MED-IT Direct Entry

WISEWOMAN Program, updated February 2022

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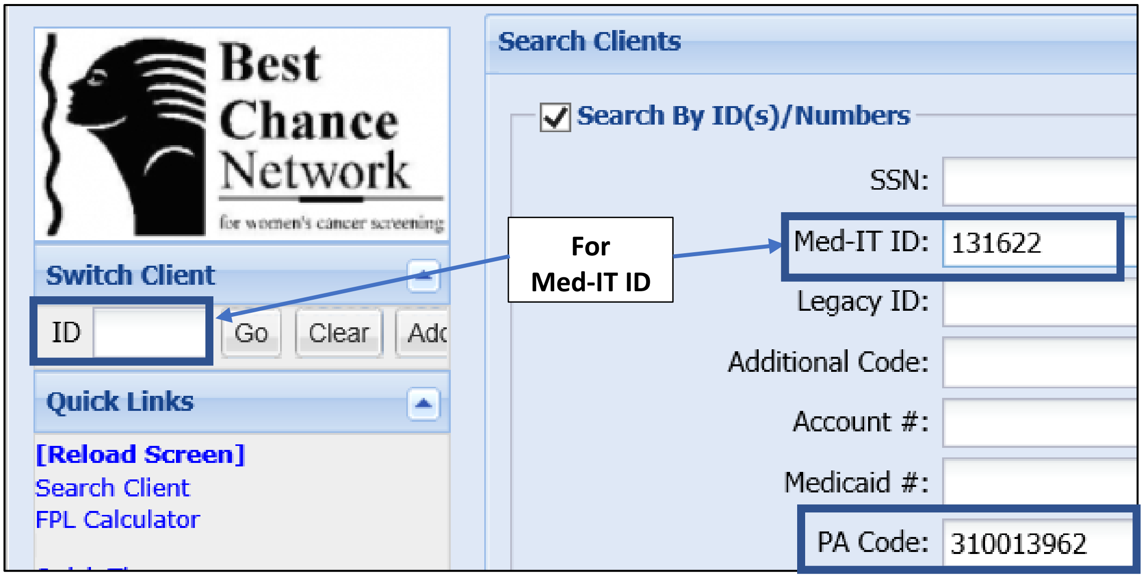
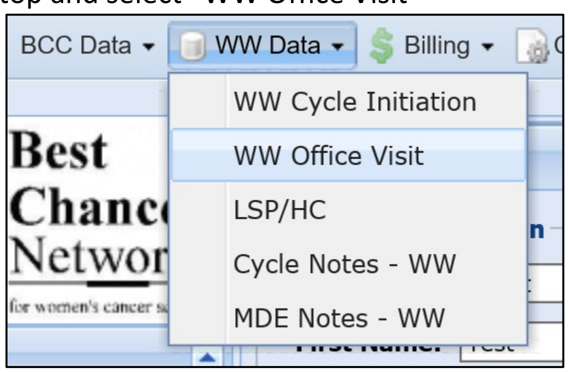
How to Enter: WW Risk Assessment & Clinical Data Form

(1) Search for Patient in Med-IT
Option 1: Enter patient's PA Code and press "Search" icon or "Enter" on keyboard.

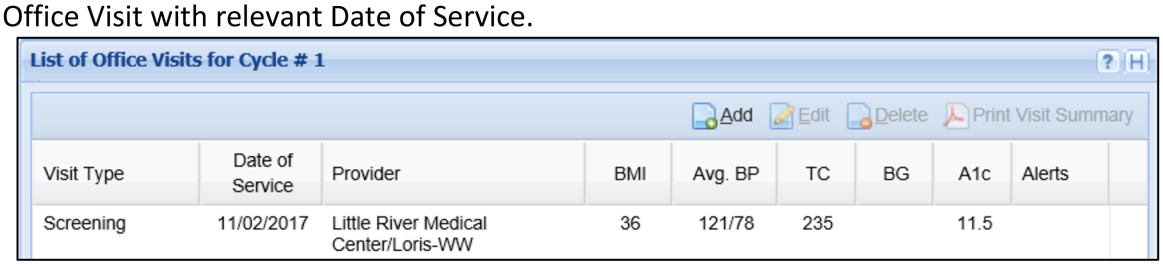
Option 2: Search using patient's Med-IT ID.



(2) Go to "WW Data" tab at the top and select "WW Office Visit"

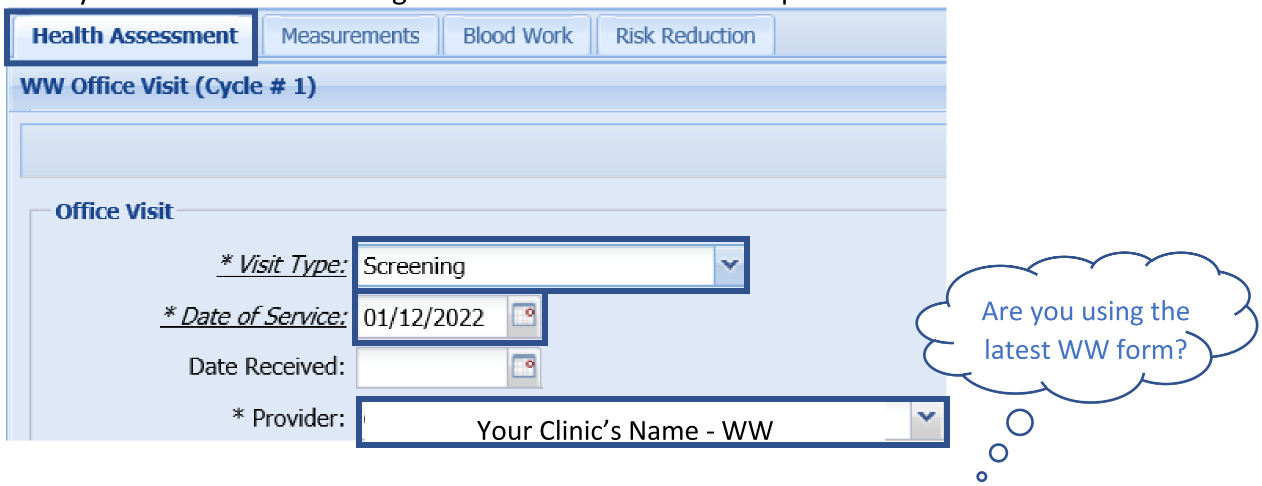


(3) Select Office Visit with relevant Date of Service.

