Flight and Operational Medicine Clinic (FOMC) Task Process Mapping

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14. ABSTRACT
This report contains the workflow analysis artifacts derived from a front-end analysis (FEA) of the Air Force Flight and Operational Medicine Clinic (FOMC). The primary methods of the FEA included workflow analysis, process mapping, and process redesign. The FEA methodology was executed using a 3-phased approach. The first phase consisted of a series of technical meetings with FOMC subject matter experts to develop baseline workflows. The second phase comprised site visits to a representative sample of FOMCs to identify and document the “as is” workflows and elicit user feedback regarding their tasks, processes, and interaction with current health IT systems. The third phase utilized a qualitative analysis of the FOMC baseline and “as is” workflows to reengineer optimized “to be” workflows to improve clinic operations and identity requirements for an enhanced Electronic Health Record system.

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EXECUTIVE SUMMARY

This technical document describes the workflow analysis, led by the 711th Human Performance Wing, Human Systems Integration Directorate (711 HPW/HP), of the Air Force’s (AF) Flight and Operational Medicine Clinics (FOMC), with respect to the clinical benefits of an improved workflow and enhanced Electronic Health Record (EHR). For the FOMC, it is critically important that its workflows be addressed, given the potential for unique attributes not routinely shared across other health systems. This project supports contributions to the survivability of the war fighter by demonstrating that service members will benefit from the improved care coordination that will be provided by a replacement EHR. Care coordination amongst service members’ providers is critical to reduce preventable harms and fatalities in healthcare settings. Clinical improvements driven by EHR will ultimately improve the health of the warfighter by reducing the susceptibility and vulnerability to illness, improving injury prevention, and improving return-to-duty after injury. The improved EHR and workflow allows for better case management and reduced instances where the warfighter would return to duty status or even deploy prematurely. In understanding the benefits for personnel survivability, SURVIAC developed baseline and observed workflows to determine the inefficiencies affecting clinical care.

INTRODUCTION

The Department of Defense (DoD) Military Health System is engaged in efforts to acquire a replacement to its legacy EHR system known as the Armed Forces Health Longitudinal Technology Application (AHLTA). The 711 HPW/HP is supporting AME leadership and the AF/SG6 (Air Force Medical Support Agency, Office of the Chief Information Officer) in accomplishing a front-end analysis (FEA) of the medical system comprised of the personnel, health Information Technology (IT), and policies that are the functional instantiation of a FOMC. The purpose of the FEA was to understand the clinic staff (i.e., the users), their needs in accomplishing the clinic’s mission, and the context-specific demands of the work situation. The methodology for conducting the analysis was a three phase approach. The first phase consisted of a series of technical meetings with SMEs to obtain baseline “as-is” workflows. In the second phase, the team completed a series of site visits to a representative sample of Air Force FOMCs to identify and document each clinic’s direct care workflows and elicit user feedback regarding their tasks, processes, and interaction with the current health IT systems. In the third phase, SURVIAC completed a qualitative analysis of the FOMC baseline and observed workflows to develop optimized re-engineered workflows to improve clinic operations and identity requirements for an enhanced EHR.

RESULTS OF ANALYSIS

Based on the Phase I document review and SME technical meetings, seven workflows were identified for detailed analysis: Initial Flying Class (IFC), Fly Preventive Health Assessment (Fly - PHA), Aeromedical Waiver, Profile 469 Duty Limiting Restrictions,
Occupational Health Medical Surveillance Exam, Personnel Reliability Program (PRP) Certification / Administrative Qualification, and PRP PHA. These workflows represent labor intensive processes critical to the FOMC mission—that is, they are the primary value producing workflows. SURVIAC observed the seven primary workflows at six clinics and identified waste and variations amongst the clinics and workflows. Four major wastes were identified across multiple workflows: Over-processing, over-production, waiting, and non-utilized staff or confusion.

