



Preliminary Testing

Report Generation IS working (partially).

One problem however...

When you Generate the Report and then View the Provider Report, you get the exact right report. Here's what it looks like for patient Sam Adams:



New River Family
1300 St Marys Street
Suite 502
Raleigh, NC 27605

Sam Adams
Account Number:
Policy Number: **567435673A**

Printed: **03/31/2024**
Patient Name: **Sam Adams**
DOB: **03/03/1933**
Age: **91**
Provider: **Sammy W Watters**

DOS: **March 31, 2024**

Preliminary Note - has not been signed off by provider

Reason for Visit

Testing new server

Vital Signs

Vital signs were measured and recorded: Weight in pounds:200, Height in inches:56, Blood Pressure:, Systole:180, Diastole:90, and no additional information was provided

Demographics

Patient demographics: Gender:, male, Race:, White or Caucasian, Marital status:, divorced, Living arrangement:, lives with a paid caregiver, and no additional information was provided

Coordination of Care

Patient responses to health management queries: Patient-rated overall health:, good, Confidence with managing health problems:, somewhat confident, Problems with health management:, cost of care or medications, Emergency Room visits in the past 6 months:, **yes**, Overnight hospital stays in the past 12 months:, **yes**, and no additional information was provided

Medications

Patient report of their medications: Current medications:, **acid reflux or heartburn medication, anti-anxiety medication, anti-seizure medication, antibiotic or anti-infective, asthma medication or inhaler, blood pressure medication, blood thinner, oral cancer medication, radiation and or chemotherapy cancer treatment, injected insulin diabetes medication, heart rhythm medication**, Problems taking medications as directed:, paying for prescriptions, using inhaler, and no additional information was provided

Immunization History

Patient responses to immunization queries: Last flu shot:, this year or season, Pneumonia vaccinations:, had one or more shots after age 65, Shingles vaccine:, zostavax administered, Tested positive for COVID-19:, **yes, have tested positive**, Vaccinated for COVID-19:, **yes**,



Type of vaccine received: Pfizer, Both doses received: **no**, approximate time of vaccine administration: more than 6 months ago, and no additional information was provided

Medical History

Patient responses to medical history queries: Last mammogram: male and mammogram has not been needed, Osteoporosis testing: **no**, Colon cancer screening status: stool test within the last 2 years, sigmoidoscopy within the last 4 years, colonoscopy within the last 10 years, Cholesterol history: no history of high cholesterol, Have/ had following conditions: **alzheimers or dementia, heart disease or heart attack, copd or emphysema, diabetes insulin dependent**, Bladder control accidents: poor, Last PSA screening: within the last year, and no additional information was provided

Type of Visit

Patient report of visits to physicians: Number of doctor visits in the last 12 months: 4 to 6 visits, Doctors seen in the last 2 years: dermatologist, ears nose throat specialist, gynecologist, immunologist, internal medicine specialist, neurologist, oncologist, psychologist, pulmonologist, and no additional information was provided

Nutrition Goals

Patient responses to the diet screening: Makes own meals: sometimes needs help, Number of meals each day: 3, Servings of fresh fruit or vegetables each day: 2, Servings of meats or fish or eggs each day: 2, **diet for liver disease**, and no additional information was provided

Sexual Health Screening

Patient responses to the sexual health screening: Sexually active in the last year: yes, Tested for sexually transmitted diseases: **doesn't know or not tested for std or hiv**, and no additional information was provided

Family History

Patient report of: family health conditions: allergies, anemia, substance abuse, tuberculosis, and no additional information was provided

Activity of Daily Living (ADL/ IADL) Goals

Patient responses to the activities of daily living screening: Manage daily activities: very well, Get to places beyond walking distance: sometimes, Shop without help: sometimes, Do housework without help: yes, Need help eating, dressing, bathing, or getting around the house: sometimes, Manage money (banking/ bills) without help: **no**, Have been experiencing the following: **difficulty chewing or swallowing, difficulty breathing or shortness of breath**, and no additional information was provided

Fall Risk Screening

Patient fall risk screening responses: Safety precautions not in home: safety grab bars in bathroom(s), Fallen in the past year: **yes, 3 or more**, Shaky when standing or walking: **often**, and no additional information was provided

Physical Activity Goals

Patient exercise and activity screening responses: Exercise 20 minutes on three or more days a week: most weeks, Need to nap during the day: once or twice a week, and no additional information was provided

Hearing Screening

Patient response to hearing screening: Hearing difficulty: **yes**, and no additional information was provided

Vision Screening

Patient responses to vision screening: Vision difficulty: **yes**, Last eye exam: more than 12 months ago, and no additional information was provided

