# Reserve Preventive Health Assessment (PHA)

## User Guide

Version 1.0

# March 2015

Air Force Reserve Command

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## Preventive Health Assessment (PHA) Overview

All Airmen are required to receive a Preventive [or Periodic] Health Assessment (PHA); an annual assessment providing Airmen with mobility related services to maximize their wellbeing and to ensure their mobility readiness. Since members are not deployable without a current PHA, it is a vital part of their Individual Medical Readiness (IMR).

PHAs for Airmen requiring an AF Form 1042 (i.e., Flying and Special Operational Duty [SOD] Personnel) require an annual face-to-face Flight Physical or SOD Physical to ensure compliance with special medical standards outlined in AFI 48-123, *Medical Examinations and Standards.*

Newly accessed Airmen will have their first PHA accomplished during the first 180 days of their first permanent duty assignment.

PHAs will not routinely be completed earlier than 60 days prior to due date.

For deploying Airmen, DRHA 1 (DD2795), DRHA 2 (DD2796), and/or DRHA 3 (DD2900) can be used in place of the AF Web HA as the patient self-report health status tool if completed within 60 days of the PHA appointment. *Note: An interval history will still need to be accomplished and ASIMS updated.*

Every effort will be made to synchronize the timing of DRHA 4 and DRHA 5 with a member's PHA.

*Note: The term "Deployment-Related Health Assessment" (DRHA) has been used herein to replace "Deployment Health Assessment" (DHA) to avoid confusion with the new Defense Health Agency.*

The PHA and processes involve several common components: (1)The member is automatically notified that they are due for a PHA (via a system generated email from ASIMS/Unit Health Monitor (UHM). (2) The member then completes the online AF Web Health Assessment (AF Web HA). (3) A review of the member's service treatment record (STR) is conducted to identify medical issues, IMR requirements, and Deployment-Related Health Assessments (DRHA) (if applicable), and all recommended lab work, immunizations, tests, specialty services, and so forth.

Where the processes differ is the PHA (non-fly/non-SOD), for non-fly the member has a face-to-face encounter with the Reserve provider at least every three years. For the fly PHA/SOD, the member is <u>required</u> to have a face-to-face encounter with the flight surgeon annually who will also address any/all of the PHA, IMR, and/or DRHA requirements.

**Issuances:** NDAA 2010, Sec 708, HA Policy Memo 06-006, DoDI 6025.19, DoDI 6490.03, AFI 44-170, AFI 48-123, & AFI 10-203.

## <u>Purpose of this PHA User Guide</u>

This User Guide provides a process to complete PHAs for ALL Air Force Reserve personnel by modeling processes that efficiently fulfill the requirements of various Issuances (i.e., policy).

The processes outlined in this document differ from the previous PHA user guide in several key aspects:

- Emphasis on individual Airman's responsibility to monitor and comply with all PHA, IMR, and DRHA requirements.

- Incorporates a separate distinction between a PHA for non-flyers/non-SOD personnel and the PHA for flyers/SOD personnel

- Emphasis on electronic record keeping, specifically in the Aeromedical Services Information Management System (ASIMS) applications (if available) Modifies elements of the PHA Process Workflow

- Due to the new Tier system, this User Guide incorporates PHA guidance which was previously located in AFI 44-170

## PHA Process Workflows

The workflow diagram on the following page illustrates the PHA process; each phase is defined in detail later in this User Guide.

## PHASE 1
### AF WEB HA NOTIFICATION & OVERDUE REPORT

**Member**
- Monitors and complies with all PHA/IMR/DRHA requirements via the My IMR Web application
- Completes AF Web HA within 10 days of notification

**Unit CC / 1stSgt / UHM**
- Ensures Airmen comply with due/overdue PHA/IMR/DRHA requirements
- Monitors compliance via ASIMS Unit POC Module

