

# VA/DoD Clinical Practice Guidelines: Putting Them to Work at Your Facility

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July 26, 2018


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### Files

Name	Size
01. ECRI Webinar Slides_July 2018_VADODCPG.pdf	5 MB
02. Supplementary Materials_CPGs_July 2018.pdf	104 KB
03_CPG_Champion Manual.pdf	1 MB
04_CPG_Operation Order for Implementation.pdf	169 KB
05_CPG_Rand Guide.pdf	9 MB
06_LBP_CPG 2017.pdf	1 MB
07_LBP_CPG Pocket Guide.pdf	250 KB
08_LBP_CPG Booklet.pdf	1 MB
09_LBP_Coding Guide.pdf	173 KB
10_LBP_Imaging Coding Algorithm.pdf	1 MB
11_LBP_Imaging Tips.pdf	191 KB

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### Q & A

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# Educational Webinar Series for Military Treatment Facilities

- ▶ ECRI Institute quality and safety resources available to DoD military treatment facilities and clinics free of charge through the TRICARE Quality Monitoring Contract

## About ECRI Institute

- ▶ Independent, not-for-profit applied research institute focused on patient safety, healthcare quality, and risk management
- ▶ 50-year history; 450-person staff
  - ▶ Evidence-Based Practice Center under the Agency for Healthcare Research and Quality (AHRQ)
  - ▶ Federally designated Patient Safety Organization



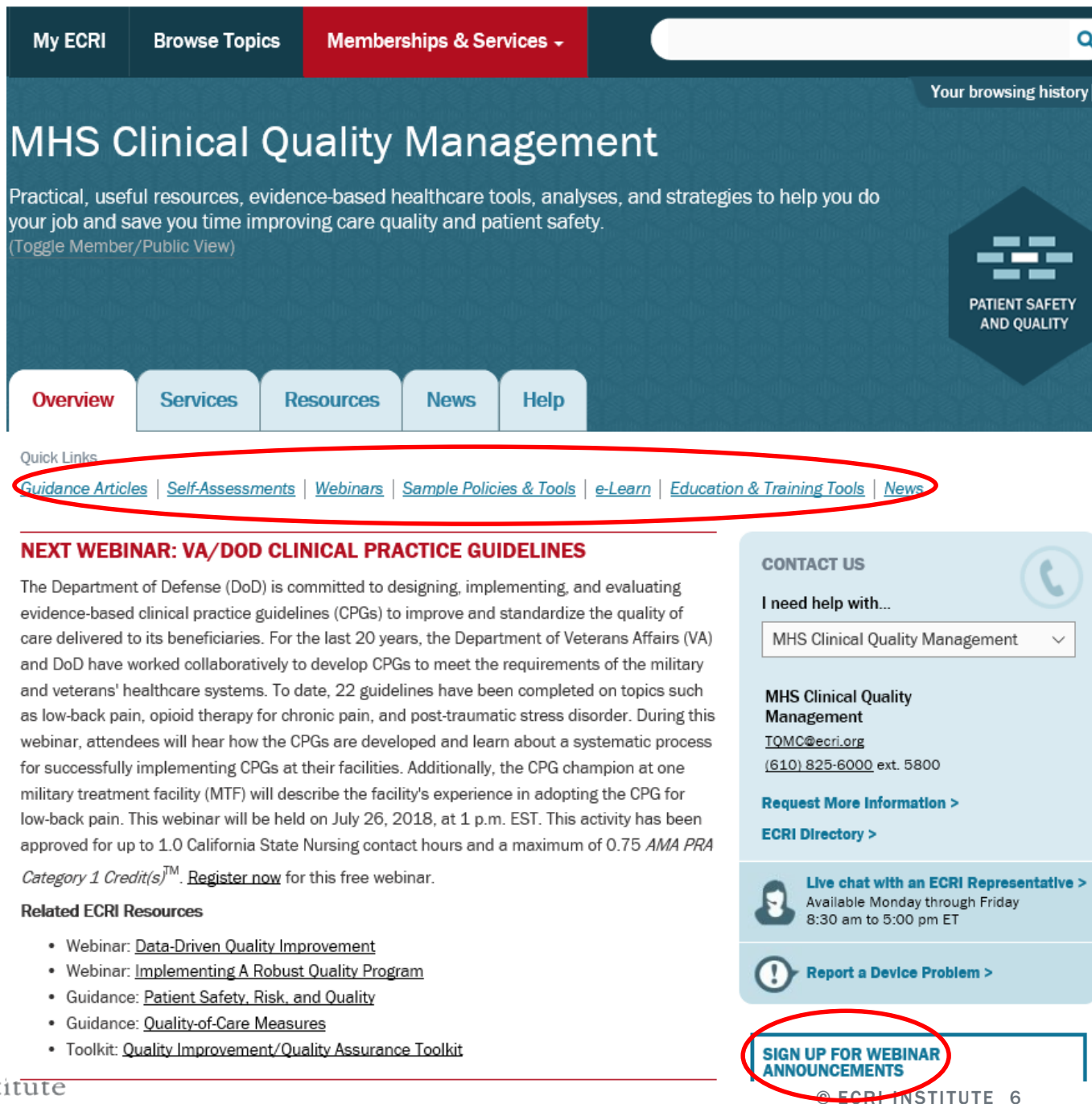


# ECRI Institute Resource Access

For website access, contact us at [TQMC@ecri.org](mailto:TQMC@ecri.org) with your name, @mail.mil email address, and facility or agency information.

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- ▶ [Webinar: Data-Driven Quality Improvement](#)
- ▶ [Webinar: Implementing A Robust Quality Program](#)
- ▶ [Guidance: Patient Safety, Risk, and Quality](#)
- ▶ [Guidance: Quality-of-Care Measures](#)
- ▶ [Quality Improvement/Quality Assurance Toolkit](#)



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Overview | Services | Resources | News | Help

Quick Links

[Guidance Articles](#) | [Self-Assessments](#) | [Webinars](#) | [Sample Policies & Tools](#) | [e-Learn](#) | [Education & Training Tools](#) | [News](#)

### NEXT WEBINAR: VA/DOD CLINICAL PRACTICE GUIDELINES

The Department of Defense (DoD) is committed to designing, implementing, and evaluating evidence-based clinical practice guidelines (CPGs) to improve and standardize the quality of care delivered to its beneficiaries. For the last 20 years, the Department of Veterans Affairs (VA) and DoD have worked collaboratively to develop CPGs to meet the requirements of the military and veterans' healthcare systems. To date, 22 guidelines have been completed on topics such as low-back pain, opioid therapy for chronic pain, and post-traumatic stress disorder. During this webinar, attendees will hear how the CPGs are developed and learn about a systematic process for successfully implementing CPGs at their facilities. Additionally, the CPG champion at one military treatment facility (MTF) will describe the facility's experience in adopting the CPG for low-back pain. This webinar will be held on July 26, 2018, at 1 p.m. EST. This activity has been approved for up to 1.0 California State Nursing contact hours and a maximum of 0.75 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. [Register now](#) for this free webinar.

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- Webinar: [Data-Driven Quality Improvement](#)
- Webinar: [Implementing A Robust Quality Program](#)
- Guidance: [Patient Safety, Risk, and Quality](#)
- Guidance: [Quality-of-Care Measures](#)
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# Learning Objectives

- ▶ Recall the process used by the VA and DoD to develop and approve CPGs for use in the veterans' and military healthcare systems.
- ▶ Explain DoD's systematic process for CPG implementation at MTFs.
- ▶ Describe how MHS GENESIS can support adherence to CPG recommendations.
- ▶ Summarize the lessons learned from one MTF's experience adopting a CPG.



# **VA/DoD Clinical Practice Guidelines Process and Development Overview**

**M. Eric Rodgers, PhD, FNP-BC  
Director, Evidence Based Practice  
Office of Quality, Safety & Value  
Veterans Health Administration**



# Disclosure Statement

**I have no current affiliation or financial arrangement with any grantor or commercial interest that might have direct interest in the subject matter of this CE program**

**The views expressed in the presentation are those of the presenter and do not necessarily reflect the official policy or position of the Department Veterans Affairs, Department of Defense, or the U.S. Government.**



# VA/DoD Evidence-Based Practice Workgroup (EBPWG)

- Since 1998, VHA and DoD have enjoyed a meaningful partnership regarding guideline development & implementation designed to improve the quality of care and health management across both the Veterans Health Administration and the Military Health System
  - Originally, this partnership was titled the VA/DoD Clinical Practice Guideline Working Group
  - Now the partnership is titled the VA/DoD Evidence-Based Practice Working Group (EBPWG)



# VA/DoD Evidence-Based Practice Workgroup (EBPWG)

- **VISION:** Improve the overall health of VA and DoD beneficiaries by using evidence-based practices, reducing variation in care and optimizing outcomes.
- **MISSION:** Through mutually supportive collaboration, the VA/DoD Evidence-Based Practice Workgroup will:
  - Champion the growth of patient-centered health care systems and processes that are based upon explicit evidence



# VA/DoD Evidence-Based Practice Workgroup (EBPWG)

- Develop joint guidelines and related resources to ensure that evidence-based practices are promoted
- Evaluate the extent and effectiveness of implementation of evidence-based practices and the resultant impact upon outcomes



# VA/DoD Evidence-Based Practice Workgroup (EBPWG)

## The EBPWG:

- Collaborates regarding guideline development & implementation to improve the quality of care and health management across both Departments
- Solicits & prioritizes areas for which guidelines need to be developed or adapted/adopted
- Oversees the development process
- Assures timely revision of existing guidelines
- Reports to the VA/DoD Health Executive Council





# VA/DoD EBP Workgroup Members

## VA Members

**Co-Chair:** Appointed by the Undersecretary for Health, Veterans Health Administration

### ***Members:***

- Patient Care Services Representative
- Office of Quality and Performance Representative
- Pharmacy Benefits Management Program Representative
- Informatics Representative
- Director, Evidence-Based Practice Program Representative
- Evidence-Based Practice Representative
- Employee Education System Representative
- Health Services Research and Development Representative

## DoD Members

**Co-Chair:** Appointed by the Assistant Secretary of Defense (Health Affairs)

### ***Members:***

- U.S. Army Medical Department Representative
- U.S. Navy Representative, Bureau of Medicine and Surgery (BUMED)
- U.S. Air Force Medical Department Representative
- DoD Pharmacoeconomic Center Representative
- DoD Medical Informatics Representative
- DoD Health Affairs/TRICARE Management Activity Representatives – Two (2) Positions
- Chief, Evidence-Based Practice, U.S. Army Medical Command

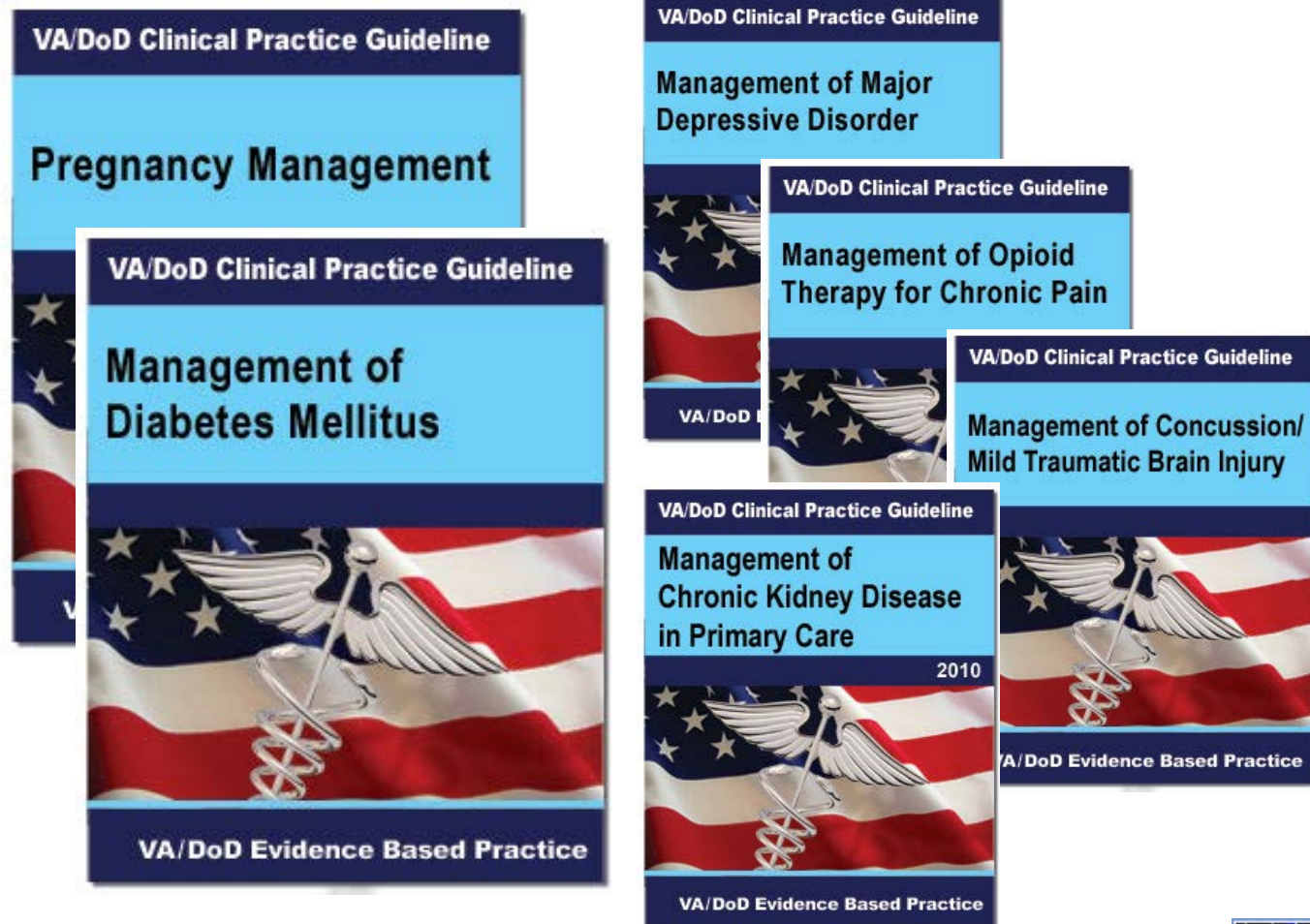


# VA/DoD Evidence Based Practice Work Group – Point of Contact

- **EBPWG Co-Chairs**
  - **VA: M. Eric Rodgers**
  - **DoD: COL Bonnie Hartstein**
- **Program Office POC:**
  - VA: M. Eric Rodgers ([eric.rodgers@va.gov](mailto:eric.rodgers@va.gov))  
Director, Evidence Based Practice  
Office of Quality, Safety and Value (10E2B)  
VA Central Office
  - DoD: Corinne Devlin ([corinne.k.devlin.civ@mail.mil](mailto:corinne.k.devlin.civ@mail.mil))  
Chief, Evidence Based Practice  
US Army Medical Command  
Clinical Performance Assurance Directorate



