohol Abuse & Alcoholic Psychosis	303.1
81	3050	Acute Alcoholic Intoxication	305.0
82	3051	Tobacco Abuse	305.1
83	3048	Other Drug Abuse, Habit, Addiction	304
84	301-	Personality & Character Disorders	301
85	317-	Mental Retardation	319
86	316-	Other Mental & Psychologic Disorders	316
VI. Nervous System, Sense Organ Diseases			
Nervous System Diseases			
87	340-	Multiple Sclerosis	340
88	332-	Parkinsonism	332
89	345-	Epilepsy, All Types	345
90	346-	Migraine	346
91	355-	Other Nervous System Diseases NEC	349
Eye Diseases			
92	3720	Conjunctivitis & Ophthalmia	372.0
93	3730	Eyelid Infections/Chalazion	373
94	367-	Refractive Errors	367
96	366-	Cataract	366
97	365-	Glaucoma	365
98	369-	Blindness	369
99	378-	Other Eye Diseases	379
Ear Diseases			
100	3801	Otitis Externa	380.1
101	3820	Acute Otitis Media	382.0
102	3811	Acute & Chronic Otitis Media	381.1
103	3815	Eustachian Block or Catarrh	381.5
104	386-	Vertiginous Syndromes	386
105	387-	Deafness, Partial or Complete	389
106	3804	Wax in Ear	380.4
107	388-	Other Ear & Mastoid Diseases	388
VII. Circulatory System Diseases			
Heart Disease			
108	390-	Rheumatic Fever/Heart Disease	398
109	410-	Acute Myocardial Infarction/Subacute Ischemia	410
110	412-	Chronic Ischemic Heart Disease	414
112	428-	Heart Failure, Right/Left Sided	428
113	4273	Atrial Fibrillation or Flutter	427.3
114	4270	Paroxysmal Tachycardia	427.0
115	4276	Ectopic Beats, All Types	427.6
117	416-	Pulmonary Heart Disease	416
111	424-	Diseases, Heart Valve, Nonrheumatic NOS, NYD	424

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
118	429-	Other Heart Diseases NEC	429
Blood Pressure Problems			
120	401-	Hypertension, Uncomplicated	401
121	402-	Hypertension Involving Target Organ	402
Vascular System Diseases			
123	435-	Transient Cerebral Ischemia	435
124	438-	Other Cerebrovascular Disease	437
125	440-	Atherosclerosis, Excluding Heart & Brain	440
126	443-	Other Arterial Disease, Excluding Aneurysm	443
127	415-	Pulmonary Embolism & Infarction	415
128	451-	Phlebitis & Thrombophlebitis	451
129	454-	Varicose Veins of Legs	454
130	455-	Hemorrhoids	455
131	4580	Postural Hypotension	458.0
132	459-	Other Peripheral Vessel Diseases	459
VIII. Respiratory System Diseases			
133	460-	Acute Upper Respiratory Tract Infection	460
134	461-	Sinusitis, Acute & Chronic	461
135	463-	Acute Tonsillitis & Quinsy	463
136	474-	Hypertrophic Chronic Infected Tonsils/Adenoids	474
137	464-	Laryngitis & Tracheitis, Acute	464
138	466-	Bronchitis & Bronchiolitis, Acute	466
139	487-	Influenza	487
140	486-	Pneumonia	486
141	5110	Pleurisy, All Types Excluding Tuberculosis	511.0
5	5119	Pleural Effusion NOS	511.9
142	491-	Bronchitis, Chronic & Bronchiectasis	491
143	492-	Emphysema & Chronic Obstructive Pulmonary Disease	492
144	493-	Asthma	493
145	477-	Hay Fever	477
146	4781	Boil in Nose	478.1
147	519-	Other Respiratory System Diseases	519
IX. Digestive System Diseases			
148	520-	Teeth & Support Structure Diseases	520
149	528-	Mouth, Tongue, Salivary Gland Disease	528
150	530-	Esophageal Diseases	530
151	532-	Duodenal Ulcer W/WO Complications	532
152	533-	Other Peptic Ulcer	533
153	536-	Other Stomach & Duodenal Diseases/Disorders	536
154	540-	Appendicitis, All Types	540
155	550-	Inguinal Hernia W/WO Obstruction	550
156	551-	Hiatus/Disphragmatic Hernia	551
157	553-	Other Hernias	553

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICM-9-CM
158	562-	Diverticular Disease of Intestine	562
159	558-	Irritable Bowel Syndrome/Intestinal Disorder NEC	564
160	555-	Chronic Enteritis, Ulcerative Colitis	556
161	5640	Constipation	564.0
162	565-	Anal Fissure/Fistula/Abscess	565
163	5646	Proctitis, Rectal & Anal Pain NOS	564.6
164	5693	Bleeding per Rectum NOS	569.3
276	578-	Hematemesis, Melena, GI Hemorrhage NOS	578
165	571-	Cirrhosis & Other Liver Diseases	571
166	574-	Gallbladder & Biliary Tract Disease	574
167	579-	Other Digestive System Diseases NEC	577
X. Genitourinary System Diseases			
Urinary System Diseases			
168	580-	Glomerulonephritis, Acute & Chronic	582
169	5901	Pyelonephritis & Pyelitis, Acute	590.1
170	595-	Cystitis & Urinary Infection NOS	595
171	592-	Urinary System Calculus, All Types	592
172	597-	Urethritis NOS, NEC	597
173	5936	Orthostatic Albuminuria	593.6
373	5997	Hematuria NOS	599.7
174	598-	Other Urinary System Diseases NEC	599.9
Male Genital Organ Diseases			
175	600-	Benign Prostatic Hypertrophy	600
176	601-	Prostatitis & Seminal Vesiculitis	601
177	603-	Hydrocele	603
178	604-	Orchitis & Epididymitis	604
179	605-	Redundant Prepuce, Phimosis & Balanitis	605
180	607-	Other Male Genital Organ Diseases	607
Breast Diseases			
181	610-	Chronic Cystic Breast Disease	610
182	611-	Other Breast Diseases	611
Female Genital Organ Diseases			
183	614-	Pelvic Inflammatory Disease	614
184	622-	Cervicitis & Cervical Erosion	622
185	6161	Vaginitis NOS, Vulvitis	616.1
186	618-	Uterovaginal Prolapse	618
187	627-	Menopausal Symptoms & Postmenopausal Bleeding	627
188	6254	Premenstrual Tension Syndrome	625.4
374	6250	Non-Psychogenic Vaginismus & Dyspareunia	625.0
Disorders of Menstruation			
189	6260	Absent, Scanty, Rare Menstruation	626.0
190	6262	Excessive Menstruation	626.2
191	6253	Painful Menstruation	625.3

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
193	6269	Intermenstrual Bleeding	626.9
194	624-	Other Female Genital Organ Diseases	629
Fertility Problems			
195	606-	Sterility & Reduced Fertility	606
XI. Pregnancy, Childbirth, Puerperium			
196	633-	Ectopic Pregnancy	633
197	640-	Bleeding During Pregnancy	640
198	6466	Urinary Infection, Pregnancy & Postpartum	646.6
199	642-	Toxemias of Pregnancy & Puerperium	642
200	636-	Induced Abortion	635
201	634-	Abortion, Spontaneous & NOS	634
202	648-	Other Complications of Pregnancy	648
203	650-	Normal Delivery	650
204	661-	Complicated Delivery	661
205	676-	Mastitis & Lactation Disorders	676
206	670-	Other Complications of Puerperium	670
XII. Skin, Subcutaneous Tissue Diseases			
207	680-	Boil & Cellulitis, Including Finger & Toe	680
209	683-	Lymphadenitis, Acute	683
210	684-	Impetigo	684
211	685-	Other Infections Skin/Subcutaneous	686
212	690-	Seborrheic Dermatitis	690
213	6918	Eczema & Allergic Dermatitis	691.8
214	692-	Contact & Other Dermatitis NEC	692
215	6910	Diaper Rash	691.0
216	6963	Pityriasis Rosea	696.3
217	6961	Psoriasis W/WO Arthropathy	696.1
218	698-	Pruritis & Related Conditions	698
219	700-	Corns & Callosities	700
220	7062	Sebaceous Cyst	706.2
221	703-	Ingrown Toenail & Nail Disease NEC	703
222	704-	Alopecia & Other Hair Diseases	704
223	705-	Pompholyx & Sweat Gland Disorders NEC	705
224	7061	Acne	706.1
225	707-	Chronic Skin Ulcer	707
226	708-	Urticaria	708
227	709-	Other Skin & Subcutaneous Tissue Disease	709
XIII. Musculoskeletal, Connective Tissue Disease			
Arthritis & Arthrosis			
228	714-	Rheumatoid Arthritis & Allied Conditions	714
229	715-	Osteoarthritis & Allied Conditions	715
230	7161	Traumatic Arthritis	716.1
288	7194	Pain or Stiffness in Joint	719.4
289	7190	Swelling or Effusion of Joint	719.0
231	725-	Arthritis NEC/Diffuse Connective Tissue Disorders	710

APPENDIX D (Contd)

Position ICHPIC Number Code	Condensed title	ICD-9-CM
Nonarticular Rheumatism		
232 7260	Shoulder Syndromes	726.0
233 7263	Other Bursitis & Synovitis	726.3
234 728-	Other Nonarticular Rheumatism	728
286 7295	Pain & Other Limb Symptoms	729.5
Vertebral Column Syndromes		
235 723-	Cervical Spine Syndromes	723
237 721-	Osteoarthritis of Spine	721
238 7242	Back Pain without Radiating Symptoms	724.2
239 7244	Back Pain with Radiating Symptoms	724.4
240 731-	Acquired Deformities of Spine	737
Other Musculoskeletal, Connective Tissue Disorders		
241 7274	Ganglion of Joint & tendon	727.4
242 732-	Osteochondrosis	732
243 7330	Osteoporosis	733.0
244 717-	Chronic Internal Knee Derangement	717
245 736-	Acquired Deformity of Limbs	736
246 739-	Other Musculoskeletal Connective Diseases	739
XIV. Congenital Anomalies		
247 746-	Congenital Anomaly, Heart & Circulation	746
248 754-	Congenital Anomalies of Lower Limb	754
249 7525	Undescended Testicle	752.5
251 7436	Blocked Tear Duct	743.65
252 758-	Other Congenital Anomalies NEC	759
XV. Perinatal Morbidity & Mortality		
253 778-	All Perinatal Conditions	779
XVI. Signs, Symptoms, Ill-Defined Conditions		
Central & Peripheral Nervous System		
254 7803	Convulsions	780.3
255 7810	Abnormal Involuntary Movement	781.0
256 7804	Dizziness & Giddiness	780.4
257 7845	Disturbance of Speech	784.5
258 7840	Headache	784.0
259 7820	Disturbance of Sensation	782.0
Cardiovascular & Lymphatic System		
262 7865	Chest Pain	786.5
263 7851	Palpitations	785.1
264 7802	Syncope, Faint, Blackout	780.2
116 7852	Heart Murmur NEC, NYD	785.2
265 7823	Edema	782.3
266 7856	Enlarged Lymph Nodes, Not Infected	785.6
Respiratory System		
267 7847	Epistaxis	784.7
268 7863	Hemoptysis	786.3
269 7860	Dyspnea	786.0
270 7862	Cough	786.2

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
Gastrointestinal System & Abdomen			
273	7830	Anorexia	783.0
274	7870	Nausea/Vomiting	787.0
275	7871	Heartburn	787.1
277	7891	Hepatomegaly/Splenomegaly	789.1
278	7873	Flatulence, Bloating, Eructation	787.3
279	7890	Abdominal Pain	789.0
Genitourinary System			
280	7881	Dysuria	788.1
281	7883	Enuresis	788.3
283	7884	Frequency of Urination	788.4
General Signs & Symptoms			
290	7808	Excessive Sweating	780.8
291	7806	Fever of Undetermined Cause	780.6
292	7821	Rash & Other Nonspecific Skin Eruptions	782.1
293	7832	Weight Loss	783.2
294	7834	Lack of Expected Physiologic Development	783.4
53	7833	Feeding Problems, Baby or Elderly	783.3
295	7807	Malaise, Fatigue, Tiredness	780.7
296	7822	Mass & Localized Swelling NOS/NYD	782.2
297	797-	Senility without Psychosis	797
Unexplained Abnormal Results			
Urinalysis			
298	791-	Abnormal Urine Test NEC	791
Hematology			
375	7900	Hematological Abnormality NEC	790.0
Blood Chemistry			
51	7902	Abnormal Unexplained Biochemical Test	790.2
Other Abnormal Results			
376	7950	Nonspecific Abnormal PAP Smear	795.0
119	7962	Elevated Blood Pressure	796.2
299	793-	Other Unexplained Abnormal Results	793
Sign, Symptom, Ill-Defined Condition NEC			
300	7889	Sign, Symptom, Ill-Defined Condition NEC	790
XVII. Injuries & Adverse Effects			
Fractures			
301	802-	Fracture, Skull & Facial Bones	802
302	805-	Fracture, Vertebral Column	805
303	807-	Fracture, Ribs	807.0
304	810-	Fracture, Clavicle	810
305	812-	Fracture, Humerus	812
306	813-	Fracture, Radius/Ulna	813
307	814-	Fracture, (Meta) Carpal & (Meta) Tarsal	814

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
308	816-	Fracture, Phalanges Foot/Hand	816
309	820-	Fracture, Femur	820
310	823-	Fracture, Tibia/Fibula	823
311	829-	Fracture, All Other Sites NEC	829
Dislocations & Subluxations			
312	836-	Acute Damage Knee Meniscus	836.2
313	839-	Dislocation/Subluxation, Other Sites NEC	839
Sprains & Strains			
314	840-	Sprain/Strain, Shoulder & Arm	840
315	842-	Sprain/Strain, Wrist, Hand, Fingers	842
316	844-	Sprain/Strain, Knee & Lower Leg	844
317	8450	Sprain/Strain, Ankle	845.0
318	8451	Sprain/Strain, Foot & Toes	845.1
319	8470	Sprain/Strain, Neck	847.0
320	8478	Sprain/Strain, Vertebral, Excluding Neck	847.9
321	848-	Sprain/Strain, All Other Sites NEC	848
Other Traumas			
322	850-	Concussion & Intracranial Injury	850
323	889-	Laceration/Open Wound/Trauma, Amputation	884
325	910-	Insect Bites & Stings	910.4
326	918-	Abrasion, Scratch, Blister	919
327	929-	Bruise, Contusion, Crushing	924
328	949-	Burns & Scalds, All Degrees	940
329	912-	Foreign Body in Tissues	915.6
330	930-	Foreign Body in Eye	930
331	939-	Foreign Body Entering Through Orifice	931
332	908-	Late Effect of Trauma	908
333	959-	Other Injuries & Trauma	959
Adverse Effects			
334	977-	Overdose, Medicine, Accidental or Deliberate	977
377	9952	Adverse Effect, Medicine Proper Dose	995.2
335	989-	Adverse Effects of Other Chemicals	989
336	998-	Surgery & Medical Care Complication	998
337	994-	Adverse Effects of Physical Factors	994
378	9950	Other Adverse Effects NEC	995.8
Supplementary Classification			
Preventive Medicine			
338	V70-	Medical Examination	V70
339	V01-	Contact/Carrier, Infectious Parasitic Disease	V01
340	V03-	Prophylactic Immunization	V06
341	V14-	Observation/Care Patient on High Risk Medication	V67.51
342	V10-	Observation/Care Other High Risk Patient	V10

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
Family Planning			
343	V252	Sterilization of Male or Female	V25.2
344	V255	Oral Contraceptives	V25.01
345	V251	Intrauterine Devices	V25.1
346	V253	Other Contraceptive Methods	V25.02
347	V256	General Contraceptive Guidance	V25.8
Administrative Procedures			
348	V680	Letter, Forms, Prescription without Examination	V68
349	V683	Referral without Examination or Interview	V68.81
Maternal & Child Health Care			
350	V223	Diagnosing Pregnancy	V22.2
351	V220	Prenatal Care	V22
352	V24-	Postnatal Care	V24
Miscellaneous			
353	V50-	Medical/Surgical Procedure without Diagnosis	V50
354	V654	Advice & Health Instruction	V65.4
355	V651	Problems External to Patient	V65.1
Social, Marital, Family Problems			
356	V602	Economic Problem	V60.2
357	V600	Housing Problem	V60.0
358	V614	Medical Care Problem	V61.4
359	V611	Marital Problem	V61.1
360	V612	Parent & Child Problem	V61.2
361	V613	Aged Parent or In-law Problem	V61.3
362	V610	Family Disruption W/WO Divorce	V61.0
363	V619	Other Family Problems	V61.9
364	V623	Educational Problem	V62.3
365	V616	Pregnancy Out of Wedlock	V61.6
366	V624	Social Maladjustment	V62.4
367	V620	Occupational Problem	V62.0
368	V627	Phase-of Life Problem NEC	V62.84
370	V625	Legal Problem	V62.5
369	V629	Other Social Problem	V62.9
Other Problems NEC			
371	V999	Problems NEC in Codes 008- to V629	V82.9

APPENDIX E

APPENDIX E
CARE PROVIDER CODES

CODE

1	Physician
2	Nurse
3	Physicians' Assistant
4	Dietician
5	Physical Therapist
6	Corpsman
7	Social Worker/Psychologist
8	EKG Technician
9	Optometrist

APPENDIX F

APPENDIX F
CLINIC CODE

<u>CODE</u>	
1	Family Practice
2	Pediatrics
3	OB/GYN
4	Internal Medicine
5	Surgery
6	Well Baby
* 7	Nutrition
8	Cardiac
9	Allergy
10	Hypertension
11	Neurology
12	Optometry
13	Physical Therapy
14	Audiogram
15	Minor Surgery
16	Stress Test
*17	EKG
*18	New OB
*19	Allergy (Bone)
20	CMHA
21	TMC
22	Immunization
23	Respiratory Therapy
24	Preventive Medicine (Occupational Health)
25	Emergency Room
26	AMIC
27	Cast Room

* not used

APPENDIX G

APPENDIX G
FAMILY MEMBER PREFIX CODES

20	Sponsor
30	Spouse
01-19	First thru 19th child
40	Mother/Sponsor
45	Father/Sponsor
50	Mother-in-Law/Sponsor
55	Father-in-Law/Sponsor
60-69	First thru 10th other bonafide dependents
00	Other Category/Authorized Care

APPENDIX H

APPENDIX H

Other Patient Category Codes

ARMY

- 1 Active Duty
- 2 Reserve-Initial Entry Training
- 3 Reserve-IDT/AT/ADT
- 4 Natl Guard-Initial Entry Tng
- 5 Natl Guard-IDT/AT/ADT
- 6 Retired
- 7 Depn Active Duty
- 8 Depn Retired/Deceased
- 9 West Point Cadets
- 10 ROTC Cadets
- 11 Designee Sec Army

NAVY

- 12 Active Duty
- 13 Reserve
- 14 Retired
- 15 Depn Active Duty
- 16 Depn Retired/Deceased
- 17 Navy Academy Cadets
- 18 ROTC Cadets

MARINE

- 19 Active Duty
- 20 Reserve
- 21 Retired
- 22 Depn Active Duty
- 23 Depn Retired/Deceased

AIR FORCE

- 24 Active Duty
- 25 Reserve/National Guard
- 26 Retired
- 27 Depn Active Duty
- 28 Depn Retired/Deceased
- 29 Air Force Academy Cadets
- 30 ROTC Cadets

COAST GUARD

- 31 Active Duty
- 32 Reserve
- 33 Retired
- 34 Depn Active Duty
- 35 Depn Retired/Deceased
- 36 Coast Guard Academy Cadets

PUBLIC HEALTH SERVICE

- 37 Active Duty
- 38 Reserve
- 39 Retired
- 40 Depn Active Duty
- 41 Depn Retired/Deceased

NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION

- 42 Active Duty
- 43 Reserve
- 44 Retired
- 45 Depn Active Duty
- 46 Depn Retired/Deceased

CIVILIAN EMPLOYEES

- 47 State Department Employee
- 48 Other Federal Department Employee
- 49 Civilian Employee DOD Auth Occ Health
- 50 Other Federal Agency Employee
- 51 Civ Employee US Govt Disable Ret Exam
- 52 Nonmilitary Federal Beneficiary
- 53 Other US Govt Empl Remote Areas

DEPENDENT CIVILIAN EMPLOYEES

- 54 Depn Non DOD Federal Agency
- 55 Depn in Remote Areas
- 56 Depn Other Federal Agency

OTHER BENEFICIARIES

- 57 VA Beneficiary
- 58 OWCP Beneficiary
- 59 Soldier/Airmen Home
- 60 Other Federal Agency Beneficiary
- 61 American Indian/Eskimo
- 62 Micronesian
- 63 Contract Employee
- 64 Seamen/Not MSTs/MSc
- 65 Prov Relief Act Beneficiary
- 66 Peace Corps/VISTA/Job Corps

PRISONERS

- 67 War/Intern/Retain
- 68 Other Prisoners

APPENDIX H (Contd)

Other Patient Category Codes

FOREIGN NATIONALS

- 69 IMET/Sales Trainee
- 70 Other Foreign Military
- 71 NATO EM
- 72 NATO Officer
- 73 Foreign Civilian
- 74 Foreign Natl NATO Civilian Personnel, NEC
- 75 Depn Foreign Military
- 76 Depn Foreign Civilian
- 77 Other Foreign Nationals

OTHERS

- 78 Applicant/Registrant
- 79 Designee Secretary Defense
- 80 Civilian Claimant
- 81 Other Authorized Personnel
- 82 Seaman, MSTS/MSC
- 83 Former Female SM
- 84 All Others, NEC

APPENDIX I

APPENDIX I

Care Provider Instructions

CARE PROVIDER:

The upper two-thirds of the form should be completed when you receive it. You are only responsible for the information with PURPLE HEADINGS at the lower one-third and reverse side of the form -- the comments below will assist you:

Initial Visit for This Problem: Self-explanatory.