The SURVIAC re-engineered workflows illustrate how the streamlined processes supported by an enhanced EHR can increase clinical benefits for warfighters, thus reducing the warfighters’ susceptibility and vulnerability to illness, improving performance and thereby reducing vulnerability to injury, and contributing to resilience that improves return-to-duty after injury. Other areas the team considered when redesigning the workflows included: smoothing the flow of the clinic and patients; minimizing handoffs between staff and other departments, in order to prevent the patient from getting lost in the shuffle or staff being confused about what task is taking place with a particular patient; minimizing confusion within the clinics, evident by the lack of training in some areas, unclear assignments (how to utilize the staff the clinic has and how to best assign staff for best patient flow); and poor communication. The seven primary FOMC workflows were consolidated into two re-engineered workflows: Pre-placement/Periodic Occupational Health Assessment and Impairment/Fitness for Duty. The workflows were designed around a patient-centered philosophy with occupational health services delivered using teams in which members practice at the maximum scope of their training and/or license. These teams differ significantly from the legacy FOMC in the utilization of medical technicians, nurses, and physician assistants to accomplish the majority of the tasks; physician level tasks are few and primarily involve application of clinical judgment.

**Pre-placement/Periodic Occupational Health Assessment Workflow**

The Pre-placement/Periodic Occupational Health Assessment workflow makes heavy use of an enhanced EHR to plan and program clinical work as well as facilitate communications among team members and the examinee. All tasks shown in the process map are not required for every type of occupational exam; however, rather than create unique workflows, differences are addressed for any particular exam by considering the unnecessary tasks as still existing in the workflow, albeit with a null value assigned to them. This model allows a single exam rules matrix to drive a single workflow that is mapped to a single team whose members have consistent roles.

**Impairment/Fitness for Duty Workflow**

The Impairment/Fitness for Duty workflow utilizes concepts and terminology derived from the Americans with Disabilities Act, such as temporary and permanent limitations, impairment versus disability, and fitness for duty evaluations and accommodation. These concepts and terms provide a means for consolidating several workflows dealing with work limitations in different sub-populations (i.e., service members, aviation special duty personnel, and civilian employees) into a single workflow.
CONCLUSIONS, RECOMMENDATIONS, AND STATUS
The team developed re-engineered FOMC workflows followed by conclusions and recommendations. The recommendations systematically address the latent failures driving waste in the current “as is” FOMC workflows. Enterprise-level leaders will need to holistically deal with these issues as part of implementing the re-engineered workflows.

After gathering the information from the questionnaires, observations and stakeholder research at each site visit, the information will be compiled and analyzed. The findings will be used to validate and/or improve the future state re-engineered workflows and to create recommendations for improvements to FOMC operations.

This technical document describes the workflow analysis of the AF FOMCs with respect to the clinical benefits of an improved workflow and enhanced EHR. In understanding the benefits for personnel survivability, SURVIAC developed baseline and observed workflows to determine the inefficiencies affecting clinical care.

The attached workflows demonstrate that service members can benefit from potential clinical improvements driven by an enhanced EHR - ultimately improving the health of the warfighter by reducing the susceptibility and vulnerability to illness, improving performance and thereby reducing vulnerability to injury, and contributing to resilience that improves return-to-duty after injury.

Changes in primary FOMC processes were identified which will result in improved quality, increased speed and efficiency of care, simplification of processes for staff members and patients alike, and improved health outcomes. These improvements, along with the enhanced EHR system, will have a significant impact on the health delivery to the warfighter. Quality of care and standardized processes are a direct contributor to survivability of ill and injured military members, and, particularly with respect to preventing illness and injury, contributes to the survivability of all military systems. It is SURVIAC’s recommendation that all FOMC clinics implement the re-engineered workflows and acquire an enhanced EHR system.
Ensure there has been a clinical blood pressure, height and weight measurement within the past year.

Complete Snellen eye exam.

Does further analysis needed?

Complete all patient interview and PHA assessment based on local business rules.

Complete all annual 1042 required testing IAW 48-123.

Ensure Navy and Marine PHA templates are found in AHLTA.

Is AHLTA available?

Initiate new 1042 and send to HARMS and unit DO.

Complete RILO, interim evaluations and DLC actions in PIMR AIMWTS and AHLTA.

Do these forms exist?

Update the electronic DD Form 2766, Adult Preventive and Chronic Care Flow sheet IAW AFPAM 44-155 and AFI 41-120.