## PHASE 2
### REVIEW AF WEB HA FOR CRITICAL OR PRIORITY FINDINGS

**PCMH Cell**
- Reviews Multiple Patient Report in ASIMS daily

**PCMH Team**

Addresses / Documents Critical AF Web HA findings within one duty day

Addresses/Documents Priority AF Web HA findings within seven duty days

## PHASE 3
### AF WEB HA & IMR

**UHM**
- Monitor ASIMS Web application and schedules all due IMR, and PHA clinical and administrative requirements

**PHA Cell**
- Reviews AF Web HA & IMR
- Schedules member for appointment, if indicated or requested

## PHASE 4
### STR Review

**PCMH Team**
- Completes thorough health record STR review performs administrative STR & ASIMS update
- Verifies member has completed all IMR requirements
- Review member AF Form 469 and 422, if applicable

**Member**
- Completes any/all outstanding IMR requirements identified on the My IMR Web application

## PHASE 5
### PHA NOTE

**PCMH Cell**
- Generates PHA note
- Re-Verifies IMR requirements are met & ASIMS is updated
- Sends PHA note to Provider Team for review & signature

**PCMH Team**
- Reviews PHA note & assesses if further evaluation is needed
- Determines occupational & worldwide qualification
- Signs PHA note & updates ASIMS

## PHASE 6
### VISITS, APPOINTMENTS, & NO-SHOW REPORTS

**Member**
- Attends scheduled appointment

**PCMH Team**
- Conducts face-to-face visit with member, if indicated or desired Follows up with member

**Unit CC / 1stSgt / UHM**
- Notifies member of incomplete requirements identified on the ASIMS Unit POC Module

**PHA Process Workflow**

# PHA Process Participants

## 1. Air Force Reserve Member

AFRC members are required to complete an annual PHA, which involves completing the AF Web HA honestly and accurately, completing all IMR requirements and attending all scheduled appointments within their RMU established timelines.

All Airmen have personal responsibility for their PHA/IMR/DRHA requirements by accessing the "Fitness & Health" and "Medical Readiness-Deployment Health (My IMR)" links on the Air Force Portal, and addressing deficiencies. The site can also be accessed directly from any computer provided they have a valid CAC card and a CAC reader at https://imr.afms.mil/imr/myIMR.aspx.

## 2. PHA Cell

Mandated by AFI 44-170, the PHA Cell is the ART team within the RMU and is dedicated to facilitating and managing all non-fly/non-SOD/fly/SOD PHAs at its RMU. The PHA Cell is overseen by the Chief of Aerospace Medicine (SGP).

The PHA Cell performs key record keeping and administrative functions of the PHA. It manages the administrative tracking, processing, and administrative technician level peer review of all PHAs. It also provides a standardized PHA process for all fly/non-fly/SOD personnel to include waiver management and AF FORM 1042 processing.

The RMU's ability to staff the PHA Cell with dedicated resources is essential. Maintaining dedicated personnel will ensure efficient and effective health assessments. It will also foster collaborative working relationships among Unit Commanders, their First Sergeants and Unit Health Monitors. Personnel assigned to the PHA Cell should have physical space set aside for their use, to include computers with dual monitors, phones, and office supplies.

## 3. Patient Centered Medical Home (PCMH) Team

The PCMH Team as described in this User Guide, consists of the provider, nurse (as determined by the SGP), ART staff, and technician(s). The PCMH Team updates STR, ASIMS, and other necessary forms or data systems. The PCMH Teams evaluate ALL findings from a members' annual AF Web HA report, conducts a STR review, orders and reviews appropriate laboratory testing, conducts face-to-face (F2F) exams (if/when required), reviews members' AF Form 469 and/or 422 (if applicable), and makes occupational and Worldwide Duty Qualification (WWQ) determinations. All PCMH Team members must have access to ASIMS (with sufficient permissions to accomplish their specific duties).
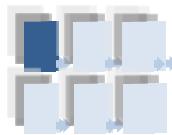
## 4. Non-Medical PHA Partners

Unit Commanders, ARTs, First Sergeants, and UHMs are vital to the success of the PHA program.