#1 Care Provider - #2 Care Provider: You will be given a care provider number. Up to two care providers may be given credit for seeing the same patient in any given clinic -- be reasonable, e.g., if a pediatric nurse practitioner were to see a patient and then determine that a pediatrician also needed to see the patient, both the nurse and pediatrician should receive credit.

Exams)
Procedures)
Referred to)

As many as applicable (please check if exam is chaperoned or not).

Job Related Diagnosis: Your professional opinion.

Disposition: Choose the one best response.

Diagnosis: There are 371 diagnostic categories. Select one primary diagnosis. Secondary diagnoses are not necessary; however, you may select up to five additional diagnoses. If a diagnosis is not preprinted, use the "Additional DX" block at lower right referring to the ICHPPC-2 Index for correct code (if the diagnosis is 056 Rubella, fill in the block as shown in the example).

Primary DX			
	0	5	6
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

APPENDIX J

APPENDIX J

Patient Instructions

MARKING INSTRUCTIONS FOR PATIENTS

- o Use #2 pencil (no pen or felt tips).
- o Marks should fill the circle completely.
- o Make no stray marks or comments on the form.
- o Erase clearly any changes.
- o Feel free to ask the staff for help if you have a question.

On side one only -- Fill in the requested information in all blocks with **RED HEADINGS**

Write your response in the block and fill in the corresponding circle. All columns must be filled in; e.g., if your birth date is 5 May 1946, write 46 under "year" and 05 under "month" then fill in circle as shown in example. The following blocks are self-explanatory: Birth, Sponsor SSAN, Patient Status, Sex, Ethnicity, Race, If Student From Other Country, and Date. The other blocks are explained below.

Birth			
Yr		Mo	
4	6	0	5
0	0	<input checked="" type="radio"/>	0
1	1	1	1
2	2	2	2
3	3	3	3
<input checked="" type="radio"/>	4	4	4
5	5	5	<input checked="" type="radio"/>
6	<input checked="" type="radio"/>	6	6

PATIENT'S INITIALS: If you have no middle initial fill in the blank circle above the middle "A."

STATUS: If you are on active duty, a dependent of active duty, retired, or a dependent of a retired or deceased service member, ALSO indicate the sponsoring branch of service (this will require filling in two circles). "Federal employees" should be marked ONLY by DOD authorized occupational health civilian employees. Civilian emergency is self-explanatory. If you are unable to locate your status among those listed, mark the "OTHER" category and ask the staff for help after you have completed the rest of the form.

FEDERAL EMPLOYEES: Self-explanatory.

Civilian Occ Series: Your current occ series number -- Example: 0343.
 Pay Grade: Example: 03, 05, 11, etc.
 Bldg Number: If the number has a letter (T-634) disregard the letter and fill in the circle "0." Example: 0634.

AD ARMY: FOR ACTIVE DUTY MEMBERS ONLY -- DEPN, RETIREES: DO NOT FILL IN.

Pay Grade: Example: If your grade is E-8 fill in 08; if COL 0-6 fill in 06; if W-2 fill in 02.
 If Army-Duty MOS/SSI: Be sure to specify DUTY MOS.
 Unit: Self-explanatory.

- CHECK TO SEE IF YOU HAVE:
- 1) WRITTEN YOUR RESPONSE IN THE BLOCK WHEN PROVIDED and ALSO
 - 2) FILLED IN THE MATCHING CIRCLE

THANK YOU!

APPENDIX K

APPENDIX K

Clerical Staff Instructions

Clerical Staff:

We appreciate your assistance in helping us with the Outpatient Encounter Test Form. Please fill in the blocks with PURPLE headings on the upper two-thirds of the form (for your information the instruction sheets for patients and care providers are attached).

A numeric designation will be assigned to each clinic (first block upper left corner) using the form. FMP codes are listed on the backside of the "Patient Category" sheet. After you have filled in the "Apmt Status" and "Time In" blocks, give the form and marking instructions to the patient. If a patient marks "Other" under the Status block, please refer to the Patient Category list and fill in the appropriate code in the block titled "For Clerk's Use Only."

The bottom section of side one and the back of the form will be filled in by the care provider. When the form has been completed by both the patient and care provider, fill in the "Time Out" block and scan the form for any obvious omissions, such as birth date written in but circles not filled in, etc., and correct accordingly.

LTC Misener and Ms. Gilbert will be available if you have any questions.

Thank you

APPENDIX L

APPENDIX L

EDIT CODE SHEET

PROGRAM: OUTPATIENT ENCOUNTER FORM (TEST)

FLAC	FIELD	EDIT TYPE	ACTION

* 1 *	CLINIC	* MUST BE COMPLETE	* D,A,SS *
* 2 *	EMP	* MUST BE COMPLETE	* D,A,SS *
* 3 *	BIRTH	* MUST BE COMPLETE	* D,A,SS *
* 4 *	BIRTH+3	* MUST BE COMPLETE	* D,A,SS *
* 5 *	SSAN	* MUST BE COMPLETE	* D,A,SS *
* 6 *	PATIENTS INT.	* MUST BE COMPLETE	* D,A,SS *
* 7 *	SEX	* MUST BE COMPLETE	* D,A,SS *
* 8 *	RACE	* COMPLETE OR BLANK	* D,A,SS *
* 9 *	ETHNICITY	* COMPLETE OR BLANK	* D,A,SS *
* 10 *	APPT. STATUS	* MUST BE COMPLETE	* D,A,SS *
* 11 *	PATIENT STATUS	* MUST BE COMPLETE	* D,A,SS *
* 12 *	DATE-DAY	* COMPLETE XXXXXXXX	* D,A,SS *
* 13 *	DATE-DAY + 1	* COMPLETE XXXXXXXX	* D,A,SS *
* 14 *	DATE-MONTH	* COMPLETE XXXXXXXX	* D,A,SS *
* 15 *	DATE-YEAR	* COMPLETE XXXXXXXX	* D,A,SS *
* 16 *	TIME-IN	* COMPLETE OR BLANK	* D,A,SS *
* 17 *	TIME-OUT	* COMPLETE OR BLANK	* D,A,SS *
* 18 *	STATUS	* COMPLETE XXXXXXXX	* D,A,SS *
* 19 *	CLERKS USE	* COMPLETE OR BLANK	* D,A,SS *
* 20 *	STATUS-ACTIVE	* COMPLETE OR BLANK	* D,A,SS *
* 21 *	STUDENT-FOR	* COMPLETE OR BLANK	* D,A,SS *
* 22 *	AD MILITARY	* COMPLETE OR BLANK	* D,A,SS *
* 23 *	PAY GRADE MIL.	* COMPLETE OR BLANK	* D,A,SS *
* 24 *	MOJ-NUMERIC	* COMPLETE OR BLANK	* D,A,SS *
* 25 *	MOJ-ALPHA	* COMPLETE OR BLANK	* D,A,SS *
* 26 *	UNIT	* COMPLETE OR BLANK	* D,A,SS *
* 27 *	FED EMPLOYEES	* COMPLETE OR BLANK	* D,A,SS *
* 28 *	CIVILIAN-OC.	* COMPLETE OR BLANK	* D,A,SS *
* 29 *	PAY GRADE CIV.	* COMPLETE OR BLANK	* D,A,SS *
* 30 *	BLDG. NUMBER	* COMPLETE OR BLANK	* D,A,SS *
* 31 *	INITIAL VISIT	* MUST BE COMPLETE	* D,A,SS *
* 32 *	PROVIDER #1	* COMPLETE XXXXXXXX	* D,A,SS *
* 33 *	PROVIDER #2	* COMPLETE OR BLANK	* D,A,SS *
* 34 *	CHAPERONED	* COMPLETE OR BLANK	* D,A,SS *
* 35 *	ADD. PRIMARY+1	* COMPLETE OR BLANK	* D,A,SS *
* 36 *	ADD. SCNDARY+1	* COMPLETE OR BLANK	* D,A,SS *
* *		*	*
* *		*	*

EDIT ACTION DEFINITIONS
D = DELETE OUTPUT RECORD
A = SELECT THE FORM
S = STOP SCANNER
SS = SUPPRESS SERIAL NUMBER

APPENDIX M

APPENDIX M

Outpatient Encounter Form Test--Conversion Program

PURPOSE: Convert tape created by optical scanner (696 character records, unblocked) to codes used on input document (OUTPATIENT ENCOUNTER FORM (TEST))
Output will be tape, 220 character records, blocked 10.

DESCRIPTION OF INPUT:

<u>POS</u>	<u>LENGTH</u>	<u>DESCRIPTION AND CONVERSION INSTRUCTIONS</u>
1-2	2	Clinic Code. No edit or conversion required.
3-4	2	Family Member Prefix. No edit or conversion required.
5-6	2	Year of Birth. 2-digits, no edit or conversion required.
7-8	2	Month of Birth. 2-digits. If not 1 thru 12, fill with zeroes.
9-17	9	SSAN. No edit or conversion required.
18-20	3	Initials. No edit or conversion required.
21	1	Sex. No edit or conversion required.
22	1	Race. No edit or conversion required.
23	1	Ethnicity. No edit or conversion required.
24	1	Appointment Status. No edit or conversion required.
25	1	Inpatient/Outpatient. No edit or conversion required.
26-27	2	Day of Visit. No edit or conversion required.
28-29	2	Month of Visit. If not 1 thru 12, fill with zeroes.
30	1	Year of Visit. "1" = 82. "2" = 83. Convert on output.*
31-34	4	Time Patient Arrived for Visit. No conversion for output. Time is recorded using 24-hour clock. This field will be used to compute number of minutes patient was in the facility.
35-38	4	Time Patient Departed Facility. No conversion for output. Time is recorded using 24-hour clock. This field will be used to compute number of minutes patient was in the facility.

* Program looks for "1" and does not find "1" it reads "3" on output

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS	LENGTH	DESCRIPTION	CONVERSION
39	1	Patient Status Code-1	1 = Active Duty 2 = Dependent Active Duty 3 = Retired 4 = Dependent Ret/Deceased 5 = Federal Employee 6 = Civilian Emergency 7 = Foreign Student 8 = Other
		If not one of above (1 thru 8), fill with "1" (Force Active Duty).	
40-41	2	Codes for other. No edit. Move to output record, if patient status code-1 (Pos 39) = "8."	
42	1	Patient Status Code-2	1 = Army 2 = USAF 3 = Navy 4 = Marine
		This field is not used unless Patient Status Code-1 (Pos 39) is a "1" thru "4." If Pos 39 = "1" thru "4" and Pos 42 is not = "1" thru "4," fill Pos 39 with a "1." (Force Army)	
43-44	2	Country Code for Foreign Students. No edit or conversion. Move to output record, if Pos 39 = "7."	
45	1	Off/WO/Enl Code.	1 = Officer 2 = Warrant Officer 3 = Enlisted
		No edit or conversion required. Move to output record, if Pos 39 = "1."	
46-47	2	Military Pay Grade. Move to output, if Pos 39 = "1."	
48-50	3	MOS. Move to output, if Pos 39 = "1" and Pos 42 = "1."	
51	1	Unit. Move to output, if Pos 39 = "1" and Pos 42 = "1."	
52	1	Fed Empl Code. Move to output, if Pos 39 = "5."	
53-56	4	Civ Occupation Code. Move to output, if Pos 39 = "5."	
57-58	2	Civ Grade. Move to output, if Pos 39 = "5."	
59-62	4	Building Number. Move to output, if Pos 39 = "5."	

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

LENGTH	DESCRIPTION AND CONVERSION INSTRUCTIONS
63	1 Initial/Recurring Problem. No edit or conversion required.
64-68	5 #1 Provider. If = spaces, fill with zeroes.
69-73	5 #2 Provider. No edit or conversion required.
74-124	5 PROCEDURES. This 51-character field represents the 51 procedures printed on the front side of the form. Procedures are assigned a 2-digit code (01 for "Advice/Health Instr," thru 51 for "other procedures." Procedures are numbered consecutively starting with the first column (01 for "Advice/Health Instr" thru 13 "EKG-order Form"). Then second column (14 "Endometrial Biopsy" thru 26 "Minor Surgery" etc. Input record will have a "1" or space in corresponding position for each procedure. A "1" indicates a procedure was performed. Convert to 2-digit codes for output. Limit on output is 10 procedures. If more than 10 coded on input, move first 10 to output record but list all that were coded on the error report. This field is optional--may be all spaces.
125-152	28 REFERRALS. This 28-character field represents the 28 "Referred to" clinic/service on the front side of the form. Each clinic/service is assigned a 2-digit code (01 for "Allergy" thru 28 for "other." Clinics/Services are number consecutively starting with the first column (01 "Allergy" 09-ER; "10-Family Practice" 17-Orthopedics), etc. Input record will have a "1" or a space in the corresponding position for each Clinic/Service. A "1" indicates patient was referred to that Clinic/Service. Convert to the 2-digit codes for output. Allow for all 28 codes on output. This field is optional - May be all spaces.
153	1 Job Related. No edit or conversion required.
154-160	7 Disposition Codes. If not, "1" thru "7," fill with "9."
161-171	11 Examinations. This 11-character field represents the 11 types of examinations printed on the front of the form. Each type of examination is assigned a 2-digit code (01 for Abdominal thru 11 for Visual Acuity). Input record will have a "1" or a space in the corresponding position for each examination. A "1" indicates that examination was performed. Some examinations are mutually exclusive. If Flight Physical (Code 06) accept no other types of exam. If not Flight but complete PE (Code 03) move 03 to output record. Accept no other types of exams. If not Flight or Complete PE and return to work (Code 10), move Code 10 to output, if Fed Employee ("5" in Pos 39), else move "07" to output record and accept no other type of exam.

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS	LENGTH	DESCRIPTION AND CONVERSION INSTRUCTIONS
		<p>If not Flight Physical (Code 06) or Control PE (Code 03) or PTH to work (Code 10), but History without PE (Code 07), move "07" to output record and accept no other type of exam.</p> <p>Otherwise, convert all exams coded and move to output record. This field is optional - may be all spaces.</p>
172	1	Chaperoned. No edit or conversion required.
173-425	253	Primary Diagnosis. This 253-character field represents the 253 diagnoses printed on the back side of the form. Input record will have a "1" or a space in corresponding position for each diagnosis. A "1" indicates the diagnosis was recorded. Scanner reads each column from top to bottom starting with first column on left side of form. Convert to 4-character diagnosis codes printed on form. Hold for further edit.
426-678	253	Secondary Diagnosis (additional). This 253-character field represents the 253 diagnoses printed on the back side of the form. Input record will have a "1" or space in corresponding position for each diagnosis. A "1" indicates the diagnosis was recorded. Scanner reads each column from top to bottom starting with first column on left side of the form. Convert to 4-character codes printed on form and hold for further edit.
679-683	5	Free Form Primary Diagnosis. This field is used to record a diagnosis that is not preprinted on the form. Diagnosis codes used are 4-character. First position (Hi-order) has the letter "V" for some diagnosis. Otherwise, diagnosis code is numeric. Input record will have a "1" or space in Position 679 to indicate diagnosis code starts with a "V." If Pos 679 = "1," move a "V" to Pos 680. Positions 680-683 will have 4-position diagnosis code. This code must match one of the codes on the attached list (may be one preprinted on form also). If invalid reject and list on error list. There must be one primary diagnosis recorded. This field is checked with the conversion from Pos 173-425 to determine if more than one or no diagnosis was recorded. If more than one accept free form primary diagnosis, if any, else move first one recorded to output record. List all recorded on error list. If no primary diagnosis recorded, fill with 9999. List on error list if filled with 9s.

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS	LENGTH	DESCRIPTION AND CONVERSION INSTRUCTIONS
684-688	5	Free Form Additional (Secondary) Diagnosis. This field is used to record an additional (secondary) diagnosis that is not printed on the form. Diagnosis codes used are 4-character. First position (Hi order) has the letter "V" for some diagnosis. Otherwise Diagnosis code is numeric. Input record will have a "1" or space in Pos 684 to indicate diagnosis code starts with a "V." If Pos 684 = "1", move a "V" to Pos 685. Positions 685-688 will have 4 position diagnosis code. This code must match one of the codes on the attached list (may be one preprinted on the form also. If invalid, reject and list on the error list. Recording additional (secondary) diagnosis is optional. This field may be all spaces. Output record is limited to five additional (secondary) diagnoses. Diagnosis from Positions 684-689 must be concatenated with those converted from Positions 426-678. If more than five, accept free form sec diag, if any plus first four recorded in preprinted position of form. List all recorded on error report.
689-696	8	Document Serial Number. No edit or conversion required.

Additional Computed Output.

1. Patient's age in months at time of visit.
 - a. Assumptions: No patient is over 99 years old.
 - b. A baby less than one month old will be 000 months.
 - c. If date of birth is not recorded, move spaces to age in months field.
2. Time in Treatment Facility in Minutes.
 - a. Assumption: No patient will be in facility over 23 hours 59 minutes. If time in or time out not recorded, move space to time in facility in output record.
3. Functional Point of Contact: LTC ^{Isener} Meisner
Health Care Studies
221-3331/3116
4. Contractor for Optical Scanner: Jim Scully
National Computers
FTS 612 830-7600 Ext. 8596 or
(800) 328-6290 Ext. 8596

APPENDIX N



APPENDIX N
DEPARTMENT OF THE ARMY
US ARMY HEALTH CARE STUDIES AND CLINICAL INVESTIGATION ACTIVITY
FORT SAM HOUSTON, TEXAS 78234

HSHN-H

27 December 1982

MEMORANDUM TO: Primary Care Providers
USA MEDDAC
Redstone Arsenal, AL 35809

FROM: LTC Terry R. Misener, Principal Investigator *TRM*
Ambulatory Care Data Base

SUBJECT: First Ambulatory Data Report

1. We are pleased to provide you with the first report generated from your patient encounter data covering encounters through mid-November. For this first report, we have chosen to provide information concerning primary diagnosis. Early in January we will also provide data on procedures, dispositions, exams, time in clinic, secondary diagnoses, and etc. We are most encouraged by the potential data retrieval and the reports we will be able to provide to you on a regular basis.

2. On the encounter form, we continue to see two problem areas - Disposition and Primary Diagnosis. These areas of the form cannot be edited by your "machine." Therefore, problems are not seen until the data tapes reach San Antonio.

Possibly our explanation of these two areas were not clear. As we can only return to you data that you provide to us, we hope the following explanation stresses the importance of proper completion of the form:

- You may now choose multiple dispositions, however to avoid an error condition, you must select at least one of the seven provided choices for disposition.
- You may select up to five secondary diagnoses. But, you must choose one and only one primary diagnosis. The computer logic regarding primary diagnosis is as follows: If you make a diagnostic choice which you enter into the "Additional Dx," block below PRIMARY DX. This is the one diagnosis that the computer will designate as THE primary diagnosis, no matter how many other diagnoses are erroneously marked. If you choose a primary diagnosis by bubbling in more than one primary diagnoses, the first primary diagnosis encountered by the scanner will be reported as THE primary diagnosis.

APPENDIX N (Contd)

HSHN-H

27 December 1982

SUBJECT: First Ambulatory Data Report

3. I know that we did not promise to provide any output to you until January, but wanted to show you what is developing. We appreciate your patience in these times of slow mail, personnel on leave, and overloaded computers. Encourage you to discuss problems or requests with CPT Cuff and to call me as needed (AUTOVON 471-3331/6028). Thanks again.