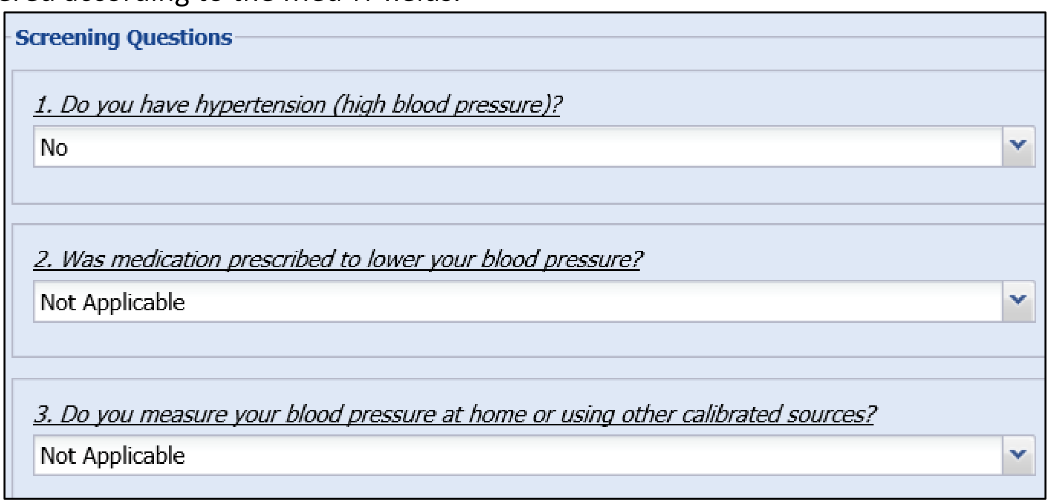


Visit Type	Date of Service	Provider	BMI	Avg. BP	TC	BG	A1c	Alerts
Screening	11/02/2017	Little River Medical Center/Loris-WW	36	121/78	235		11.5	

(4) In Health Assessment tab, select “Screening” for Visit Type if this is their Baseline visit. Also, enter Date of Service. Select your clinic’s name ending in “WW” in the Provider dropdown list.



(5) Enter patient responses in appropriate Screening Question fields. Questions on the Assessment form are ordered according to the Med-IT fields.

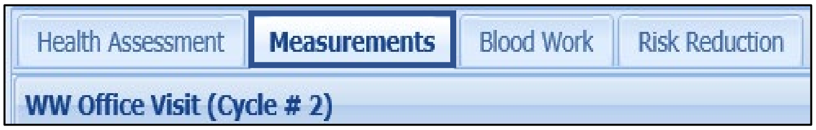


(6) Med-IT doesn’t automatically save progress. Be sure to press “Save” or “Update”.

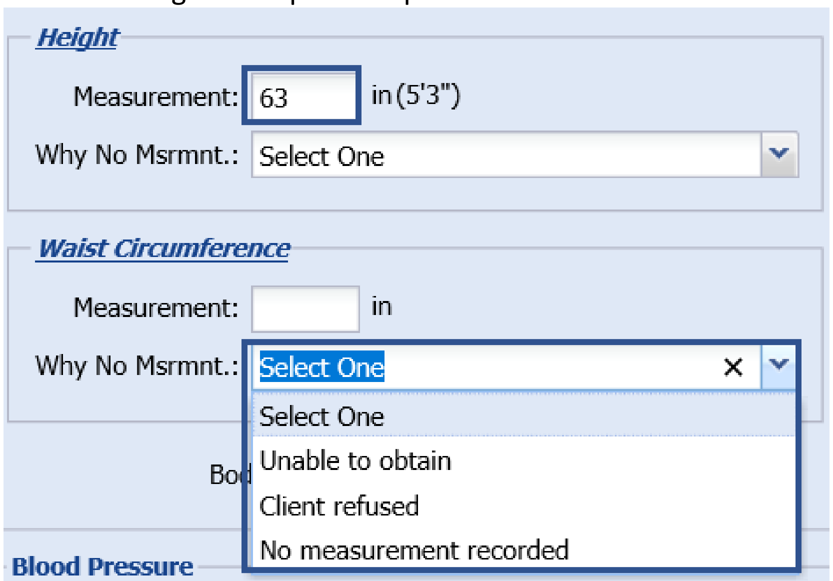
Quick Tips	
Before entering data, ensure all questions are answered. Unanswered questions will produce an error. If unable to get patient’s response right-away, obtain response during next touchpoint.	
If patient responds “No” to having a chronic condition or are uncertain, use clinical measurements/blood work to determine if they do.	
If patient’s BP is regulated by medication, then mark they have HBP.	
If patient responds “No” to having hypertension (question 1), the related questions that follow will be “Not Applicable” (questions 2-6). Same applies to Cholesterol (questions 7-10) and Diabetes (questions 11-13).	
Record only 1 response for questions with two fields. (Example below)	
✓	21. How many cups of fruits and vegetables do you eat in an average day? Select one / 3 Cups
X	21. How many cups of fruits and vegetables do you eat in an average day? 0 / 3 Cups

How to Enter: Clinical Measurements

(1) Select the Measurements tab near the top of the page.