Commanders must provide an appointment letter (or encrypted email) to the ASIMS Administrator, before their 1stSgt and/or UHM will be added to the ASIMS Unit POC Table, allowing access to the Unit IMR Reports. UHMs ensure unit personnel are compliant with all PHA, IMR, and DRHA requirements. A sample "*Unit Program Manager and/or IMR Point of Contact (UHM) Appointment Letter*" appointment letter is located in the PHA Tool Box on the AFMS KX PHA Website at https://kx2.afms.mil/kj/kx1/PHA/Pages/toolbox.aspx. Real-time Unit IMR currency reports are also available to Unit CCs, their First Sergeants and UHMs, through the ASIMS Unit POC Module at https://imr.afms.mil/imr/LoginUnit.aspx for use in managing unit compliance. UHM Responsibilities are delineated in AFI 44-170, paragraph 1.2.10.

## PHA Process Phases

### 1. AF Web HA Notification & Due/Overdue Report

Phase 1 of the PHA process pinpoints which AF members are due for the required annual PHA. If a PHA is more than 12 months (365 days) old, a new PHA is needed. In ASIMS, a color system is used to describe the PHA status: green (current), yellow (due), and red (overdue). When a PHA becomes due, there is a three-month (90-day) yellow period. When the three-month yellow period expires, the PHA becomes overdue, or red.

Example:
**Green**
**PHA is current**. Last PHA was completed within the past 12 months. No action is required.

**Yellow**
**PHA is due**. Member's last PHA was completed more than 12 months ago. A PHA will remain in the yellow period for an additional three months or until the PHA is completed.

**Red**
**PHA is overdue**. Member's last PHA was completed more than 15 months ago. The previous PHA has expired, and the three-month yellow period has passed.

ASIMS will send a system generated automated email to notify members during the first month that their PHA is due, and once a month after that until complete; if a member needs to do their AF Web HA, the My IMR Web application page has a "Start WebHA" button that the member can use to initiate their AF Web HA. The unit (UHM) monitors compliance status via the ASIMS Unit POC Module in coordination with the PHA Cell.

Members must complete the AF Web HA accurately and honestly, within 10 days of notification. Members who do not complete the AF Web HA within the specified time period should receive a follow-up notification from their Unit CC, First Sergeant, or UHM.
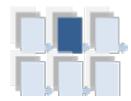
The AF Web HA must be completed online. If necessary (e.g., no electronic resources are available), a paper SF 507 (printed from ASIMS), *Health History Questions/Interval History*, may be used instead of the online AF Web HA; however, using paper forms is not encouraged.

All Personal Reliability Program (PRP) and similar program personnel (BPRP/PSP) <u>must</u> complete the AF Web HA at their RMU.  To accommodate these personnel, one or more computers at the RMU should be available for AF Web HA completion.

If patient results are not immediately available via the "Multiple Patient Report," the PRP Competent Medical Authority (CMA) will use the AF Web HA "AHLTA COPY AND PASTE REPORT" to determine appropriate PRP/BPRP/PSP disposition.  As deemed necessary or required by the CMA or other governing instructions, raw AF Web HA data may be used in lieu of the "Multiple Patient Report" or "AHLTA COPY AND PASTE REPORT."  Refer to AFI 44-170, paragraph 2.4.4.2. for special PRP/BPRP/PSP provisions at GSUs.

After completing the AF Web HA, members should contact their respective UHM for further guidance.

## 2. Review of AF Web HA for Critical or Priority Findings

Some answers on the AF Web HA constitute Critical and Priority findings and must be addressed by the PCMH within a prescribed time period.  To identify members with Critical or Priority findings, the PHA Cell generates a "Multiple Patient Report" throughout the duty day using the AF Web HA.  This report lists all members who have completed the AF Web HA since the last duty day, to include Critical and Priority findings.

**When a Critical or Priority finding is identified, the PHA Cell is responsible for assessing any member flagged as Critical or Priority within the specified times.**