APPENDIX 0

APPENDIX O
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRDX PRIMARY DX

VALUE LABEL	FREQUENCY	PERCENT
OBESITY	76	14.2
ACT UP RES TR INF	31	5.8
PRES INF INTES DIS	17	3.2
PROB NEC IN OTH CDS	17	3.2
FX ALL OTH SITES NEC	15	2.8
LAC OP WND TRAU AMP	15	2.8
PAIN OR STIF IN JNT	15	2.8
OTH BURS&SYNOV	15	2.8
ABRA SCRATCH BLIS	13	2.4
BRUISE CONTU CRLSHG	12	2.2
BK PN WD RAD SYMP	12	2.2
NO DIAG PROVIDED	12	2.2
CYST EURIN INFEC	11	2.1
MEDICL EXAM	9	1.7
SPR STR ANKLE	9	1.7
GONORRHEA ALL SITES	7	1.3
HYPERTEN, UNCOMPLIC	7	1.3
SINUS ACT&CHRON	7	1.3
BRONCHIE&BRONCO, AC	7	1.3
PROS&SEMI VESCU	7	1.3
CERV SPINE SYND	7	1.3
CONT&OTH DERMA NEC	6	1.1
RH ARTH&ALD COND	6	1.1
CHR INT KNEE DERANG	6	1.1
OTITIS EXTERNA	6	1.1
LIPOMA ANY SITE	5	.9
TRAN SITUA DIST ADJ	5	.9
MTH, TON, SALIV GLD DI	5	.9
IMPETIGO	5	.9
OTH INF SKIN SUBCUT	5	.9
SPR STR OTH SITES	5	.9
ABS SCANT MENS	5	.9
SHOULDER SYN	5	.9
PN&OTH LIMB SYMP	5	.9
HERPES SIMPLEX	4	.7
BENIGN NECPLASH SKIN	4	.7
AC TONSILIE&QUINSY	4	.7
HAY FEVER	4	.7
PNEUMONIA	4	.7
WARTS, ALL SITES	4	.7
MONILIAS, UROGN PVN	4	.7
ACT &CHR SER OT MED	4	.7
NONSP ABN PAP SMEAR	4	.7
STRP THR SCR FV ERY	3	.6
DERMATOPHY&DERMAMYCO	3	.6
MIGRAINE	3	.6
HIATUS DIAPHRAG HERN	3	.6

APPENDIX 0 (Cont'd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRDX	PRIMARY DX	FREQUENCY	PERCENT
	ORCHITIS&EPIDIDYMIT	3	.6
	ORAL CONTRAC	3	.6
	CONJUNC&OPHTHALMIA	3	.6
	PSOP HWD AR	3	.6
	ACNE	3	.6
	SEBACEOUS CYST	3	.6
	CHEST PAIN	3	.6
	NAUSEA VOMITING	3	.6
	REFRACTIVE ERRORS	2	.4
	CHRN ISC HT DIS	2	.4
	PHLEBITIS&THROMBOPHL	2	.4
	HEMORRHOIDS	2	.4
	BRCHI,CHR&BRCHICTAS	2	.4
	EMPHYSEMA&COPD	2	.4
	ASTHMA	2	.4
	DUOD ULC w NO COMPL	2	.4
	OTH STOM&DUOD DISOR	2	.4
	IRT BML SYN INTS DSR	2	.4
	PELVIC INFLAM DIS	2	.4
	OTH FEM ORGAN DIS	2	.4
	BOIL&CEL INC FNG&TOE	2	.4
	URTICARIA	2	.4
	FORGN BODY IN TIS	2	.4
	BRNS&SCLOS ALL DEG	2	.4
	PRENATAL CARE	2	.4
	ACUTE OTITIS MEDIA	2	.4
	ECZ & ALG DERM	2	.4
	BK PN W RAD SYMP	2	.4
	DISTUR OR SENS	2	.4
	ADVS EF MED PRP DOSE	2	.4
	HODG DIS LYMP LEUK	1	.2
	HYPOTHYR MYXEDE CRET	1	.2
	DIABETES MELLITUS	1	.2
	GOUT	1	.2
	OTH PEPTIC ULCER	1	.2
	OTHER HERNIAS	1	.2
	CIR &OTH LIVER DIS	1	.2
	OTH M GEN ORGAN DIS	1	.2
	ECTOPIC PREG	1	.2
	ALECI&OTH HAIR DIS	1	.2
	OTH SKN&SUB TISU DIS	1	.2
	ACQ DEFORM OF LIMBS	1	.2
	VIRAL INFECTION NOS	1	.2
	FORGN BODY IN EYE	1	.2
	OTH CONTRAC METH	1	.2
	TRICHO UROG PVN	1	.2
	ANXIETY DISORDER	1	.2
	SEXUAL PROBLEMS	1	.2
	EYLD INF CHALAZION	1	.2
	WAX IN EAR	1	.2
	BLEED PER RECTUM NOS	1	.2

APPENDIX 0 (Contd)
PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRDX	PRIMARY DX	FREQUENCY	PERCENT
	HEMATURIA NOS	1	.2
	SWLG OR EFUS OF JNT	1	.2
	GANGL OF JNT&TENDON	1	.2
	RSH&OTH NCNSP SKN ER	1	.2
	HEADACHE	1	.2
	DYSPNEA	1	.2
	SIGN ILL DEF COND	1	.2
	TOTAL	534	100.0
VALID CASES	534	MISSING CASES	0

APPENDIX 0 (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

JRDX JOB RELATED DX

VALUE LABEL		FREQUENCY	PERCENT
NO		523	97.9
		7	1.3
YES		4	.7
		-----	-----
	TOTAL	534	100.0
VALID CASES	534	MISSING CASES	0

OPSCD OTH PAT STATUS CODES

VALUE LABEL		FREQUENCY	PERCENT
--		534	100.0
		-----	-----
	TOTAL	534	100.0
VALID CASES	534	MISSING CASES	0

TIMEGRP

VALUE LABEL		FREQUENCY	PERCENT
		161	30.1
30 TO 45 MIN		133	24.9
60 TO 90 MIN		77	14.4
45 TO 60 MIN		72	13.5
15 TO 30 MIN		58	10.9
90 TO 180 MIN		14	2.6
180+ MIN		14	2.6
LESS THAN 15 MIN		5	.9
		-----	-----
	TOTAL	534	100.0
VALID CASES	534	MISSING CASES	0

APPENDIX 0 (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

APSTA APMT STATUS

VALUE LABEL	FREQUENCY	PERCENT
UNSCHEDULED	438	82.0
SCHEDULED	91	17.0
OTHER	5	.9
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

IVYN INITIAL VISIT YES NO

VALUE LABEL	FREQUENCY	PERCENT
YES	321	60.1
NO	213	39.9
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

CHAPYN CHAPERONED YES NO

VALUE LABEL	FREQUENCY	PERCENT
NOT CHAPERONED	470	88.0
CHAPERONED	60	11.2
NOT MARKED	4	.7
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

APPENDIX 0 (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

FMP FAM MEMBER PREFIX

VALUE LABEL	FREQUENCY	PERCENT
SPONSOR	432	80.9
SPOUSE	76	14.2
1ST CHILD	12	2.2
3D CHILD	7	1.3
2D CHIL0	6	1.1
OTH CAT AUTH CARE	1	.2
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

 INPOUTP INPAT OUTPAT

VALUE LABEL	FREQUENCY	PERCENT
OUTPAT	532	99.6
INPATIENT	2	.4
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

APPENDIX O (Contd)
PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

----- C R O S S T A B U L A T I O N O F -----
 PMSCD1 PAT MIL STATUS CODE1 BY PMSCD2 PAT MIL STATUS CODE2 -----

PMSCD1	COUNT ROW COL	PMSCD2					ROW TOTAL		
		1	-11	11	21	31		41	
		ACTIVE	INACTIVE	ARMY	USAF	NAVY		MARINE	
AD	1	1	1	358	1	2	1	10	371
		1	1	96.5	1	.5	1	2.7	69.5
		1	1	75.5	1	8.7	1	90.9	
DEPN AD	2	1	1	32	1	2	1		35
		1	1	91.4	1	5.7	1		6.6
		1	1	6.8	1	8.7	1		
RET	3	1	1	40	1	8	13	1	62
		1	1	64.5	1	12.9	1	1.6	11.6
		1	1	8.4	1	34.8	1	9.1	
DEPN RET DECEA	4	1	1	44	1	11	8		63
		1	1	69.8	1	17.5	1		11.8
		1	1	9.3	1	47.8	1		
FOREIGN STU	7	1	2		1				2
		1	100.0	1		1			.4
		1	66.7	1		1			
OTHER	8	1	1		1				1
		1	100.0	1		1			.2
		1	33.3	1		1			
	COLUMN TOTAL		3	474	23	23	11	534	
			.6	88.8	4.3	4.3	2.1	100.0	

NUMBER OF MISSING OBSERVATIONS = 0

PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS

CROSS TABULATION BY GROUPAGE

COUNT	PCT	GROUPAGE						TOTAL
		10-12 MO	13 MO	15-19	20-39	40-64	65 YRS +	
ROW PCT	COL PCT	1.001	2.001	3.001	4.001	5.001	6.001	7.001
1	4	1	1	3	40	200	74	19
1.2	.3	.9	11.7	58.7	21.7	5.6	63.9	341
66.7	50.0	75.0	69.0	61.2	66.7	73.1	193	534
2	2	1	1	1	18	127	37	7
1.0	.5	.5	9.3	65.8	19.2	3.6	36.1	193
33.3	50.0	25.0	31.0	38.8	33.3	26.9	534	100.0
COLUMN TOTAL	6	2	58	327	111	26	534	100.0
	1.1	.4	10.9	61.2	20.8	4.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 0

APPENDIX O (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

----- C R O S S T A B U L A T I O N
 P M S C D I P A T M I L S T A T U S C O D E 1 A P M T S T A T U S

PMSCDI	COUNT ROW PCT COL PCT	APSTA				ROW TOTAL
		I	II	2I	5I	
		UN SCHEDU LED	SCHEDULE D	OTHER		
	1	292	74	5	371	
AD		78.7	19.9	1.3	69.5	
		66.7	81.3	100.0		
	2	32	3		35	
DEPN AD		91.4	8.6		6.6	
		7.3	3.3			
	3	55	7		62	
RET		88.7	11.3		11.6	
		12.6	7.7			
	4	56	7		63	
DEPN RET DECEA		88.9	11.1		11.8	
		12.8	7.7			
	7	2			2	
FOREIGN STU		100.0			.4	
		.5				
	8	1			1	
OTHER		100.0			.2	
		.2				
	COLUMN TOTAL	438 82.0	91 17.0	5 .9	534 100.0	

NUMBER OF MISSING OBSERVATIONS = 0

APPENDIX O (Contd)
 PROCEDURES REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP PROC	PROCEDURES	COUNT	PCT OF RESPONSES	PCT OF CASES
CATEGORY LABEL				
ADVICE HLTH INSTR		522	32.7	97.8
ANTIBIOTIC		2	0.1	0.4
BIOPSY		2	0.1	0.4
BLOOD PRESS		59	3.7	11.0
CAST APLIC		3	0.2	0.6
CAST REMOVAL		3	0.2	0.6
DRESSING CHANGE		20	1.3	3.7
EAR IRRIGATI		3	0.2	0.6
EKG		11	0.7	2.1
I AND D		3	0.2	0.6
IMMUNIZATION		1	0.1	0.2
INJECT OBSERV		13	0.8	2.4
IUD		1	0.1	0.2
KOH PREP WET MOUNT		7	0.4	1.3
LTRS FORMS		94	5.9	17.6
MANIPULATION		5	0.3	0.9
MINOR SURG		4	0.3	0.7
PATIENT CONSULT		8	0.5	1.5
PRES REFILL WD EXAM		39	2.4	7.3
SPLINTING		13	0.8	2.4
STOOL GUIAC		5	0.3	0.9
SUTURE		2	0.1	0.4
SUTURE REMOVAL		9	0.6	1.7
TELE CONS		1	0.1	0.2

APPENDIX 0 (Contd)

PROCEDURES REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS (JAN)

GROUP PROC	PROCEDURES		PCT OF	PCT OF
CATEGORY LABEL		COUNT	RESPONSES	CASES
THROAT CULTURE		22	1.4	4.1
VITAL SIGNS		531	33.3	99.4
OTH PROCEDURES		212	13.3	39.7
		-----	-----	-----
	TOTAL RESPONSES	1595	100.0	298.7

0 MISSING CASES

534 VALID CASES

APPENDIX O (Contd)
 REFERRALS REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS (JAN)

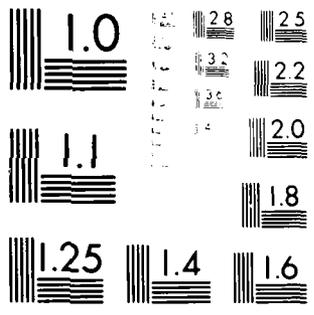
GROUP REFER	REFERRED TO			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
CARDIOLOGY		2	3.0	3.2
DENTAL		2	3.0	3.2
DERMATOLOGY		1	1.5	1.6
DIETICIAN		2	3.0	3.2
EENT		3	4.5	4.8
FAM PRAC		2	3.0	3.2
GYN		6	9.1	9.5
INT MED		4	6.1	6.3
NEUROLOGY		3	4.5	4.8
OB CHAMPUS		4	6.1	6.3
OPHTHALMOLOGY		1	1.5	1.6
ORTHOPEDICS		9	13.6	14.3
PEDS		1	1.5	1.6
PHYS THERAPY		9	13.6	14.3
PODIATRY		3	4.5	4.8
PSYCHIATRY		2	3.0	3.2
SURG		9	13.6	14.3
UROLOGY		2	3.0	3.2
OTHER		1	1.5	1.6
		-----	-----	-----
	TOTAL RESPONSES	66	100.0	104.8

471 MISSING CASES

63 VALID CASES

APPENDIX O (Contd)
EXAMINATIONS REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS (JAN)

GROUP EXAMS	EXAMINATIONS			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM		2	0.4	0.4
CHEST		1	0.2	0.2
EAR		3	0.5	0.6
EYE		8	1.5	1.5
HISTORY W/O PE		123	22.4	23.4
PARTIAL PE		379	69.0	72.1
PELVIC PAP		21	3.8	4.0
VISL ACUIT		12	2.2	2.3
		-----	-----	-----
	TOTAL RESPONSES	549	100.0	104.4
8 MISSING CASES	526 VALID CASES			



MICROCOPY RESOLUTION TEST CHART
NBS 1963-A

APPENDIX O (Contd)
EXAMINATIONS REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP EXAMS	EXAMINATIONS			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM		2	0.4	0.4
CHEST		1	0.2	0.2
EAR		3	0.5	0.6
EYE		8	1.5	1.5
HISTORY WO PE		123	22.4	23.4
PARTIAL PE		379	69.0	72.1
PELVIC PAP		21	3.8	4.0
VISL ACUIT		12	2.2	2.3
		-----	-----	-----
	TOTAL RESPONSES	549	100.0	104.4
8 MISSING CASES	526 VALID CASES			

APPENDIX O (Contd)
DISPOSITIONS REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP DISF	DISPOSITION			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
HOME DUTY		244	46.0	46.0
RETURN TO CLINIC		192	36.2	36.2
CONSULT		56	10.6	10.6
CHAMPUS REFERRAL		6	1.1	1.1
ADMIT		2	0.4	0.4
QUAR		28	5.3	5.3
OTH		2	0.4	0.4
		-----	-----	-----
	TOTAL RESPONSES	530	100.0	100.0

4 MISSING CASES

530 VALID CASES

APPENDIX P

APPENDIX P
Encounters per Clinic (November)

VALUE LABEL	FREQUENCY	PERCENT
FAM PHAC	1517	13.9
TPC	1384	12.7
EA	1299	11.9
PED	1047	9.6
PHYS THERAPY	900	8.2
PREV MED	877	8.0
INT MED	849	7.8
AMIC	789	7.2
IMMS	568	5.2
OPTOMETRY	395	3.6
URGYN	361	3.3
CMHA	345	3.2
NEUROLOGY	182	1.7
SURC	167	1.5
HYPERTEN	96	.9
CAST ROOM	46	.4
WELL BASY	39	.4
NUTRITION	24	.2
AUDIOGRAM	18	.2
RESP THERAPY	17	.2
ALLGY PED	1	.0
	TOTAL	10921
		100.0
VALID CASES	10921	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (December)

VALUE LABEL	FREQUENCY	PERCENT
ER	1707	16.6
FAM PRAC	1425	13.9
PED	1102	10.7
PREV MED	885	8.6
INT MED	720	7.0
TMC	717	7.0
PHYS THERAPY	709	6.9
AMIC	564	5.5
IMMS	556	5.4
OBGYN	486	4.7
OPTOMETRY	367	3.5
CMHA	237	2.3
HYPERTEN	223	2.2
SURG	195	1.9
NEUROLOGY	154	1.5
WELL BABY	115	1.1
CAST ROOM	66	.6
NUTRITION	15	.1
AUDIOGRAM	11	.1
RESP THERAPY	11	.1
ALLGY PED	1	.0
	-----	-----
TOTAL	10259	100.0
VALID CASES	10259	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (January)

VALUE LABEL	FREQUENCY	PERCENT
FAM PRAC	1562	12.8
TMC	1452	11.9
ER	1441	11.8
PED	1280	10.5
PREV MED	1007	8.2
AMIC	977	8.0
PHYS THERAPY	945	7.7
OPTOMETRY	593	4.8
INT MED	564	4.6
OBGYN	488	4.0
HYPERTEN.	481	3.9
IMMS	475	3.9
CMHA	249	2.0
NEUROLOGY	235	1.9
SURG	203	1.7
WELL BABY	154	1.3
CAST ROOM	55	.4
NUTRITION	41	.3
RESP THERAPY	14	.1
AUDIOGRAM	12	.1
	-----	-----
TOTAL	12228	100.0
VALID CASES	12228	
MISSING CASES	0	

APPENDIX P (contd)
 Encounters per Clinic (February)

VALUE LABEL	FREQUENCY	PERCENT
FAM PRAC	1263	12.9
ER	1157	11.8
PED	1151	11.8
TMC	1043	10.7
PREV MED	822	8.4
AMIC	802	8.2
PHYS THERAPY	555	5.7
INT MED	531	5.4
OPTOMETRY	502	5.1
IMMS	461	4.7
OBGYN	428	4.4
HYPERTEN	397	4.1
CMHA	280	2.9
NEUROLOGY	181	1.9
WELL BABY	95	1.0
CAST ROOM	52	.5
NUTRITION	25	.3
SURC	10	.1
AUDIOGRAM	10	.1
RESF THERAPY	9	.1
ALLOY PED	3	.0
CARDIAC	2	.0
STRESS TEST	1	.0
	-----	-----
TOTAL	9780	100.0
VALID CASES	9780	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (March)

VALUE LABEL	FREQUENCY	PERCENT
PED	1282	13.3
TMC	1161	12.1
ER	1077	11.2
FAM PRAC	1032	10.7
AMIC	910	9.5
PREV MED	872	9.1
OPTOMETRY	519	5.4
INT MED	510	5.3
PHYS THERAPY	481	5.0
IMMS	454	4.7
OBGYN	389	4.0
HYPERTEN.	306	3.2
CMHA	264	2.7
NEUROLOGY	160	1.7
WELL BABY	94	1.0
CAST ROOM	40	.4
NUTRITION	34	.4
RESP THERAPY	18	.2
AUDIOGRAM	4	.0
MINOR SURC	2	.0
STRESS TEST	2	.0
	-----	-----
TOTAL	9611	100.0
VALID CASES	9611	
MISSING CASES	0	

APPENDIX Q

APPENDIX O
Forms Completed Per Care Provider
(January/Family Practice)

PRIM CARE PROVIDER	ENCOUNTERS
PROVIDER X	257
PROVIDER X	2
PROVIDER X	1
PROVIDER X	273
PROVIDER X	1
* UNIDENTIFIED CP	2
PROVIDER X	293
PROVIDER X	1
PROVIDER X	315
PROVIDER X	1
* UNIDENTIFIED CP	1
PROVIDER X	313
PROVIDER X	4
PROVIDER X	2
PROVIDER X	2
* UNIDENTIFIED CP	1
PROVIDER X	34
* UNIDENTIFIED CP	1
PROVIDER X	9
* UNIDENTIFIED CP	1
* UNIDENTIFIED CP	6
* UNIDENTIFIED CP	1
PROVIDER X	1
PROVIDER X	39
PROVIDER X	1
TOTAL	1562

*Indicates code number not filled in or inversion of digits

APPENDIX R

APPENDIX R

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	3TH PAT STATUS CODES	ENCOUNTERS
FAM PRAC	NCT ACTIVE DUTY	OTHER	0	1
			AF ROTC CADETS	2
			DEP FOREIGN MIL	4
				7
	SVC BRANCH TOTAL			169
	ARMY	AD	--	1028
		DEPN AD	--	103
		RET	--	93
		DEPN RET DECEA	--	1393
	SVC BRANCH TOTAL			11
	USAF	DEPN AD	--	43
		RET	--	36
		DEPN RET DECEA	--	90
	SVC BRANCH TOTAL			6
	NAVY	DEPN AD	--	10
		RET	--	5
		DEPN RET DECEA	--	21
	SVC BRANCH TOTAL			2
	MARINE	AD	--	34
		DEPN AD	--	2
		RET	--	36
	SVC BRANCH TOTAL			1549

CLINIC VISITS

FOR ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
PEO	NOT ACTIVE DUTY	FOREIGN STU	--	25
		OTHER	--	4
			COAST GUARD RET	3
			DEP FOREIGN MIL	2
	SVC BRANCH TOTAL			34
	ARMY	AD	--	64
		DEPN AD	--	660
		RET	--	67
		DEPN RET DECEA	--	200
	SVC BRANCH TOTAL			991
	USAF	AD	--	7
		DEPN AD	--	33
		RET	--	21
		DEPN RET DECEA	--	55
	SVC BRANCH TOTAL			116
	NAVY	AD	--	10
		DEPN AD	--	23
		RET	--	18
		DEPN RET DECEA	--	25
	SVC BRANCH TOTAL			76
	MARINE	AD	--	2
		DEPN AD	--	30
		RET	--	8
		DEPN RET DECEA	--	16
	SVC BRANCH TOTAL			56
				1273