# VA/DoD Clinical Practice Guidelines



[www.healthquality.va.gov](http://www.healthquality.va.gov)  
<https://www.qmo.amedd.army.mil>



# CPG Process

- Selected by EBPWG for development/update
- Champion (Chair) from VA and DoD
- Reach out to field through national program office for SMEs
- VA and DoD CPG work group
- Conduct veteran/patient focus group
- Determine Key Questions (PICOTS)
- Evidence review and synthesis
- Face to Face work group meeting
- Develop CPG
- Drafts sent out to field (VA/DoD) and external organizations
- CPG submitted to EBPWG for approval
- Finalize CPG
- Finalized CPG disseminated

# VA/DoD Guideline Development Process

- Strict approach to conflicts of interest
- Multidisciplinary development teams
- Identification of key questions
- Evidence review for key questions
- Groups review evidence, apply grading
- Development of recommendations and treatment algorithms
- Review from trained external & internal subject matter experts
- Final CPG reviewed and approved by VA/DoD EBP Work Group



# VA/DoD Guideline Development Process

- **Veteran/Patient Focus Group**
- **P**opulation – Characteristics of target population
- **I**ntervention – Exposure, diagnostic, or prognosis
- **C**omparison – Intervention, exposure or control used for comparison
- **O**utcome – Outcomes of interest

# VA/DoD Clinical Practice Guideline Development Process

- Systematic Review of Literature
  - Disinterested Party (ECRI)
  - Explicit, reproducible methods
- CPG Work Group Evidence Chaperone
  - Ensures conformity to standards
- Grade Quality of Studies
  - GRADE

# VA/DoD Guideline Development Process

- CPG Work Group Face to Face Meeting
- Evidence Synthesis and Grading
- Develop CPG Recommendations
- Iterative process – 3 Drafts

# VA/DoD Guideline Development Second Draft

- Posted on website for Field Review and comment
  - DoD EBP Division
  - Patient Care Services
  - VA Network Clinical Managers
  - Veteran/Patient Stakeholders
- Work Group Executive Panel
  - Integrate Comments
  - Face to Face Work Group
  - Must be based on evidence

# VA/DoD Guideline Development Final Draft

- Posted on website for review and comment
- Evaluate
  - Format
  - Logic of algorithm
- Independent Review
  - Minimum 3 national experts
  - Content & Format
- VA/DoD CPG Work Group
  - Integrate Feedback
- VA/DoD EBPWG



# VA/DoD Clinical Practice Guidelines

- Routinely updated every 3-5 years
- VA and DoD Champions (SME's) can identify need for update based on literature at any time
- Immediate Update
  - Any Recommendation identified as harmful
    - Pharmaceutical Recall/Black Box
    - Device Recall

# Intent of Tools

- Promote health care team compliance with the VA/DoD Clinical Practice Guideline
- Bring together evidence-based practices to help health care professionals identify and treat service members and their families
- Facilitate standardized treatment processes and decisions for the health care team and patients
- Increase knowledge for the health care team, patient and family member

# Implementation

- The guideline and algorithms are designed to be adapted by individual facilities in consideration of local needs and resources
- The algorithms serve as a guide that providers can use to determine best interventions and timing of care to optimize quality of care and clinical outcomes.

# Current VA/DoD Guidelines

*(June 2018)*

## **Mental Health-Related**

- Major Depressive Disorder (MDD)
- Bipolar Disorder in Adults (BD)
- Post Traumatic Stress Disorder (PTSD)
- Substance Use Disorder (SUD)
- Patients at Risk for Suicide (SRB)

## **Military- Related**

- Biological, Radiation, Chemical, and Blast/Explosion Induced Illnesses
- Chronic Multi-symptom Illness (CMI)

## **Rehabilitation-Related**

- Concussion/mTBI
- Lower Limb Amputation
- Stroke Rehabilitation
- Upper Extremity Amputation (UEAR)

## **Women's Health**

- Pregnancy

## **VA Website:**

<http://www.healthquality.va.gov>

## **Chronic Condition-Related**

- Asthma
- Chronic Heart Failure (CHF)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus (DM)
- Dyslipidemia (LIPIDS)
- Hip & Knee Osteoarthritis
- Hypertension (HTN)
- Obesity and Overweight (OBE)
- Osteoarthritis (OA)

## **Pain-Related**

- Lower Back Pain (LBP)
- Opioid Therapy for Chronic Pain (COT)

## **DoD Website:**

<https://www.QMO.amedd.army.mil>





# QUESTIONS?

<http://www.healthquality.va.gov/>





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*Conserving the Fighting Strength Since 1775*

# VA/DoD Clinical Practice Guidelines: Implementation at Your Facility

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**Mrs. Lisa D. Jones, BSN, RN, MHA, CPHQ**  
**Chronic Disease Nurse Consultant**  
**CPG Coordinator**

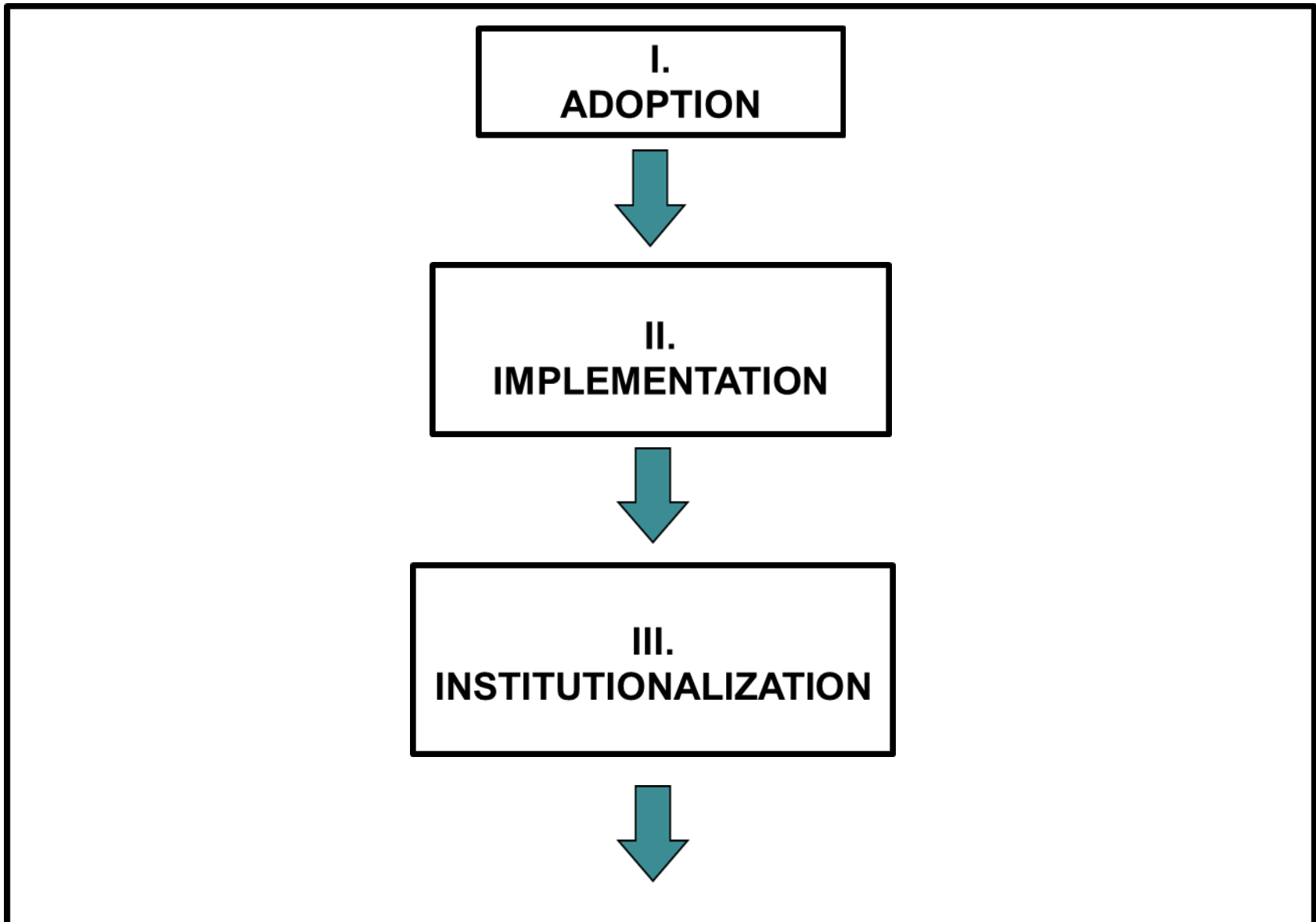
Army Medical Department Quality & Safety Center  
U.S. Army Medical Command



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# Guideline Implementation





# Guideline Implementation

## I. ADOPTION



## II. IMPLEMENTATION

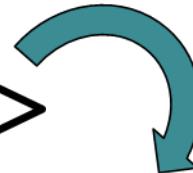
Establish Leadership Support



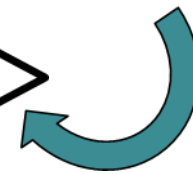
Form the Implementation Action Team



Develop/Modify Implementation Plan



Implement Small-Scale Changes Using PDSA Cycle



Extend and Adapt Changes



Monitor Implementation Progress



## III. INSTITUTIONALIZE



# Implementation Checklist

- Designate the Guideline Champion
- Form the Action Team
- Use data to assess level of effort needed
- Use data to drive change in practice
- Develop and implement the Action Plan
  - Conduct pilot
  - Provide healthcare team education
  - Provide patient education
  - Implement clinic process changes
  - Monitor outcomes
- Integrate into MTF processes (Institutionalize)

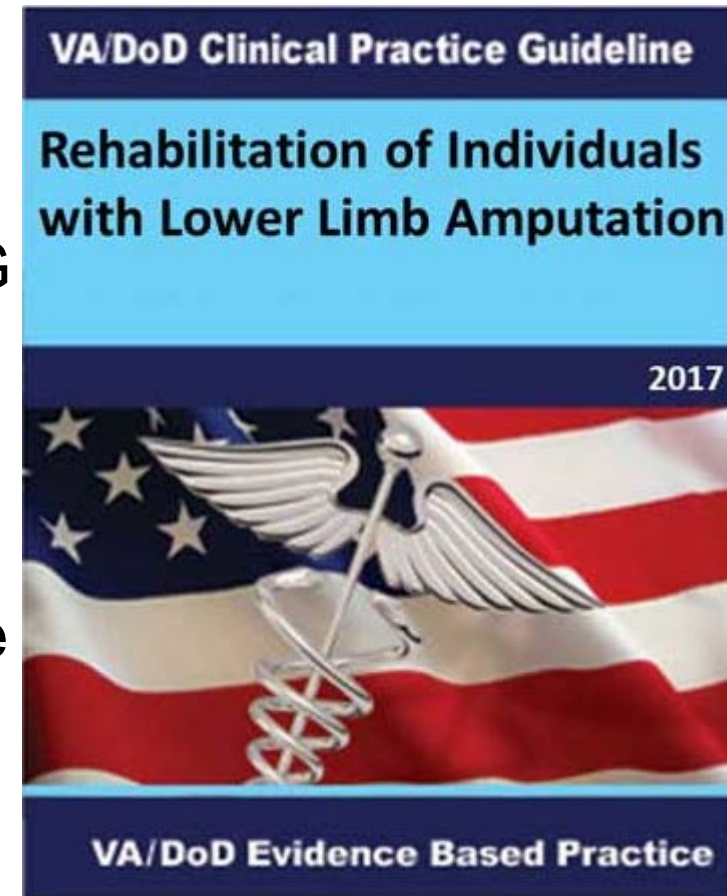


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## Steps to Guideline Implementation