Complete the form. Use PIMR and the AF WebHA "AHLTA Copy and Paste report" to assess cardiovascular risk in Airmen and counsel them, as need, to minimize this risk.

Is Snellen eye exam required?

Refer to optometry.

Identify and address all CPS IAW local PHA business rules.

Print out all paperwork and bring to appointment.

Order all overdue IMR and notify member Army are notified by AKO of appointment.

Are immunizations due/overdue?

Complete all referral actions, lab and immunizations.

Review DRA requirements.

Review AIMWTS within 60 days of PHA appointment.

Are the referrals needed?

Order referrals and review AIMWTS requirements.

Is DRA required?

Order referrals and review AIMWTS requirements.

Complete the WebHA tool within 30 days of scheduled appointment.

Review IMR requirements, past medical history (paper and ALHTA), surgery history, family history and currency of clinical preventive services (WebHA).

Review WebHA results daily and will initiate action on all critical and priorities each day.

Is waiver due?

NO

Use form NAVMED 6120/4, Periodic Health Assessment NO.

PHA Process Begins

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AFI Current Waiver Process

**Patient**
- Complete waiver process

**Tech**
- Provide DNIFs/DNICs patient using form 1042 through ASIMS
- Present Aeromedical waiver
- Act as day to day POC for AIMWTS
- Act as case manager and notify patient of abnormal results

**Flight Surgeon**
- Complete (paraprofessional) diagnostic test and measurements as required by waiver guide
- Identify medical condition or history requiring Aeromedical waiver
- Provide signed copy to HARMS office
- Consult waiver guide to ensure timelines, referrals needed and lab tests are present
- Initiate, track and conduct clinical follow up for waivers
- Enter into both AHLTA, Medical Record and AIMWTS
- Input results in demos and AMS
- Ensure all information is entered and validated by Flight Surgeons
- Forward it to Senior Flight Surgeon
- Review and conduct quality check on waiver in AIMWTS
- Sign as Senior reviewer, forward to proper waiver authority IAW 48-123
- Certify waiver or forward to ACS for case review
- Is it approved?
- Return to Base and Flight Surgeon that originated waiver

**SGP/SPO**
- Verify all waiver requirements meet 48-123 and waiver guide
- Provide DNIFs/DNICs patient
- Present Aeromedical waiver
- Act as day to day POC for AIMWTS
- Act as case manager and notify patient of abnormal results

AFI Current Profile 469 Process

Profile Entry

Patient

Present medical condition and record review

Identify medical restriction that affects either duty or mobility

Document visit and restrictions in AHLTA

Input duty, fitness and mobility restrictions into PIMR/ASIMS

Inputs all information into ASIMS/PIMR and sign

Completes quality review and ensures standards are followed

Is condition duty/fitness?

Yes

Signs off on the paperwork

% condition 31, 37, 81?

End Process

Send to unit CC

Send 469 to Unit CC and PEBLO

Is the code 37?

YES

Validate 469 and sign

Send to MEB

Send to unit CC

End Process

NO

Is condition 31, 37, 81?

31, 37

Present 469 within 5 days of positive pregnancy test

Complete evaluation

Tailor 469 to individual workplace

NO

End Process

AFI Current Occupational Health Medical Surveillance Exam

Patient

- Patient Arrives for Examination
- Complete 2755 Survey

Bio

- Review 2755/COHER and conduct hearing examination
- Copy to AHLTA
- Conduct hazard and PPE education
- Conduct Health History into AHLTA
- Order all labs and specialty exam as required by 2755
- Conduct Health History into AHLTA

MSME

- Notify MSME exam is complete
- Complete quality review check

Specialty Service

- Conduct health and specialty services such as X-ray and EKG
- Chart results

Tech

- Complete labs, ECG, PFT and any exams requiring 2755
- Input into DOEHRS and AHLTA
- Notify MSME exam is complete
- Return all paper record

FS/Occ Doc/Provider

- Complete Organ targeted physical exam
- Conduct Hazard and Environmental interview
- Document exam into AHLTA
- Complete Doc shop form
- Discharge/Disposition
- Release Co/Exposure