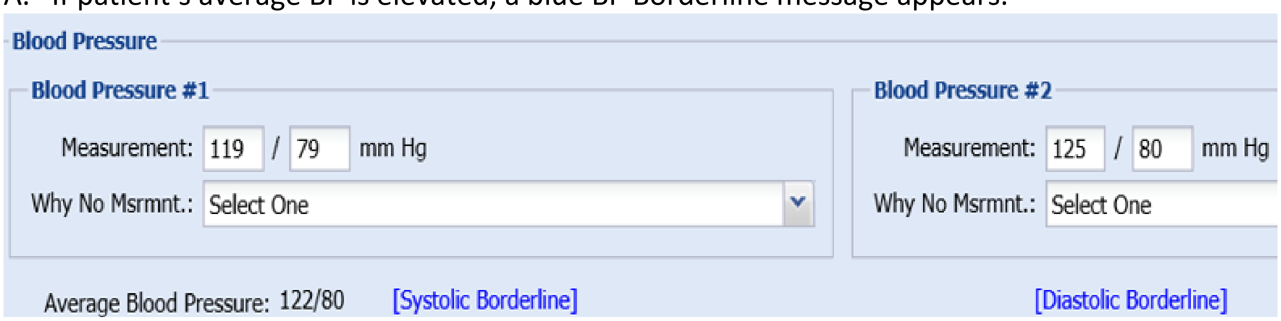


(2) Enter patient information in related fields. If measurements were not recorded, indicate why in the "Why Not Msrmnt" field using the dropdown options available.

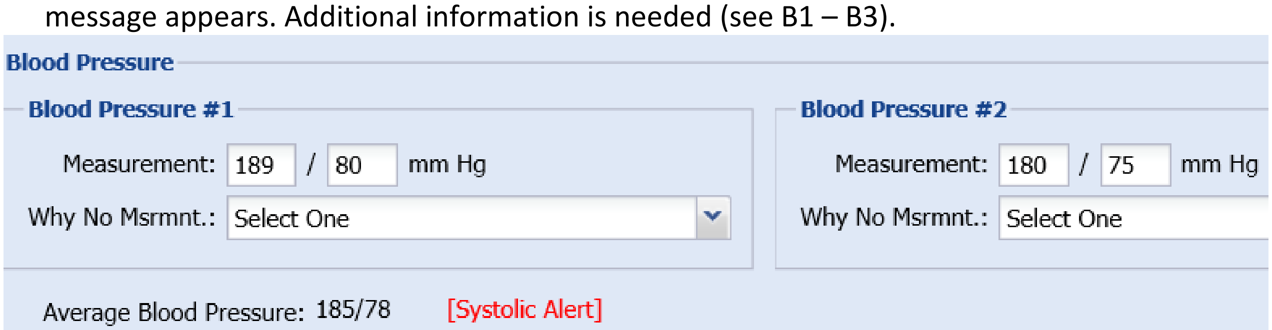


(3) Take notice if a message appears beside the Average Blood Pressure reading.

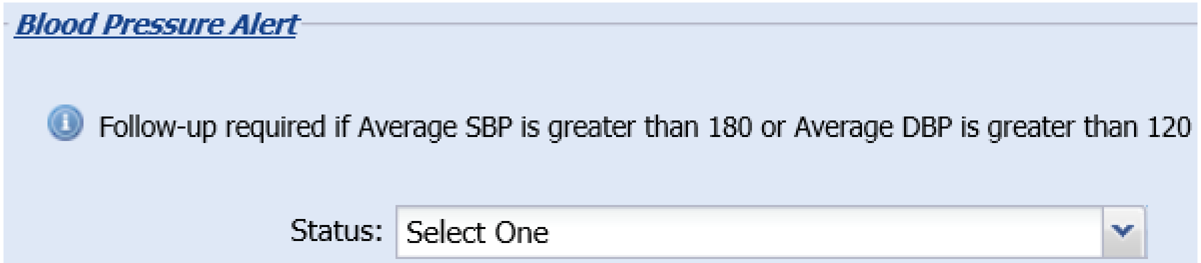
A. If patient's average BP is elevated, a blue BP Borderline message appears.



B. If patient's average systolic value exceeds 180 or diastolic value exceeds 120, a red BP Alert message appears. Additional information is needed (see B1 – B3).



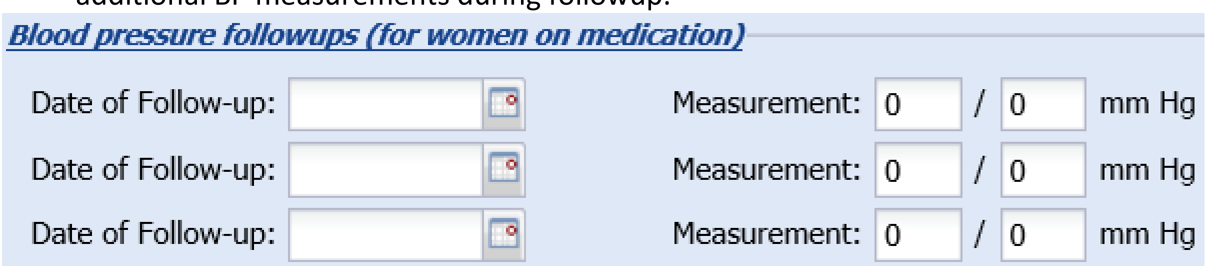
B1. If a Systolic or Diastolic Alert appears, patient needs a BP Follow-up. In the Blood Pressure Alert section, record the BP Alert "Status". The table below indicates which status to use.