- Know the Clinical Practice Guideline (CPG)
- Assess current practice patterns
- Compare practice patterns with CPG
- Identify “Gaps” in current practices
- Develop an “Action Plan”
- Implement the Plan
- Develop a system to monitor change
- Brief the CMD on implementation progress
  - Monthly meetings then regular updates





## ➤ Guideline Champion

- Person with clinical expertise
- Believes in the value of evidence-based CPGs
- Can facilitate action

## ➤ Action Team Members

- Condition Specialists, Primary Care Providers, Nurse Practitioners, Physicians' Assistants
- Nurses, Pharmacists, Physical Therapists, Dieticians
- Administrative Staff
- Ancillary Support Staff
- Quality Management Staff





# Keys to Success

- Build local ownership/Buy-In:
  - Use clinical leaders (providers or nurses)
  - Implementation should be spearheaded by guideline champion
  - Focus on how implementation of the CPG improves patient outcomes
  - Educate staff and care team
  - Educational seminars/group discussions make staff comfortable with guideline usage
- Provide feedback and outcomes to providers and all team members



# Keys to Success

## ➤ Build local ownership/Buy-In: (cont.)

- Focus on local implications
- Work with providers and clinic staff in the areas that will be improved by CPG usage
- Use data
- Include all levels of staff in the education and training of applicable CPGs



# Experience Tells Us...

- Command/Leadership support is crucial
- Use the Plan Do Study Act Cycle
  - Identify a Champion
  - Form interdisciplinary teams
  - Identify gaps
  - Develop action plans
  - Educate staff
  - Pilot implementation
- Provide feedback and outcomes to providers, nursing staff, and all team members



# CPG Implementation

## MEDCOM

- Develop guidelines
- Develop toolkits
- Execute CPG OPORD
- Launch guidelines
- Monitor outcomes
- Offer MTF on-site visits
- Maintain QMO/CPG website
- Identify successful strategies and practices

## MTFs

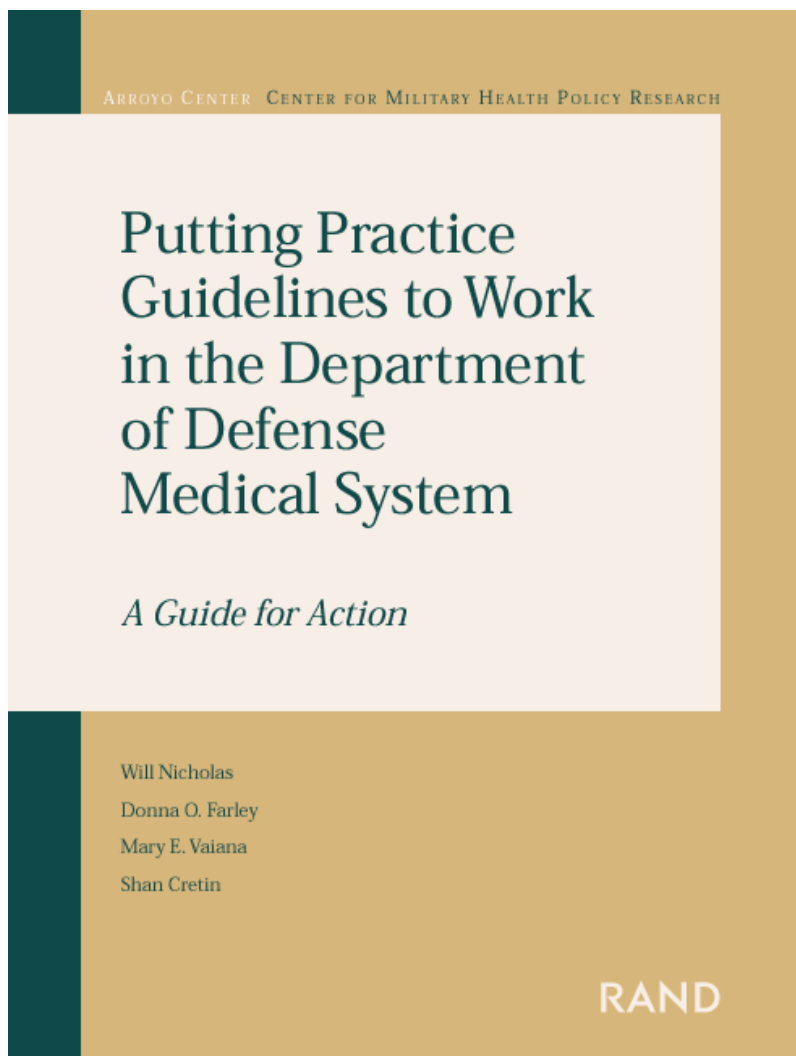
- Identify CPG Champions
- Form Action Teams
- Perform gap analysis
- Develop action plan
- Implement guidelines
- Monitor outcomes
- OPORD Implementation status reporting



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# Implementation Resources



*Veterans Affairs/Department of Defense*

## MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS



U. S. Army Medical Command, Clinical Performance Assurance Division,  
Evidence-Based Practice Section  
2748 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026  
<https://www.QMO.amedd.army.mil>

November 2014

Available at: <https://www.QMO.amedd.army.mil>



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# CPG Tool Kits

## VA/DoD CPG Shopping Cart TOOL KITS





## ➤ CPG Tool Kits:

- Designed to assist primary care providers and support staff in implementation of CPGs in the clinical environment
- Tools for patient and provider education available
- Mobile 'apps' for use on smartphones and tablets (pregnancy, mTBI)
- 160 toolkits available to all DoD MTFs via QMO shopping cart

## ➤ DoD Tri-Service Work Group:

- Collaboration between the DoD Tri-Service Work Group and the Office of Evidence Based Practice facilitated the implementation of point of care CPG Tri-Service Work Flow (TSWF) AIM forms
- VA/DoD CPGs now available at the point of care



- US Army Medical Department Office of Quality Management VA/DoD Clinical Practice Guidelines → **CPG Home Page**
  - <https://www.qmo.amedd.army.mil/pguide.htm>
- CPG shopping cart
  - <https://www.qmo.amedd.army.mil/QMOCPGShopCart/default.asp>
- US Department of Veterans Affairs Office of Quality, Safety and Value → **CPG Home Page**
  - <https://www.healthquality.va.gov/>



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# CPG Resources



**U.S. ARMY MEDICAL DEPARTMENT**  
**Office Of Quality Management**

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Clinical Practice Guidelines

Pop Health/HEDIS

Patient Safety

The Joint Commission

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Risk Management

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Musculoskeletal Tools

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to publish, and desire to make this your source  
for the latest information from our office.**



Click on the Shopping Cart to visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits.

Order refill items for multiple CPGs at one time. Check your order status on-line.

**Click here to email  
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pertaining to  
the CPG Shopping  
Cart including:**

**changes to your  
account  
questions about  
orders forgotten  
passwords, etc.**

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Contact Web Master



# CPG Resources



- Amputation-Lower Extremity
- Amputation-Upper Extremity
- Asthma
- Bipolar
- Chronic Kidney Disease
- Chronic Multisymptom Illness
- Chronic Opioid Therapy
- COPD
- Depression
- Diabetes
- Disease Prevention
- Dyslipidemia
- Hypertension 
- Low Back Pain
- mild Traumatic Brain Injury
- NBC
- Obesity
- Osteoarthritis
- Pregnancy
- PTSD
- Stroke Rehabilitation
- Substance Use Disorder
- Suicide
- Tobacco Use Cessation
- AHLTA CPGs
- CPG Shopping Cart
- Pop Health/HEDIS
- QMO Home

## VA/DoD CLINICAL PRACTICE GUIDELINES

- Welcome
- New
- Champion Info.
- Shopping Cart

Welcome to the Clinical Practice Guidelines home page.  
Choose your CPG from the menu on the left.  
Each CPG has its own home page and menu.

On the home page is where you will find information such as:

- The VA/DoD Clinical Practice Guideline  
Implementation Documentation
- Provider/Patient Material
- Pharmacy Information
- Tool Kit Items
- Metrics

You can also find timely information about current CPGs,  
web links, and many resources. Click a tab at the top  
of this information panel for more. . .

*Thank you for your continued support of Clinical Practice Guidelines*



Click on the Shopping Cart  
to visit our on-line shopping  
system available to Army, Air  
Force and Navy facilities to  
replenish supplies of the  
Clinical Practice Guideline  
Tool Kits.

Order refill items for multiple  
CPGs at one time. Check  
your order status on-line.

Click here to email any  
questions pertaining to  
the CPG Shopping Cart  
including:

changes to your  
account  
questions about orders  
forgotten passwords,  
etc.





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# CPG Resources



**U.S. ARMY MEDICAL DEPARTMENT**  
**Office Of Quality Management**

Musculoskeletal Tools

## Hypertension

- VA/DoD Guideline
- Metrics
- Health Care Team
- Pharmacy Material
- Patient Information
- Implementation
- Tool Kit
- Resource Material
- Helpful Links
- CPG Home Page
- QMO Home Page

### VA/DoD CLINICAL PRACTICE GUIDELINES

- Welcome
- CPG Info.
- Shopping Cart
- Champion Info.
- Quick Links

Welcome to the Hypertension CPG home page.

Click to view Home  
BP Monitoring  
Video

Click to view  
Clinical Setting BP  
Monitoring Video



CEMM Hypertension Library

Please continue to check back for updated information and tools.

Thank you for your continued support of Clinical Practice Guidelines



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questions about orders forgotten passwords, etc.

CPG Shopping Cart

Access To Care

Privacy & Security Notice

External Link Disclaimer

Web Accessibility

Last Modified Date:  
Friday, June 15, 2018

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Contact Web Master



# CPG Shopping Cart

[Home](#) | [about us](#) | [products](#) | [search](#) | [checkout](#) | [contact](#)

Search our Products

search

The prices on this shopping cart are for reference only. There will not be a charge at check out. Air Force and Navy orders cannot be processed until approved by their services' approving authority.

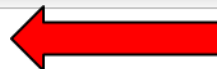
Friday June 15th 2018

## Categories

- All Common Items
- Amputation-Upper
- Amputation-Lower
- Asthma
- Bipolar
- Cardio Vascular Disease
- Chronic Kidney Disease
- Chronic Multisymptom Illness
- COPD
- Diabetes
- Dyslipidemia
- Hypertension
- Low Back Pain
- Major Depressive Disorder
- mTBI
- NBC Illness
- Obesity
- Opioid Therapy
- Osteoarthritis
- Post Operative Pain
- PTSD
- Pregnancy
- Prevention
- Substance Use Disorder
- Suicide
- Stroke
- Tobacco

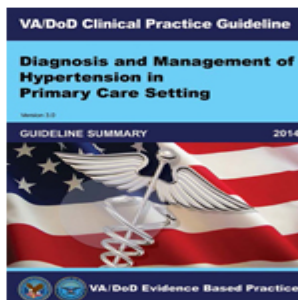
## OUR PRODUCTS

[Home](#) » [Hypertension](#)



[Checkout](#)

[Details](#)



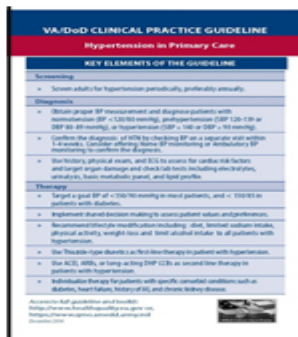
PID: HYP-001

### Hypertension Summary

Diagnosis and Management of Hypertension Summary. 1 per package.

[Add to cart](#)

[Details](#)



PID: HYP-003

### Hypertension Pocket Card

Diagnosis and Management of Hypertension Pocket Card. 25 cards per package.

[Add to cart](#)

[Details](#)



PID: HYP-009

### Home BP Monitoring Video

Home Blood Pressure Monitoring Video – Patient Focused – 5:25 minutes –

## Quick links

- Asthma
- Diabetes
- Pregnancy
- mTBI



On-line Ordering  
From This Site is  
Available to Army, Air  
Force and Navy  
Facilities Only.

## Contact Us

**US Army MEDCOM**  
2271 Reynolds RD  
Fort Sam Houston, TX  
78234  
(210)808-7084  
FAX(210)466-2911

[EMAIL](#)

[Shopping cart](#)

0 Product(s) in cart





# Provider Tools

## VA/DoD Clinical Practice Guideline

### Management of Posttraumatic Stress Disorder and Acute Stress Disorder

Version 3.0

#### GUIDELINE SUMMARY

2017



VA/DoD Evidence Base

## VA/DOD CLINICAL PRACTICE GUIDELINE POSTTRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER

### Summary of Recommendations

#### General Clinical Management

We recommend:

- Engaging patients in shared decision making (SDM), which includes educating patients about effective treatment options.

We suggest:

- Collaborative care interventions that facilitate active engagement in evidence-based treatments.