Return form to shop supervisor

OCCUPATIONAL HEALTH PROCESS ENDS

AFI Current - Personnel Reliability Program (PRP) – Certification/Administrative Qualification

Records PRP

- Receives AF Form 286 from requesting Unit and requests medical record

- Files Category 3 Discrepancy with Installation PRP/PSP Monitor
- Locates or re-creates medical record if required
- Flags and prepares record for processing
- Sends dental and mental health clinic administrative qualification paperwork for review

- Receives documents
- PI interview required? YES
- Reviews record
- Documents findings on SF 600 and forwards to Medical PRP/PSP Clinic

- Reviews document review
- Patient clarification required? YES
- Interviews patient
- PDI found?
- YES
- Qualifies member
- Signs and forwards AF Form 286 to Unit Monitor
- Returns complete package to Unit

- Reviewed by trained 4Y/CMA
- Patient appointment required? YES
- Sees patient
- Documents findings on SF 600 and forwards to Medical PRP/PSP Clinic

AFI Current - Personnel Reliability Program (PRP) – Medical Care within PRP/PSP Clinic

PRP Clinic Process Begins

Screens and examines member

Perform PRP/PSP Determination and Documentation

Is PDI found/ notification required?

YES

Prints and Reviews Note

NO

Releases Member

Prints and Reviews Notes and filed in member’s record

Performs Final Record Review

Ensures notification is made and PDI passed to CO if applicable

Releases Member

Files Record

T-Con Process Begins
Generates T-Con and documents in AHLTA

Reviews T-Con for potential PRP/PSP issues

Performs PRP/PSP determination and documentation

Is PDI found and/or notification required?

YES

Prints and reviews note

NO

Note printed and filed in members record

Notification made/PDI passed to CO if applicable

Performs final review

Files Record
AFI Current - Personnel Reliability Program (PRP) – Medical Care within NON-PRP/PSP MTF Clinic

**NON-PRP Clinic**

- Prepares Member’s Record and Places in Locked Bag for Care in Non-PRP/PSP MTF Clinic
- Member checks-in to NON-PRP/PSP clinic and sees provider
- Provider prints completed note gives to member and directs member back to PRP/PSP clinic
- Performs PRP/PSP determination and documentation
- Is PDI found and/or notification required?
  - YES → Prints and reviews note
  - NO → Releases Member
- Note printed and filed in members record
- Performs final record review
- Ensures notification made/PDI passed to CO if applicable
- Releases Member
- Files Record

**SGP/CMA**

- Files Record

**AFI Current - Personnel Reliability Program (PRP) – PHA Review**

**Patient**

- PRP PHA Process Begins
  - Member checks-in to the PHA Cell and completes paperwork

**Tech**

- Prepares PHA for CMA review
  - Performs PRP/PSP determination and documentation
  - Is PDI found and/or notification required?
    - **yes**
      - Prints and reviews note
    - **no**
      - Member released to leave clinic

**SGP/CMA**

- Prints and files note in member’s record
- Performs final record review
- Makes notification and passes PDI to CO
- Releases member to leave clinic
- Files Record

**Files Record**

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Observe Current Fly PHA Process

**Patient**

- **PHA Process Begins**
- **Complete the WebHA tool within 30 days of scheduled appointment**
  - **AHLTA**
  - **CHCS**
- **Order all test and notify physicians to order referrals**
  - **AHLTA**
  - **AIMWTS**
- **Review past medical history (paper and AHLTA, WebHA), surgery history, family history, currency of clinical preventive services, IMR, DRA, and AIMWTS Requirements**
  - **AHLTA**
  - **AIMWTS**
- **Are referrals needed?**
  - **YES**
  - **Complete Para-Professional clinical components of PHA**
  - **AHLTA**
  - **AIMWTS**
  - **PH A Assessment (Review WebHA, complete RLO, interim evaluations and DLC actions in ASIMS, AIMWTS and AHLTA)**
  - **Sign AF 1042**
- **NO**
  - **Waiver or Profile?**
    - **WAIVER**
    - **Process Ends**
    - **Send to HARMS and unit DO**
    - **Profile**
      - **Initiate new AF 1042**
      - **Update the electronic DD Form 2766 (Adult Preventive and Chronic Care Flow sheet)**
      - **PH A Process Ends**
    - **NO**
      - **Complete Para-Professional clinical components of PHA**
      - **AHLTA**
      - **AIMWTS**
- **Notify to schedule appointment**