## CRITICAL FINDINGS

Patient Care Team must assess within one duty day of identification by PHA Cell

| CONDITION | DESCRIPTION | RECOMMENDED PATIENT CARE TEAM ACTION |
|---|---|---|
| Post-Traumatic Stress Disorder | **PTSD Score ≥ 50**<br><br>- Patient reports symptoms consistent with a current Post Traumatic Stress Disorder (PTSD). | ➢ Review record to determine if patient has been/is being seen for condition.<br>➢ If no recent visit(s) for PTSD related condition, arrange for evaluation, as indicated. |
| Alcohol **§** | **Alcohol Use Score ≥ 10**<br><br>- Patient's Alcohol Use Score indicates alcohol abuse or dependency. | ➢ Review record to determine if patient has been/is being seen for condition.<br>➢ If no recent visit(s) for alcohol related condition, arrange for evaluation, as indicated. |
| Alcohol **§** | Alcohol use reported as "**having 6 or more drinks daily or almost daily**." | ➢ Review record to determine if patient has been/is being seen for condition.<br>➢ If no past visit(s) for alcohol related condition in the past 6 months, arrange for further evaluation.<br>➢ Patients with "at-risk" alcohol use without evidence of a substance use disorder diagnosis should be counseled and advised to reduce at-risk alcohol use at time of PHA.  http://rethinkingdrinking.niaaa.nih.gov/ |

| | Depression * | **Depression Score ≥ 10**<br><br>- Patient reports symptoms consistent with depression. | ➢ Review record to determine if patient has been/is being seen for condition, arrange for further evaluation.<br><br>➢ |

**§** AUDIT – Alcohol Use Disorders Identification Test ([http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf))
([http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide11.htm)](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide11.htm))

**\*** A Patient Health Questionnaire (PHQ-8) depression scale score of 10 has 99% sensitivity and 92% specificity for identifying major depression in primary care patients (PSYCHIATRIC ANNALS 32:9/SEPTEMBER 2002)
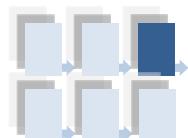

# PRIORITY FINDINGS

Patient Care Team must assess within <u>seven duty days</u> of identification by PHA Cell

| CONDITION | DESCRIPTION | RECOMMENDED PATIENT CARE TEAM ACTION |
|---|---|---|
| Post-Traumatic Stress Disorder | **PTSD Score = 40 - 49**<br><br>- Patient reports symptoms consistent with a current Post Traumatic Stress Disorder (PTSD). | ➢ Review record to determine if patient has been/is being seen for condition, arrange for further evaluation. |
| Alcohol | **Alcohol Use Score = 8 or 9**<br><br>- Patient's Alcohol Use score suggests a strong likelihood of problem drinking. | ➢ Review record to determine if patient has been/is being seen for condition.<br>➢ If no visit(s) for alcohol related condition, arrange for further evaluation. |
| Depression | **Depression Score = 5 - 9**<br><br>- Patient reports symptoms consistent with depression. | ➢ Review patient record to determine if the condition has been previously (or is currently being) addressed.<br>➢ If no past visit for "depressive disorder" is identified, arrange for further evaluation.<br>➢ Determine disposition if patient is currently under care for depression. |
| Major Life Stressors | **Q9.a. = Any Response Except "None"**<br><br>- Patient reports life stressors causing significant concern with difficulty at work, home, relationships, feeling unsafe, bereavement, legal, disciplinary, or financial problems. | ➢ Review patient record to determine if the condition has been previously (or is currently being) addressed.<br>➢ If no past visit(s) for major life stressors, arrange for further evaluation. |
| Desires Appointment | **Interest in Receiving Information or Assistance = "Yes"**<br>- Patient reports interest in receiving information or assistance for a stress, emotional, or alcohol concern. | ➢ Arrange for further evaluation. |

After reviewing Critical and Priority findings, the PHA Cell injunction with appropriate (ie provider) PCMH Team member determines how each finding will be addressed.  It is recommended that the PHA Cell call the member to further discuss the Critical or Priority finding(s).  Based upon the discussion, schedule for a clinic visit.  Intervention may not be necessary, if the finding is already being addressed or has been resolved.  All decision-making processes and actions must be documented in the STR within the specified time.  The Critical/Priority finding(s) can be closed out upon completion of documentation of the assessment, plan and disposition by the PHA Cell/PCMH Team in STR.  At this point, the remainder of the PHA can continue.

## 3.  AF Web HA & IMR

### AF Web HA and IMR

In Phase 3 of the PHA process (after any Critical or Priority findings have been addressed), the PHA Cell completes the AF Web HA review for additional PHA related items (i.e. notable AF Web HA Routine findings, any IMR requirements, any DRHA requirements, or any potential medical standards issues).