#### Diagnosis and Assessment of PTSD

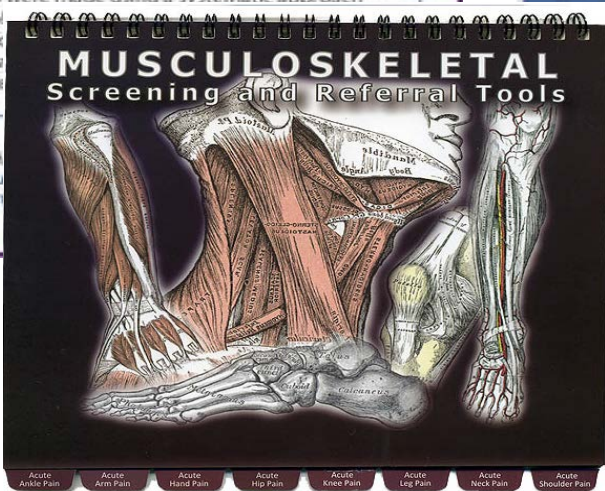
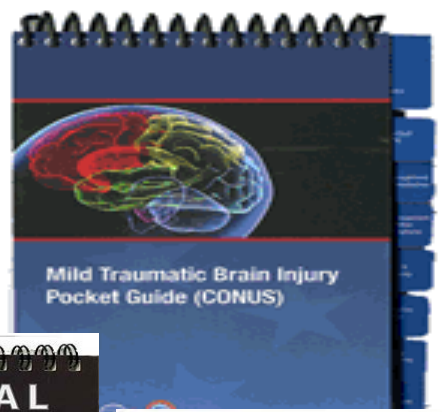
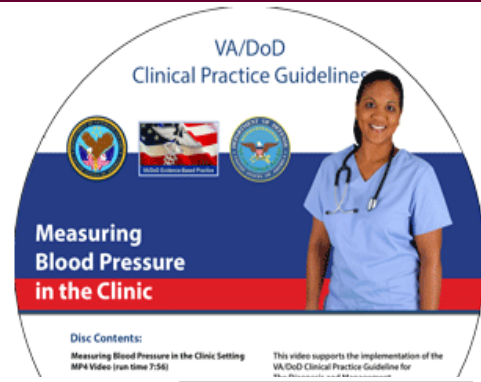
We recommend:

- An appropriate diagnostic evaluation that includes determination of DSM criteria, acute risk of harm to self or others, functional status, medical history, past treatment history, and relevant family history. A structured diagnostic interview may be considered. (For patients with suspected PTSD)

We suggest:

- Periodic screening for PTSD using validated measures such as the Primary Care PTSD Screen (PC-PTSD) or the PTSD Checklist (PCL).
- Using a quantitative self-report measure of PTSD severity, such as the PTSD Checklist (PCL-5), in the initial treatment planning and to monitor treatment progress.

Recommendations were made using a systematic approach considering multiple evidence, balance of benefits and harms, and provider values and preferences. (e.g., recommendations were made using a systematic approach considering multiple evidence, balance of benefits and harms, and provider values and preferences.)



160 CPG  
toolkit items  
available  
to all DoD  
MTFs

Guideline, Guideline Summary,  
Pocket Cards, Key Points  
Card, Provider Reference  
Cards Champion Manuals






**ARMY MEDICINE**  
*One Team...One Purpose*  
 Conserving the Fighting Strength Since 1775

UNCLASSIFIED//FOUO

# Patient Tools

VA/DoD  
Clinical Practice Guidelines





**Home Blood Pressure Monitoring**

Disc Contents:  
Home Blood Pressure Monitoring  
MP4 Video (run time 5:35)

This video supports the implementation of the VA/DoD Clinical Practice Guideline for The Diagnosis and Management of Hypertension in the Primary Care Setting

For additional resources, visit:  
[www.QMO.medd.army.mil](http://www.QMO.medd.army.mil)  
 and  
[www.healthquality.va.gov](http://www.healthquality.va.gov)

**YOU CAN QUIT USING TOBACCO**

**Taking Control of your Osteoarthritis**

*This patient guide will help you work with your healthcare team to develop an action plan for treating your osteoarthritis. By combining both self-management and medical care you can live a normal, active life.*

**Keeping Active**

**Low Impact Activities**  
 Activities that are easy on the knees include biking, swimming, and water aerobics. Being active may also help you lose weight, which takes pressure off joints. Recreational activities are used for leisure and shaped by individual interest. An example of a recreational activity is golfing. For favorite activities, like golf, ask your doctor or physical therapist about how to modify painful moves.

**How Much Exercise?**  
 There are exercises you can do at home to strengthen your muscles. Home-based quadriceps and abductor strengthening exercises can be done at home to strengthen your muscles. (See the other pages for suggested exercises) Thirty minutes a day is a good goal. Start small, such as 10 minutes every other day. If you don't have pain, exercise more to meet the goal. When you start to exercise, some mild muscle soreness is normal. It's OK to work through it. Check with your doctor if you want to try over-the-counter pain relievers like acetaminophen, ibuprofen, or naproxen to help the soreness.

**Walking**  
 Even if you have stiff or sore knees, walking may be a great exercise. Start slow and keep it at it. Walking eases joint pain, strengthens leg muscles, improves posture (stand tall when you walk), and improves flexibility. It's also good for your heart. Always get approval from your clinician before starting any new activity or exercise. When starting your new activity or exercise start and increase slowly. Drink plenty of water, especially on hot days and wear clothes that will be comfortable.

**Physical Therapy**  
 Physical therapy can play an important role in the management of OA. Goals of physiotherapy are to decrease inflammation, improve movement of joints and strengthening the muscles around the joint. You may not need to see a physical therapist on a regular basis. A physical therapist will collaborate with you to determine the best plan of care for you. A physical therapist can help teach you about proper exercise skills to minimize the stress on the joints.

**Swimming**

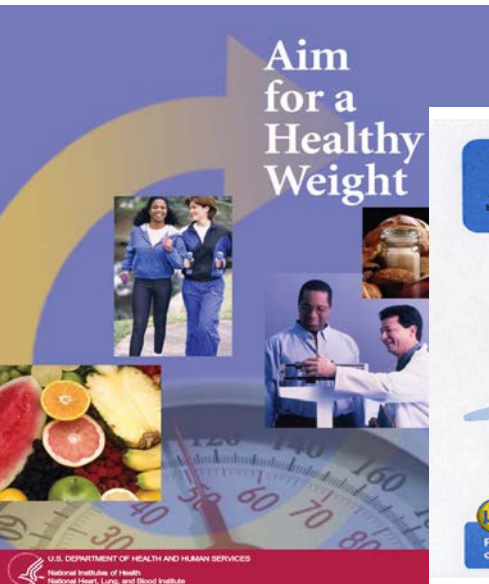
**Pregnancy and Childbirth**



**A Goal Oriented Guide to Prenatal Care**

Version 3.2  
February 2016

**Aim for a Healthy Weight**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 National Institutes of Health  
 National Heart, Lung, and Blood Institute

**A Healthy Plate**

The goal of building a healthy plate is to show how eating a variety of foods will help you feel satisfied, help control blood sugar levels and control weight. We hope to make this as easy as possible for you! As you can see, eating more vegetables and less meat and starch can help meet this goal.

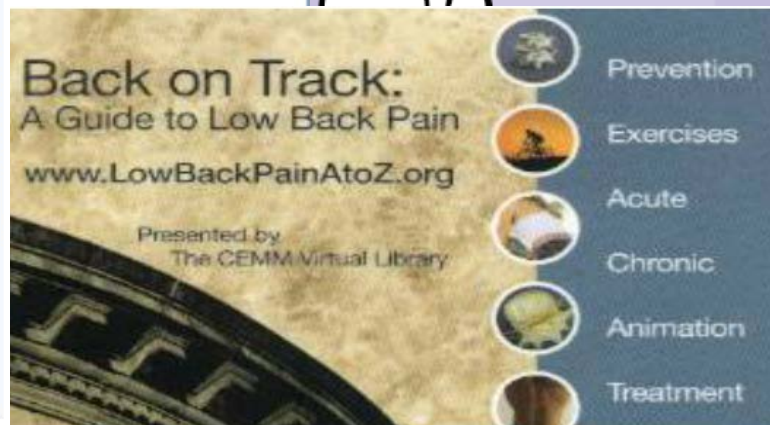


Add a small amount of margarine or oil in cooking or at the table.  
 Choose 1 serving of milk which is 8 ounces.  
 Add 1 serving of fruit.  
 Fill 1/4 of your plate with a starchy choice such as 1/2 cup mashed potatoes.  
 Fill 1/4 of your plate with lean meat, chicken or fish; this is about 3 ounces.  
 1/2 of your plate with vegetables such as broccoli, carrots, cauliflower, and salad.  
 For breakfast, use only half the plate.  
 For lunch and dinner, use the whole plate.

**Back on Track:**  
 A Guide to Low Back Pain

[www.LowBackPainAtoZ.org](http://www.LowBackPainAtoZ.org)

Presented by  
 The CEMM Virtual Library



Prevention  
 Exercises  
 Acute  
 Chronic  
 Animation  
 Treatment



## CPG OPORD 16-40

- Clinical Practice Guideline Implementation OPORD 16-40 fielded in Feb 2016 – VA/DoD were initially Congressionally mandated for use in 1998
- CPG Implementation Data base in AMEDD QSC SharePoint site – must be granted access
- CPG OPORD encourages the use of TSWF documentation tools
- OPORD places emphasis on the understanding of guidelines applicable to specific site, identification of CPG Champion, staff training, and monthly reporting of training and implementation activities in SharePoint site



**ARMY MEDICINE**  
*One Team...One Purpose*  
Conserving the Fighting Strength Since 1775

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# EBP Points of Contact

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- **Bobby Galarpe, Warehouse Manager**  
[Bobby.s.Galarpe.ctr@mail.mil](mailto:Bobby.s.Galarpe.ctr@mail.mil)



**Questions?**



# VA/DoD Clinical Practice Guidelines (CPG) and the Electronic Health Record: History, Integration, and Utilization in the DoD

Maj Matt Royall, M.D.  
DHA/HIT/SDD/UIB/IDE

**MILITARY HEALTH SYSTEM (MHS)**  
Governance Implementation Planning Team



# Agenda

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- History / Early Development
- Implementation
- Adoption and Utilization
- The Way Ahead



MILITARY HEALTH SYSTEM (MHS)



# Clinical Practice Guidelines We Can Trust

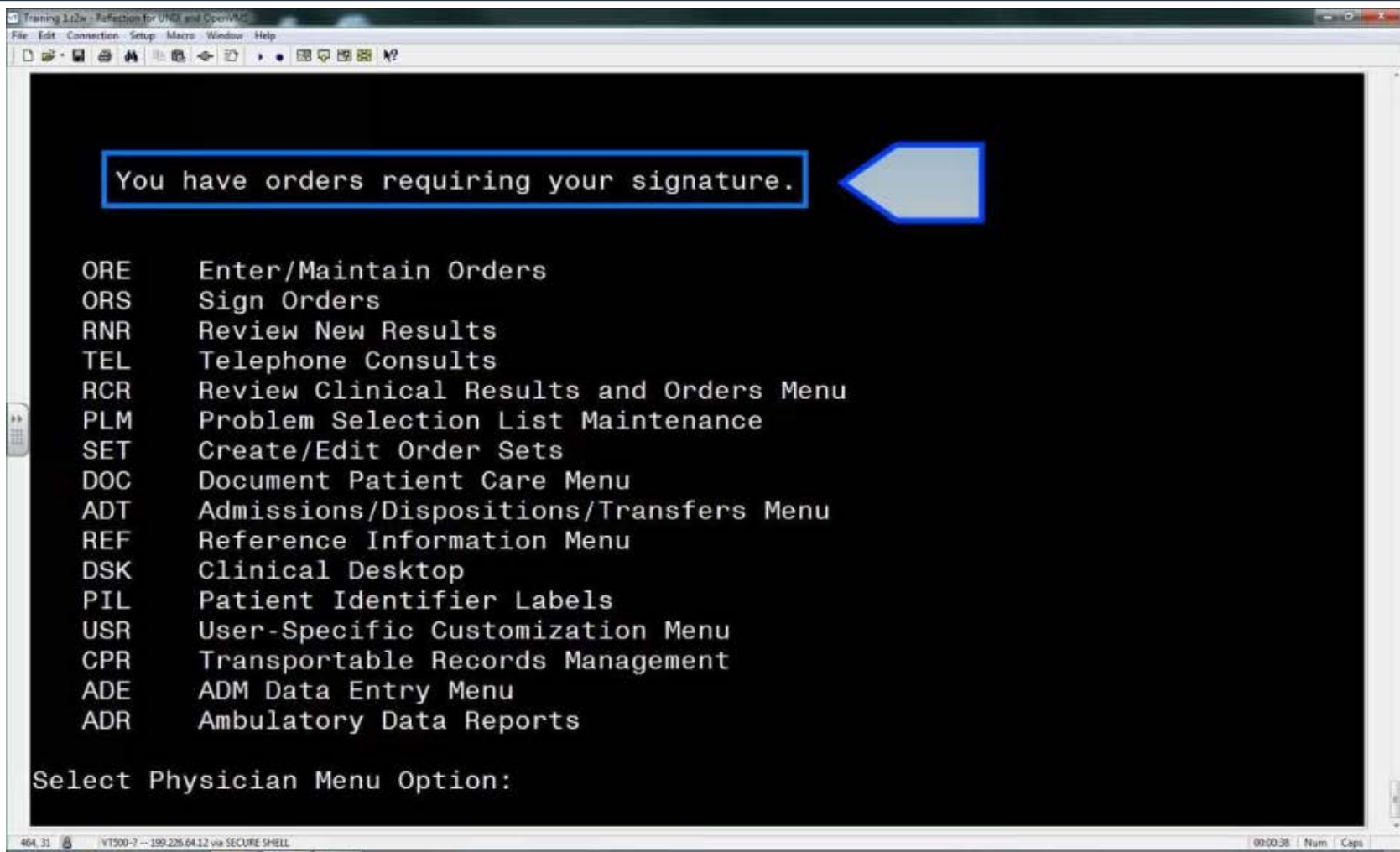
[www.iom.edu/cpgstandards](http://www.iom.edu/cpgstandards) Report Brief Mar2011

- “**Clinical practice guidelines are statements that include recommendations intended to optimize patient care** that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”
- “...The committee recommends that implementers employ effective, **multi-faceted strategies** targeting both individuals and healthcare systems **to promote adherence** to trustworthy clinical practice guidelines. Increased adoption of... **computer-aided clinical decision support (CDS)** will open new opportunities to rapidly promote clinical practice guidelines...”