Gaps Identified

Patient response to dental screening: Last dental exam: more than 12 months ago, and no additional information was provided

Social Support Screening

Patient responses to social support screening: Health or emotions limited socializing with family or friends: a few times, Someone to assist when help needed: always, Social and emotional support when needed: sometimes, How often speak with family and friends: a few times a week, and no additional information was provided

Depression Screening (PHQ)

Patient depression screening responses: Having little interest or pleasure in doing things: **nearly every day**, Feeling down, depressed, or hopeless: **more than half the days**, PHQ2 Total Score:5, Trouble falling asleep, staying asleep, or sleeping too much: **nearly every day**, Feeling tired or having little energy: several days, Poor appetite or overeating: **more than half the days**, Feeling bad about yourself — or that you are a failure or have let yourself or your family down: **more than half the days**, Trouble concentrating on things, such as reading the newspaper or watching television: several days, Moving or speaking so slowly that other people could have noticed; or the opposite — being so fidgety or restless that you have been moving around a lot more than usual: **nearly every day**, Thoughts that you would be better off dead or of hurting yourself in some way: **nearly every day**, PHQ9 Total Score:20, How difficult these problems have made it for you to function: somewhat difficult, and no additional information was provided

Pain Screening

Patient pain screening responses: Rate pain (within last 4 weeks): no pain, and no additional information was provided

Tobacco Alcohol and Substance Use Screening



Patient report of tobacco, alcohol, and substance use: Tobacco Use:, smokes cigars or a pipe, Cigarettes smoked per day:, **more than 5 but less than a pack**, Substance/s Use:, sleeping pills or sedatives, marijuana, stimulants, Alcohol Use:, 1 or 2 times a week, Number of drinks at a time:, 2, and no additional information was provided

Cognitive Screening

Patient responses to cognitive screening: Three words selected:, telegram, brooch, theater, Category of checkers:, trees, WORLD spelled backwards:, dlorw, Same 3 words selected previously:, checkers, racing, saucer, and no additional information was provided

Advance Directives Screening

Patient response to the Advance Directives screening: Interested in discussing with physician:, living will, health care power of attorney, do not resuscitate, and no additional information was provided

Chronic Care Management Screening

Patient response to Chronic Care Management query:: Interest in CCM:, **yes interested**, and no additional information was provided

Risk Factors

The patient's relative risk factors are shown in the following table.

CHRONIC CONDITION	LEVEL	TREATMENT OPTIONS	ASSOCIATED RISKS
CVD	(+)	Continue monitoring BP, cholesterol, BMI.	Stroke/TIA
Cognitive Impairment	(+)	Continue monitoring cognitive impairment.	
Colorectal Cancer	(-)	Continue monitoring saturated fat and fatty red meat intake.	
Depression	(+++)	Continue monitoring early warning signs of depression.	
Diabetes	(-)	Continue monitoring lipids, BMI, waist.	Retinopathy
Functional Capacity and Safety	(+)	Continue monitoring safety, driving habits, handrails and slippery surfaces.	
Osteoarthritis/Arthritis	(-)	Continue monitoring bone density. Consider calcium supplement.	Functional Ability
Prostate Cancer	(-)	Continue monitoring PSA, fatty red meat intake.	
Stroke/TIA	(-)	Continue monitoring BP, aspirin intake.	

Medical Decision Making

Clinical Triggers and HCC RAF Consideration:: HCC RAF Values

Recommended Procedures, Treatments and Preventive Services;

- CCM will be offered to patient as s/he meets requirements ;
- Suicide Alert!

Written screening schedule - 5 year Plan

The patient's written screening schedule and 5-year plan is as follows.

CATEGORY	GOALS
Blood Pressure	Measure at least yearly; goal 130/80; if diabetes, age > 65, or other medical condition, your medical provider may recommend a higher or lower goal. Discuss with your medical provider.
Weight/BMI	Age => 18 years, measure at least every 12 months. BMI goal => 18.5 and < 25
Vaccinations	Seasonal Flu Pneumonia: Pneumovax and Prevnar (once after age 65) Tdap one dose, thereafter Td (tetanus and diphtheria) every 10 years Shingrix two-dose one-time-only after age 50 COVID-19 primary series, plus booster. People with weakened immune systems may be eligible for an additional primary shot. Discuss with your medical provider.
Lab Orders	Lipid testing once every 5 years; more frequently if being treated for elevated cholesterol, diabetes, heart disease or vascular disease. Discuss with your medical provider.