**Tech**

- **Complete all referral actions, labs and immunizations**
  - **AHLTA**
  - **AIMWTS**
  - **ASIMS**
  - **PH A Assessment (Review WebHA, complete RLO, interim evaluations and DLC actions in ASIMS, AIMWTS and AHLTA)**
  - **Sign AF 1042**
  - **Process Ends**
  - **Update the electronic DD Form 2766 (Adult Preventive and Chronic Care Flow sheet)**
  - **PH A Process Ends**

**Flight Surgeon**

- **Complete all referral actions, labs and immunizations**
  - **AHLTA**
  - **AIMWTS**
  - **ASIMS**
  - **PH A Assessment (Review WebHA, complete RLO, interim evaluations and DLC actions in ASIMS, AIMWTS and AHLTA)**
  - **Sign AF 1042**
  - **Process Ends**
  - **Update the electronic DD Form 2766 (Adult Preventive and Chronic Care Flow sheet)**
  - **PH A Process Ends**

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Consult waiver guide to ensure timelines, referrals needed and lab tests are present. Complete AMS. Provide signed copy to HARMS office. Initiate, track and conduct clinical follow up for waivers. Identify medical condition or history requiring Aero Medical Waiver. Waiver Process Begins. Provide signed DNIFs/DNICs patient using form 1042 through ASIMS. Enter into both AHLTA, Medical Record and AIMWTS. Complete paraprofessional diagnostic test and measurements as required by waiver guide. Is it normal? Ensure all information is entered and validate by Flight Surgeons. Verify all waiver requirements meet IAW 48-123 and waiver guide, including Demo's, diagnosis, and vision, height, AMS. Forward it to Senior Flight Surgeon. Notify patient of abnormal results. Is it certified? Return to Base and Flight Surgeon that originated waiver. Certify Waiver or forward to ACS for case review. Sign as Senior reviewer, forward to proper waiver authority IAW 48-123 (Send out for MAJCOM approval and await return to proceed). Review and conduct quality check on Waiver in AIMWTS. YES. Send to ACS. NO. Contact patient and Unit CC. Is waiver approved? Inform patient and Unit CC waiver actions and follow up as needed. YES. Is waiver compatible? Brief member on waiver requirements and notes in AHLTA. Send HARMS and Unit CC. YES. Send to RCS. NO. Disqualify patient permanently. WAIVER PROCESS ENDS. YES. WAIVER PROCESS ENDS. NO.
Observed Current Profile 469 Process

**Patient**
- Profile Entry Enters
  - Present medical condition and record review

**PCM**
- Identify medical restriction that affects either duty or mobility
- Document visit and restrictions in AHLTA
- Input duty, fitness and mobility restrictions into PIMR/ASIMS
- Inputs all information into ASIMS/PIMR and sign

**MSME**
- Completes quality review and ensures standards are followed
- Signs off on the paperwork
- End Process
- Is condition duty/fitness?
- Present 469 within 5 days of positive pregnancy test
- Complete evaluation
- Tailor 469 to individual workplace
- Validate 469 and sign
- Is the code 37?
- Send 469 to Unit CC and PEBLO
- End Process

**SGP / SPO**
- Is condition 31, 37, 81?
- Send to MEB

Received AF Form 286 from requesting Unit and requests medical record

- **Record available?**
  - **NO**
    - Reverts to requesting Unit
  - **YES**
    - **Filename 1:** Discrepancy with Installation PRP/PSP Monitor
      - **AHLTA**
      - **ASIMS**
      - **NO**
      - **YES**
      - **Filename 2:** Flags and prepares record for processing
        - **AHLTA**
        - **ASIMS**
      - **Filename 3:** Sends dental and mental health clinic administrative qualification paperwork for review
        - **AHLTA**
        - **ASIMS**