MILITARY HEALTH SYSTEM (MHS)

# CHCS



MILITARY HEALTH SYSTEM (MHS)

# AHLTA

Save As Reminders Template Mgt Dx Prompt FindTerm Browse From Here Drawing A/P Disposition Sign Cancel Close

Folder List

- Patient List
- Patient Registries
- Reports
- Tools
  - Template Management
  - List Management
  - Questionnaire Setup
  - Immunizations Admin
  - Screening Notifications
  - Reminder Mapping
- Demographics
- Health History
  - Problems
  - Meds
  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Review
  - PKC Couplers
  - Readiness
  - Patient Questionnaires
- Lab
  - Radiology
  - Clinical Notes
  - Previous Encounters
  - Flowsheets
  - Current Encounter
  - Screening
  - Vital Signs Entry
  - S/O
  - Drawing

Appointments Current Encounter 5/0

Entry details for current selection:

No chest pain or discomfort

Duration (numeric) Onset Modifier

Value Unit

Templates (Diagnoses, Syndromes And Conditions)

- Visit for:
- Feeling tired or poorly
- No fever
- Chills
- Recent weight change
- Pain can be controlled
- Headache
- No sinus pain
- No earache
- Nasal discharge
- Snoring
- Hoarseness
- No sore throat
- No chest pain or discomfort
- Dyspnea
- Cough
- Coughing up sputum
- Wheezing
- Nausea
- Vomiting

**Reason for Visit**

Visit for: PT IS HERE WITH FLU LIKE SYMPTOMS. NOT TAKING MEDICATIONS... CONTINUE TYPING STORY HERE.

**History of present illness**

The Patient is a 45 year old male.

- Headache.
- Nasal discharge.
- Cough.

**Review of systems**

**Systemic symptoms:** No fever.

**Head symptoms:** No sinus pain.

**Otolaryngeal symptoms:** No earache and no sore throat.

**Cardiovascular symptoms:** No chest pain or discomfort.



MILITARY HEALTH SYSTEM (MHS)

HPUPFSH Screening BH/Other Screening RDS PE Well Female MSK Spine Ext/CCP Procedures Obsolete Terms Outline View

Ver. May-Aug 2010

# TSWF CORE AIM Form

Items in YELLOW copy forward

TSWF Website Navigator  
MISuite Feedback Change Log

☒ CHIEF COMPLAINT

☒ PAIN LEVEL Pain Severity / 10

☒ PAIN ASSESSMENT Assess and document pain in accordance with local policy.

Pain assessment  
Location:  
Duration:  
Quality:  
Factors that correlate with onsets:  
Frequency:  
Average level:  
Worst level:  
Least level:  
What makes it better:  
What makes it worse:

☒ PAIN REASSESSMENT

Pain Reassessment 1 - Time: Severity:  
Pain Reassessment 2 - Time: Severity:

Recommend a pain reassessment after any treatment/procedure and for a pain level over 6 or as per local policy.  
Consider referral to IBHC for additional assessment and non-pharmacological interventions for chronic pain management.

☒ HPI -- Type <CTRL>+<ENTER> for new line --

<<Note accomplished in TSWF-CORE>>

☒ Sole Provider:

☒ CURRENT MEDS  
JC Requirement. Please don't remove prepositioned text.  
Including OTC meds, vitamins, herbals, etc.

☒ ADDITIONAL HPI (Open notepad and use if space in HPI is insufficient) <-----> ☐

☒ MEDICAL CONDITIONS (PMHx)

☒ SURGERIES/PROCEDURES Document all hospital/mental health admissions, with dates.

**MED REC** ☒ Med Rec: Medication list updated at the beginning of visit

**FOR PROVIDER USE ONLY**

☐ Patient Reports Med Compliance ☐

☒ A qualified individual compared the medication list against any orders, and resolved any discrepancies (if required)

☒ Written list of medications given to the patient

Outline View

Navigator

Yes, A=Abnormal, P=Positive, N=No, Normal, Negative

declined ☐

<CTRL>+<ENTER> for new line --

Ears		Nose		Throat		Neck		Lungs		CV		Hearing	
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<input type="checkbox"/> Auditory Meatus	<input type="checkbox"/> Nasal Deformity	<input type="checkbox"/> Lip Findings	<input type="checkbox"/> Appearance	<input type="checkbox"/> CTA	<input type="checkbox"/> RRR	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Murmur	<input type="checkbox"/> S3 Heard	<input type="checkbox"/> Veins palpable cord	<input type="checkbox"/> Radial Pulses	<input type="checkbox"/> Abdominal Puls
<input type="checkbox"/> Nasal Septum	<input type="checkbox"/> Sinus Tenderness	<input type="checkbox"/> Buccal Mucosa	<input type="checkbox"/> Turbinate Swollen	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> S1, S2	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Submandibular	<input type="checkbox"/> Turbinate Erythema	<input type="checkbox"/> Rub	<input type="checkbox"/> S4 Heard	<input type="checkbox"/> Varicosital Changes	<input type="checkbox"/> Femoral Pulses	<input type="checkbox"/> Abdominal Puls
<input type="checkbox"/> Nasal Mucosa	<input type="checkbox"/> Turbinate Erythema	<input type="checkbox"/> Oropharynx	<input type="checkbox"/> Tonsils	<input type="checkbox"/> Uvula Displacement	<input type="checkbox"/> Gallop	<input type="checkbox"/> Click Heard	<input type="checkbox"/> PMI Displaced	<input type="checkbox"/> Edema	<input type="checkbox"/> Liver	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Abdominal Puls	<input type="checkbox"/> Abdominal Puls	<input type="checkbox"/> Abdominal Puls

# TSWF AIM Forms

---

- Consist of a “general use” (CORE) form, a suite of 5 condition-specific forms built around VA/DoD CPGs, and other specialty forms (27 total)
  - VA/DoD CPGS are Congressionally mandated for VA and DoD
- Initially adopted in primary care voluntarily
- Currently used to document >97% of all primary care encounters
  - Average 790,000 uses per week
- Guide clinical staff in utilization of evidence based practices in a standardized documentation workflow
- Team-based streamlined care processes
- Enable completion of Joint Commission, DoD, and Service specific requirements



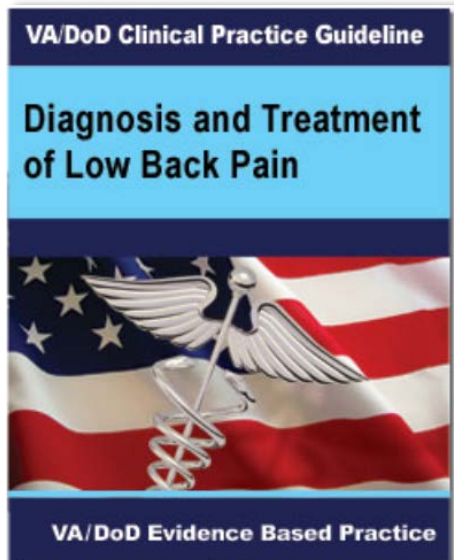


# Constructing a CPG-based AIM Form

Take 100+ page documents and consolidate them into TSWF AIM Forms, embedding evidence based clinical content and decision support tools into the natural workflows of the clinicians while putting it at their fingertips.

Example from LBP CPG:

Turning CPG prose into focused history, comprehensive red flags elements



Highlights of  
CPG  
Guidance  
and Clinical  
Cues

Low Back pain Limits Activities ☒ Yes ☐ No ☐ Oswestry LBP Disability Index PDF

Prior Episodes of Low Back Pain ☒ Yes ☐ No ☐ Document Red Flags below

**RED FLAGS** For HEDIS metrics, be sure to add a diagnosis code if a red flag is marked.

ALL Red Flags Negative

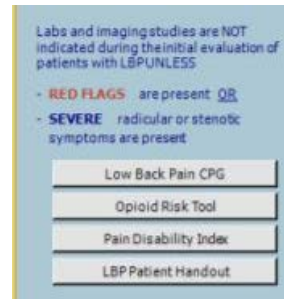
Recent infection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Recent significant trauma	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained fever	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Milder trauma if age > 50 years	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Immunosuppression	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Previous or current cancer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Intravenous drug use	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic corticosteroid use	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Osteoporosis	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Age greater than 70 years	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Focal neurological deficit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unable to control bladder or bowels	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Saddle Anesthesia	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Duration greater than 6 weeks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			Unexplained weight loss	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



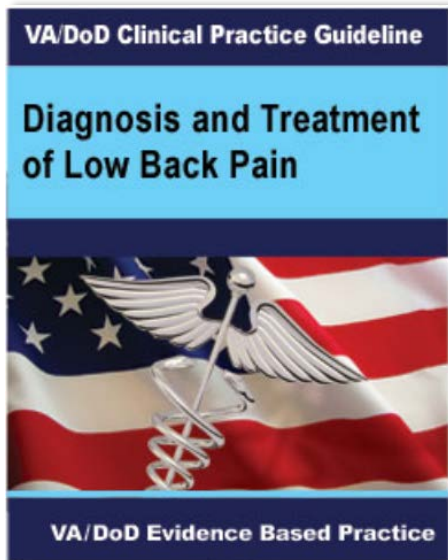
MILITARY HEALTH SYSTEM (MHS)

# Constructing a CPG-based AIM Form

Resource material embedded into the template itself for easy reference during patient care operations.

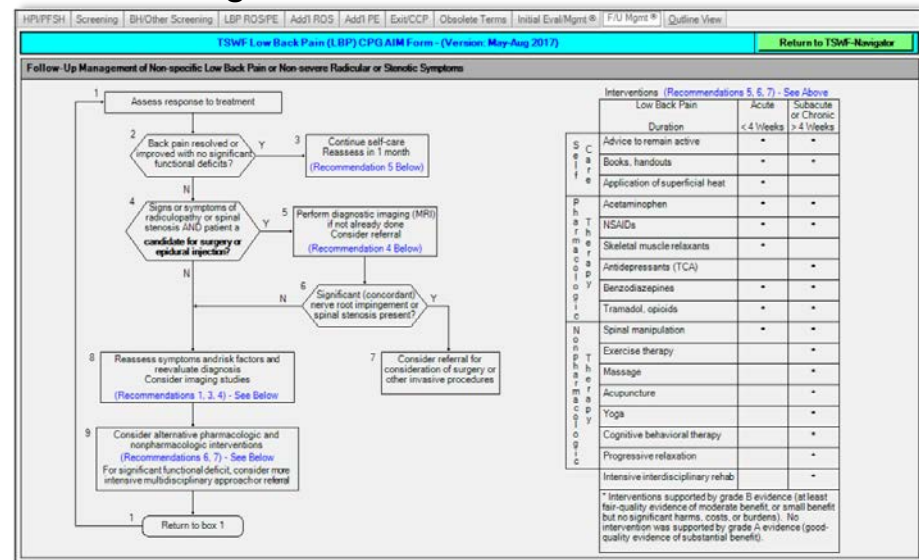


<https://www.healthquality.va.gov/>



Highlights of  
CPG  
Guidance  
and Clinical  
Cues

Algorithm from CPG:



MILITARY HEALTH SYSTEM (MHS)



## TSWF Low Back Pain (LBP) CPG AIM Form

Items in YELLOW copy forward

TSWF Website

Navigator

MILSuite Feedback

Change Log

☒ Attending Physician: <name>. Discussed with attending who concurs with the plan.☒ CHIEF COMPLAINT☒ HPI -- Type <CTRL>+<ENTER> for new line --

&lt;&lt;Note accomplished in TSWF-LBP&gt;&gt;

☒ ADDITIONAL HPI (Use if space in HPI is insufficient)Low Back pain Limits Activities ☒ Yes ☐ NoPrior Episodes of Low Back Pain ☒ Yes ☐ No

Oswestry LBP Disability Index PDF

Document Red Flags below

RED FLAGS For HEDIS metrics, be sure to add a diagnosis code if a red flag is marked.