BP Alert Status	When to Use
Medically necessary	Patient accepted BP Follow-up
Not medically needed	Average SBP is less than 180 & DBP is less than 120
Medically necessary follow-up appointment declined	Patient had a BP Alert but didn't attend Follow-up
Client refused workup	Patient had a BP Alert but refused workup
No answer recorded	If no answer recorded

B2. Add the "Date of Follow-up" beneath the status. If patient declines, put the date the patient declined.

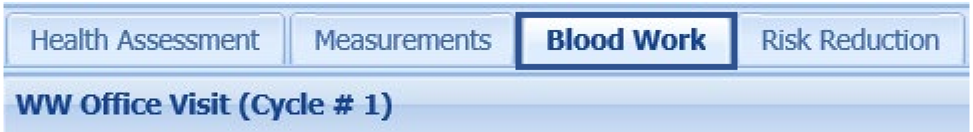
B3. The "Blood pressure followups (for women on medication)" section is optional for recording additional BP measurements during followup.



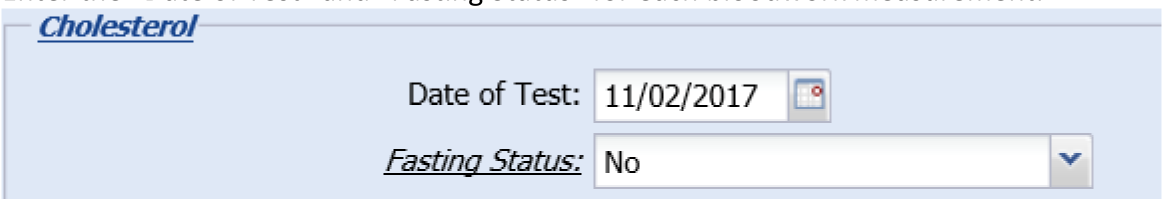
(4) Remember to press Save or Update.

How to Enter: Blood Work

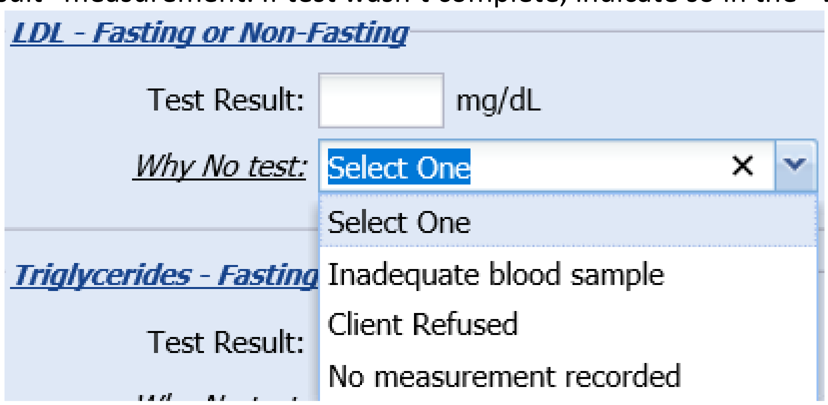
(1) Select the Blood Work tab near the top of the page.



(2) Enter the "Date of Test" and "Fasting Status" for each bloodwork measurement.



(3) Fill in each "Test Result" measurement. If test wasn't complete, indicate so in the "Why No test" space.



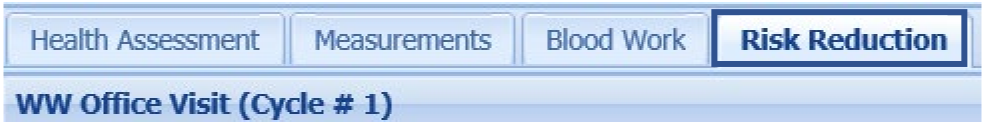
(4) For the Blood Glucose section, record either the Blood Glucose (fasting value) or A1C. Only one is needed, but both can be recorded.

(5) Ignore the Missing Claims Options section.

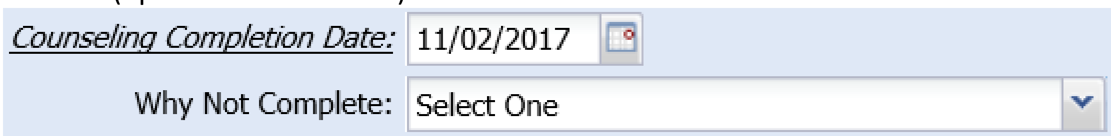
(6) Press Save or Update.

How to Enter: Risk Reduction Counseling & HBSS Referral(s)

(1) Select the Risk Reduction tab near the top of the page.



(2) Enter the Risk Reduction "Counseling Completion Date". If not complete, indicate why in the dropdown field that follows (options tabled below).

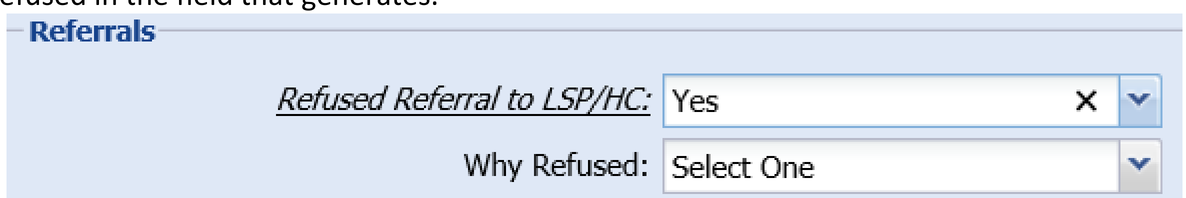


Why Not Complete	When to Use
Participant refused further program contact	Participant declined offer.
Participant lost to follow-up	Provider made three attempts to follow-up, but participant lost to follow-up.

(3) Record HBSS/HC referral.