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
OBGYN	NOT ACTIVE DUTY	FOREIGN STU	--	1
		OTHER	--	3
		FORMER FEMALE SM	1	1
	SVC BRANCH TOTAL			5
	ARMY	AD	--	34
		DEPN AD	--	162
		RET	--	27
		DEPN RET DECEA	--	125
	SVC BRANCH TOTAL			348
	USAF	DEPN AD	--	10
		RET	--	9
		DEPN RET DECEA	--	58
	SVC BRANCH TOTAL			77
	NAVY	AD	--	1
		DEPN AD	--	17
		RET	--	5
		DEPN RET DECEA	--	15
	SVC BRANCH TOTAL			38
	MARINE	AD	--	1
		DEPN AD	--	7
		DEPN RET DECEA	--	3
	SVC BRANCH TOTAL			11
				479

CLINIC VISITS

APPENDIX R (Contd)

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
INT MED	NOT ACTIVE DUTY	OTHER	--	1
	SVC BRANCH TOTAL			1
	ARMY	AD	--	32
		DEPN AD	--	18
		RET	--	199
		DEPN RET DECEA	--	136
	SVC BRANCH TOTAL			385
	USAF	AD	--	2
		DEPN AD	--	1
		RET	--	53
		DEPN RET DECEA	--	59
	SVC BRANCH TOTAL			115
	NAVY	DEPN AD	--	2
		RET	--	24
		DEPN RET DECEA	--	20
	SVC BRANCH TOTAL			46
	MARINE	DEPN AD	--	1
		RET	--	9
		DEPN RET DECEA	--	4
	SVC BRANCH TOTAL			14
	CLINIC VISITS			561

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
SURG	NOT ACTIVE DUTY	OTHER	--	1
			OTH FOREIGN MIL	1
	SVC BRANCH TOTAL			2
	ARMY			
	AD	--		17
	DEPN AD	--		42
	RET	--		45
	DEPN RET DECEA	--		46
	SVC BRANCH TOTAL			150
	USAF			
	AD	--		1
	RET	--		15
	DEPN RET DECEA	--		15
	SVC BRANCH TOTAL			31
	NAVY			
	DEPN AD	--		2
	RET	--		5
	DEPN RET DECEA	--		7
	SVC BRANCH TOTAL			14
	MARINE			
	DEPN AD	--		1
	DEPN RET DECEA	--		1
	SVC BRANCH TOTAL			2
	CLINIC VISITS			199

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
HELL BABY	NOT ACTIVE DUTY	OTHER	DEP FOREIGN MIL	1
	SVC BRANCH TOTAL			1
	ARMY	AD	--	12
		DEPN AD	--	120
		RET	--	3
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			140
	USAF	DEPN AD	--	3
	SVC BRANCH TOTAL			3
	NAVY	DEPN AD	--	2
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			3
	MARINE	AD	--	1
		DEPN AD	--	5
	SVC BRANCH TOTAL			6
				153

CLINIC VISITS

FOX ARMY MEDOAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
NUTRITION				
ARMY				
	AD		--	11
	DEPN AD		--	8
	RET		--	6
	DEPN RET DECEA		--	6
				31
SVC BRANCH TOTAL				
USAF				
	DEPN AD		--	1
	RET		--	3
	DEPN RET DECEA		--	2
				6
SVC BRANCH TOTAL				
NAVY				
	RET		--	2
	DEPN RET DECEA		--	2
				4
SVC BRANCH TOTAL				
				41

APPENDIX R (Cont)

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
HYPERTEN	ARMY	AD	--	10
		DEPN AD	--	3
		RET	--	189
		DEPN RET DECEA	--	115
	SVC BRANCH TOTAL			317
USAF	RET	--		56
	DEPN RET DECEA	--		48
	SVC BRANCH TOTAL			104
NAVY	RET	--		21
	DEPN RET DECEA	--		18
	SVC BRANCH TOTAL			39
MARINE	DEPN AD	--		1
	RET	--		5
	DEPN RET DECEA	--		13
	SVC BRANCH TOTAL			19
				479

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
NEUROLOGY				
	MOT ACTIVE DUTY	FOREIGN STU	--	1
		OTHER	NATO OFFICER	1
	SVC BRANCH TOTAL			2
	ARMY	AD	--	24
		DEPN AD	--	35
		RET	--	58
		DEPN RET DECEA	--	51
	SVC BRANCH TOTAL			168
	USAF	DEPN AD	--	5
		RET	--	13
		DEPN RET DECEA	--	14
	SVC BRANCH TOTAL			32
	NAVY	AD	--	1
		DEPN AD	--	4
		RET	--	8
		DEPN RET DECEA	--	10
	SVC BRANCH TOTAL			23
	MARINE	DEPN AD	--	4
		RET	--	3
		DEPN RET DECEA	--	3
	SVC BRANCH TOTAL			10
				235

APPENDIX R (Contd)

CLINIC VISITS

FDX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	EMCOUNTERS
DPTOMETRY	NOT ACTIVE DUTY	FED EMP	--	16
		FOREIGN STU	--	1
		OTHER	ARMY ROTC CADETS	7
	SVC BRANCH TOTAL			24
	ARMY	AD	--	205
		DEPN AD	--	95
		RET	--	124
		DEPN RET DECEA	--	43
	SVC BRANCH TOTAL			467
	USAF	AD	--	3
		DEPN AD	--	1
		RET	--	53
		DEPN RET DECEA	--	4
	SVC BRANCH TOTAL			61
	NAVY	RET	--	18
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			23
	MARINE	AD	--	10
		RET	--	7
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			18
				593

APPENDIX R (Contd)

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	JTM PAT STATUS CODES	ENCOUNTERS
PHYS THERAPY	NOT ACTIVE DUTY	FED EMP	--	24
		FOREIGN STU	--	2
		OTHER	MG 10Y AT ADT	6
	SVC BRANCH TOTAL			32
	ARMY	AD	--	394
		DEPN AD	--	182
		RET	--	112
		DEPN RET DECEA	--	134
	SVC BRANCH TOTAL			622
	USAF	DEPN AD	--	2
		RET	--	11
		DEPN RET DECEA	--	32
	SVC BRANCH TOTAL			45
	NAVY	RET	--	11
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			19
	MARINE	AD	--	16
		DEPN AD	--	3
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			20
				938

CLINIC VISITS

APPENDIX R (Contd)

FOR ARMY HEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
AUDIOGRAM				
	ARMY	DEPN AD	--	3
		RET	--	2
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			6
	USAF	DEPN AD	--	1
		RET	--	1
		DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			4
	NAVY	DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			12

APPENDIX R (Contd)

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE3	DTH PAT STATUS CODES	ENCOUNTERS
CMHA	NOT ACTIVE DUTY	FED EMP	--	4
		FOREIGN STU	--	1
	SVC BRANCH TOTAL			5
	ARMY	AD	--	82
		DEPN AD	--	66
		RET	--	25
		DEPN RET DECEA	--	31
	SVC BRANCH TOTAL			204
	USAF	AD	--	1
		DEPN AD	--	3
		RET	--	4
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			16
	NAVY	RET	--	5
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			13
	MARINE	AD	--	3
		DEPN AD	--	3
		RET	--	1
		DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			9
	CLINIC VISITS			247

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
TMC	NOT ACTIVE DUTY	FED EMP	--	1
		FOREIGN STU	--	21
		OTHER	--	2
		ARMY ROTC CADETS	7	7
		NAVY ACAD CADETS	2	2
			33	33
	SVC BRANCH TOTAL			
	ARMY	AD	--	1346
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			1347
	USAF	AD	--	6
	SVC BRANCH TOTAL			6
	NAVY	AD	--	5
	SVC BRANCH TOTAL			5
	MARINE	AD	--	58
	SVC BRANCH TOTAL			58
				1449

CLINIC VISITS

APPENDIX R (Contd)

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
IMMS	NOT ACTIVE DUTY	OTHER	--	2
			PEACE-JOB CORPS VIST	1
			DEP FOREIGN MIL	2
	SVC BRANCH TOTAL			5
	ARMY			59
		AD	--	115
		DEPN AD	--	76
		RET	--	99
		DEPN RET DECEA	--	349
	SVC BRANCH TOTAL			2
	USAF			2
		AD	--	22
		DEPN AD	--	56
		RET	--	82
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			7
	NAVY			23
		AD	--	31
		DEPN AD	--	1
		RET	--	2
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			8
	MARINE			475
		AD	--	
		RET	--	
		DEPN RET DECEA	--	

CLINIC VISITS

APPENDIX R (Contd)

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	JTM PAT STATUS CODES	ENCOUNTERS
RESP THERAPY				
	ARMY			
		AD	--	1
		DEPN AD	--	2
		RET	--	3
		DEPN RET DECEA	--	2
	SVC BRANCH TCTAL			8
	USAF			
		RET	--	2
		DEPN RET DECEA	--	2
	SVC BRANCH TCTAL			4
	NAVY			
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			1
	MARINE			
		RET	--	1
	SVC BRANCH TOTAL			1
	CLINIC VISITS			14

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
PREV MED	NOT ACTIVE DUTY	FED EMP	--	780
		OTHER	--	3
	SVC BRANCH TOTAL		OTH AUTH PERS	50
	ARMY	AD	--	833
		DEPN AD	--	88
		RET	--	64
		DEPN RET DECEA	--	9
	SVC BRANCH TOTAL			3
	USAF	DEPN RET DECEA	--	164
				1
	SVC BRANCH TOTAL			1
	NAVY	RET	--	1
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			2
	MARINE	DEPN AD	--	1
	SVC BRANCH TOTAL			1
				1001

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	DTM PAT STATUS CODES	ENCOUNTERS
ER	NOT ACTIVE DUTY	FED EMP	--	6
		CIV EMER	--	1
		FOREIGN STU	--	5
		OTHER	--	11
	SVC BRANCH TOTAL			23
	ARMY	AD	--	226
		DEPN AD	--	412
		RET	--	181
		DEPN RET DECEA	--	246
	SVC BRANCH TOTAL			1065
	USAF	AD	--	5
		DEPN AD	--	17
		RET	--	59
		DEPN RET DECEA	--	77
	SVC BRANCH TOTAL			158
	NAVY	AD	--	9
		DEPN AD	--	15
		RET	--	38
		DEPN RET DECEA	--	42
	SVC BRANCH TOTAL			104
	MARINE	AD	--	8
		DEPN AD	--	6
		RET	--	7
		DEPN RET DECEA	--	11
	SVC BRANCH TOTAL			32
	CLINIC VISITS			1382

FOX ARMY MEDDAC SUMMARY DATA
 MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
APIC	NOT ACTIVE DUTY	FED EMP	--	1
		FOREIGN STU	--	1
		OTHER	--	4
	SVC BRANCH TOTAL			6
	ARMY	AD	--	51
		DEPN AD	--	175
		RET	--	205
		DEPN RET DECEA	--	278
	SVC BRANCH TOTAL			709
	USAF	AD	--	3
		DEPN AD	--	3
		RET	--	62
		DEPN RET DECEA	--	84
	SVC BRANCH TOTAL			152
	NAVY	AD	--	4
		DEPN AD	--	5
		RET	--	30
		DEPN RET DECEA	--	34
	SVC BRANCH TOTAL			73
	MARINE	AD	--	2
		DEPN AD	--	3
		RET	--	4
		DEPN RET DECEA	--	10
	SVC BRANCH TOTAL			19
				959

APPENDIX R (Contd)

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA					
MED 202 RPT FOR JAN 83 PATIENT STATUS					
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS	
CASST ROOM	NOT ACTIVE DUTY	OTHER	--	1	
			MG IDY AT ADT	1	
	SVC BRANCH TOTAL			2	
	ARMY	AD	--	23	
		DEPN AD	--	14	
		RET	--	2	
		DEPN RET DECEA	--	8	
	SVC BRANCH TOTAL			47	
	USAF	RET	--	2	
		DEPN RET DECEA	--	2	
	SVC BRANCH TOTAL			4	
	NAVY	DEPN RET DECEA	--	1	
	SVC BRANCH TOTAL			1	
	MARINE	DEPN AD	--	1	
	SVC BRANCH TOTAL			1	
				55	

CLINIC VISITS

APPENDIX S

APPENDIX S
MED 302 Svc Branch Total

PAT MILE STATUS CODES	PAT MILE STATUS CODES	OTH PAT STATUS CODES	ENCOMMENTS
MED 302 Svc Branch Total - PAT 24			
NOT ACTIVE DUTY	PTD ENR		000
	CIV ENR		4
	FOREIGN STD		58
	OTHER		52
			0
		NE 101 AF 001	7
		ROUTE 100115	14
		NAVY ADDO 00015	2
		AF ROTC 00015	2
		COAST GUARD RET	3
		PEACE-100 (00P W/S)	1
		OTH FOREIGN M1	1
		NAID 00100R	1
		DEP FOREIGN M1	9
		OTH A00H 0005	50
		FURTER ENR 0015	1
			1015

APPENDIX S (Contd)
MED 302 Svc Branch Total

APPENDIX S (Contd)	MED 302 Svc Branch Total	STATUS CODES	INITIAL STATUS CODES	ENGINTEERS
AD	AD	AD	AD	2850
DEFN AD	DEFN AD	DEFN AD	DEFN AD	3204
RET	RET	RET	RET	1437
DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	1624
SVC BRANCH TOTAL				9445
AD	AD	AD	AD	50
DEFN AD	DEFN AD	DEFN AD	DEFN AD	93
RET	RET	RET	RET	428
DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	156
SVC BRANCH TOTAL				1107
AD	AD	AD	AD	30
DEFN AD	DEFN AD	DEFN AD	DEFN AD	77
RET	RET	RET	RET	208
DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	229
SVC BRANCH TOTAL				534
AD	AD	AD	AD	104
DEFN AD	DEFN AD	DEFN AD	DEFN AD	100
RET	RET	RET	RET	49
DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	DEFN RET DECEA	70
SVC BRANCH TOTAL				323

APPENDIX T

APPENDIX T
 MED 302 Svc Branch total for OH/TMC

MED 302 SVC BRANCH TOTAL FOR OCC HEALTH - JAN 83									
PAT MIL STATUS CODE 2	PAT MIL STATUS CODE 1	OTH PAT STATUS CODES	ENCOUNTERS						
NOT ACTIVE DUTY	FED EMP	--	780						
	OTHER	--	3						
		OTH ALTH PERS	50						
SVC BRANCH TOTAL			833						
ARMY	AP	--	88						
	DEPN AD	--	64						
	RFT	--	9						
	DEPN RFT DECEA	--	3						
SVC BRANCH TOTAL			164						
USAF	DEPN RFT DECEA	--	1						
SVC BRANCH TOTAL			1						
NAVY	RFT	--	1						
	DEPN RFT DECEA	--	1						
SVC BRANCH TOTAL			2						
MARINE	DEPN AD	--	1						
SVC BRANCH TOTAL			1						

APPENDIX T (Contd)
 MED 302 Svc Branch Total for OII/TMC

MED 302 SVC BRANCH TOTAL FOR TMC - JAN 83							
PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS				
NOT ACTIVE DUTY	FED EMP	--	1				
	FOREIGN STU	--	21				
	OTHER	--	2				
				ROTC CADETS		7	
				NAVY ACAD CADETS		2	
SVC BRANCH TOTAL						33	
ARMY	AR	--	1346				
	DEPN RPT DECEA	--	1				
SVC BRANCH TOTAL			1347				
USAF	AR	--	6				
SVC BRANCH TOTAL			6				
NAVY	AC	--	5				
SVC BRANCH TOTAL			5				
MARINE	AR	--	58				
SVC BRANCH TOTAL			58				

APPENDIX U

APPENDIX V
Tables V-1 and V-2

APPENDIX V (Cont)
 Students From Other Countries
 Table V-2

FOX ARMY HOSPITAL											
COUNTRY	CL CODE	FAM MEMBER PREFIX	PAY	INI	AGENO	PRIMARY DX	ENC				
EGYPT	PED	1ST CHILC	11	Y H	37	NO DIAG PROVIDED	1				
			17	A F	27	BRONCHIEBRONCO,AC	1				
			31	A F	27	ASTHMA	1				
			25	AAA	429	OSTOARTHRALD COND	1				
PHYS THERAPY	SPNSDR	SPNSDR	27	AAA	429	CHR INT KNEE DERANG	1				
			14	IFD	397	SPR STR OTH SITES	1				
			20	ANF	368	ACT UP RES TR INF	1				
			21	ZSN	393	OTH FAM PROB	1				
ER	1ST CHILC	1ST CHILC	9	NZY	37	PRES INF INTES '15	1			9	
JORDAN	OPTOMETRY	SPNSDR	6	SMA	404	REFRACTIVE ERRORS	1				
			14	AMS	404	IMPETIGD	1				
			3	SSA	404	ACT UP RES TR INF	1				
			7	AMA	328	SINUS ACTECHRON	1				
KUWAIT	AMTC	SPNSDR	17	ASR	498	DUDD ULC W MD COMPL	1			5	
			19	AKT	10	NO DIAG PROVIDED	1				
			21	SHA	21	PRUR & RLTD COND	1				
			21	AHM	3	LTR FMS PRES MD EXAM	1				
PHILIPPINES	TMC	SPNSDR	4	FSF	268	ACT UP RES TR INF	1				
			6	BAA	320	HEMATURIA NOS	1				
			11	NBA	292	ACT UP RES TR INF	1				
			12	NRA	289	VIRAL INFECTION NOS	1				
PHILIPPINES	TMC	SPNSDR	29	SEP	674	OTH BURSSYNOV	1			10	
			6	E J	769	PROB NEC IN OTH CDS	1				

APPENDIX V (Contd)
Students From Other Countries
Table V-2

FOX ARMY HOSPITAL									
COUNTRY	CL CODE	FAM MEMBER PREFIX	DAY	INI	AGENO	PRIMARY DX	ENC		
SAUDIA ARABIA	PEQ	20 CHILD	21	A S	35	ACT UP RES TR INF	1		
				HAN	60	ACUTE OTITIS MEDIA	1		
				HAN	24	ACUTE OTITIS MEDIA	1		
				MHA	2	ACT UP RES TR INF	1		
				R A	35	ACUTE OTITIS MEDIA	1		
				HAF	36	ACUTE OTITIS MEDIA	1		
TAIWAN	TMC	SPONSOR	14	CTH	374	ALECIAGOTH HAIR DIS	1		
							6		
OTHER	PEP	1ST CHILC	11	E G	137	STRP THR SCR FV ERY5	1		
				T M	26	ACT UP RES TR INF	1		
				E G	70	STRP THR SCR FV ERY5	1		
				JCZ	137	STRP THR SCR FV ERY5	1		
				JCZ	21	EUSTACH BLK DR CATAR	1		
				C P	64	ASTHMA	1		
				D N	84	PNEUMONIA	1		
				JCZ	21	APENICIT ALL TYPES	1		
				G F	137	ACT UP RES TR INF	1		
				SSH	14	ACUTE OTITIS MEDIA	1		
				PSA	12	ACUTE OTITIS MEDIA	1		
20 CHILD	SPD	24	24	SPD	28	PNEUMONIA	1		
				SPD	28	LTR FMS PRES MD EXAM	1		
				E G	73	STRP THR SCR FV ERY5	1		
				G F	70	LTR FMS PRES MD EXAM	1		
				RWH	300	NO DIAG PROVIDED	1		
ORGYN	TMC	SPONSOR	10	FHJ	373	SCABIES&OTH ACARIAS	1		
				HDT	518	INGUIN HER W MD DBST	1		

FOX ARMY HOSPITAL

COUNTRY	CL CODE	FAM MEMBER PREFIX	CAY	INI	AGENO	PRIMARY DX	EMC
			24	SIE	509	FOR BD ENTER TH DRIF	1
			28	M G	266	ESOPHAGEAL DIS	1
			31	MJG	266	ESOPHAGEAL DIS	1
				T S	281	NAUSEA VOMITING	1
							22

APPENDIX V (Contd)
 Students From Other Countries
 Table V-2

APPENDIX W
Tables W-1 and W-2

APPENDIX W
Table W-1 (Contd)

TABLE W-1 (Contd)