Colon Cancer Screening	Colonoscopy every 10 years starting age 50 until age 75-80; more frequently and possibly at a younger age depending on family history or medical conditions. Discuss with your medical provider who may offer other testing options.
Abdominal Ultrasound	If you are a male 65 or older and have ever smoked, you may have an increased risk for an aortic aneurysm. Discuss the one-time only screening for this condition with your medical provider.
Bone Density Testing	Once every two years for persons who indicate an increased risk for osteoporosis; your provider will evaluate your medical need and your appropriate bone mass measurement; testing may be more often when medically necessary. Discuss with your medical provider.
Hepatitis C Testing	Recommended once for people born between 1945-1965. Discuss with your medical provider.
Referrals	Depending upon clinical scenario

Personalized Health Advice

The patient's personalized health advice is as follows.

CATEGORY	RECOMMENDATIONS	ACCOMPLISH BY
Nutrition	<ul style="list-style-type: none"> Baked or broiled fish or chicken are healthy substitutes for red meat or fried food at mealtime. Both are lower in fat and are good sources of vitamins and minerals. The omega-3 in cold-water fish protects the heart and circulation and may reduce the risk of heart disease and certain cancers. Eating small servings of healthy snacks in your diet can help you shed pounds and lower your risk of heart disease. Eat a small, healthy snack before lunch and dinner and you won't be tempted to overeat large meals. Men and women have an increased risk for osteoporosis as they age. Consult with your provider about bone density screenings, supplements, and exercise, to help you strengthen your bones. 	<p>As directed by your provider:</p> <p>_____</p>
Fall Prevention	<ul style="list-style-type: none"> Your risk of falling and slipping is "moderate." You should take extra precautions around your house, bathroom and outside on your walkway to have railings installed so you don't fall and suffer a setback. 	<p>As directed by your provider:</p> <p>_____</p>
Cognition Improvement	<ul style="list-style-type: none"> Please describe your inability to concentrate to your provider. 	<p>As directed by your provider:</p> <p>_____</p>
Depression	<ul style="list-style-type: none"> Your provider will talk to you about the problems you have sleeping. If you increase your exercise level and cut down on caffeine (especially before bedtime) you will probably start to sleep through the night longer. If you are sad, lonely and come to tears easily, you may have early symptoms of depression. Talk to your provider right away about this. If you are having difficulty sleeping, consult with your provider and tell him or her about it. Reduce your intake of caffeine, especially before bedtime. If you suffer from a lack of interest in activities that you used to enjoy, you may be suffering from depression. Talk to your provider about this immediately. If you have thoughts of death or suicide it is very important that you talk to your provider as soon as possible. Please let your provider know that you are having difficulty sleeping at night. Remember to avoid large meals and caffeine before bedtime. You should discuss your fatigue and loss of energy with your provider as soon as possible. Tell your provider right away about your feelings of worthlessness. 	<p>As directed by your provider:</p> <p>_____</p>



	<ul style="list-style-type: none">• Maintaining contact with your family is very important. If you are unable to do this, please talk to your provider about it immediately.	
Physical Strength	<ul style="list-style-type: none">• Your age is 65 years or older. As you age your bones become brittle and you have muscle loss. Your provider can discuss ways that you can help strengthen bones and muscles.• If you feel that your physical movements have become restricted lately, please let your provider know immediately.• Your provider will discuss your reduction in physical movements with you and offer some further advice.	As directed by your provider: _____
Referrals	<ul style="list-style-type: none">• Your provider will discuss your reported heart problems with you separately.	As directed by your provider: _____

Not Signed Off

But...when you SAVE the report it brings up an entirely different patient and report!!!!!!

The curious thing is that it seems to save the file on my local computer with the correct patient name (Sam Adams in this case) but when you look at the saved file it's some **completely different patient**:

CareTalk Health FL PA
4849 Rugby Ave
Bethesda, MD 20814

Judy Carter
Account Number: **HERO - 340**
Policy Number: **6Ch5-th9-ch81**

Printed: **03/26/2024**
Patient Name: **Judy Carter**
DOB: **10/25/1945**
Age: **78**
Provider: **MD Kenneth Rice**

DOS: **Mar-26,2024**

Reason for Visit
HERO - Initial Visit

Vital Signs
Vital signs were measured and recorded: Weight in pounds: 135, Height in inches: 5'3, Blood Pressure: Systole: Diastole: and no additional information was provided.

Demographics
Patient demographics: Gender: female, Race: White or Caucasian, Marital status: widowed, Living arrangement: lives alone, and no additional information was provided.

Health Management History
Patient responses to health management queries: Patient-rated overall health: **poor**, Confidence with managing health problems: somewhat confident, Problems with health management: understanding health information, Emergency Room visits in the past 6 months: **yes**, Overnight hospital stays in the past 12 months: **yes**, and no additional information was provided.

Again, the name of the file is correct: John Adams but this report is not John Adams, it's for some **completely different patient**!