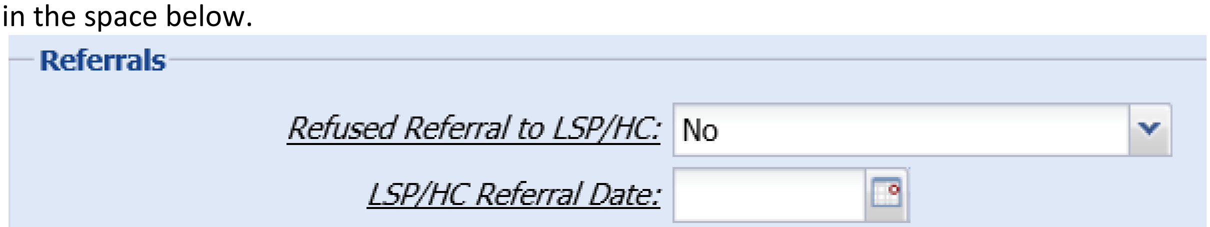
<u>If Patient Refused Referral</u>

If patient refused referral, then change the "Refused Referral to LSP/HC" to "Yes" and indicate why they refused in the field that generates.

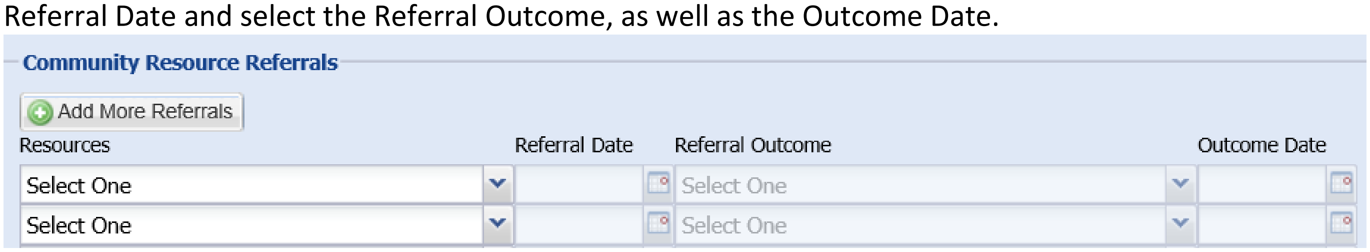


<u>If Patient Accepted Referral</u>

If patient accepts referral, keep the "Refused Referral to LSP/HC" response as No, and add the referral date in the space below.



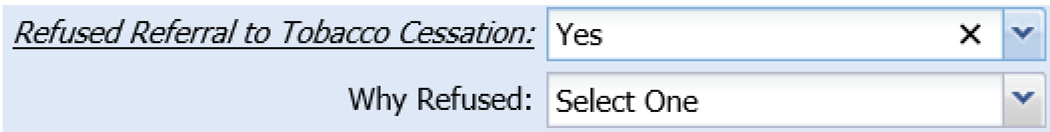
Record the HBSS/HC program(s) referred in the "Community Resource Referrals" section. Add the Referral Date and select the Referral Outcome, as well as the Outcome Date.



(4) The “Refused Referral to Tobacco Cessation” section is for patients who identify as a “Current Smoker” (Question 27). These patients must be offered a Tobacco Cessation program.

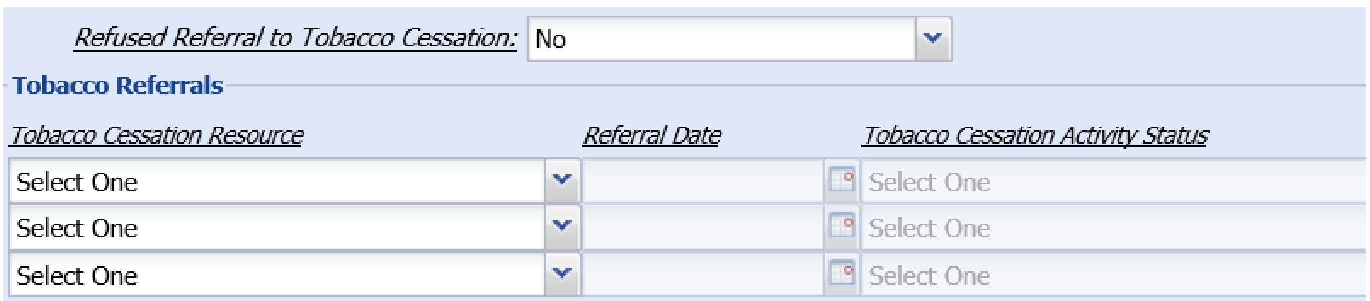
If Patient Refuses Referral

If patient refuses referral, answer “Yes” in the “Refused Referral to Tobacco Cessation” field and indicate why they refused in the field that generates.