CLASS	PRIMARY DISEASE	FREQUENCY	PERCENT
	EMOTIONAL DISORDER	1	2
	ENTROPY	1	2
	ENTROPY DISORDER	1	2
	ENTROPY DISTURBED	1	2
	ENTROPY SYMPTOM AND DIS	1	2
	ENTROPY SKIN SURCUT	1	2
	ENTROPY HAIR DIS	1	2
	ENTROPY DISEASE	1	2
	ENTROPY RHEUM	1	2
	ENTROPY CARE COMPL	1	2
	ENTROPY	1	2
	ENTROPY INSTRUCT	1	2
	ENTROPY EXTERNA	1	2
	ENTROPY AIR	1	2
	ENTROPY RAD SYMP	1	2
	ENTROPY GLOCH EST	1	2
	ENTROPY TROD	1	2
	ENTROPY PART DIS	1	2
	ENTROPY LYMP LEUK	1	2
	ENTROPY NEOPLASM SKIN	1	2
	ENTROPY DISOR NEC	1	2
	ENTROPY MEN & PSY DISOR	1	2
	ENTROPY PART OR COMPL	1	2
	ENTROPY HRT BRN	1	2
	ENTROPY VSI DIS	1	2
	ENTROPY W COMPL	1	2
	ENTROPY UCR CUTS	1	2
	ENTROPY LIVER DIS	1	2
	ENTROPY A BRY IN DIS	1	2
	ENTROPY	1	2
	ENTROPY DEPRIVELY	1	2
	ENTROPY BENTEN	1	2
	ENTROPY DIS	1	2
	ENTROPY	1	2
	ENTROPY	1	2
	ENTROPY DEV	1	2
	ENTROPY PROB	1	2
	ENTROPY DISOR	1	2
	ENTROPY BEKOU	1	2
	ENTROPY MED	1	2
	ENTROPY BELI NEC	1	2
	ENTROPY & THE TROD	1	2
	ENTROPY GARTAN	1	2
	ENTROPY GUTRANOU	1	2
	ENTROPY DIST ADI	1	2
	ENTROPY	1	2
	ENTROPY SYND	1	2
	ENTROPY DIS	1	2
	ENTROPY DIS	1	2
	ENTROPY DIS	1	2
	ENTROPY DIS	1	2

APPENDIX W
Table W-1 (Contd)

PROBABLE CAUSES
PROBABLE MEDICALLY PRACTICE RELATED CAUSES RECORDED

PROBABLE CAUSE	FREQUENCY	PERCENT
PROGRESSIVE VECUM	1	2.1
DEFICIT OF NER ORGAN DEF	1	2.1
EMPHASIS ON COLICACUTE	1	2.1
CHRONIC KIDNEY DISEASE	1	2.1
QUALITY OF LIFE	1	2.1
DEFICIT OF HORMONES	1	2.1
ADVERSE EFFECTS OF DRUGS	1	2.1
DEFICIT OF SUBSTITUTED	1	2.1
PROGRESSIVE ALLERGY	1	2.1
ARTHRITIS	1	2.1
CHRONIC PROIB	1	2.1
EMPHASIS ON COLICACUTE	1	2.1
CHRONIC DEF OF FEET	1	2.1
DEFICIT OF COLICACUTE	1	2.1
DEFICIT OF FEET OF DEF	1	2.1
DEFICIT OF BURNING	1	2.1
FEVER OF UNDEF CAUSE	1	2.1
DEFICIT OF SENSE	1	2.1
DEFICIT OF SENSE	1	2.1
DEFICIT OF BLOOD PRESSURE	1	2.1
ADVERSE EFFECTS OF DRUGS	1	2.1
TOTAL	1567	100.0
VALID CASES	1567	
MISSING CASES	0	

APPENDIX W
Table W-1 (Contd)

PROFILE REPORT
PROFILE REPORT-FAMILY PRACTICE CLINIC (CASE REPORTS)

TOP FAMILY MEMBER PREFIX

VALUE LABEL	FREQUENCY	PERCENT
ADULT	666	47.3
CHILD	229	16.7
1ST CHILD	271	19.7
2D CHILD	211	15.4
3D CHILD	91	6.6
4TH CHILD	29	2.1
5TH CHILD	17	1.2
6TH CHILD	1	.1
MOTH IN LAW OF SPON	1	.1
MOTHER OF SPON	3	.2
FATH IN LAW SPON	2	.1
7TH CHILD	1	.1
TOTAL	1367	100.0

VALUE LABEL 1367 MISSING CASES 0

GRAND TOTAL

VALUE LABEL	FREQUENCY	PERCENT
ADULT	1536	91.3
CHILD	25	1.7
TOTAL	1561	100.0

VALUE LABEL 1561 MISSING CASES 0

APPENDIX W
Table W-1 (Contd)

PERIODIC REPORT
PERIODIC REPORT STATUS FROM THE REPORTS OF THE PERIODIC REPORTS

PERIODIC REPORT STATUS

VALUE LABEL	FREQUENCY	PERCENT
NOT REPORTED	502	57.2
REPORTED	372	42.8
TOTAL	874	100.0
VALID CASES	874	100.0
MISSING CASES	0	0

VALID CASES 874 MISSING CASES 0

PERIODIC REPORT STATUS

VALUE LABEL	FREQUENCY	PERCENT
NO	879	56.3
YES	683	43.7
TOTAL	1562	100.0

VALID CASES 1562 MISSING CASES 0

CHAPTER CHAPERONED YES NO

VALUE LABEL	FREQUENCY	PERCENT
NOT CHAPERONED	735	47.1
NOT MARKED	624	39.9
CHAPERONED	203	13.0
TOTAL	1562	100.0

VALID CASES 1562 MISSING CASES 0

APPENDIX W
Table W-1 (Contd)

PROJECT REPORT
PROJECT TITLE FAMILY PRACTICE CLINICAL CLAMB RECORDS

PERIOD	FAMILY PRACTICE CODES	CUMULATIVE TABLE					TOTAL
		PERIOD					
		ARMY	NAVY	AIR FORCE	COAST GUARD	RESERVE	
1		179					179
2		93.3					93.3
3		12.4					12.4
4		1037	44	8	34		1083
5		92.3	1.0	.6	5.4		99.3
6		73.3	12.4	31.6	89.5		106.8
7		105	34	10	7		156
8		61.2	27.3	6.2	1.2		96.0
9		7.5	40.4	47.6	5.3		100.8
10		53	36	5			94
11		27.4	26.7	11.7			65.8
12		4.6	39.6	21.8			66.0
13		7					7
14		100.0					100.0
15		100.0					100.0
COLUMN TOTAL		1405	91	24	184		1604
TOTAL		82.9	5.8	1.3	2.4		92.4

NUMBER OF MISCELLANEOUS OBSERVATIONS: 0

APPENDIX W
Table W-1 (Contd)

PROFIT BEFORE
PROFIT BEFORE TAXES (BEFORE OTHER CHARGES INCURRED)

CATEGORIES	COLUMNS	CATEGORIES OF DEFICIENCIES					TOTAL
		CATEGORIES OF DEFICIENCIES					
		UNRECORDED	SCHEDULE	SCHEDULE	MISSED A DATE TO	OTHER	
DEFICIENCY	DEFICIENCY	DEFICIENCY	DEFICIENCY	DEFICIENCY	DEFICIENCY	DEFICIENCY	
AD	1	1	108	1	1	1	122
	2	1	47.3	1	1	1	49.3
	3	1	11.3	1	1	1	13.6
DEFERRED AD	4	1	599	1	1	1	601
	5	1	34.7	1	1	1	36.4
	6	1	65.4	1	100.0	1	170.5
DEFERRED	7	1	113	1	1	1	115
	8	1	14.7	1	1	1	16.4
	9	1	17.5	1	1	1	19.0
DEFERRED DEFICIENCY	10	1	87	1	1	1	89
	11	1	16.9	1	1	1	18.9
	12	1	9.6	1	1	1	11.5
OTHER	13	1	4	1	1	1	6
	14	1	14.3	1	1	1	16.0
	15	1	1.8	1	1	1	2.7
COLUMNS		359	962	1	16	284	1,622
TOTAL		35.0	97.7	1	1.0	18.2	100.0

NUMBER OF RELATING OBSERVATIONS - 10

APPENDIX W
Table W-1 (Contd)

PROCEDURES REPORTED BY YOU
PROBLEMS ENCOUNTERED BY PROFFERS (CUMULATIVE CLEAN RECORDS)

GROUP PROC.	PROBLEMS		PERCENT RELATIVE	PERCENT TOTAL
CALIBRATION		1000		
CONTROL CHART		4	0.04	0.04
CAPABILITY TEST		4	0.04	0.04
CULTURE		3	0.03	0.03
CULTURE REMOVAL		10	0.10	0.10
TELEPHONE		107	4.32	4.32
THROUGH CULTURE		56	2.26	2.26
TEMPERATURE		35	1.40	1.40
VALUET		8	0.32	0.32
VERIFICATION		174	7.04	7.04
OTHER PROCEDURES		32	1.31	1.31
	TOTAL REPORTED	2472	100.00	100.00
146. 0157196. 66. 17	1526. VALTD. CODES			

APPENDIX W
Table W-1 (Contd)

EXAMINATIONS REFERRED BY YOU
(FROM THE REF-FAMILY PRACTICE CLINIC CASE RECORDS)

GROUP EXAMINATIONS	EXAMINATIONS		PER OF COURT	PER OF RESPONSES	PER OF COURT
LABORATORY LABOR					
ADMISSION		26	2.2	0.3	
CHILD		54	4.2	4.6	
CHILDREN		106	8.3	9.7	
LAB		67	5.6	6.0	
LAB		6	0.5	0.5	
HISTORICAL REPORT		64	5.3	5.3	
LABORATORY		779	64.5	69.5	
LABORATORY		108	9.9	9.7	
	TOTAL RESPONSES	1207	100.0	100.0	
497 REFUSED TO GO	330 VALUED CASES				

APPENDIX W
Table W-1 (Contd)

DISPOSITIONS REPORTED BY 1001
PROFESSIONAL PRACTICE ELEMENT CASES

DISPOSITION	COUNT	PERCENTAGE	PERCENTAGE
ADJUDICATED	1147	99.0	99.0
REFUSED TO PLEAD	51	4.3	4.3
CONCILIATION	17	1.5	1.5
CHARGE REFERRAL	2	0.2	0.2
ADMIT	2	0.2	0.2
DEAC	5	0.4	0.4
OTH	4	0.3	0.3
TOTAL RESOLUTIONS	1175	100.0	100.0
RESOLUTION RATE	1175	99.7%	

APPENDIX W
Table W-2

CHILD CARE PROVIDER	CHILD ID	CHILD NUMBER PREFIX	CHILD ID SUFFIX
PROVIDER 115	42076	1ST CHILD	TMH
	42183	2D CHILD	GMS
PROVIDER 150	0	1ST CHILD	AT
			BRF
	0274	5D CHILD	ESA
	0374	1ST CHILD	KLF
	0374	5D CHILD	MGL
	0380	1ST CHILD	KAR
	0383	1ST CHILD	KDC
	0426	1D CHILD	CGJ
	0429	2D CHILD	JRC
	0431	2D CHILD	AVR
	0481	2D CHILD	JDE
	0487	3TH CHILD	JHK
	0490	2D CHILD	AGT
	0507	3TH CHILD	JER
	0518	5D CHILD	CLH
	0529	2D CHILD	GGF
	0530	1ST CHILD	GR
	0528	1ST CHILD	TER
	0529	1ST CHILD	QWG
	0504	2D CHILD	KCD
	0521	1ST CHILD	CSN
	0508	2D CHILD	MDI
	0505	1ST CHILD	TMH
	0508	1ST CHILD	ACT
0529	2D CHILD	CLR	

APPENDIX W
Table W-2 (Contd)

WPA CASE NUMBER	CHILD	NAME OF CHILD (PHILIP)	PROVIDER	CHILD
	43498	1ST CHILD	UPE	
	44170	1ST CHILD	BUM	
	47562	1ST CHILD	FJJ	
	47570	2D CHILD	MUK	
		3D CHILD	RAK	
	53767	3D CHILD	JEE	
	82673	1ST CHILD	RJR	
PROVIDER 112	0	1ST CHILD	SMH	
	1342	1ST CHILD	FAD	
	9048	2D CHILD	LAC	
	34856	2D CHILD	HAN	
PROVIDER 13	0	1ST CHILD	KAA	
		2D CHILD	AAA	
	34836	2D CHILD	ACE	
	30896	2D CHILD	MED	
	43272	1ST CHILD	MRH	
	43356	2D CHILD	NRH	
	90904	1ST CHILD	MGL	
	18166	1ST CHILD	LLP	
	52408	2D CHILD	LGM	
PROVIDER 15	0	1ST CHILD	AAT	
			D D	
			DCD	
			FSA	
		2D CHILD	AMM	

APPENDIX W
Table W-2 (Contd)

EDUCATIONAL ATTAINMENT	EDUCATIONAL ENROLLMENT	EDUCATIONAL ENROLLMENT	EDUCATIONAL ENROLLMENT	EDUCATIONAL ENROLLMENT
				HAN
				SFD
		3D CHILD		B A
		4TH CHILD		HIN
	6735	2D CHILD		JAA
	13752	2D CHILD		JAB
	20226	3D CHILD		GLD
	24291	3D CHILD		HAB
	24380	1ST CHILD		KAB
	25988	1ST CHILD		JAJ
	35177	1ST CHILD		TSP
	26677	1ST CHILD		KMS
	35434	7TH CHILD		JWA
	41398	1ST CHILD		GLG
	41674	1ST CHILD		CIW
	41774	2D CHILD		EGH
	41962	2D CHILD		JWC
	41960	2D CHILD		CI
	41957	5TH CHILD		MID
	42070	3D CHILD		FAL
	42154	4TH CHILD		MR I
	42162	1ST CHILD		RGM
	42170	1ST CHILD		ANC
	42182	1ST CHILD		JBJ
	42288	1ST CHILD		JDW
	42434	5TH CHILD		LJM
	42470	1ST CHILD		TGB
		2D CHILD		MBB

APPENDIX W
Table W-2 (Contd)

WFO CARE PROVIDER	CHILD NAME	LAW MEMBER PREFIX	EXERCISE INT	FOUNDERING
	43449	4TH CHILD	VRH	
	43498	2D CHILD	HAS	
		3D CHILD	MWS	
	43546	1ST CHILD	SMM	
		3D CHILD	DEM	
	44456	2D CHILD	JCF	
	44556	1ST CHILD	RWS	
	45962	2D CHILD	JFL	
	57137	1ST CHILD	HCK	
		2D CHILD	LCK	
	57341	3D CHILD	JBC	
	57355	2D CHILD	DDW	
		21	ALW	
	57403	2D CHILD	LDM	
	58513	1ST CHILD	MWT	
	58052	1ST CHILD	LRK	
	58030	1ST CHILD	JCF	
	72315	4TH CHILD	JGM	
PROVIDER 17	158	1ST CHILD	JDC	
	25004	1ST CHILD	JHM	
	25231	2D CHILD	TAR	
	30034	3D CHILD	GRM	
	30058	1ST CHILD	VRH	
	37358	1ST CHILD	RCB	
	40155	4TH CHILD	MFP	
	41992	2D CHILD	NJH	
	54862	1ST CHILD	AAK	
UNIDENTIFIED CP	19540	4TH CHILD	ASW	

APPENDIX X

APPENDIX X

FOX ARMY HOSPITAL
PROCEDURES USING MULT RESPONSE

GROUP PROC	PROCEDURES	COUNT	PCT OF RESPONSES	PCT OF CASES
CATEGORY LABEL				
ADVICE HLTH INSTR		29251	24.0	55.1
ANTIBIOTIC		2772	2.3	5.2
AUDIOMETRY		2135	1.8	4.0
BIOPSY		77	0.1	0.1
BLOOD PRESS		13967	11.5	26.3
CAST APLIC		236	0.2	0.4
CAST REMOVAL		202	0.2	0.4
DIAPHRAGM FITTING		29	0.0	0.1
DIETARY COUNSEL		2743	2.3	5.2
DRESSING CHANGE		321	0.3	0.5
EAR IRRIGATI		162	0.1	0.3
EKG		983	0.8	1.9
EKG ORDER FORM		187	0.2	0.4
ENDOMETRIAL BIOPSY		49	0.0	0.1
HEARING CONSV		1024	0.8	1.9
HEMOCCULT		175	0.1	0.3
HOME VISIT		195	0.2	0.4
I AND D		71	0.1	0.1
IMMUNIZATION		1527	1.3	2.9
INJECT OBSERV		4529	3.7	8.5
IUD		39	0.0	0.1
KOH PREP WET MOUNT		187	0.2	0.4
LTRS FORMS		6774	5.6	12.3
LIQUID NITROGEN		206	0.2	0.4

APPENDIX X (Contd)

FOX ARMY HOSPITAL
PROCEDURES USING MUR ? RESPONSE

GROUP PROC	PROCEDURES	COUNT	PCT OF RESPONSES	PCT OF CASES
CATEGORY LABEL				
MANIPULATION		170	0.1	0.3
MINOR SURG		323	0.3	0.5
NASAL SMEAR		12	0.0	0.0
OB WORKUP		38	0.0	0.1
OT SERVICES		3	0.0	0.0
PATIENT CONSULT		1387	1.1	2.5
PHYS THERAPY		3169	2.6	6.0
PREG DETER		157	0.1	0.3
PRES REFILL NO EXAM		1805	1.5	3.4
PROC SIGMCI		115	0.1	0.2
SHOT REC REVIEW		2793	2.3	5.3
SOC WK SERVICES		402	0.3	0.9
SPINAL TAP		13	0.0	0.0
SPIROMETRY		288	0.2	0.5
SPLINTING		189	0.2	0.4
STOOL GUIAC		88	0.1	0.2
STRESS TEST		7	0.0	0.0
SUTURE		163	0.1	0.3
SUTURE REMOVAL		294	0.2	0.5
TELE CONS		838	0.7	1.5
THROAT CULTURE		1581	1.3	3.0
TONOMETRY		921	0.8	1.7
TYMPANOMETRY		222	0.2	0.4
VASECT		167	0.1	0.3

APPENDIX X (Contd)

FOX ARMY HOSPITAL
PROCEDURES USING MULT RESPONSE

GROUP PROC	PROCEDURES	COUNT	PCT OF RESPONSES	PCT OF CASES
CATEGORY LABEL				
VITAL SIGNS		25932	21.3	48.9
OTH PROCEDURES		12862	10.6	24.2
	TOTAL RESPONSES	121780	100.0	229.0
5805 MISSING CASES	13081 VALID CASES			

APPENDIX Y

APPENDIX Y

FOX ARMY HOSPITAL
REFERRALS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP REFER	REFERRED TO			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ALERGY		152	3.6	3.8
COMM HEALTH NURS		22	0.5	0.5
AUDIOLOGY		30	0.7	0.7
CARDIOLOGY		66	1.6	1.6
DENTAL		80	1.9	2.0
DERMATOLOGY		73	1.7	1.8
DIETICIAN		230	5.5	5.7
EENT		158	3.8	3.9
ER		50	1.2	1.2
FAM PRAC		289	6.9	7.2
GYN		194	4.6	4.8
INT MED		520	12.4	12.9
NEUROLOGY		170	4.1	4.2
OB CHAMPUS		36	0.9	0.9
OCC THER		2	0.0	0.0
ONCCLOGY		13	0.3	0.3
OPHTHALMOLOGY		149	3.6	3.7
ORTHOPEDECS		243	5.8	6.0
PEDS		200	4.8	5.0
PHYS THERAPY		285	6.8	7.1
PODIATRY		54	1.3	1.3
PRIVATE PHYSICIAN		80	1.9	2.0
PYCHIATRY		104	2.5	2.6
RHEUMATOLOGY		9	0.2	0.2

APPENDIX Y (Contd)

FOX ARMY HOSPITAL
REFERRALS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP REFER	REFERRED TO			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
SOCIAL WORK		51	1.2	1.3
SURG		342	8.2	8.5
UROLOGY		84	2.0	2.1
OTHER		496	11.9	12.3
		-----	-----	-----
	TOTAL RESPONSES	4182	100.0	103.6
54855 MISSING CASES	4035 VALID CASES			

APPENDIX Z

APPENDIX Z

FOX ARMY HOSPITAL
EXAMS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP EXAMS	EXAMINATIONS			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM		629	1.5	1.6
CHEST		1211	2.9	3.1
COMPLETE PE		3865	9.2	9.8
EAR		856	2.0	2.2
EYE		2523	6.0	6.4
FLIGHT		73	0.2	0.2
HISTORY W/O PE		5884	14.0	14.9
PARTIAL PE		23296	55.4	58.9
PELVIC PAP		2151	5.1	5.4
RTN TO WORK		305	0.7	0.8
VISL ACUIT		1259	3.0	3.2
		-----	-----	-----
	TOTAL RESPONSES	42052	100.0	106.3
19329 MISSING CASES	39561 VALID CASES			

APPENDIX A-A

APPENDIX A-A

FOX ARMY HOSPITAL
DISP USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP DISP	DISPOSITION			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
HOME DUTY		34735	78.4	78.4
RETURN TO CLINIC		7575	17.1	17.1
CONSULT		651	1.5	1.5
CHAMPUS REFERRAL		112	0.3	0.3
ADMIT		370	0.8	0.8
QUAR		568	1.3	1.3
OTH		267	0.6	0.6
		<u>44278</u>	<u>100.0</u>	<u>100.0</u>
	TOTAL RESPONSES	44278	100.0	100.0
14612 MISSING CASES	44278 VALID CASES			

APPENDIX B-B

APPENDIX B-B

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (55890 REC)

FILE:

PRDX PRIMARY DX

VALUE LABEL	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
NO DIAG PROVIDED	9999	5234	8.9	8.9	8.9
MEDICAL EXAM	1070	5112	8.7	8.7	17.6
REFRACTIVE ERRORS	367	2886	4.9	4.9	22.5
ACT UP RES TR INF	460	2848	4.8	4.8	27.3
HYPERTEN, UNCOMPLIC	401	2784	4.7	4.7	32.0
HAY FEVER	477	2412	4.1	4.1	36.1
PROB NEC IN OTH CDS	1999	1549	2.6	2.6	38.7
PROPHYLAC IMMUNIZ	1003	1417	2.4	2.4	41.2
ACUTE OTITIS MEDIA	3820	1300	2.2	2.2	43.4
SHOULDER SYN	7260	1042	1.8	1.8	45.1
OBESITY	278	935	1.6	1.6	46.7
SPR STR OTH SITES	848	904	1.5	1.5	48.3
BK PN W RAD SYMP	7244	895	1.5	1.5	49.8
BK PN W/O RAD SYMP	7242	873	1.5	1.5	51.3
LAC DP W/O TRAL AMP	689	701	1.2	1.2	52.5
LTR FMS PRES W/O EXAM	1680	700	1.2	1.2	53.7
PAIN OR STIF IN JNT	7194	660	1.1	1.1	54.9
SINUS ACUTE/CHRON	461	649	1.1	1.1	56.0
BRUISE CONTU CRUSHG	929	623	1.1	1.1	57.1
BRONCHITIS/BRONCHO, AC	466	601	1.0	1.0	58.0
AC TONSILITIS/QUINSY	463	590	1.0	1.0	59.0
SPR STR ANKLE	8450	521	.9	.9	59.9
CERV SPINE SYND	723	513	.9	.9	60.7
NAUSEA VOMITING	7870	482	.8	.8	61.5
CHF INT KNEE DERANG	717	473	.8	.8	62.3
CYST URIN INFEC	595	464	.8	.8	63.1
FX ALL OTH SITES NEC	829	434	.7	.7	63.9
VIRAL INFECTION NDS	799	431	.7	.7	64.6
ACT & CHF SER OT MED	3811	423	.7	.7	65.3
DIABETES MELLITUS	250	415	.7	.7	66.0
STRP THR SCR EV Erys	34	403	.7	.7	66.7
EPILEPSY ALL TYPES	345	402	.7	.7	67.4
ABS SCANT MENS	6260	392	.7	.7	68.1
HEADACHE	7840	375	.6	.6	68.7
CHRN ISO HT DIS	412	369	.6	.6	69.3
ASTHMA	493	363	.6	.6	69.9
OSTEOARTHRALD COND	715	359	.6	.6	70.5
VAGINITIS NDS, VULV	6161	333	.6	.6	71.1
CONTRITHT DERMA NEC	692	332	.6	.6	71.7
DEPRESSIVE DISORDER	3004	315	.5	.5	72.2
WARTS, ALL SITES	781	311	.5	.5	72.7
IRT BWL SYN INTS OSR	558	307	.5	.5	73.3
PNGOTH LIMB SYMP	7295	281	.5	.5	73.7
THAN SITUA DIST ADJ	398	278	.5	.5	74.2
BULLOCE INE ENGOTR	680	275	.5	.5	74.7
PRES INF INTS DIS	9	263	.5	.5	75.1
CONJUNCTIVITIS/ALMA	3720	265	.5	.5	75.6

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (59690 REC)

FILE:

PRDX PRIMARY DX

OTH BURSE&SYNOV	7263	264	.4	.4	76.0
PNEUMONIA	486	259	.4	.4	76.5
ANXIETY DISORDER	3000	253	.4	.4	76.9
EMPHYSEMA&COPD	492	240	.4	.4	77.3
ORAL CONTRAC	1255	234	.4	.4	77.7
INFLUENZA	437	227	.4	.4	78.1
OTH STIM&FOOD DISOR	536	207	.4	.4	78.4
MARI PRGB	1611	205	.3	.3	78.8
ECZ & ALL DERM	6918	195	.3	.3	79.1
OTH INF SKIN SURCUT	685	195	.3	.3	79.1
OTH MALOC NEOPL NEC	199	193	.3	.3	79.4
CHEST PAIN	7855	185	.3	.3	80.1
MIGRAINE	346	184	.3	.3	80.4
RH ARTH&ALD COND	714	184	.3	.3	80.7
ACNE	7061	179	.3	.3	81.0
SEBACEOUS CYST	7052	175	.3	.3	81.3
ABRA SCRATCH BLIS	918	175	.3	.3	81.6
OTITIS EXTERNA	3801	175	.3	.3	81.9
PRENATAL CARE	1220	173	.3	.3	82.2
OTH BENIGN NEOPL NEC	229	171	.3	.3	82.5
OTH FEM ORGAN DIS	629	167	.3	.3	82.8
SIGN ILL DEF COND	7889	163	.3	.3	83.1
OTH INJ & TRAUMA	959	162	.3	.3	83.3
BRCHI,CHR&BRCHICTAS	491	153	.3	.3	83.6
PAR CHILD PRGB	1612	142	.2	.2	83.8
OTH MEN EPSY DISOR	316	139	.2	.2	84.1
URTICARIA	708	135	.2	.2	84.3
ADV&HLTH INSTRUC	1654	135	.2	.2	84.5
BRNSE&CLOS ALL DEG	949	133	.2	.2	84.8
AC DAM KNEE MENISC	836	132	.2	.2	85.0
DUOD ULC W WQ COMPL	532	131	.2	.2	85.2
INGN TNL & NAIL DIS	703	131	.2	.2	85.4
NONSP ABN PAP SMEAR	7950	131	.2	.2	85.7
DERMATOPHY&DERMAMYCO	110	129	.2	.2	85.9
PELVIC INFLAM DIS	614	123	.2	.2	86.1
OTH NERV SYS DIS NEC	355	117	.2	.2	86.3
GEN CONTRAC GUID	1256	117	.2	.2	86.5
OTH ENDO NU META DI	279	116	.2	.2	86.7
CHRN CYST BRST DS	610	115	.2	.2	86.9
CRVCTS & CVC ERDS	622	115	.2	.2	87.1
HYPOTHYR MYXEDE CRET	244	112	.2	.2	87.3
MNS SYM&EST MND BLD	627	110	.2	.2	87.4
CHRON SKIN ULCER	707	109	.2	.2	87.5
HRT MURM NEC NYD	7852	105	.2	.2	87.8
OTH NONARTIC RHEUM	728	105	.2	.2	88.0
ECTOP BEATS ALL TYPE	4276	105	.2	.2	88.2
IRON DEF I ANEMI	280	101	.2	.2	88.3
TEETH&SFT STRUC DIS	520	99	.2	.2	88.5
ARTH NEC LIF CON TIS	725	99	.2	.2	88.7
GENORRHEA ALL SITES	98	94	.2	.2	88.8
DEAFN, PART OR COMPL	397	94	.2	.2	89.0

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (FRR90 REC)

FILE :

PRDX PRIMARY DX

IMPETIGO	684	95	.2	.2	89.2
NONSPECIF URETHRITIS	994	94	.2	.2	89.3
SEBORR DERMATITIS	690	94	.2	.2	89.5
LATE EFEC OF TRAUMA	908	91	.2	.2	89.6
OTH M GEN ORGAN DIS	607	90	.2	.2	89.8
ESOPHAGEAL DIS	530	89	.1	.1	89.9
DISTUR OR SENS	7820	89	.1	.1	90.1
MONILIAS, ORGN PVN	1121	85	.1	.1	90.2
WAX IN EAR	3804	85	.1	.1	90.4
ORCHITIS&PIDIDYMIT	604	81	.1	.1	90.5
HEMORRHEIDS	455	80	.1	.1	90.7
FDG PRB BABY ELILY	7833	80	.1	.1	90.8
VERTIGINOUS SYND	386	79	.1	.1	90.9
CORN&CALL	700	79	.1	.1	91.1
OTH CONTRAC MLTH	1253	79	.1	.1	91.2
SWLG OR EFUS OF JNT	7190	74	.1	.1	91.3
ADVS EF MED PRP DJSE	9952	73	.1	.1	91.5
DYSURIA	7881	77	.1	.1	91.6
BEHAVIOR DISOR NEC	312	75	.1	.1	91.7
HIATUS DIAPHRAG HERN	551	75	.1	.1	91.8
DIZZINS GIDDINES	7804	74	.1	.1	92.0
INGUIN HERN W/O OBST	550	73	.1	.1	92.1
BLEED PER RECTUM NOS	5693	72	.1	.1	92.2
OTH INFCT PARST DIS	136	71	.1	.1	92.3
OTH BREAST DISEASES	611	70	.1	.1	92.5
OTH FAM PRXB	1619	70	.1	.1	92.6
CONSTIPATION	5840	70	.1	.1	92.7
EUSTACH PER OR CATAR	3815	69	.1	.1	92.8
POSTN CR	1024	68	.1	.1	92.9
EYLD INF CHALAZION	3730	65	.1	.1	93.0
ALECTICOTIC HAIR DIS	704	65	.1	.1	93.1
OTH CEREBRIVAS DIS	438	64	.1	.1	93.3
MALAIS, FATIG, TIRID	7807	63	.1	.1	93.4
TUBERCULOSIS	11	60	.1	.1	93.5
GOUT	274	60	.1	.1	93.6
ABN UNEXP FIOCH TST	7902	59	.1	.1	93.7
LYNGITIS&TRCHITS, AC	464	59	.1	.1	93.8
HEMATURIA NOS	5997	58	.1	.1	93.9
OTH VIRAL EXANTMS	57	57	.1	.1	94.0
ALC ABUS & ALC PSY	3031	57	.1	.1	94.1
GALBLD & BILY TR DIS	574	55	.1	.1	94.2
FORGN BODY IN TIS	912	55	.1	.1	94.2
OCCUP PRXB	1620	55	.1	.1	94.3
COUGH	7862	55	.1	.1	94.4
NEO NYD HIGN OR MGT	239	54	.1	.1	94.5
DIVTIC DIS OF INTES	562	54	.1	.1	94.7
OTH PERPH VSL DIS	459	52	.1	.1	94.7
BLD FRMC TRD DIS NEC	2809	51	.1	.1	94.8
OTH PEPTIC ULCER	533	47	.1	.1	94.9
SURCEMED CARE COMPL	998	47	.1	.1	95.0
MIN, TRD, SALIV CLD DT	528	43	.1	.1	95.0

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (55890 PCC)

FILE:

PROX PRIMARY DX

FLAT BLOODING ERUCTAT	7873	48	.1	.1	95.1
PEDICULO & OTH INFES	132	47	.1	.1	95.2
TRAUMAT ARTHRITIS	7161	47	.1	.1	95.3
AC MYC INFAN SUB IS	410	45	.1	.1	95.4
URN SYS CLCUS,AL TYP	592	45	.1	.1	95.4
DISLO SUPLUX OTH SIT	839	45	.1	.1	95.5
FORGN BODY IN EYE	930	45	.1	.1	95.5
HERPES SIMPLEX	54	45	.1	.1	95.7
STER&RDCO FERTIL	606	45	.1	.1	95.4
SCABIES&OTH ACARIAS	133	43	.1	.1	95.8
LYMPHADENITIS,ACUTE	683	43	.1	.1	95.9
TRICHU URIG PVM	1310	43	.1	.1	96.0
OTH SUC PROE	1629	42	.1	.1	96.0
FEVER OF UNDET CAUSE	7406	42	.1	.1	96.1
SCHIZOPH ALL TYPE	295	41	.1	.1	96.2
RHEUM FV FT DIS	390	41	.1	.1	96.3
DIAP RASH	6910	41	.1	.1	96.3
ELEV BLOOD PRESSURE	7962	41	.1	.1	96.4
NONTOXIC GGTRENDOU	240	40	.1	.1	96.5
FAM DIS W/O DIV	1610	40	.1	.1	96.5
NEUROG OTH UNSPEC	3009	40	.1	.1	96.5
INFECTIOUS MONI	75	38	.1	.1	96.7
MONILIASIS EXCL UROG	112	38	.1	.1	96.7
PROSGSEMI VESCL	601	38	.1	.1	96.8
PYLPHR EPHYLTIS, AC	5901	37	.1	.1	96.9
RSH&OTH NENSP SKN ER	7821	37	.1	.1	96.9
HEARTBURN	7871	37	.1	.1	97.0
CHRN ENTRS,ULCR CLTS	555	35	.1	.1	97.0
CIR OTH LIVER DIS	571	36	.1	.1	97.1
GANGL OF JNT&TENDON	7274	36	.1	.1	97.2
SYNCO FAINT PLKOUT	7802	35	.1	.1	97.2
LIPID METABOLISM DIS	272	35	.1	.1	97.3
PAROXYSMAL TACHYCARD	4270	35	.1	.1	97.3
AFFECTIVE PSYCHOSES	296	33	.1	.1	97.4
ANAL FIS FIST ARCESS	555	33	.1	.1	97.4
PROC,RECEANAL PAIN	5646	33	.1	.1	97.4
EPISTAXIS	7847	32	.1	.1	97.5
ATHRSCL EXC HRT BRN	440	31	.1	.1	97.5
INTRAUT DIV	1251	31	.1	.1	97.7
ATRIAL FIB OF FLUT	4273	31	.1	.1	97.7
PSOP W/O AF	6961	31	.1	.1	97.7
PALPITATIONS	7451	31	.1	.1	97.8
PERSON&CHARA DISOR	301	30	.1	.1	97.9
HPR CHRN INF TON ADE	474	30	.1	.1	97.9
ABN URINE TEST NEC	791	30	.1	.1	98.0
INS BTESTINGS	910	29	.0	.0	98.0
FREQ OF URINATION	7884	29	.0	.0	98.1
OTH MSKEL, CNCT DIS	739	24	.0	.0	98.1
BENIGN NEUPLASM SKIN	216	27	.0	.0	98.2
PHLEBITIS&THROMBOPHL	451	27	.0	.0	98.2
PRUR & FLTD COND	698	27	.0	.0	98.3

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (58890 REC)

FILE:

PRDX PRIMARY DX

OTH SKNESUP TISU DIS	709	27	.0	.0	98.3
ADVS EF WITH CHEM	989	27	.0	.0	98.4
PREMS TNS SYN	6254	27	.0	.0	98.4
OSTEOARTH OF SPINE	721	25	.0	.0	98.4
OTHER HERNIAS	553	25	.0	.0	98.5
HYSTEREHYPOCH DISOR	3001	25	.0	.0	98.5
DVDS MED AC OR DLIB	977	24	.0	.0	98.6
PARKINSONISM	332	23	.0	.0	98.6
OTH UNEXP ABN RESULT	793	23	.0	.0	98.6
ABN INVOL MOVEMENT	7810	23	.0	.0	98.7
APENICIT ALL TYPES	540	22	.0	.0	98.7
SOC MALADJUSTMENT	1424	22	.0	.0	98.8
FOR BU ENTER TH DRIF	939	21	.0	.0	98.8
CONT CAR INF PKS DS	1001	21	.0	.0	98.8
OBS CR OTH HI RS PAT	1010	21	.0	.0	98.9
DYSPNEA	7860	21	.0	.0	98.9
LIPOMA ANY SITE	214	20	.0	.0	98.9
HEART FAIL, K L SIDE	428	20	.0	.0	99.0
CONC INTRA CRAN INJ	850	20	.0	.0	99.0
INSOM BOTH SLP DISUR	3074	20	.0	.0	99.0
HEMA ARNOR NEC	7900	20	.0	.0	99.1
TRANS CEREBRAL ISCH	435	19	.0	.0	99.1
ENURESIS	7883	19	.0	.0	99.1
OXY PNWOMS HELM NEC	127	18	.0	.0	99.2
PITYRIA ROSE	6963	18	.0	.0	99.2
WEIGHT LOSS	7832	17	.0	.0	99.2
BENIGN PRESTAT HYPER	600	15	.0	.0	99.3
OBSER HI KS MED	1014	15	.0	.0	99.3
VRCS VEINS LEGS	454	15	.0	.0	99.3
OSTEOCHONDRISIS	732	15	.0	.0	99.3
MASSLOCAL SWEL NDS	7822	15	.0	.0	99.4
ENL LYM NODE NOT INF	7856	15	.0	.0	99.4
MENTAL RETARD	317	14	.0	.0	99.4
PLEUR ALL EC TUPER	5110	14	.0	.0	99.6
MALIG NEUPL BREAST	174	13	.0	.0	99.5
HEREDIT HEMOLYTIC AN	282	13	.0	.0	99.5
CATARACT	366	13	.0	.0	99.5
HEMAT, MLNA, GI HMR	578	13	.0	.0	99.5
LACK OF EXP PHY DVL	7834	12	.0	.0	99.5
MULTIPLE SCLEROS	340	11	.0	.0	99.5
OTH EYE DIS	378	10	.0	.0	99.6
OTH CONGEN ANOMALIES	758	10	.0	.0	99.6
INFECTIOUS HEPATITIS	70	9	.0	.0	99.6
HODG DIS LYMP LEUK	201	9	.0	.0	99.6
DISTURB OF SPEECH	7845	9	.0	.0	99.6
OTH EARGASTH DIS	399	8	.0	.0	99.7
HYDROCELE	693	8	.0	.0	99.7
SEXUAL PROBLEMS	3027	8	.0	.0	99.7
OTH DRUG AB HAR ADD	3048	8	.0	.0	99.7
ACU ALCOH INTOXI	3050	8	.0	.0	99.7
CONVULSIONS	7403	8	.0	.0	99.7

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (58890 CASES)

FILE:

PRDX PRIMARY DX

EDEMA	7423	9	.0	.0	99.7
SYPH ALL STAGE/STG	90	7	.0	.0	99.7
OTH HRT DISEASE N/C	429	7	.0	.0	99.7
ACQ DEFORM OF LIMBS	736	7	.0	.0	99.7
TENSION HEADACHE	3078	7	.0	.0	99.7
BNGN NEOP BREAST	217	5	.0	.0	99.7
GLAUCOMA	365	5	.0	.0	99.7
DIS HT VAL NON-THEUM	424	5	.0	.0	99.7
GLMERON, AC & CHRN	590	5	.0	.0	99.7
UTEROVAG PROLAPSE	618	5	.0	.0	99.7
CHICKENPOX	52	5	.0	.0	99.7
MALIG NEOP GASTR TR	151	5	.0	.0	99.7
PSY OTH NLS EXC ALCOH	298	5	.0	.0	99.7
OTH RESPI SYSTEM DIS	519	5	.0	.0	99.7
FX TIB FIBULA	823	5	.0	.0	99.7
STERIL MALE FEMALE	1252	5	.0	.0	99.7
EXCESSIVE SWEATING	7808	5	.0	.0	99.7
POMPSWEAT GLND DIS	705	4	.0	.0	99.9
MEDSURG PROC W/O DIAG	1050	4	.0	.0	99.9
HEMOPTYSIS	7863	4	.0	.0	99.9
ORGNC PSY EXC ALCOH	294	3	.0	.0	99.9
ACQ DEFORM OF SPINE	737	3	.0	.0	99.9
CONG ANOMAL LOW LIMB	754	3	.0	.0	99.9
TOBACCO ABUSE	3051	3	.0	.0	99.9
ANDREXIA	7830	3	.0	.0	99.9
PVN INFEC INTES DIS	8	2	.0	.0	99.9
HERPES ZOSTER	53	2	.0	.0	99.9
MALIG NEOP SKN SUBCU	173	2	.0	.0	99.9
THRITICOSIS W W/O GHI	242	2	.0	.0	100.0
BLINDNESS	369	2	.0	.0	100.0
ECTOPIC PREG	633	2	.0	.0	100.0
CONG ANOMALY HT& CIR	746	2	.0	.0	100.0
FX VERTEB COL	405	2	.0	.0	100.0
EDUC PROB	1623	2	.0	.0	100.0
LYPHAD CHR NONSPEC	2891	2	.0	.0	100.0
PAINFUL MENS	6253	2	.0	.0	100.0
HPATOMGLY SPENOMEG	7891	2	.0	.0	100.0
SPR STR NECK	6470	2	.0	.0	100.0
MALIG NEOP RESP TR	162	1	.0	.0	100.0
PURP HEMRHOAG DEF	287	1	.0	.0	100.0
BLDG DURING PREG	640	1	.0	.0	100.0
ALL PERINATAL COND	778	1	.0	.0	100.0
FX HUMERUS	812	1	.0	.0	100.0
FX META CARPOTARSAL	814	1	.0	.0	100.0
REF W/O EXAM-INTERV	1683	1	.0	.0	100.0
NON-PSY VONS & DYSP	6250	1	.0	.0	100.0
UNKY INF PG & PSPART	6466	1	.0	.0	100.0
OSTEOPOROSIS	7330	1	.0	.0	100.0
TOTAL		58890	100.0	100.0	