For deployers, DRHA 1 (DD2795), DRHA 2 (DD2796), and/or DRHA 3 (DD2900) can be used in place of the AF Web HA as the patient self-report health status tool if completed within 60 days of the PHA appointment. *Note: An interval history will still need to be accomplished and ASIMS updated.*

### Sister Service PHAs

Army Soldiers are notified their PHA is due via the Army Knowledge Online (AKO) website.  They will print their PHA paperwork from AKO and bring it to their appointment.  At a minimum, the RMU will provide clinical PHA services, complete necessary paperwork, and document the visit in HRR.  PHA Cell will also document PHA services in the ASIMS Web App if the soldier's information can be retrieved, viewed and edited in ASIMS.  ASIMS automatically transfers common data elements (e.g., PHA date, IMR currency) of the soldier's data to the Medical Protection System (MEDPROS) for documentation.  For PHA-related requirements or examination findings that cannot be documented in the ASIMS Web App (or cannot be viewed or edited), the PHA Cell will provide soldiers with printed documentation of the completed PHA paperwork that they can hand-carry to their unit personnel clerk for entry into MEDPROS.
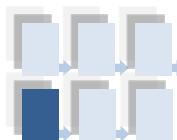
Navy Sailor and Marine PHAs will be documented in AHLTA using the Navy/Marine Corps PHA AHLTA template found in the enterprise folder.  If AHLTA is not available, the form NAVMED 6120/4 (03/2008), *Periodic Health Assessment*, will be used.  This form and other PHA guidance are available at http://www.med.navy.mil/pages/default.aspx.  Navy Sailors and Marines will hand-carry a copy of their completed PHA paperwork to their personnel support office.  Navy Sailors and Marines are responsible for ensuring their respective health services personnel enter their PHA completion date into the Medical Readiness Reporting System (MRRS) for IMR reporting purposes.

Coast Guard Sailor PHAs are documented using CG Form 6150, *U.S. Coast Guard Periodic Health Assessment*.  This form and other Coast Guard PHA guidance can be found at: http://www.uscg.mil/hq/cg1/cg112/cg1121/PHA_med.asp.  Coast Guard Sailor PHAs will also be

documented in AHLTA using the Navy/Marine Corps PHA AHLTA template found in the enterprise folder. Coast Guard Sailors will hand-carry a copy of their completed PHA paperwork to their health record custodian. Coast Guard Sailors are responsible for ensuring their respective health services personnel enter their PHA completion date into the MRRS for IMR reporting purposes.

If permitted by Sister Service instructions, PHA Cell/ will use AF processes including the AF Web HA, to accomplish Sister Service PHAs.

## 4. Service Treatment Record Review

To initiate the STR review the PHA Cell requests the member's paper medical record from the Outpatient Medical Records section if needed. The PHA Cell reviews the member's paper STR if needed, electronic health records (e.g., AHLTA, CHCS, ASIMS), as well as other relevant information sources: AF Web HA, DRHAs, past and present AF Form 422s and AF Forms 469s, and 1042 for flying waivers (if applicable). This review is best done simultaneously with Phase 3. The purpose of this review is to identify:

- Outstanding PHA, IMR, DRHA requirements, such as immunizations or labs
- Other recommended tests
- Likely disqualifying conditions [or condition needing a Medical Evaluation Board (MEB) or Review in Lieu of (RILO)] IAW AFI 48-123, Chapter 5 (and Chapter 6 for Flyers)
- Trends over time, changes, and other information that should be called to the attention of the PHA Cell

STR findings should be noted on the PHA Note (Phase 5). While this review is primarily focused on PHA requirements, other clinically relevant issues should be highlighted for the PHA Cell to consider. It is the PHA Cell's responsibility to assure these other clinical issues are addressed. There is a sample STR located in the PHA Tool Box on the PHA Web site on the AFMS Knowledge Exchange (Kx) at https://kx2.afms.mil/kj/kx1/PHA/Pages/home.aspx.

Another component of Phase 4 is the administrative update performed by the PHA Cell.