ALL Red Flags Negative

Recent infection ☒ Yes ☐ NoUnexplained fever ☒ Yes ☐ NoImmunosuppression ☒ Yes ☐ NoIntravenous drug use ☒ Yes ☐ NoOsteoporosis ☒ Yes ☐ NoFocal neurological deficit ☒ Yes ☐ NoSaddle Anesthesia ☒ Yes ☐ NoRecent significant trauma ☒ Yes ☐ NoMilder trauma if age > 50 yrs ☒ Yes ☐ NoPrevious or current cancer ☒ Yes ☐ NoChronic corticosteroid use ☒ Yes ☐ NoAge greater than 70 years ☒ Yes ☐ NoUnable to control bladder/bowels ☒ Yes ☐ NoDuration greater than 6 wks ☒ Yes ☐ NoUnexplained weight loss ☒ Yes ☐ No☒ PAIN LEVEL Pain Severity / 10☒ PAIN ASSESSMENT

Pain assessment

Location:

Duration:

Quality:

Factors that correlate with onset:

Frequency:

Average level:

Worst level:

Least level:

What makes it better:

What makes it worse:

.....

Supplemental Questions

DoD/VA Pain Scale

Assess and document pain in accordance with local policy. Recommend a pain reassessment after any treatment/procedure and for a pain level over 6 or as per local policy.

☒ PAIN REASSESSMENT

Pain Reassessment 1 - Time: Severity:

Pain Reassessment 2 - Time: Severity:

.....

Consider referral to IBHC for additional assessment and non-pharmacological interventions for chronic pain management.

☒ PAIN FUNCTIONALITY

Pain Functionality

[ 0 ] = NOT AT ALL

[ 10 ] = COMPLETELY

On a 0-10 scale during the Past 24 hours does pain:

[ ] Interfere with usual activities

[ ] Interfere with sleep

[ ] Affect Mood

[ ] Contribute to Stress

.....

☒ LOW BACK PAIN

Date last updated:

Clinical Assistant Section:

DIAGNOSIS: [ ] Non-specific LBP [ ] LBP assoc w/ Radicular Symptoms or Spinal Stenosis [ ] LBP w/ other specific cause [ ] Chronic Disabling LBP

FUNCTIONAL LIMITATIONS (Dx and Date):

PRIOR EPISODES (Dx and Date):

GOALS: [ ] Achieve Individualized Functional Goal of:

ACTIONABLE DATA:

Date: Current Functional Deficits:

Date: Imaging Results:

Date: Opioid Risk Score:

Date: Pain Disability Index:

Y/N Pain Agreement in Place

Name: Sole Provider Designated

COMANAGING TEAM/CONSULTANTS: [ ] Physical Therapy [ ] Behavioral Health [ ] Neurosurgery [ ] Pain Management [ ] Psychiatry/PM&amp;R [ ] Other

Provider Section:

BARRIERS TO ACHIEVING GOALS: [ ] Tobacco/Alcohol/Substance Use [ ] Compensation Claim in dispute

[ ] Job Dissatisfaction [ ] Co-Morbid Behavioral Health Diagnosis [ ] Patient alignment with treatment plan

UP PLAN:

Labs and imaging studies are NOT indicated during the initial evaluation of patients with LBP UNLESS

- RED FLAGS are present OR
- SEVERE radicular or stenotic symptoms are present

Low Back Pain CPG

Opioid Risk Tool

Pain Disability Index

LBPPatient Handout

Ver. May-Aug 2018

# TSWF Low Back Pain (LBP) CPG AIM Form

Navigator

**LBP Specific HPI/ROS**      Human Performance Resource Center (Rx3)for LBP      Choosing Wisely's Imaging Tests for LBP

<input checked="" type="checkbox"/> <input type="checkbox"/> <b>Lower Back Pain</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> Right <input checked="" type="checkbox"/> <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> <input type="checkbox"/> Relieved by Sitting	<input checked="" type="checkbox"/> <input type="checkbox"/> Left <input checked="" type="checkbox"/> <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> <input type="checkbox"/> After Sleeping on Back a Few Hours	<input checked="" type="checkbox"/> <input type="checkbox"/> Midline <input checked="" type="checkbox"/> <input type="checkbox"/> Unchanged	<input checked="" type="checkbox"/> <b>ROS (free text)</b> <div></div>
<input checked="" type="checkbox"/> <input type="checkbox"/> <b>Radiating LBP</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> To the Buttocks <input checked="" type="checkbox"/> <input type="checkbox"/> To the Groin <input checked="" type="checkbox"/> <input type="checkbox"/> To the Anterior Thigh <input checked="" type="checkbox"/> <input type="checkbox"/> To the Knee <input checked="" type="checkbox"/> <input type="checkbox"/> To the Legs <input checked="" type="checkbox"/> <input type="checkbox"/> To the Posterior Leg <input checked="" type="checkbox"/> <input type="checkbox"/> Radiating to the Legs When Walking	<input checked="" type="checkbox"/> <input type="checkbox"/> Right <input checked="" type="checkbox"/> <input type="checkbox"/> Right <input checked="" type="checkbox"/> <input type="checkbox"/> Right <input checked="" type="checkbox"/> <input type="checkbox"/> Right <input checked="" type="checkbox"/> <input type="checkbox"/> Worse on Right <input checked="" type="checkbox"/> <input type="checkbox"/> Right	<input checked="" type="checkbox"/> <input type="checkbox"/> Left <input checked="" type="checkbox"/> <input type="checkbox"/> Left <input checked="" type="checkbox"/> <input type="checkbox"/> Left <input checked="" type="checkbox"/> <input type="checkbox"/> Left <input checked="" type="checkbox"/> <input type="checkbox"/> Worse on Left <input checked="" type="checkbox"/> <input type="checkbox"/> Left	
<input checked="" type="checkbox"/> <input type="checkbox"/> <b>Musculoskeletal</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> Pain in Buttocks	<input checked="" type="checkbox"/> <input type="checkbox"/> Back Stiffness Worse in the Morning		
<input checked="" type="checkbox"/> <input type="checkbox"/> <b>Psychological</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> Depression	<input checked="" type="checkbox"/> <input type="checkbox"/> Upset by Problems at Home/Work	<input checked="" type="checkbox"/> <input type="checkbox"/> ROS Unobtainable	

**LBP Specific Physical Exam**      \* Note: Items in *italics* are not selected by the Autoneg button

Sensation				Motor Strength (Normal = 5/5)				Reflexes (Normal = 2/4)			
Spinal Level	Body Area	Autoneg Right	Autoneg Left	Spinal Level	Maneuver	Autoneg Right	Autoneg Left	Spinal Level	Reflex	Autoneg Right	Autoneg Left
L1	Inguinal	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L1	Hip Flexion	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L1	<i>Cremasteric</i> A=Absent P=Present	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
L2	Upper Thigh	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L2				L2			
L3	Lower Thigh	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L3	Hip Adduction	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L3	DTR Knee Jerk Reflex (0-4) A=Abnormal N=Normal	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
L4	Medial Knee/ Calf	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L4	Knee Extension	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L4			
L5	Lat. Leg/ Dorsum of Foot	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L5	Foot Dorsiflexion	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	L5	DTR Ankle Jerk Reflex (0-4) A=Abnormal N=Normal	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
S1	Posterior Leg/ Sole of Foot	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	S1	Foot Eversion	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	S1			
S2	Posterior Thigh/Perineum	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	S2	Foot Plantar Flexion	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>				
S3-5	Buttock/Perianal	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	S3-5	<i>Anal Sphincter Tone</i>		<input checked="" type="checkbox"/> <input type="checkbox"/>				

☒ **Physical Exam Free Text**

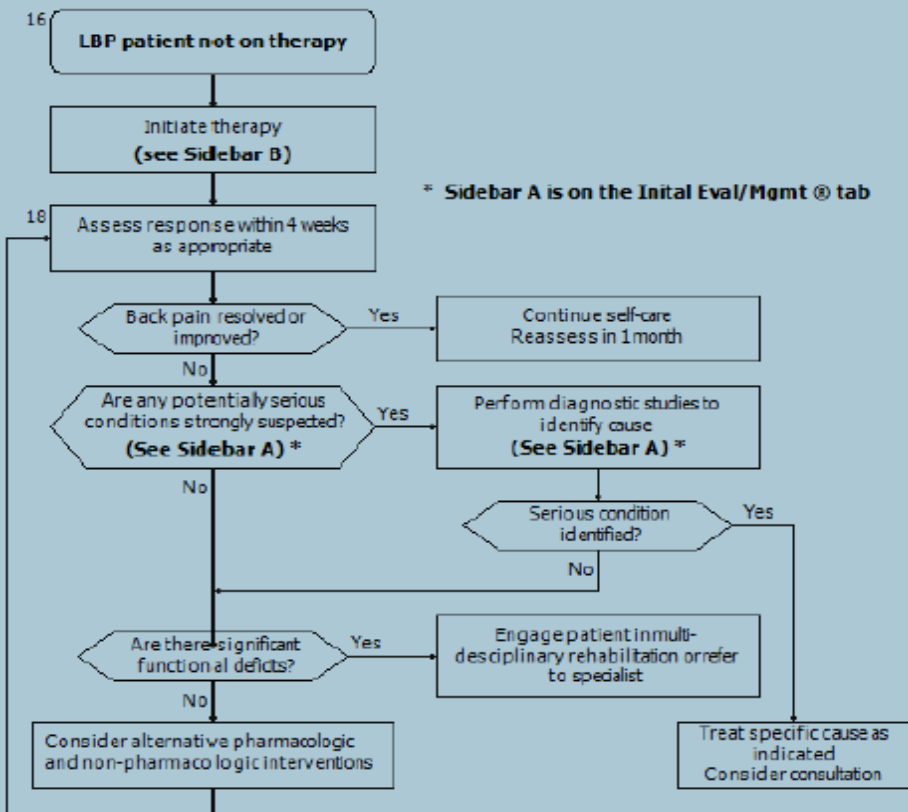
**Legend:**

**A=Abnormal**      **N=Normal**  
**A=Absent**      **P=Present**  
**P=Positive**      **N=Negative**  
**Y=Yes**      **N=No**

**Motor Strength:**      **DTR:**

0 = No motor      0 = No reflex  
 1 = Contraction      1+ = Hypo  
 2 = Motor no gravity      2+ = Normal  
 3 = Motor w/ gravity      3+ = Hyper  
 4 = Motor w/ resist      4+ = Clonus  
 5 = Full motor

## Management of Low Back Pain



Sidebar B: Interventions			
Category	Interventions	Low Back Pain Duration	
		Acute < 4 Weeks	Subacute or Chronic > 4 Weeks
Self-care	Advice to remain active	X	X
	Books, handout	X	X
	Application of superficial heat	X	
Non-pharmacologic therapy	Spinal manipulation		X
	Clinician-guided exercise		X
	Acupuncture		X
	CBT and/or mindfulness-based stress reduction		X
	Exercise which may include Pilates, tai chi, and/or yoga		X
Pharmacologic therapy	NSAIDs	X	X
	Non-benzodiazepine skeletal muscle relaxants	X	
	Antidepressants (duloxetine)		X
Other therapies	Intensive interdisciplinary rehabilitation		X

Abbreviations: CBT: cognitive behavioral therapy; NSAIDs: nonsteroidal anti-inflammatory drugs

### << Summary of PCMH Recommendations

#### STRONG RECOMMENDATION FOR (Yes)

History and Physical to include evaluation for neurologic deficit, red flag symptoms, and psychosocial factors  
 Behavioral Health screening included in all LBP evaluations  
 Diagnostic imaging and appropriate lab tests for LBP with severe neurologic deficits or red flag symptoms  
 Provide Chronic LBP patients with evidence-based information regarding prognosis, self-care, and benefits of activity  
 Mindfulness-based stress reduction and/or cognitive therapy for Chronic LBP  
 NSAIDs as treatment for Acute or Chronic LBP

#### WEAK RECOMMENDATION FOR (Yes)

Provide structured education to include pain neurophysiology component for Chronic LBP  
 Offer clinician directed exercises or manipulation for Chronic LBP  
 Offer acupuncture for Chronic LBP  
 Exercise program for Chronic LBP aligned with patient values  
 Offer TCAs/Cymbalta for Chronic LBP  
 Offer short-term Non-BZD muscle relaxants for Acute LBP  
 Offer Epidural steroid injection for the immediate reduction (< 2 week duration)\* of radicular LBP  
 \* The only substantiated indication for epidural steroids for LBP  
 Provide multidisciplinary/multimodal approach for Chronic LBP

#### WEAK RECOMMENDATION AGAINST (No)

Non-BZD muscle relaxants for Chronic LBP

# Limitations

---

- AIM forms = S/O portion of note (S/O Module only)
  - Algorithm in S/O portion can *guide/inform* MDM
  - No direct CDS within A/P module
    - Dx
    - Order Set
    - Referrals
  - Transition between forms cumbersome
    - Patient with multiple medical problems may require multiple AIM forms to document care



# Presence of VA/DoD CPGs in TSWF

---

The Tri-Service Workflow (TSWF) suite of forms supports 12 of the 27 VA/DoD Clinical Practice Guidelines (CPG)

- Asthma
- Bipolar Disorder (BD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Opioid Therapy (COT/LOT)
- Concussion-mTBI
- Diabetes Mellitus (DM)
- Dyslipidemia (LIPIDS)
- Hypertension (HTN)
- Major Depressive Disorder (MDD)
- Obesity and Overweight (OBE)
- Pregnancy
- Risk for Suicide
- Low Back Pain (LBP)



MILITARY HEALTH SYSTEM (MHS)

# Evidences of effectiveness

- Increased depression screening in Primary Care **from** 29% to 89%
- Initiation of TSWF Metabolic Comprehensive Care Plan (CCP) field use (**providing VA/DoD CPG content**) **was** associated with a 2.3 times higher likelihood of the patient getting a HgbA1c test within 30 days after the encounter compared to encounters where CCP was not used\*