VALID CASES 58890

MISSING CASES 0

168

APPENDIX C-C

APPENDIX C-C
Diagnostic Clusters

November (10932 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
NO DIAG PROVIDED	1295	13.9	13.9	13.9
GEN MED EXAM	1022	10.9	10.9	24.8
ACUTE URI	549	5.9	5.9	30.6
HYPERTENSION	530	5.7	5.7	36.3
REFRACTIVE ERRORS	465	5.0	5.0	41.3
LBKPN & SYNDROMES	441	4.7	4.7	46.0
CHRONIC RHINITIS	411	4.4	4.4	50.4
LACR CENTS ABRAS	318	3.4	3.4	53.8
ACUTE SPRANS STRANS	286	3.1	3.1	56.8
BURS SYNCV TENOSYN	263	2.8	2.8	59.7
OT MED ACT CHRON	256	2.7	2.7	62.4
NONPSY DEF ANX-NEURO	238	2.5	2.5	64.9
FIBROTS MYLG ARTHG	227	2.4	2.4	67.4
DEGEN JNT DISEASE	179	1.9	1.9	69.3
OBESITY	149	1.6	1.6	70.9
ACUTE LOWER RESPI	145	1.6	1.6	72.4
ALL FX DISLOCATIONS	132	1.4	1.4	73.8
NONFG INF SKNSBQ TS	129	1.4	1.4	75.2
DERMATITIS & ECZ	128	1.4	1.4	76.6
HEADACHES	124	1.3	1.3	77.9

December (10266 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1161	13.5	13.5	13.5
NO DIAG PROVIDED	829	9.6	9.6	23.1
ACUTE URI	616	7.1	7.1	30.2
CHRONIC RHINITIS	476	5.5	5.5	35.7
HYPERTENSION	467	5.4	5.4	41.2
REFRACTIVE ERRORS	396	4.6	4.6	45.8
LBKPN & SYNDROMES	354	4.1	4.1	49.9
OT MED ACT CHRON	319	3.7	3.7	53.6
LACR CENTS ABRAS	243	2.8	2.8	56.4
BURS SYNCV TENOSYN	235	2.7	2.7	59.1
ACUTE SPRANS STRANS	206	2.4	2.4	61.5
NONPSY DEF ANX-NEURO	177	2.1	2.1	63.5
FIBROTS MYLG ARTHG	158	1.8	1.8	65.4
ACUTE LOWER RESPI	154	1.8	1.8	67.2
VAGNTS ULVTS CRVCTS	133	1.5	1.5	68.7
DEGEN JNT DISEASE	122	1.4	1.4	70.1
NONFG INF SKNSBQ TS	122	1.4	1.4	71.5
ALL FX DISLOCATIONS	114	1.3	1.3	72.9
DERMATITIS & ECZ	113	1.3	1.3	74.2
SINUSITIS AC CHRON	107	1.2	1.2	75.4

APPENDIX C-C (Contd)
Diagnostic Clusters

January (12235 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1367	13.4	13.4	13.4
NO DIAG PROVIDED	1047	10.2	10.2	23.5
ACUTE URI	662	6.5	6.5	30.0
REFRACTIVE ERRORS	602	5.9	5.9	35.9
HYPERTENSION	561	5.5	5.5	41.4
CHRONIC RHINITIS	423	4.1	4.1	45.5
LBKPN & SYNDROMES	406	4.0	4.0	49.5
OT MED ACT CHRON	364	3.6	3.6	53.0
LACR CENTS ABRAS	329	3.2	3.2	56.2
ACUTE SPRANS STRANS	319	3.1	3.1	59.4
BURS SYNOV TENOSYN	298	2.9	2.9	62.3
FIBROS MYLG ARTHG	250	2.4	2.4	64.7
OBESITY	216	2.1	2.1	66.8
NONPSY DEP ANX-NEURO	177	1.7	1.7	68.5
ACUTE LOWER RESPI	163	1.6	1.6	70.1
SINUSITIS AC CHRON	144	1.4	1.4	71.5
DERMATITIS & ECZ	140	1.4	1.4	72.9
DEGEN JNT DISEASE	133	1.3	1.3	74.2
ALL FX DISLOCATIONS	130	1.3	1.3	75.5
NONFG INF SKN&SQ TS	119	1.2	1.2	76.6 ●

February (9784 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1073	12.9	12.9	12.9
NO DIAG PROVIDED	844	10.1	10.1	23.0
ACUTE URI	697	8.4	8.4	31.4
HYPERTENSION	534	6.4	6.4	37.8
REFRACTIVE EPRORS	519	6.2	6.2	44.0
OT MED ACT CHRON	393	4.7	4.7	48.8
CHRONIC RHINITIS	379	4.6	4.6	53.3
LACR CENTS ABRAS	234	2.8	2.8	56.1
LBKPN & SYNDROMES	217	2.6	2.6	58.7
OBESITY	206	2.5	2.5	61.2
ACUTE SPRANS STRANS	204	2.4	2.4	63.6
BURS SYNOV TENOSYN	198	2.4	2.4	66.0
ACUTE LOWER RESPI	175	2.1	2.1	68.1
NONPSY DEP ANX-NEURO	164	2.0	2.0	70.1
DEGEN JNT DISEASE	151	1.8	1.8	71.9
FIBROS MYLG ARTHG	142	1.7	1.7	73.6
SINUSITIS AC CHRON	135	1.6	1.6	75.2
DERMATITIS & ECZ	103	1.2	1.2	76.5
ALL FX DISLOCATIONS	100	1.2	1.2	77.7
HEADACHES	98	1.2	1.2	78.9 ●

APPENDIX C-C (Contd)
Diagnostic Clusters

March (9617 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1075	13.4	13.4	13.4
NO DIAG PROVIDED	701	8.7	8.7	22.1
ACUTE URI	667	8.3	8.3	30.4
REFRACTIVE ERRORS	564	7.1	7.1	37.5
HYPERTENSION	457	5.7	5.7	43.2
CHRONIC RHINITIS	432	5.4	5.4	48.5
OT MED ACT CHRON	315	3.9	3.9	52.5
LACR CENTS ABRAS	262	3.3	3.3	55.7
ACUTE SPRANS STRANS	262	3.2	3.3	59.0
BURS SYNOV TENOSYN	188	2.3	2.3	61.3
LBKPN & SYNDROMES	184	2.3	2.3	63.6
OBESITY	175	2.2	2.2	65.8
ACUTE LOWER RESPI	161	2.0	2.0	67.8
DEGEN JNT DISEASE	160	2.0	2.0	69.8
NONPSY DEP ANX-NEURO	152	1.9	1.9	71.7
FIBROS MYLG ARTHG	152	1.9	1.9	73.6
DERMATITIS & ECZ	130	1.6	1.6	75.2
SINUSITIS AC CHRON	113	1.4	1.4	76.6
NONFG INF SKN&SBQ TS	95	1.2	1.2	77.8
HEADACHES	88	1.1	1.1	78.9

Total Study (58890 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	6550	13.2	13.2	13.2
NO DIAG PROVIDED	5234	10.6	10.6	23.8
ACUTE URI	3536	7.1	7.1	30.9
REFRACTIVE ERRORS	2886	5.8	5.8	36.7
HYPERTENSION	2784	5.6	5.6	42.3
CHRONIC RHINITIS	2412	4.9	4.9	47.2
LBKPN & SYNDROMES	1799	3.6	3.6	50.8
OT MED ACT CHRON	1783	3.6	3.6	54.4
LACR CENTS ABRAS	1555	3.1	3.1	57.5
ACUTE SPRANS STRANS	1426	2.9	2.9	60.4
BURS SYNOV TENOSYN	1305	2.6	2.6	63.1
FIBROS MYLG ARTHG	1046	2.1	2.1	65.1
NONPSY DEP ANX-NEURO	996	2.0	2.0	67.2
OBESITY	935	1.9	1.9	69.0
ACUTE LOWER RESPI	860	1.7	1.7	70.8
DERMATITIS & ECZ	662	1.3	1.3	72.1
SINUSITIS AC CHRON	649	1.3	1.3	73.4
ALL FX DISLOCATIONS	621	1.3	1.3	74.7
NONFG INF SKN&SBQ TS	609	1.2	1.2	75.9
VAGNTS ULVTS CRVCTS	576	1.2	1.2	77.1

APPENDIX D-D

APPENDIX D-D
MCCU Count vs. Outpatient Encounter Form

<u>Month</u>	<u>MCCU</u>	<u>OEF</u>	<u>of ages</u>
November	12,509	10,932	.13
December	10,542	10,266	.03
January	12,879	12,235	.05
February	13,045	9,784	.24
March	13,138	9,617	.26

APPENDIX E-E

APPENDIX E-E
Care Provider Questionnaire

TO: Fox Army Hospital Providers
FROM: LTC Misener and Ms Gilbert
Health Care Studies and
Clinical Investigation Activity

During the past few months, you have been participating in an ambulatory care data base project which has gained much interest among military and civilian health care professionals. There seems to be agreement that the mark-sense format you have been using is the most efficient method.

Your participation is greatly appreciated. It is hoped that the practice-profile reports have been informative/valuable. As we prepare to make our final report for The Army Surgeon General, we would like to have feedback from you.

We are interested in your individual comments, however, we ask that you approach the evaluation realizing that in the future some method of capturing these data will surely be required. Our goal is to help you design a form that is most responsive to your needs for "recertification," research," etc.

The overall question is how can we meet the requirements to provide information efficiently, economically and as easily as possible, while meeting your needs.

1. Have you received any computer reports? a. _____yes _____no
b. If yes, how many? _____.
2. Would you like to continue receiving practice profile reports on a regular basis? _____yes _____no
3. What additional feedback would you like?
4. What is the first digit of your care provider number? _____.
5. How many seconds would you estimate it takes you to complete your portion of the encounter form? _____.
6. Are the diagnostic categories sufficient for your use? _____yes _____no
(If no) What changes do you recommend?

over please

APPENDIX E-E (Contd)
Care Provider Questionnaire

7. How frequently do you use the secondary (additional) diagnostic categories?
(Please circle your choice)

Almost never 1
Rarely 2
Frequently 3
Almost always 4

8. Do you believe the encounter form such as the one you have been using
should be adopted Army-wide? _____yes _____no.

Why? _____.

9. Do you believe the value of the information gained by completing the form
is potentially worthwhile to:

You _____yes _____no
Fox AH _____yes _____no
The Army _____yes _____no

10. Which portions of the encounter form do you believe could be eliminated?

11. What recommendations would you make to improve or simplify the encounter
form?

APPENDIX F-F

APPENDIX F-F
Clerical Staff Questionnaire

TO: Clinic Clerical/Administrative Staff

FROM: Ms Gilbert/LTC Misener

Your assistance during the test phase of the outpatient encounter form project is greatly appreciated. We believe that in the future the Army will require some method of gathering these data on a world-wide basis. As the end of the "Study" approaches and before the final report is written, we would appreciate your ideas on how to make any future encounter form easier and more efficient.

1. On the average, how many minutes did it take you to complete your portion of the form? _____ minutes.
2. How cooperative are most patients in filling out the forms? (please circle the number of your response).

Very uncooperative	1
Uncooperative	2
Cooperative	3
Very cooperative	4

3. Did the color coding on the form make it easier for you to use ?
_____yes _____no
4. Would you prefer other colors for the form?
_____yes _____no
5. Does this form capture all of the information for any reports you are required to generate such as the Medical Summary 302?
_____yes _____no

If no, what needs to be added?

6. Overall, have you been satisfied with the form? _____yes _____no
7. Has the form been easy to use? _____yes _____no
8. Are the elements in the most logical sequence? _____yes _____no

If no, how would you prefer to have them changed?

9. If the Army decides to continue using a form such as this on an ongoing basis, what changes do you recommend. Please be specific - this is your chance to possibly make the task easier.

APPENDIX G-G



DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
REDSTONE ARSENAL, ALABAMA 35809

REPLY TO
ATTENTION OF

HSXW-CO

18 March 1983

SUBJECT: Extension of Funding for Ambulatory Care Data Base

Commander
US Army Health Services Command
ATTN: HSAM (Mr. Hime)
Ft. Sam Houston, Texas 78234

1. We are aware that the Ambulatory Care Data Base Study will end present funding on or about 30 April 1983. Based upon positive results for patient management and personnel and data retrieval it would be imperative to continue this on an on-going basis to further monitor trends and to provide statisticians the opportunity to view this system in operation.
2. We will be submitting a more formal request to the Automation Guidance Council for funding of the extension. Please take this to be a statement of intent.

GRAHAM E. BEARD, M.D.
COL, MC
Commanding

AD-A144 839

AMBULATORY CARE DATA BASE PART B(U) ARMY HEALTH CARE
STUDIES AND CLINICAL INVESTIGATION ACTIVITY FORT SAM
HOUSTON TX T R MISENER ET AL. 16 MAR 84

39

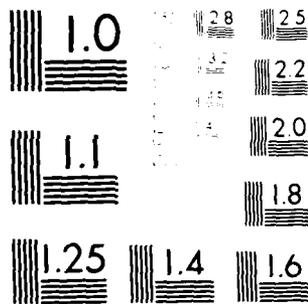
UNCLASSIFIED

HCSCIA-83-009-PT-B

F/G 6/5

NL

												END DATE FILMED 9-84 DTIC
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MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

APPENDIX H-H



UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
REDSTONE ARSENAL, AL 35809



Dear Registrant:

If you are not presently assigned here, welcome to Redstone Arsenal. We at Fox Army Hospital are prepared to support your medical needs in the most efficient and effective manner possible.

An integral factor insuring the continued improvement of medical services is our ability to project and identify health care requirements through statistical analysis. In order to accomplish this Fox Army Hospital, in conjunction with the U.S. Army Health Service Command, has initiated an automated medical data collection system for gathering this vital information.

Your participation and contribution to this program is accurately filling out this form which will register you as a health care recipient. This information will be recorded and placed on the Automated Patient Master File for reference each time you are provided medical treatment. When treatment is provided, a "Patient Encounter Form" will be prepared at the hospital by the administrative personnel and attending physician. In this manner your complete medical history of treatment will be maintained and specific medical detail collected for administrative and medical statistical studies. The end result will be better health care through improved service to you.

Thank you for your cooperation.

Sincerely,
MEDDAC COMMANDER

IMPORTANT: ALL INFORMATION FOR BOTH SPONSOR AND DEPENDENTS IS TO BE FILLED OUT ON A SEPARATE FORM FOR EACH FAMILY MEMBER REGISTERING FOR TREATMENT.

TODAY'S DATE			SPONSOR OR EMPLOYEE												PATIENT																										
PAY	MO.	YEAR	NAME						STATUS						OTHER						INITIALS			FMP			BIRTHDATE														
0	1	2	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	F	M	I	0	1	2	0	1	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	A	A	A	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	B	B	B	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	C	C	C	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	D	D	D	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	E	E	E	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	F	F	F	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	G	G	G	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	H	H	H	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	I	I	I	9	9	9	9	9	9

FEDERAL EMPLOYEE			ACTIVE DUTY ARMY																																							
CIVILIAN			OFFICER						WARRANT OFFICER						ENLISTED																											
CC	SERIES	NUMBER	PAY GRADE	IF ARMY	DUTY MOS/SS	UNIT	OTHER	PAY GRADE	IF ARMY	DUTY MOS/SS	UNIT	OTHER	PAY GRADE	IF ARMY	DUTY MOS/SS	UNIT	OTHER																									
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
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7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
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9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

DO NOT WRITE IN THIS AREA

ADDITIONAL PATIENT INFORMATION

ZIP CODE OF YOUR RESIDENCE

0	(0)	0	(0)	0
1	(1)	1	(1)	1
2	(2)	2	(2)	2
3	(3)	3	(3)	3
4	(4)	4	(4)	4
5	(5)	5	(5)	5
6	(6)	6	(6)	6
7	(7)	7	(7)	7
8	(8)	8	(8)	8
9	(9)	9	(9)	9

DUAL BENEFICIARY

IF YOU ARE A FEDERAL EMPLOYEE, IN ADDITION TO CARE THAT YOU RECEIVE BECAUSE OF YOUR EMPLOYMENT, YOU MAY RECEIVE CARE AS A MILITARY RETIREE OR DEPENDENT. PLEASE STATE YOUR SPONSOR'S SOCIAL SECURITY NUMBER IF YOU RECEIVE CARE UNDER BOTH PROVISIONS.

SPONSOR'S SSN

0	(0)	0	(0)	0	(0)	0	(0)	0
1	(1)	1	(1)	1	(1)	1	(1)	1
2	(2)	2	(2)	2	(2)	2	(2)	2
3	(3)	3	(3)	3	(3)	3	(3)	3
4	(4)	4	(4)	4	(4)	4	(4)	4
5	(5)	5	(5)	5	(5)	5	(5)	5
6	(6)	6	(6)	6	(6)	6	(6)	6
7	(7)	7	(7)	7	(7)	7	(7)	7
8	(8)	8	(8)	8	(8)	8	(8)	8
9	(9)	9	(9)	9	(9)	9	(9)	9

PRIVACY ACT STATEMENT AMBULATORY CARE DATABASE

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU

1 AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071, 87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397

2 PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3 ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4 WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

DATE

APPENDIX I-I

PRIMARY DX

ICHPPC-2 DIAGNOSIS

MARK ONE PERTINENT DIAGNOSIS FOR THIS VISIT

- SKIN
118 ABRASION
17001 ALBINO
8910 ATOPIC ECZEMA
940 BURN
8801 ECZEMATID
052 EMERSON PILLS
882 ERYTHEMA
000 EYELIDS
000 EYEBROWS
0010 DIAPER RASH
1110 FUNGAL INFECTION
000 FURUNCLE
009 LATERALITY
17821 OTHER RASH
000 PRURITIS
0001 PSORIASIS
0002 VIRAL
0781 WARTS

- HEENT
198 ACUTE LARYNGITIS
400 ACUTE PHARYNGITIS
477 ALLERGIC RHINITIS (HAY FEVER)
1110 ANALAZION
1120 CONJUNCTIVITIS
030 FOREIGN BODY EYE
101 HEARING LOSS
100 OTHER EAR
178 OTHER EYE
470 OTHER NASAL
1301 OTITIS EXTERNA (SWIMMER'S EAR)
1011 OTITIS MEDIA (SERIOUS OR SUPPURATIVE)
101 REFRACTIVE ERROR
401 SINUSITIS
074 STREP THROAT
400 URI
1804 VERTIGO

- NECK
1870 ACUTE CERVICAL STRAIN
1857 BRUIT
1858 CERVICAL ADENOPATHY (ACUTE MONO)
1240 THYROID NODULE
8400 OTHER

- CHEST
400 ACUTE BRONCHITIS
493 ASTHMA
400 BRONCHOLITIS
1805 CHEST WALL PAIN
492 COPD
404 CROUP
400 PNEUMONIA
1501 PULMONARY NODULE
011 TUBERCULOSIS
510 OTHER

- BREAST
174 CANCER
8117 DISCHARGE
010 FIBROCYSTIC DISEASE
010 MASTITIS
8111 OTHER

- CV
412 ANGINA CAD
420 ARRHYTHMIA
4409 ASVD
1805 CHEST PAIN
1740 CONGENITAL HEART DISEASE
4200 HEART FAILURE
430 HEMIPARESIS CVA
401 HYPERTENSION

- CV (continued)
422 MITRAL VALVE PROLAPSE
424 OTHER VALVULAR DISEASE
390 RHD

- GI
1810 ABDOMINAL PAIN
516 ACID PEPTIC DISEASE
151 CANCER COLON
151 CANCER GASTRIC
151 CANCER OTHER
574 EMULSION
571 GASTROSIS
5840 CONSTIPATION
550 DIARRHEA
502 DIVERTICULITIS DIVERTICULOSIS
1009 DYSPHAGIA
5511 ESOPHAG. HIATUS HERNIA
0090 GASTROENTERITIS
5091 HEMATOPIHEZIA
571 HEPATITIS ACUTE
551 HERNIA ABDOMINAL
5501 INFLAMMATORY BOWEL DISEASE
5502 IRRITABLE BOWEL SYNDROME
571 LIVER DYSFUNCTION
822 MASS
1810 NAUSEA VOMITING
578 RECTAL BLEEDING
570 PANCREATIC DISEASE
0000 OTHER

- GU
1950 ABNORMAL PAP SMEAR
505 ANAL FISSURE
0000 BPH
822 CERVICITIS VAGINITIS
598 CHRONIC RENAL DISEASE
V58 CONTRACEPTION
6209 DISORDERED MENSTRUATION
1801 DYSURIA UTI
808 FERTILITY PROBLEM
100 GONORRHEA
1856 URIN MASS ADENOPATHY
5991 HEMATURIA
455 HEMORRHOID
803 HYDROCELE
550 INGUINAL HERNIA
270 LEIOMYOMATA UTERI
827 MENOPAUSAL SYNDROME
0994 NON GONOCOCCAL URETHRITIS
1099 OTHER VENEREAL DISEASE
18141 PELVIC PAIN
8258 PELVIC RELAXATION STRESS INCONTINENCE
814 PID
800 PROSTATITIS
1791 PROTEINURIA
5939 RENAL INSUFFICIENCY
4504 SCROTAL MASS
1110 TRICHOMONIASIS
1121 UROGENITAL CANDIDIASIS
592 UROLETIASIS
818 UTEROVAGINAL PROLAPSE
6250 VALGUSMAN
598 OTHER