Administrative update actions include:

- Updating electronic DD 2766 in ASIMS
- Updating the STR Review date in ASIMS to reflect the STR completion date
- Updating the Physical Profile Review date on Deployment Limiting Conditions, also in ASIMS
- Ensuring STR is in chronological order (if paper record is requested)
- Identifying any medical conditions requiring a RILO or possible MEB initiation

ASIMS can help identify members who may require a RILO or possible MEB based upon 365 cumulative days of mobility restriction (MR) for a condition (based upon the first three characters of ICD9). Go to the Individual Status Screen, 469/422, to the right of the display of the MilPDS ALC and AAC codes.
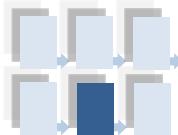
In the example above, the member has had a cumulative total of 1,278 days on a Mobility Restriction profile for ICD9 174 (*Malignant neoplasm of female breast*).    Additionally, technicians can see if the member is currently on an Assignment Limitation Code (ALC) X, Y, or C.   The member's STR should be reviewed to determine if an MEB is warranted or not.

Upon completion of the STR, the PHA Cell returns the STR, if requested, to the appropriate Outpatient Medical Records section.

The PHA Cell is also responsible for ensuring all immunizations, labs, and tests needed for the member's mobility status are identified.   Airmen are responsible for regularly checking their My IMR for incomplete PHA items, and for accomplishing any incomplete PHA items.  In addition to the Airmen checking their My IMR, Unit CCs and UHMs will monitor the ASIMS Unit POC Module for incomplete items and contact their members and instruct them to complete them.

The ASIMS Unit POC Module was specifically developed to allow Unit CCs and UHMs the opportunity to monitor and track their members' compliance with PHA, IMR, DRHA requirements.

The PHA Cell should not be in the business of maintaining a tracking log, nor should they be sending Due/Overdue Reports to units.

### 5.  STR PHA NOTE
To initiate Phase 5, the PHA Cell again verifies that all IMR clinical services are completed, and that all corresponding fields in ASIMS are updated.  For laboratory tests, it may take several weeks to receive a result.  However, ASIMS should still be updated to indicate that the member has completed an identified PHA laboratory test(s), regardless of whether all results have been obtained.  For example, if a member is due for an HIV test and had blood drawn at the lab on 07 Jul 13, the results of the test may not be received until 30 Jul 13.  ASIMS, however, must be manually updated to reflect that the lab was drawn on 07 Jul 13, indicating PHA labs are completed.

After ensuring all IMR requirements are completed and ASIMS is updated, the PHA Cell creates a PHA Template/note. The PHA Cell will ensure the PHA note is sent to the PCMH Team for further review and -signature as required.  Each base will require work rules to ensure the PHA note is directed to the correct Team member.

The PCMH Team reviews the PHA note for completeness and addresses action items, as indicated.  The PCMH Cell will look for labs that were ordered, lab results, notes from the PHA Cell, and similar clinical items.  Any further evaluation, counseling, & testing will be determined and addressed appropriately by the PCMH Team.

The PCMH Team also determines if the member is considered worldwide duty qualified or if duty limitations and restrictions are appropriate for the member. (Contact the PHA Cell for current information and training on the AF Forms 422 and 469.)  Other necessary actions include:

- Reviewing and updating AF Forms 422 and 469
- Coding for PHA items
- Updating ASIMS (including signature and completion date for PHA)

After appropriate review and action, PHA is now officially completed for members not requiring a face-to-face provider visit.  To close the PHA, the PCMH Team ensures the PHA is updated in ASIMS to reflect the completion date of the PHA.

# PHA CODING GUIDANCE
### (ICD-10 Codes will be inserted here when officially implemented)
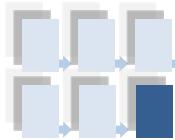
| REASON FOR VISIT | Diagnosis ICD-9 Code (order of code) |
|---|---|
| PHA visit only | V70.5_2 (only) |
| PHA visit<br>Additional illness or injury evaluated /assessed | V70.5_2 (first code)<br>Add ICD-9's |
| PHA visit scheduled BUT patient with condition (severe influenza) that comprises the majority of time spent and PHA not completed | ICD-9 of condition<br>NO V70.5 code |