	HgbA1c	LDL	Microalbumin	ACEI/ARB
TSWF Metabolic CCP	<u>2.30</u>	<u>1.80</u>	<u>2.36</u>	<u>2.20</u>
TSWF Metabolic CPG AIM	<u>1.98</u>	1.33	<u>1.56</u>	<u>1.78</u>

- Use of TSWF Metabolic CPG for Diabetics showed an increase in the prescribing of medications that decrease morbidity/mortality
  - Statins (3.6%), Aspirin (4.8%), Metformin (0.8%), ACE-I/ARB (2.4%)
- Increased documentation compliance of LBP reds flags 41.2% to 97.8%

\*underlined means  $p < 0.5$



MILITARY HEALTH SYSTEM (MHS)

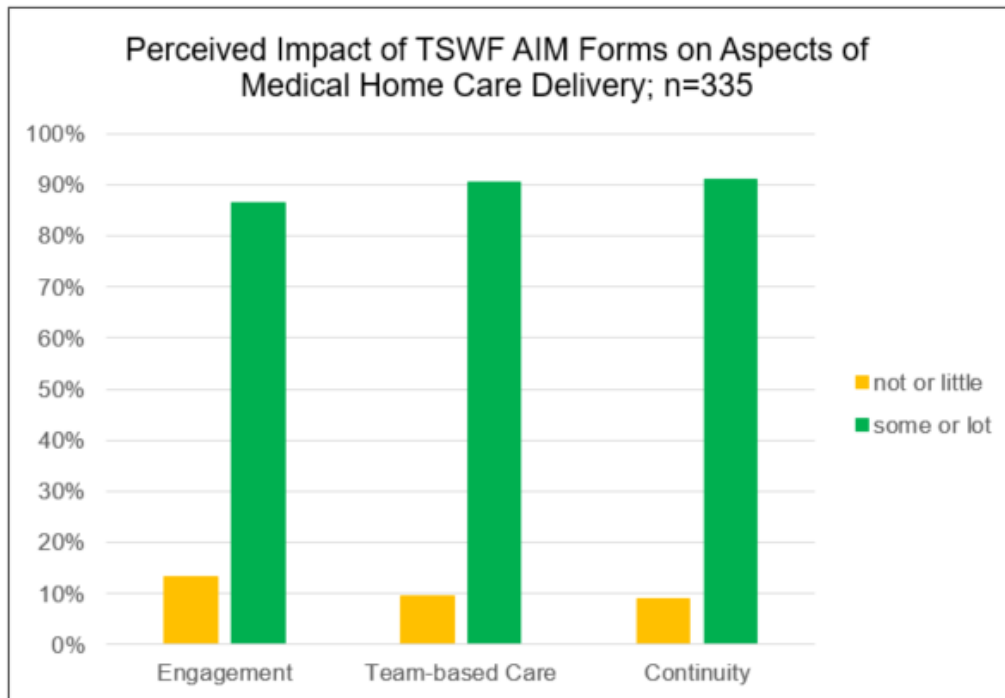


# Impact of adopting TSWF forms and workflows

Surveys of DoD clinical primary care staff who were recent adopters of TSWF forms and workflows, circa 2015

Asked users about impact on

- Staff engagement in patient care
- Team-based care
- Continuity of care



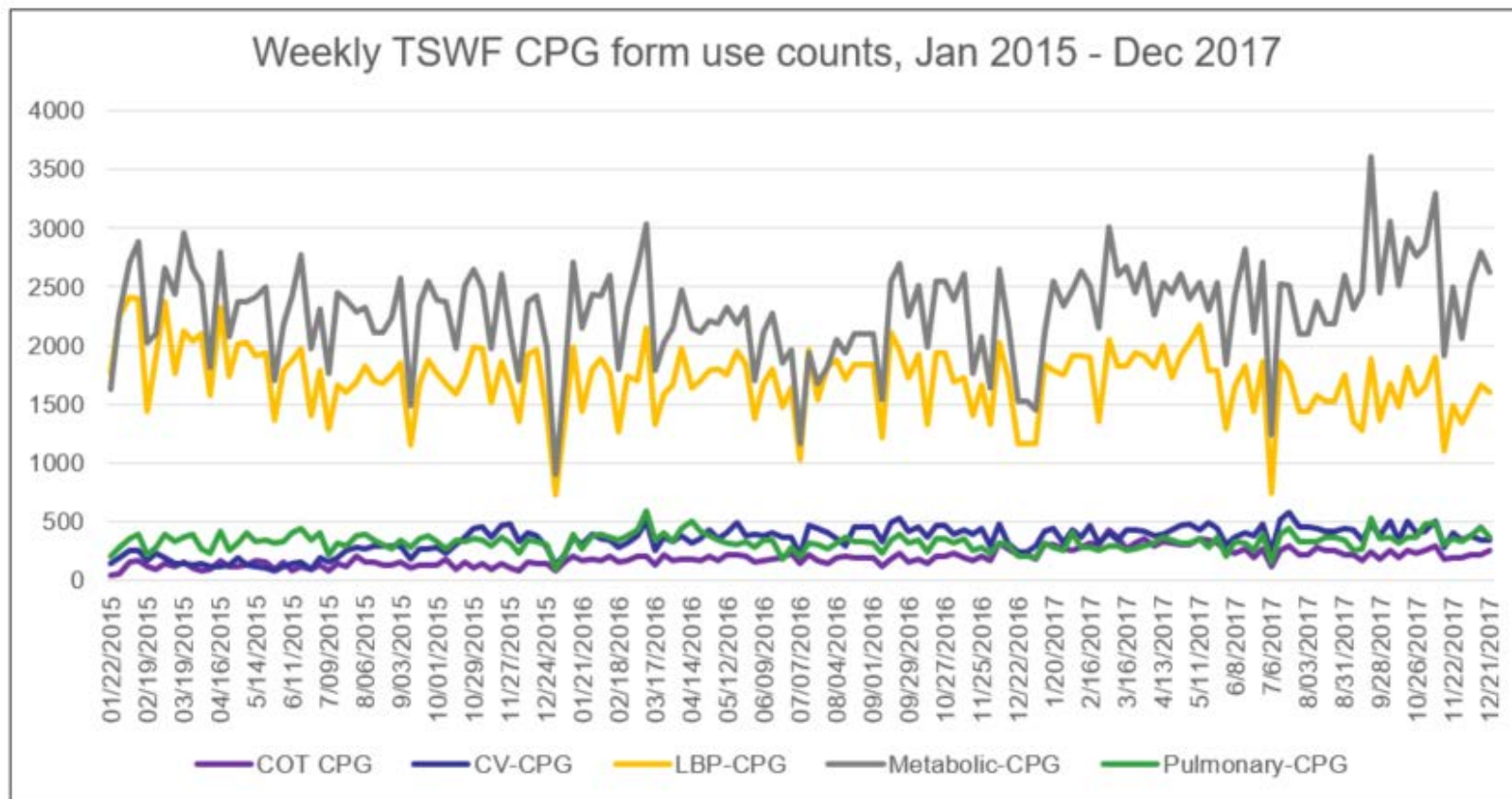
MILITARY HEALTH SYSTEM (MHS)



# Weekly TSWF CPG-based form use counts

Overall MHS-wide weekly average form use:

Metabolic: 2,294      LBP: 1,711      CV: 344      Pulmonary: 331      COT: 196



MILITARY HEALTH SYSTEM (MHS)

# Integration of VA DoD CPGs into MHS GENESIS



C0630 Report Request Maintenance

[Details](#)



C0630 Support Folder

[Details](#)



M0630 Discern Reporting Portal

[Details](#)



M0630 iCommand

[Details](#)



M0630 Powerchart

[Details](#)



C0630 SchApptBook

[Details](#)



M0630 Clairvia Web

[Details](#)



M0630 Support Folder

[Details](#)

Cerner Millennium®

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Password :

Domain :

**PowerChart**

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MILITARY HEALTH SYSTEM (MHS)



# MHS GENESIS Dynamic Doc (LBP CPG)

**CPG Lower Back Pain** X List

Tahoma Size

**History of Present Illness**

Pt complains of right/left/midline LBP x    days.  
States that pain is constant/intermittent and does/does not radiate into   .  
Pt describes pain as /dull/stabbing/electric/other and rates average pain as /10.  
Over the course of LBP the least pain level has been /10 and worst level /10.  
Pt states that    alleviates LBP and    worsens LBP.  
Prior history of LBP? Y/N If yes, describe:  
Does LBP interfere with activities? Y/N If yes, describe:

**LBP Red Flags**

For HEDIS metrics, be sure to add a diagnosis code if a red flag is marked.

- ☐ Recent significant trauma
- ☐ Milder trauma if age > 50 years
- ☐ Unexplained weight loss
- ☐ Recent infection
- ☐ Unexplained fever
- ☐ Immunosuppression
- ☐ Previous or current cancer
- ☐ Intravenous drug use
- ☐ Osteoporosis
- ☐ Chronic corticosteroid use
- ☐ Age greater than 70 years
- ☐ Focal neurological deficit

**Problem List/Past Medical History**

Cataracts  
Historical  
No historical problems

**Procedure/Surgical History**

**Medications**

Inpatient  
No active inpatient medications  
Home  
No active home medications

**Allergies**

Latex (rash)

**Social History**

**Family History**

**Immunizations**

No qualifying data available.

**Lab Results**

**Imaging Results**

Note Details: BROWN, KARL L., 08/24/16 15:39 EDT, CPG Lower Back Pain

Sign/Submit Save Save & Close Cancel

Embedded S/O documentation support

Ease of documentation: Allows clinicians to tab (F3) to documentation fields

Pulls the problem list/past medical history, procedures/surgical history, medications, allergies, social history, family history, immunizations, lab results, and imaging results into the note

Embedded links to current TSWF web based CPG algorithms; clinical documentation support



MILITARY HEALTH SYSTEM (MHS)

# MHS GENESIS PowerPlan (LBP CPG)

[+ Add](#) | [Document Medication by Hx](#) | [Reconciliation](#) | [Check Interactions](#) | [External Rx History](#) | [No Check](#)

**Orders** | **Medication List**

[Add to Phase](#) | [Comments](#) | **Start:** Now | **Duration:** None

Component	Status	Dose ...	Details
<b>CPG Lower Back Pain Initial (Planned Pending)</b>			
<b>Medications</b>			
<b>CPG Management of Low Back Pain (NOTE)*</b>			
1. VA/DOD CPG Management of Low Back Pain 2007 2. <a href="http://www.tswf-mhs.com">www.tswf-mhs.com</a>			
<input type="checkbox"/> carisoprodol (carisoprodol 350 mg oral tablet)		1 tabs, Oral, TID	
<input type="checkbox"/> cyclobenzaprine (cyclobenzaprine 10 mg oral tablet)		1 tabs, Oral, TID, PRN as needed for spasm, # 30 tabs	
<b>Pain Management</b>			
<input type="checkbox"/> acetaminophen (acetaminophen 325 mg oral tablet)		1 tabs, Oral, every 4 hr, PRN as needed for pain, # 60 tabs	
<input type="checkbox"/> acetaminophen (acetaminophen 500 mg oral tablet)		1 tabs, Oral, every 4 hr, PRN as needed for fever, # 60 tabs	
<b>Non-Steroidal Anti-Inflammatory (NSAID)</b>			
<input type="checkbox"/> indomethacin (indomethacin 50 mg oral capsule)		1 cap, Oral, TID, with food or milk, # 90 cap	
<input type="checkbox"/> indomethacin (indomethacin 25 mg oral capsule)		1 cap, Oral, TID, with food or milk, # 90 cap	
<input type="checkbox"/> diclofenac (diclofenac potassium 25 mg oral capsule)		1 cap, Oral, TID, PRN as needed for pain, # 30 cap	
<input type="checkbox"/> diclofenac (diclofenac potassium 50 mg oral tablet)		1 tabs, Oral, TID, PRN as needed for pain, # 30 tabs	
<input type="checkbox"/> naproxen (Naprosyn 500 mg oral tablet)		1 tabs, Oral, BID, # 60 tabs	
<input type="checkbox"/> naproxen (Naprosyn 250 mg oral tablet)		1 tabs, Oral, BID, # 60 tabs	
<input type="checkbox"/> ketorolac (ketorolac 10 mg oral tablet)		1 tabs, Oral, QID, PRN as needed for pain, not to exceed 40 mg/day and 5 days duration for all dose forms, # 12 tabs	
<input type="checkbox"/> ibuprofen (Ibuprofen 400 mg oral tablet)		1 tabs, Oral, every 4 hr, PRN as needed for fever, # 60 tabs	

[Dx Table](#) | [Orders For Cosignature](#) | [Save as My Favorite](#)

[Initiate](#) | [Sign](#)

**Reconciliation Status**  
[Meds History](#) | [Admission](#) | [Discharge](#)

Embedded A/P documentation support: Standardized evidence based order sets

Ease of documentation: Adding to favorites will save and auto select the clinicians preferences

Embedded links to current TSWF web based CPG algorithms and clinical documentation support



MILITARY HEALTH SYSTEM (MHS)

# TSWF EHR Helper (LBP CPG)

S/O and A/P CPG  
algorithms and  
clinical  
documentation  
support

Evidence based  
resource links

EHR agnostic for  
change  
management

Access to other TSWF  
news, updates,  
and materials

Tri-Service Workflow

Explore ▾ Innovations ▾ Training Support

**Low Back Pain (Adult) A/P Helper**

Guidelines recommend placing patients with back pain into three broad categories. These categories will help you guide your management decisions.