- OBSTETRICS
V24 PRE NATAI CARE
V210 PRE NATAI CARE
842 TOXEMIA PRE ECLAMPSIA
570 OTHER

- EXTREMITIES/MS
1194 ARTHRALGIA
2242 BACK PAIN
7203 BURSITIS PARIARTHICULAR DISEASE
7297 CERVICAL PAIN RADICULOPATHY
725 OJD OSTEOARTHRITIS
829 FRACTURE
501 INGUINAL HERNIA
1194 KNEE PAIN TRAUMA
728 MYALGIA
725 OTHER COLLAGEN DYSR
1820 PARESTHESIAS
454 PEDAL EDEMA VENOUS INSUFFICIENCY
451 PHLEBITIS
714 RHEUMATOID ARTHRITIS
7271 SCIATICA
7200 SHOULDER SYNDROME
848 STRAIN SPRAIN JOINT
7295 OTHER

- HEMO
115 ATTENTION DEFICIT DISORDER
355 CEREBRAL PALSY
430 CEREBROVASCULAR INSUFFICIENCY
298 DEMENTIA
3419 DEMENTIATING DEGENERATION DISORDER
794 EEG ABNORMALITY
140 HEADACHE MIGRAINE
7841 HEADACHE MIXED
1078 HEADACHE MUSCLE CONTRACTION
1840 HEADACHES NOS
430 HEMIPARESIS-STROKE (LVA)
355 MINIMAL BRAIN DYSFUNCTION
132 PARKINSON'S DISEASE
355 PERIPHERAL NEUROPATHY
7803 SEIZURE DISORDER NOS
7803 SEIZURE FEBRIE
3451 SEIZURE GRAND MAL
345 SEIZURE PETIT MAL
3001 SEIZURE PSYCHOMOTOR
780 STUPOR/COMA
435 TIA
1810 TREMOR
388 VERTEBRO BASILAR SYNDROME
355 OTHER

- PSYCHIATRIC
3031 ALCOHOL ABUSE
3000 ANXIETY DISORDER
9812 CHILD ABUSE-NEGLECT
1074 INSOMNIA
9811 MARITAL PROBLEMS
1004 MOOD DISORDER-MILD DEPRESSION
294 ORGANIC MENTAL DISORDER-ACUTE BRAIN SYNDROME
3048 OTHER SUBSTANCE ABUSE
1771 OVERDOSE-INGESTION
301 PERSONALITY DISORDER
3001 PSYCHOPHYSIOLOGIC DISORDER
298 PSYCHOTIC DISORDER
295 SCHIZOPHRENIA
9813 SCHOOL PROBLEMS
308 SITUATIONAL ADJUSTMENT REACTION
400 SUICIDE ATTEMPT
118 OTHER

- ENDOCRINE/METABOLIC
620 AMENORRHEA
250 DIABETES MELLITUS
274 GOUT HYPERURICEMIA
242 GRAVE'S DISEASE HYPERTHYROID
274 HYPERTHYROIDISM
240 HYPOTHYROIDISM
200 IMPOTENCY
200 INFERTILITY
270 OBESITY
274 PANHYPYROID DISORDER
2791 OTHER

- GENERAL
9841 ADVISE HEALTH PROMOTION
250 CONGENITAL ANOMALY
1804 FEVER
812 HYPERACTIVITY
1007 IMMUNIZATION
80 MALNUTR
170 MEDICAL TRAM
9800 MEDICAL STATEMENT
260 NUTRITION PROBLEM
9800 REFILL MEDICATION
1051 SMOKING EXCESS
1802 WEARINESS
1802 WEIGHT LOSS

- LABORATORY ABNORMALITY
981 ANOMALY TEST
981 ANOMALY LAB TEST
285 ANEMIA
183 OTHER

PRIMARY DIAGNOSIS IF NOT ON ABOVE LIST
Grid for marking primary diagnosis with circled numbers 1-10.

- TYPE OF VISIT (MARK ONLY ONE)
ACUTE PROBLEM MINOR
ACUTE PROBLEM COMPLEX
CHRONIC PROBLEM ROUTINE
MULTIPLE CHRONIC PROBLEMS ROUTINE
CHRONIC PROBLEM FLARE UP
POST SURGERY-INJURY
NON ILLNESS CARE

- DISPOSITION
NO FOLLOWUP PLANNED
WORK WITH LIMITATION
RETURN TO CLINIC
EMERGENCY
EMERGENCY REFERRAL
ADMITTED
CHARTERS
DIED
OTHER

DO NOT WRITE IN THIS AREA

APPENDIX J-J

**CHN-OHS
OUTPATIENT
ENCOUNTER
FORM**

SSAN		FMP		PATIENT INITIALS	
CLINIC		APPT DATE		PROVIDER NAME & NO	

PATIENT DATA

CLINIC	TODAY'S DATE			SPONSOR'S SSN									PATIENT INFO		
	DAY	MONTH	YEAR	1	2	3	4	5	6	7	8	9	0	FMP	INITIALS
0 (0)	0 (0)	JAN	(0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	F M I
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8 (8)	8 (8)	SEP	(8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	H (H) H
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INSTRUCTIONS

- Please use No. 2 Pencil only.
- Fill ovals completely.
- Erase mistakes cleanly.
- Do not make stray marks on this form.

PROVIDER

#1 CARE PROVIDER	#2 CARE PROVIDER	INITIAL VISIT FOR THIS PROBLEM
0 (0)	0 (0)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 (1)	1 (1)	JOB RELATED DIAGNOSIS
2 (2)	2 (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined
3 (3)	3 (3)	DISPOSITION
4 (4)	4 (4)	<input type="checkbox"/> Home <input type="checkbox"/> Duty <input type="checkbox"/> Return to clinic <input type="checkbox"/> Consult <input type="checkbox"/> Work with limitations <input type="checkbox"/> Other
5 (5)	5 (5)	TYPE OF CHN VISIT
6 (6)	6 (6)	<input type="checkbox"/> Ward <input type="checkbox"/> Home <input type="checkbox"/> Clinic/office <input type="checkbox"/> Telephone
7 (7)	7 (7)	TIME SPENT
8 (8)	8 (8)	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 6-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-45 minutes <input type="checkbox"/> 46-60 minutes <input type="checkbox"/> Greater than 60 minutes
9 (9)	9 (9)	EXAMS/EVALUATIONS
0 (0)	0 (0)	<input type="checkbox"/> Placement Complete <input type="checkbox"/> Placement Limited <input type="checkbox"/> Periodic Complete <input type="checkbox"/> Periodic Limited <input type="checkbox"/> Fitness for Duty <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Complete Medical Exam <input type="checkbox"/> Nursing Health Appraisal <input type="checkbox"/> Abdominal <input type="checkbox"/> Chest <input type="checkbox"/> Complete PE <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> History <input type="checkbox"/> Partial PE <input type="checkbox"/> Return to Work
1 (1)	1 (1)	SPECIAL CODES
2 (2)	2 (2)	A B C
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PROCEDURES/SERVICES		ADDITIONAL PROCEDURES																																	
<input type="checkbox"/> 1. ADVICE/HEALTH INSTR <input type="checkbox"/> 2. AUDIOMETRY <input type="checkbox"/> a Preplacement <input type="checkbox"/> b Periodic <input type="checkbox"/> c Earplug Fitting <input type="checkbox"/> d Hearing Conservation <input type="checkbox"/> e Reportable Threshold Shift <input type="checkbox"/> 3. BLOOD PRESSURE <input type="checkbox"/> 4. DRESSING CHANGE <input type="checkbox"/> 5. EAR IRRIGATION <input type="checkbox"/> 6. EKG <input type="checkbox"/> 7. IMMUNIZATIONS <input type="checkbox"/> 8. INJECTION/ALLERGY <input type="checkbox"/> 9. INJECTION/OBSERV <input type="checkbox"/> 10. EYE INJURY <input type="checkbox"/> Chemical <input type="checkbox"/> Foreign Body <input type="checkbox"/> Trauma <input type="checkbox"/> 11. LETTERS FORMS <input type="checkbox"/> 12. PATIENT CONSULTATION <input type="checkbox"/> 13. PREGNANCY SURVEILLANCE <input type="checkbox"/> 14. SHOT RECORD REVIEWED <input type="checkbox"/> 15. SPIROMETRY <input type="checkbox"/> 16. SPLINTING <input type="checkbox"/> 17. SUTURE	<input type="checkbox"/> 17. SUTURE REMOVAL <input type="checkbox"/> 18. TELE CONSULT <input type="checkbox"/> 19. TONOMETRY <input type="checkbox"/> 20. VISUAL ACUITY <input type="checkbox"/> a Preplacement <input type="checkbox"/> b Periodic <input type="checkbox"/> c Safety Glasses Issues <input type="checkbox"/> 21. OTHER PROCEDURES	<table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> <tr> <td>0 (0)</td><td>0 (0)</td><td>0 (0)</td> </tr> <tr> <td>1 (1)</td><td>1 (1)</td><td>1 (1)</td> </tr> <tr> <td>2 (2)</td><td>2 (2)</td><td>2 (2)</td> </tr> <tr> <td>3 (3)</td><td>3 (3)</td><td>3 (3)</td> </tr> <tr> <td>4 (4)</td><td>4 (4)</td><td>4 (4)</td> </tr> <tr> <td>5 (5)</td><td>5 (5)</td><td>5 (5)</td> </tr> <tr> <td>6 (6)</td><td>6 (6)</td><td>6 (6)</td> </tr> <tr> <td>7 (7)</td><td>7 (7)</td><td>7 (7)</td> </tr> <tr> <td>8 (8)</td><td>8 (8)</td><td>8 (8)</td> </tr> <tr> <td>9 (9)</td><td>9 (9)</td><td>9 (9)</td> </tr> </table>	1	2	3	0 (0)	0 (0)	0 (0)	1 (1)	1 (1)	1 (1)	2 (2)	2 (2)	2 (2)	3 (3)	3 (3)	3 (3)	4 (4)	4 (4)	4 (4)	5 (5)	5 (5)	5 (5)	6 (6)	6 (6)	6 (6)	7 (7)	7 (7)	7 (7)	8 (8)	8 (8)	8 (8)	9 (9)	9 (9)	9 (9)
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DO NOT WRITE IN THIS AREA

APPT CONTROL NO

DO NOT WRITE IN THIS AREA

PRIMARY Dx

ICHPCC-2 DIAGNOSIS

MARK ONE PERTINENT DIAGNOSIS FOR THIS VISIT

- 000 UNKNOWN INFECTIOUS INTESTINE DISEASE
001 PRESUMED INFECTIOUS INTESTINE DISEASE
002 TUBERCULOSIS
003 OTHER VIRAL EXANTHEMS
004 INFECTIOUS HEPATITIS
005 INFECTIOUS MONONUCLEOSIS
006 VIRAL INFECTION NOS
007 SYPHILIS ALL STAGES & STATES
008 GONORRHEA ALL SITES
009 DERMATOPHYTOSIS & DERMATOMYCELOSIS
010 PEDICULOSIS & OTHER INFESTATIONS
011 SCABIES & OTHER ASCLARIASES
012 OTHER INFECT PARASITIC DISEASES NEC

- 100 MALIGNANT NEOPLASM
220 BENIGN NEPLASMS
230 NEOPLASMS AS BENIGN OR MALIGNANT

- 240 ANEMIA ALL TYPES
244 GOITR
274 OBESITY
275 LIPID METABOLISM DISORDERS
279 OTHER ENDOCR NUTRITN METABOL DISORD

- 280 IRON DEFICIENCY ANEMIA
289 BLOOD BLOOD FORMING ORGAN DISOR NEC

- 290 PSYCHOSES EXCEPT ALCOHOL DRUG RELATED
294 ORGANIC PSYCHOSIS EXCEPT ALCOHOLIC
295 SCHIZOPHRENIA ALL TYPES
296 AFFECTIVE PSYCHOSES
298 PSYCHOSIS OTHER NOS EXCEPT ALCOHOLIC

- 300 ANXIETY DISORDER
301 HYPERTHRYM & HYPOTHYROIDIC DISORDER
3004 DEPRESSIVE DISORDER
3009 NEUROSIS OTHER UNSPECIFIED
OTHER MENTAL PSYCHOLOG DISORDERS
312 BEHAVIOR DISORDERS NEC
3031 ALCOHOL ABUSE & ALCOHOLIC PSYCHOSIS
3050 ACUTE ALCOHOLIC INTOXICATION
3048 OTHER DRUG ABUSE HABIT ADDICTION
301 PERSONALITY & CHARACTER DISORDERS
317 MENTAL RETARDATION
310 OTHER MENTAL & PSYCHOLOGICAL DISORDR

- 320 NERVOUS SYSTEM DISEASES
332 PARKINSONISM
3345 EPILEPSY ALL TYPES
3346 MIGRAINE

- 3720 CONJUNCTIVITIS & OPHTHALMIA
3730 EYE INFECTIONS CHALAZION
387 REFRACTIVE ERRORS
388 CATARACT
385 GLAUCOMA

- 3801 OTITIS EXTERNA
3820 ACUTE OTITIS MEDIA
3831 ACUTE & CHRON SPOROUS OTITIS MED
3815 TUSTACHIAN RINOR OR CATARRH
386 VERTIGINOUS SYNDROMES
387 DEAFNESS PARTIAL OR COMPLETE
3804 WAX IN EAR

- 400 RHEUMATIC FEVER HEART DISEASE
410 AC MYOCARD INFARCT/SIBAC ISCHEMIA
412 CHRONIC ISCHEMIC HEART DISEASE
420 HEART FAILURE RIGHT LEFT SIDED

- HEART DISEASES (continued)
4273 ATRIAL FIBRILLATION OR FLUTTER
4270 PAROXYSMAL TACHYCARDIA
4276 ECTOPIC BEATS ALL TYPES
BLOOD PRESSURE PROBLEMS
401 HYPERTENSION
VASCULAR SYSTEM DISEASES
430 OTHER CEREBROVASCULAR DISEASE
440 ATHEROSCLEROSIS EXCEPT HEART & BRAIN
454 VARICOSE VEINS OF LEGS
455 HEMORRHOIDS

- RESPIRATORY SYSTEM DISEASES
460 ALL OTHER RESPIR TRACT INFECTIONS
461 SINUSITIS ACUTE & CHRONIC
464 ACUTE TONSILLITIS & ADENITIS
474 HYPERTROPHIC ENRIN INFECTION ADEN
480 LARYNGITIS & TRACHEITIS ACUTE
484 BRONCHITIS & BRONCHIECTASIS ACUTE
487 INFLUENZA
488 PNEUMONIA
490 PNEUMONIA ALL TYPES EXCEPT TUBERCUL
491 BRONCHITIS CHRONIC & BRONCHIECTASIS
492 EMPHYSEMA & COPD
493 ASTHMA
497 HAY FEVER

- INTESTINE SYSTEM DISEASES
512 INDIAGNAL DYSPEPSIA W/ COMPLICATIONS
513 OTHER PEPTIC ULCER
516 OTHER STOMACH & DUODENAL DIS DISORD
540 APPENDICITIS ALL TYPES
550 INGUINAL HERNIA W/ WD OBSTRUCTION
551 HIATUS DIAPHRAGMATIC HERNIA
552 OTHER HERNIAS
568 PROCTITIS RECTAL & ANAL PAIN NOS
578 HEMATEMESIS MELENA G/ HEMORRHOAGE
574 GALLBLADDER & BILIARY TRACT DISEASE

- GENITOURINARY SYSTEM DISEASES
URINARY SYSTEM DISEASES
594 CYSTITIS & URINARY INFECTION NOS
592 URINARY SYSTEM CALCULUS ALL TYPES
597 HEMATURIA NOS
MALE GENITAL ORGAN DISEASES
601 PROSTATITIS & SEMINAL VESICULITIS
603 HYDROCELE
604 ORCHITIS & EPIDIDYMITIS
607 OTHER MALE GENITAL ORGAN DISEASES
BREAST DISEASES
611 OTHER BREAST DISEASES

- NON-ARTICULAR RHEUMATISM (continued)
7283 OTHER BURSITIS & SYNOVITIS
728 OTHER NONARTICULAR RHEUMATISM
7245 IT & N OTHER LIMB SYMPTOMS
VERTEBRAL COLUMN SYNDROMES
7242 BACK PAIN W/ O RADIATING SYMPTOMS
7244 BACK PAIN WITH RADIATING SYMPTOMS
OTHER MUSCULOSKELET CONNECT TISSUE DISORDER
7274 LAMENATION OF JOINT & TENDON
7280 SHOULDER SYNDROMES
CENTRAL & PERIPHERAL NERVOUS SYSTEM
7201 CONVULSIONS
7210 ABNORMAL INVOLUNTARY MOVEMENT
7204 DIZZINESS & GIDDINESS
7205 DISTURBANCE OF SLEEP
7200 HEADACHE
7220 DISTURBANCE OF SENSATION
CARDIOVASCULAR & LYMPHATIC SYSTEM
7205 CHEST PAIN
7201 PALPITATIONS
7202 SYNOPEI FAINT BLACKOUT
7202 HEART MURMUR NOT NYD
7203 EDEMA
7205 ENLARGED LYMPH NODES NOT INFECTED
RESPIRATORY SYSTEM
7207 EPISTAXIS
7203 HEMOPTYSIS
7200 DYSPNEA
7202 COUGH
GASTROINTESTINAL SYSTEM & ABDOMEN
7210 ANOREXIA
7210 NAUSEA/VOMITING
7211 HEARTBURN
7210 ABDOMINAL PAIN
GENITOURINARY SYSTEM
7201 DYSURIA
7203 ENURESIS
7204 FREQUENCY OF URINATION
GENERAL SIGNS & SYMPTOMS
7208 EXCESSIVE SWEATING
7200 FEVER OF UNDETERMINED CAUSE
7221 RASH & OTHER NONSPECIFIC SKIN ERUPTION
7232 WEIGHT LOSS
7207 MALAISE FATIGUE TIREDNESS
7222 MASS & LOCALIZED SWELLING NOS NYD
UNEXPLAINED ABNORMAL RESULTS
721 ANORMAL URINE TEST NEC
7200 HEMATOLOGICAL ABNORMALITY NEC
7202 ANORMAL UNEXPLAINED BIOCHEM TEST
7202 ELEVATED BLOOD PRESSURE
721 OTHER UNEXPLAINED ABNORMAL RESULTS

- ADVERSE EFFECTS (continued)
998 SURGERY & MEDICAL CARE COMPLICATION
998 ADVERSE EFFECTS OF PHYSICAL FACTORS
ADVERSE EFFECTS OF MEDICINE
SKIN DISEASE DISORDERS
7242 DUST DISORDERS OF LUNG
7244 RESPIRATORY CONDITIONS TOXIC AGENTS
7245 SYSTEMIC POISONING TOXIC AGENTS
7246 DISORDERS DUE TO PHYSICAL TRAUMA
7247 DISORDERS DUE TO REPEATED TRAUMA
7248 OTHER OCCUPATIONAL ILLNESSES
7249 NON OCCUPATIONAL ILLNESSES
ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS (continued)
998 SURGERY & MEDICAL CARE COMPLICATION
998 ADVERSE EFFECTS OF PHYSICAL FACTORS
ADVERSE EFFECTS OF MEDICINE
SKIN DISEASE DISORDERS
7242 DUST DISORDERS OF LUNG
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7245 SYSTEMIC POISONING TOXIC AGENTS
7246 DISORDERS DUE TO PHYSICAL TRAUMA
7247 DISORDERS DUE TO REPEATED TRAUMA
7248 OTHER OCCUPATIONAL ILLNESSES
7249 NON OCCUPATIONAL ILLNESSES
ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

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7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS (continued)
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SKIN DISEASE DISORDERS
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7245 SYSTEMIC POISONING TOXIC AGENTS
7246 DISORDERS DUE TO PHYSICAL TRAUMA
7247 DISORDERS DUE TO REPEATED TRAUMA
7248 OTHER OCCUPATIONAL ILLNESSES
7249 NON OCCUPATIONAL ILLNESSES
ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
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7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

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7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

- ADVERSE EFFECTS OF MEDICINE
7249 ADVERSE EFFECT MEDICINE PROPER DOSE
7249 ADVERSE EFFECTS OF OTHER CHEMICALS

Grid for marking primary diagnosis: (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

- TYPE OF VISIT (MARK ONLY ONE)
ACUTE PROBLEM MINOR
ACUTE PROBLEM COMPLEX
CHRONIC PROBLEM ROUTINE
MULTIPLE CHRONIC PROBLEMS ROUTINE
CHRONIC PROBLEM FLARE UP
POST SURGERY/INJURY
NON ILLNESS CARE

CHN

- A ANTE PARTUM
B POST PARTUM
C NEWBORN
D PREMATURE
E FAMILY ADVOCACY
F SOCIO ECON INVESTIGATION
G HANDICAPPING CONDITIONS
H HEALTH PROMOTION
I INJURIES
J MENTAL HEALTH RETARDATION
K DISEASE CONTROL
L A ARTHRITIS
M B CANCER
N C CARDIO VASCULAR
O D CHRONIC RESP
P E DIABETES
Q F OTHER CHRONIC
R G HEPATITIS A or B
S H HEPATITIS (NOS)
T I TB (ACTIVE/REACT)
U J TB SURVEILLANCE
V K VENEREAL (STD) Gon
W L VENEREAL (STD) Syph
X M VENEREAL (STD) Herp
Y N MENINGITIS
Z O OTHER COMMUNICABLE
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