| Part | ENCOUNTER TYPE | E&M |
|---|---|---|
| Visit | With preventive exam, 18-39 | 99395 (established)<br>99385 (new) |
| Visit | With preventive exam, 40-64 years | 99396 (established)<br>99386 (new) |
| Visit | With preventive exam, active illness diagnosed (use appropriate PHA code plus applicable visit code with -25 modifier. | 992xx -25 |
| Visit | Primary service is preventive counseling, 15 minutes (individual with provider) | 99401 |
| Visit | Primary services is preventive counseling, 30 minutes (individual with provider) | 99402 |
| Visit | Preventive counseling provided to a group, 30 minutes (with provider) | 99411 |
| Visit | Preventive counseling provided to a group, 60 minutes (with provider) | 99412 |
| Visit | Tech consult, no provider contact, risk factor reduction counseling provided | 99211 |
| Visit | Primary preventive visits with additional illness/injury.  May add secondary E&M with appropriate documentation and add -25 modifier | Secondary E&M 992xx-25 |
| **STR** | **STR review, no exam, no counseling, reviewed by provider (physicians, NPs, PAs or IDCs)** | **99420** |

All PCMH (visits) above include:  entering AF Web HA results into STR, review and discussion of PHA, history, assessment, and plan with patient, and completing records.

## 6.  PHA Face-to-Face (F2F) Clinical Appointments, Remote PHAs, and No-Show/Incomplete Reports

Members who require (or desire) a F2F Provider appointment must contact their UHM for scheduling guidance.

## PHA F2F Clinical Appointments

The PHA Cell should review the patient's STR (according to local policies) before the PHA F2F clinical appointment.

The PHA F2F clinical appointment visit should include:

- Reviewing ASIMS
- Documenting measured (not stated) vitals for height, weight, and blood pressure.  Updating vitals into ASIMS, STR, DD 2766 (if paper records used), and SF507 (if used)
- Reviewing and discussing with the member the AF Web HA results and other medical record data, the member's stated history, , and any other action items highlighted by the PHA Cell
- Performing or referring for appropriate exams based on age, gender, and history data
- Discussing assessment and plan with member and deciding if member is worldwide duty qualified
- Reviewing AF Forms 422 and 469 for errors and updating temporary limitations
- Updating ASIMS Updating electronic DD 2766 in ASIMS

If the PCMH Team determines that additional appointments or tests are needed, the PCMH Team will notify UHM of any additional appointments, labs, or other necessary follow-up activities, including referrals.  Each base will develop work rules to ensure scheduled follow-up actions are completed.

After the member's PHA F2F clinical appointment is completed, the PCMH Team completes the following:

- Ensures labs, exams, or other needed items are scheduled; ensures results are reviewed
- Completes any additional forms for special conditions, such as the G6PD Overprint
- Follows up with member on any additional clinical issues (additional visits may be needed)
- Initiates MEB or complete RILOs, if indicated

*Special Note: If the DRHA 1 (DD2795), DRHA 2 (DD2796), or DRHA 3 (DD2900) is used in place of the AF Web HA as the patient self-report health status tool, a F2F appointment with a physician, PA, or NP, is required to complete the provider interview portion of the DRHA – even if there are no Critical or Priority findings noted.  (NDAA 2010, Sec 708, DoDI 6490.12)*

## Remote PHAs

There may be circumstances, that should be outlined in local business rules and local clinical decisions which may allow some Airmen to complete their entire PHA remotely (e.g., telephone, video link).  At some locations, AD IDMTs, IAW local command guidance and/or locally approved protocols within the IDMT scope of care, may provide PHAs to their assigned population.  These PHAs will be reviewed and co-signed by the IDMT's physician preceptor.  (**Exception:** PRP/BPRP/PSP Airmen) (AFI 44-170 paragraph 2.4.4.2.)  IDMTs can only complete the DHRA visits at GSU locations greater than 50 miles from a MTF.

### No-Show/Incomplete Reports

If the member does not show up for their PHA, the appropriate PCMH team member must enter the date in the "No-Show" field in ASIMS. Recording the "No-Show" is crucial. If it is not recorded, missed appointments cannot be tracked – a key reporting requirement for RMU Commanders. The ASIMS Unit POC Module contains a "PHA No Show Report" which is accessible to Unit CCs, First Sergeants and UHMs at any time.