If Patient Accepts Referral

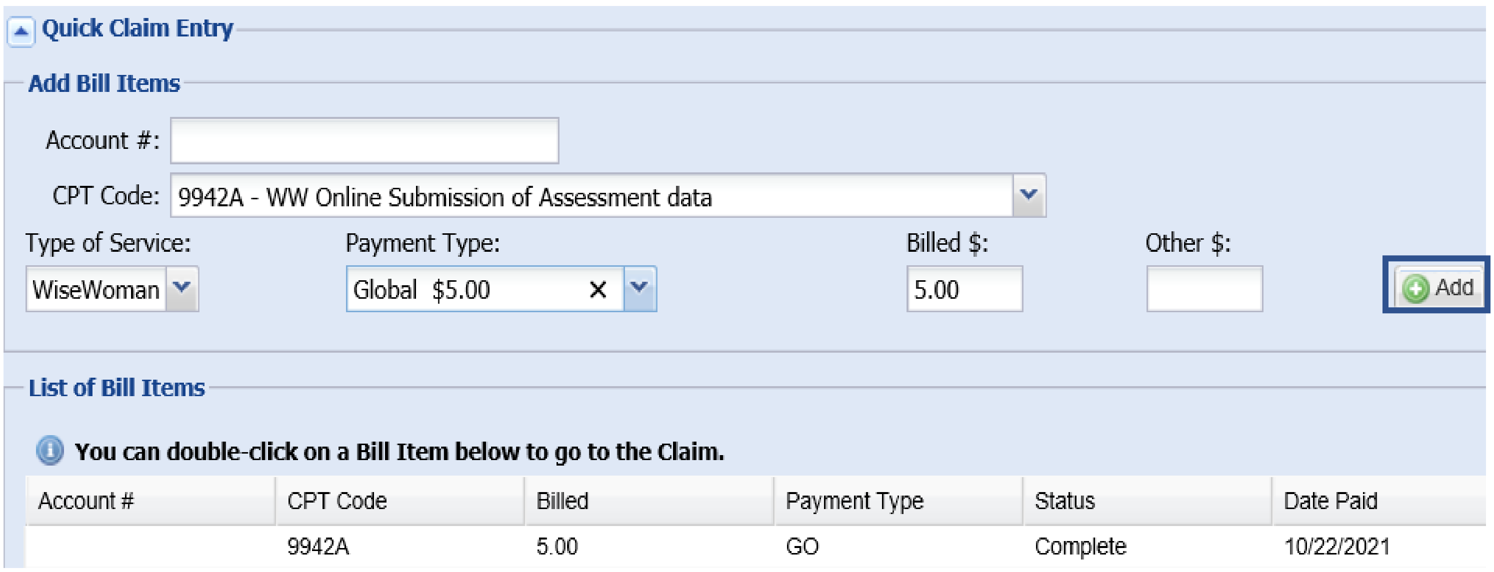
If patient accepts referral, keep the “Refused Referral to Tobacco Cessation” response as No. Record the referred resource in the “Tobacco Cessation Resource” field, and record the “Referral Date” and “Tobacco Cessation Activity Status”.



(5) Press Save or Update.

How to Enter: Claims for Assessment Services

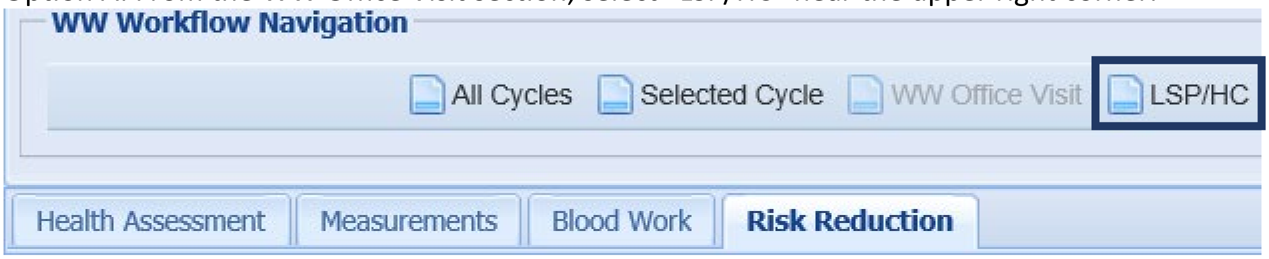
(1) In the Health Assessment tab, scroll down to the Quick Claims Entry section.
(2) Select CPT Code from dropdown list.
(3) In Payment Type field, select Global amount.
(4) Select Add
(5) Repeat steps 2-4 to add additional claims.
(6) To save claims, remember to select “Update”.



How to Enter: HBSS Clinical Form

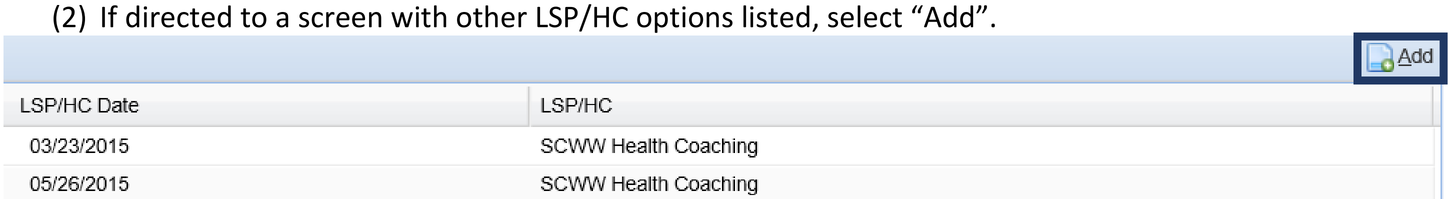
(1) Access the LSP/HC screen by:

Option A: From the WW Office Visit section, select "LSP/HC" near the upper right corner.

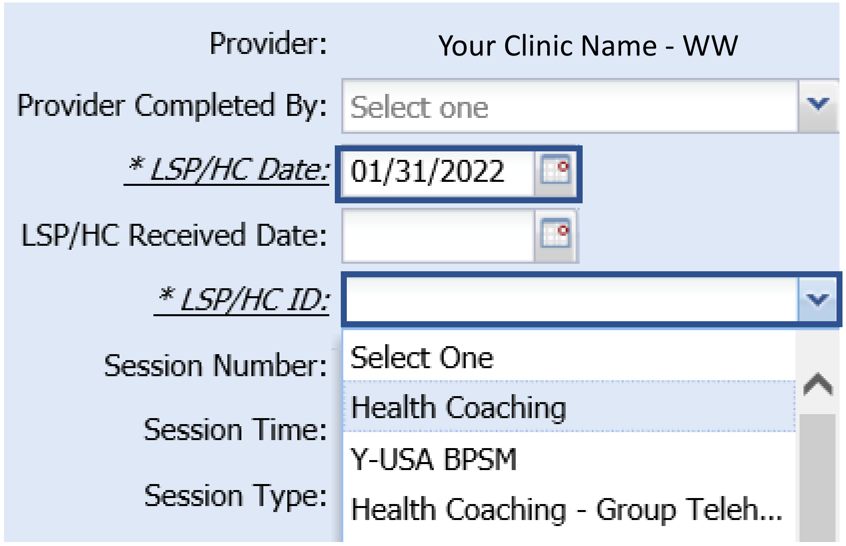


Option B: Select "WW Data" at the top of the screen and then "LSP/HC"

(2) If directed to a screen with other LSP/HC options listed, select "Add".