**Mental 4C**

- Reviews documents
  - **NO**
  - **YES**
    - **Filename 1:** Pt interview required?
      - **NO**
      - **YES**
        - **Filename 2:** Interviews Pt
          - **Filename 3:** Documents findings on SF 600 and forwards to Medical PRP/PSP Clinic
            - **Filename 4:** Reviewed by trained 4Y/CMA
              - **NO**
              - **YES**
                - **Filename 5:** Sees patient
                  - **Filename 6:** Documents findings on SF 600 and forwards to Medical PRP/PSP Clinic

**SGP/CMA**

- Patient clarification required?
  - **NO**
  - **YES**
    - **Filename 1:** PDI found?
      - **NO**
      - **YES**
        - **Filename 2:** Validates findings and creates potentially disqualifying information (PDI) letter
          - **Filename 3:** Qualifies member
            - **Filename 4:** Signs and forwards AF Form 286 to Unit Monitor
              - **Filename 5:** Returns complete package to Unit Monitor

**4Y Dental**

T-Con Process Begins
Generates T-Con and documents in AHLTA

1. Reviews T-Con for potential PRP/PSP issues
2. Performs PRP/PSP determination and documentation
3. Is PDI found and/or notification required?
   - YES: Prints and reviews note
   - NO:
     - Note printed and filed in members record
     - Notification made/PDI passed to CO if applicable
4. Performs final review
5. Files Record
Observed Current - Personnel Reliability Program (PRP) – Medical Care within NON-PRP/PSP MTF Clinic

**NON-PRP Clinic**

- Prepares Member’s Record and Places in Locked Bag for Care in Non-PRP/PSP MTF Clinic

  - Member checks-in to NON-PRP/PSP clinic and sees provider

  - Provider prints completed note gives to member and directs member back to PRP/PSP clinic

- Performs PRP/PSP determination and documentation

  - Is PDI found and/or notification required?

    - **YES**
      - Prints and reviews note

    - **NO**
      - Releases Member

- Note printed and filed in members record

- Performs final record review

- Ensures notification made/PDI passed to CO if applicable

- Releases Member

- Files Record

**SGP/CMA**

PRP Clinic Process Begins

Screens and examines member

Perform PRP/PSP Determination and Documentation

Is PDI found or notification required?

YES

Prints and Reviews Note

NO

Releases Member

Prints and Reviews Notes and filed in member’s record

Performs Final Record Review

Ensures notification is made and PDI passed to CO if applicable

Releases Member

Files Record

SGP/CMA

PRP PHA Process Begins

Patient

Member checks-in to the PHA Cell and completes paperwork

Prepares PHA for CMA review

Drives PHA to CMA review

AHLTA

ASIMS

Tech

Performs PRP/PSP determination and documentation

Is PDI found and/or notification required?

YES

Prints and reviews note

AHLTA

NO

Member released to leave clinic

Prints and files note in member’s record

AHLTA

SGP/CMA

Performs final record review

Makes notification and passes PDI to CO

Releases member to leave clinic

Files Record

Patient has limitations

Activity limits for patient?

PCMH

OM Nurse Case Manager

GJ Nurse Case Manager

OM Doc-SGP

Central Authority

Human Resources

UDM Commander

DPAM

Health IT

Duty/mobility limitations

MEB Module or Workbench

Case Management Module

Input from Pre-Placement Process

Operational disposition module provides requirements/sent to Health IT

Notify Unit Fitness Program Manager, Exercise Physiologist and Fitness Program.

Activity limits for patient?

Review Care Plan

Validate activity limits.

Triage Case Management

Pregnancy?

Yes

Add into Case Management program

Pregnancy Evaluation

Accommodation?

Yes

Schedule patient for exam

Operational disposition module provides requirements/sent to Health IT

Operational disposition module provides requirements/sent to Health IT

Complete Impairment Exam

Validate Impairment

Provide Results of Exam

Accommodation?

Yes

Provide Civilian Notification

Accommodation?

No

Civilian Retention

Back to Triage

Back to Triage

Back to Triage

Yes

No

No

No

Create Letter