1. Non-specific low back pain (85% of cases)
2. Back pain potentially associated with radiculopathy or spinal stenosis
3. Back pain associated with another specific spinal cause

Edit the standard LBP template, click "Select All" and copy/paste text into A/P section of the EHR.

**Low Back Pain S/O**

**Low Back Pain CPG**

**Low Back Pain Comprehensive Care Plan**

Date last updated: [blank]

**Diagnosis:**

- [ ] Non-specific LBP
- [ ] LBP assoc. w/ radicular symptoms or spinal stenosis
- [ ] LBP w/ other specific cause
- [ ] Chronic disabling LBP
- [ ] Other

**Goals:**

Out Did not Achieve Individualized Functional Goal of:

**Barriers to Achieving Goals:**

- Tobacco/Alcohol/Substance use
- Compensation Claim in Dispute
- Job Dissatisfaction
- Co-Morbid Behavioral Health Diagnosis
- Patient Alignment with Treatment Plan

**Actionable Data:**

Date: Current Functional Defects

Date: Imaging

Date: Clinical Review

Date: Pain Cause

Date: Pain Agreement

Date: Provider ID

**Initial Management Algorithm**

**Follow Up Management Algorithm**

**Useful Resources and Links**

**Diagnosis Codes**

Low back pain 2016 Specific Code (M54.5)

M54.5 is a specific ICD-10-CM code that can be used to specify a diagnosis.

**Pain Disability Index**

**Chronic Care Plan Builder**

**Resource Placeholder**

**Patient Handouts**

**Handout Placeholder**

**Handout Placeholder**

**Resource Placeholder**

MILITARY HEALTH SYSTEM (MHS)

# The Way Ahead

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- MHS EHR Governance
  - OCHIO
    - Solution Owners
    - Documentation Working Groups
- Clinical Governance
  - Primary Care Clinical Community (PCCC)
    - Primary Care Medical Home (PCMH)
    - Tri-Service Workflow (TSWF)



MILITARY HEALTH SYSTEM (MHS)



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# Questions?



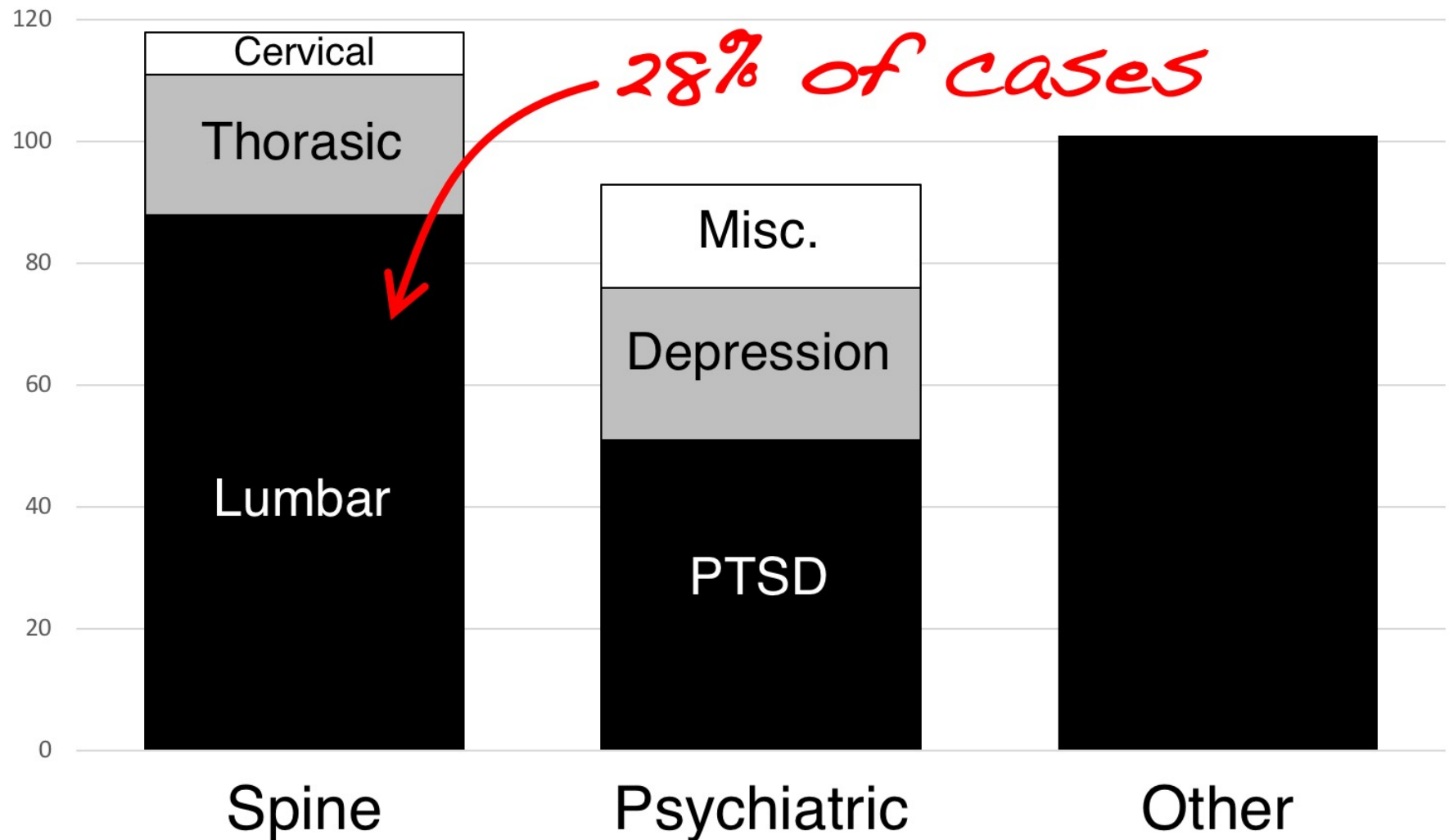
MILITARY HEALTH SYSTEM (MHS)



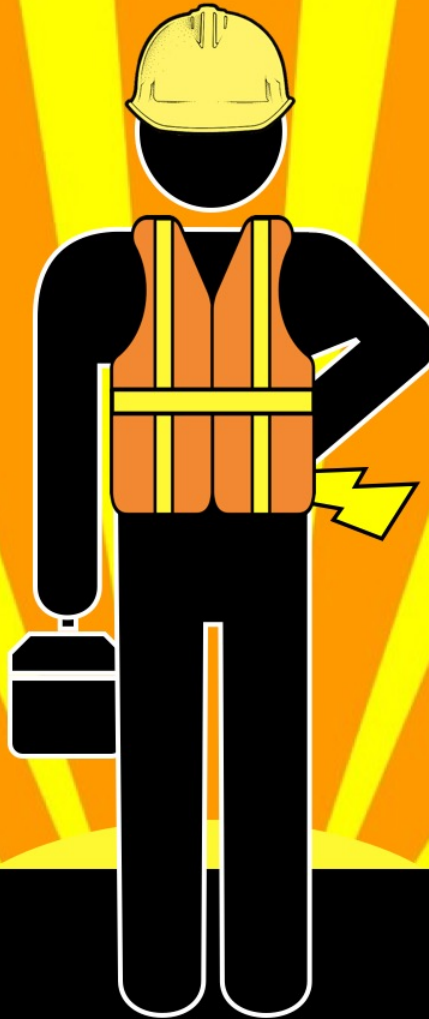
# Preventing Chronic Low Back Pain

COL John Westhoff, MD, MPH, FACEP

# Landstuhl Medical Boards 2015



# Goal: Return to Work





# The HEDIS® Measure

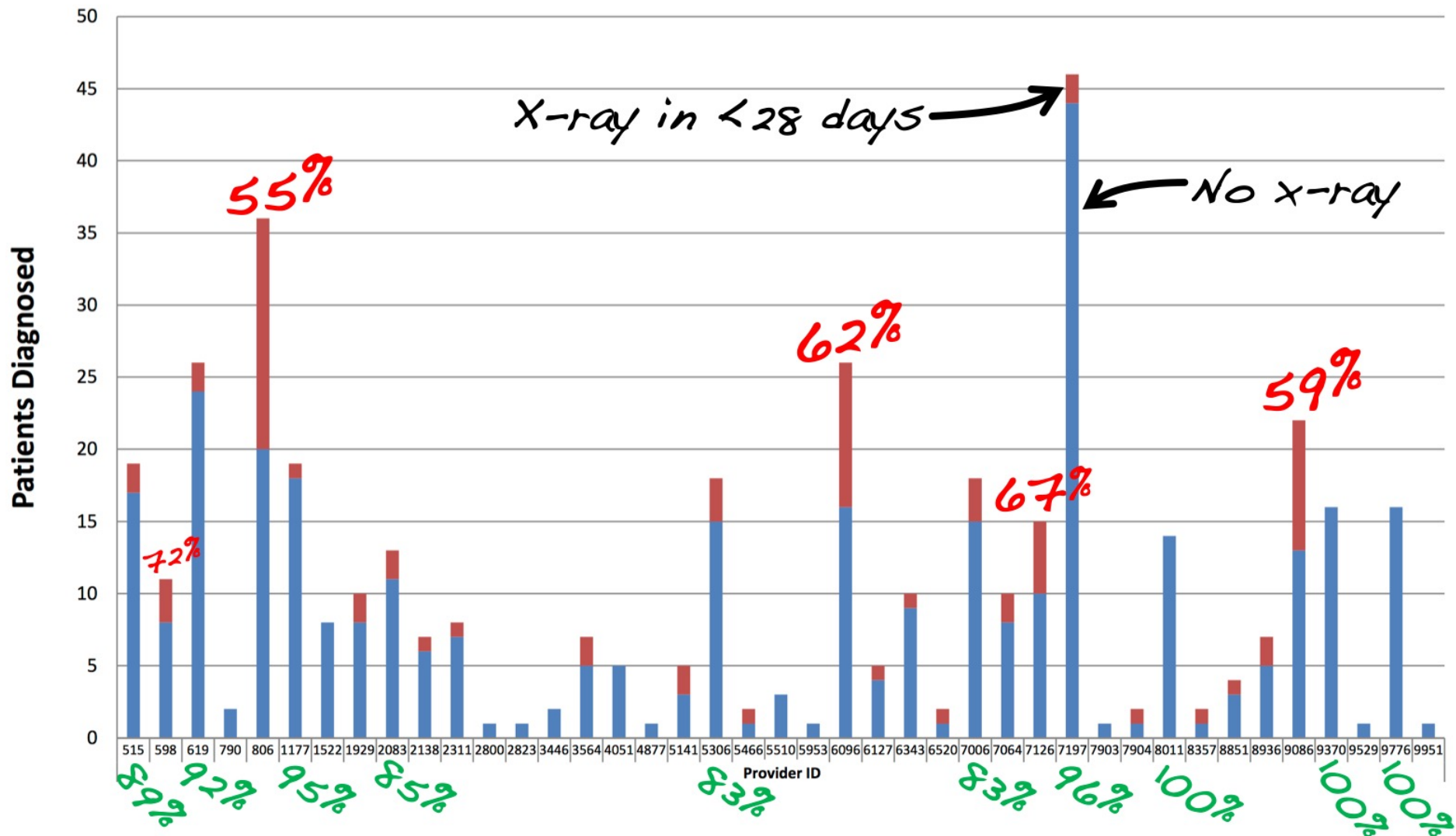
1<sup>st</sup> Four Weeks

Adults  
18-50



# Low Back Imaging Practice Patterns

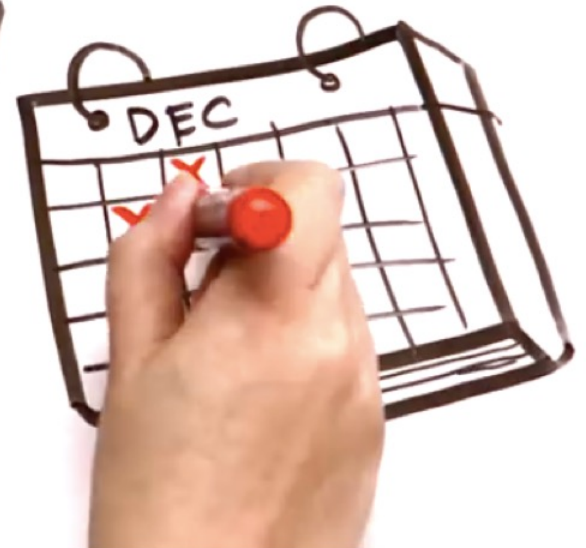
March 2017, Vicenza








HI! I'M DR. MIKE EVANS  
and TODAY WE ARE  
TALKING ABOUT  
**LOW BACK PAIN**



A man with short brown hair and blue eyes, wearing a green and brown camouflage military uniform, is speaking directly to the camera. He is in an office setting with several framed certificates or diplomas on the wall behind him. The lighting is bright, and the background is slightly out of focus.

COL John Westhoff, MD, MPH

*Screenshot from 30-minute video adaptation of live presentation.*

Thank you!