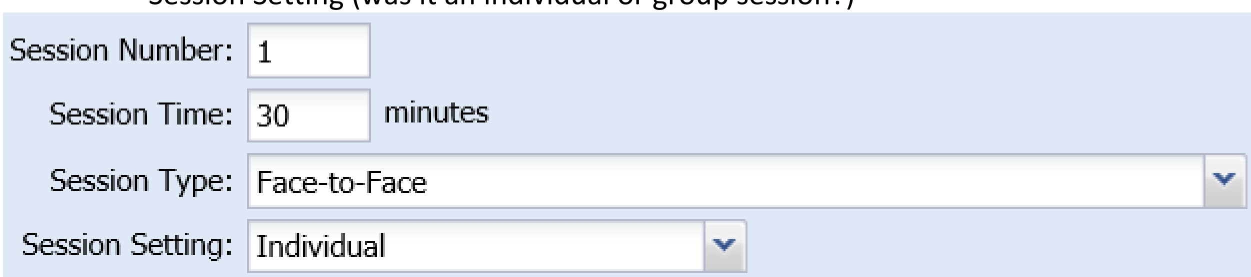


(3) Enter session date in "LSP/HC Date" field. Add the type of LSP/HC session that occurred from the "LSP/HC ID" dropdown list.



(4) To further describe the session, add the below details.

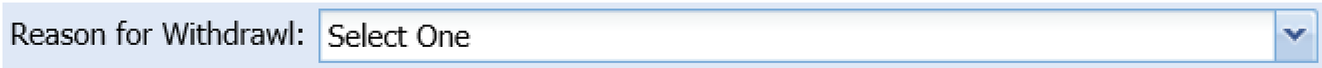
- Session Number (was this their 1st, 2nd, or 3rd session?)
- Session Time (how long was the session?)
- Session Type (how did you meet?)
- Session Setting (was it an individual or group session?)



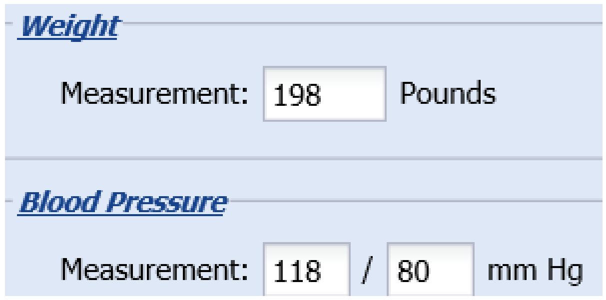
(5) Indicate patient's status towards "Program Completion".

Program Completion Options	When to Use
Yes – Lifestyle Program/Health Coaching is Complete	Refer to latest WW HBSS table. WW has a set number of sessions required for each HBSS program before the patient is considered complete. Once reached, additional HBSS sessions do not need to be recorded.
No- Lifestyle Program/Health Coaching is still in progress	When patient has additional sessions needed before considered complete.
No – Withdrawal/Discontinued	When patient chooses to quit program.
No answer recorded	If unsure of patient's status

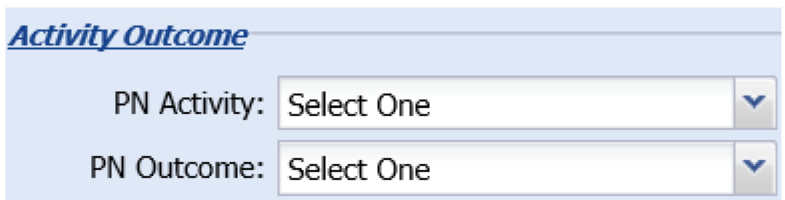
(6) If patient withdrawals, indicate why in "Reason for Withdrawal".



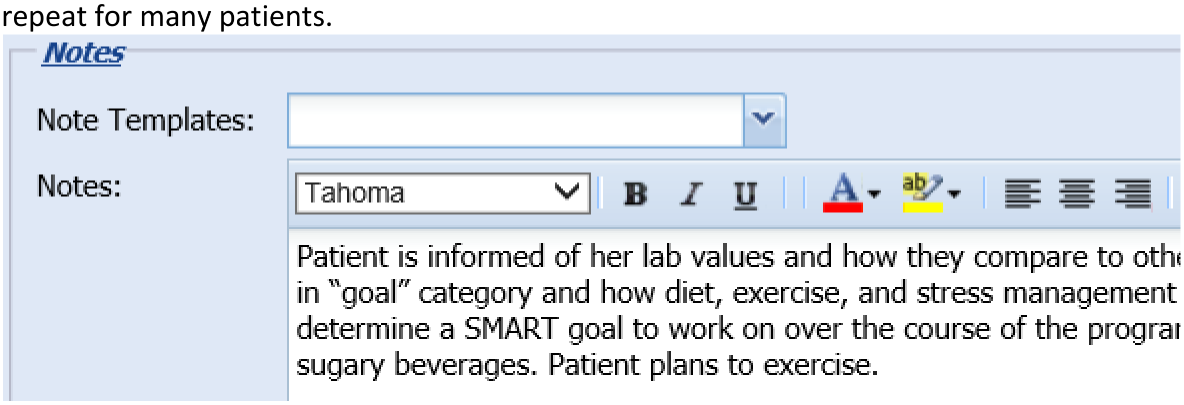
(7) Record patient's screening session weight and average BP if Health Coaching (HC) occurred on the same day. If not, record patient's weight and BP from independent HC session if collected.