Units track their Airmen who have failed to meet PHA suspense or who have excessive short-notice cancellations or missed appointments for scheduled services. What constitutes "excessive" short-notice cancellations or missed appointments will be determined at the installation or RMU level.

Airmen and their leadership (Unit CCs, First Sergeants, & UHMs) are responsible to ensure members complete all portions of the PHA. Airmen and their leadership have the ability to view PHA requirements (via My IMR and the ASIMS Unit POC Module). Airmen with unmet PHA requirements are notified. As a "Commanders Program," Units can/should hold members accountable for "No-Shows," and unmet PHA, IMR, and DRHA requirements.

## Technician Level and Clinical Peer Reviews

The RMU should develop and maintain a process for technicians working the PHA Cell to review a random sample of completed PHAs on a regular, recurring basis (recommend: monthly, selecting a random sample of at least 5%). This technician Level Review is intended to determine whether the process is flowing smoothly, all procedures are being followed, and all paperwork and software updates are completed correctly (*similar to a self-inspection*). It affords the RMU leadership an opportunity to identify the need for possible improvements to the PHA processes and to identify problems quickly, so they can be corrected. This Technician Level Review will be reported to the Aerospace Medicine Council (AMC) on a schedule determined by the SGP (recommend: as a standard agenda item).

Clinical Peer Review, with oversight of the SGH, will also be assessed through the Clinical Peer Review process and program compliance metrics. The Clinical Peer Review process will include provider assessment, disposition, documentation, and referrals related to PHA encounter. Clinical Peer Reviews will be reported to the RMU Executive Committee (ECOMS). Program compliance metrics for the administrative components of the PHA program will include, at a minimum, the time windows for addressing critical and priority suspense (e.g., timely notification to PHA Cell).

Results of the Technician Level and the Clinical Peer Reviews will be documented and reported to the SGP and SGH, respectively. Briefings to Executive Committees, Population Health Working Group, and Pro Staff are also recommended.

## Web Resources

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| **AEF Online** | https://aef.afpc.randolph.af.mil/ |
| **AF Portal** | http://www.my.af.mil/ |
| **AF Web HA** | https://afwebha.afms.mil |
| **AHRQ ePSS** | http://epss.ahrq.gov/pda/index.jsp |
| **ASIMS Unit POC Module** | https://imr.afms.mil/imr/LoginUnit.aspx |
| **MiCare Secure Messaging** | https://kx2.afms.mil/kj/kx5/Micare/Pages/home.aspx |

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|---|---|
| **My IMR Web Application** | https://imr.afms.mil/imr/myIMR.aspx |
| **PHA Web Site** | https://kx2.afms.mil/kj/kx1/PHA/Pages/home.aspx |
| **TriCare Online** | http://www.tricareonline.com |

## PHA Tool Box

The PHA Tool-Box is available on the PHA Website on AFMS Knowledge Exchange (KX) at: https://kx2.afms.mil/kj/kx1/PHA/Pages/toolbox.aspx

The Tool-Box includes:

- AF WEB HA - User Guide
- Setting up the AF WEB HA
- Sample Health Records Review
- Guide to Clinical Preventive Services
- USPSTF Database – Search Engine
- Framingham CHD Risk Calculator
- BMI Calculator
- ASIMS Unit POC Module – Access to IMR Reports – User Guide

- Sample Unit IMR Program Manager/POC - Appointment Letter (UHM)
- How-To – AHLTA "High Priority T-CON"
- G6PD Overprint
- AUDIT Information
- PHQ-9 Depression Information
- CHD Risk Assessment CPGs
- Tools for USPSTF Recommendations

## References

- NDAA 2010, Sec 708
- HA Policy Memo 06-006
- DoDI 6025.19
- DoDI 6490.03

- DoDI 6490.12
- DoDD 6200.04
- AFI 10-203
- AFI 10-250

- AFI 36-2905
- AFI 44-170
- AFI 48-101
- AFI 48-123

## Help

- AFMOA Force Health Management Operations – DSN (312) 969-9207
- MiCare Secure Messaging – DSN (312) 969-9047
- ASIMS Help Desk - afma.sg6hhid-helpdesk@us.af.mil