(8) Activity Outcome is not needed currently.



(9) Document HC notes in "Notes" section. Let us know if you want "Note Templates" created if your notes repeat for many patients.

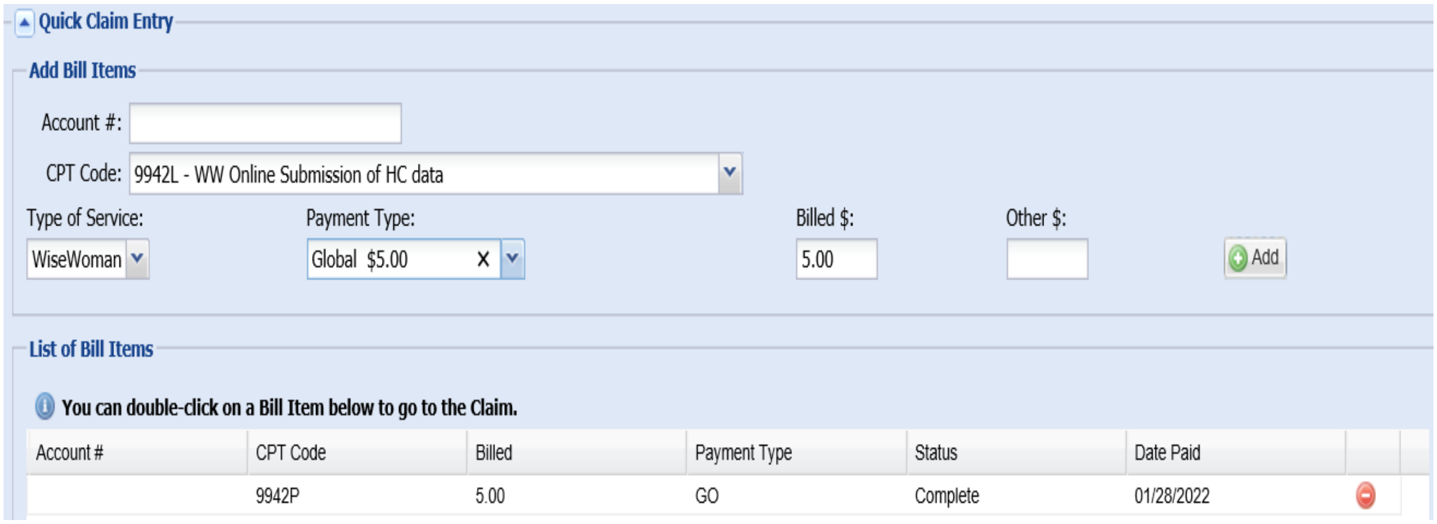


(10) Use Steps 1-8 for recording later HBSS sessions.

(11) Select Update or Save.

How to Enter: Claims for Health Coaching Services

(1) Access the Quick Claims Entry section at the bottom of the LSP/HC screen.
(2) Select CPT Code from dropdown list.
(3) In Payment Type field, select Global amount.
(4) Select Add
(5) Repeat steps 2-4 to add additional claims.
(6) To save claims, remember to select "Update".

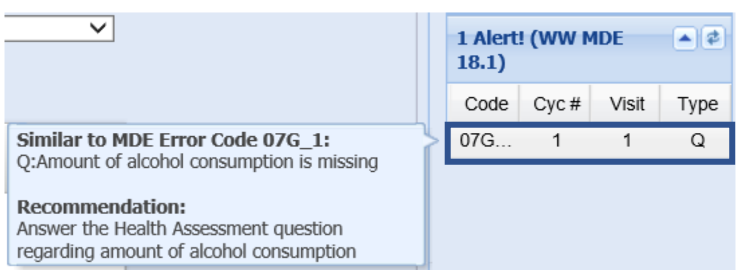


How to: Review Errors

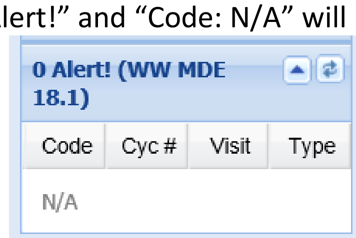
The WW Data Manager will submit data errors to you regularly, but you can be proactive in resolving them while entering the data.

(1) When a patient is entered, notice the "Alert!" box on the right-side of the screen.

(3) Hover over the code to view the error message.



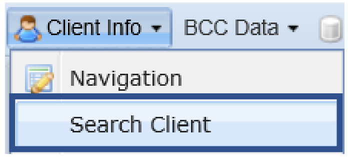
(4) Follow the "Recommendation" to resolve the error. Ask the WW Data Manager for assistance on interpreting the message if needed.
(5) When all errors are resolved, "0 Alert!" and "Code: N/A" will be shown.



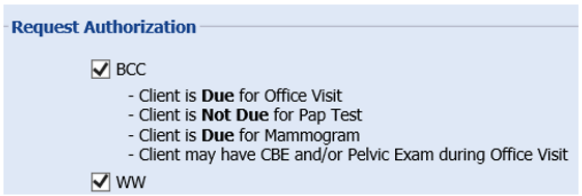
How to: Switch Between Patients

Option 1: Select "Clear" on the left-hand side.

Option 2: Select "Client Info" at the top left and then "Search Client".



*****Remember to Select WW when Requesting a PA Code*****



Other Helpful Resources

To access & download helpful resources (Select: Reports/Utilities > Admin > Blank Forms). Resources include:

- WW Fee Schedules
- How To Request a PA Code
- And much more…