

Multiple Sclerosis Surveillance Registry (MSSR)

User Guide



**Department of Veterans Affairs
Office of Information and Technology (OI&T)**

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1. Introduction

In response to Congressional legislation, the VHA established two Multiple Sclerosis Centers of Excellence (MSCoE) in 2003. These Centers (East and West) were subsequently made permanent by “The Veteran’s Benefits, Healthcare and Information Technology Act of 2006.” The MSCoEs were mandated to report on the epidemiology, healthcare use, and costs of the Veteran Multiple Sclerosis (MS) population. Current tools to date have failed to fulfill this mandate that is critical to all MSCoE functions. A VHA Handbook entitled Multiple Sclerosis System of Care Procedures 1011.06, was released to the field on December 7, 2009. This approved Handbook (which includes reference to the Congressional Mandate for the MSCoE) established policy and procedure for healthcare services for patients with MS and requires ongoing surveillance of this patient population.

The goal of this procurement is to create a surveillance system for the entire MS patient population within VHA. This objective will be met through the collection of clinical utilization, demographic, and epidemiologic data. The scope entails the creation of a front end portal within the Computerized Patient Record System (CPRS) for the entry of data by clinicians, as well as a back end data storage capability. The portal tool will be triggered annually for any patient with an MS diagnosis and will provide a user interface for data entry into the database. The tool will prompt providers to enter standard demographic and clinical variables important for clinical, quality improvement, and research activities mandated by VHA (which can be found in Appendix C of the VHA Handbook, Multiple Sclerosis System of Care Procedures 1011.06). Data shall be stored centrally at the enterprise level.

VA also requires development of a new registry system leveraging VA’s existing Converged Registries Solution (CRS) to provide clinical data surveillance tools and a back end registry database for surveillance of the entire MS population within VHA, along with software enhancements to the following existing systems: Converged Registries Solution, Traumatic Brain Injury Registry, Oncology Registry, and Clinical Case Registry. Both MSCoE (East and West) require real-time access to this data, so to provide up-to-date surveillance data on the MS patient population. Relevant clinical and administrative data from other VHA databases, such as VistA, (made available to the MS Registry) shall be aggregated and reported as required to allow for systematic evaluation and analysis. This effort is intended to provide VHA with a population-focused perspective for the MS patient population.

1.1 Purpose

The Purpose of this User Guide is to familiarize users with the important features and navigate elements of the enhancements made to the Multiple Sclerosis Surveillance Registry (MSSR).

1.2 Document Orientation

1.2.1 Organization of the Manual

Section 1 Introduction contains the Purpose, Document Orientation, and National Service Desk (NSD) and Organizational Contacts.

Section 2 System Summary contains the System Configuration, Data Flows, User Access Levels, and Continuity of Operations.

Section 3 Getting Started contains the Logging On, System Menu, Changing User ID and Password, Exit System, and the Caveats and Exceptions.

Section 3.4 Using the Software contains the specific instructions for using the application.

Section 5 Troubleshooting contains the Special Instructions for Error Correction.

Section 6 Acronyms and Abbreviations contains the specific terminology necessary to understand and use the MSSR.

Section 0 Appendix contains supplementary and ancillary material helpful for the usage of the MSSR.

1.2.2 Assumptions

This guide was written with the following assumed experience and skills of the audience:

- User has basic knowledge of the Computerized Patient Record System (CPRS) and the Converged Registries Solution (CRS), such as the use of commands, menu options, and navigation tools.
- User has been provided the appropriate active roles, menus, and security keys required for the MSSR.
- User has validated access to the AITC Active Directory group for MSSR.
- User has set up the Multiple Sclerosis Assessment Tool (MSAT) linkage in CPRS.

1.2.3 Coordination

The coordination necessary between the MSSR implementation, and the hospital services it addresses, is as follows:

- The site Clinical Application Coordinator (CAC) is responsible for the implementation and coordination of the CPRS with hospital users and services, such as Nursing Services, Pathology and Laboratory Medicine Service (P&LMS), Pharmacy, and local Information Technology (IT) Application Support.
- The MSSR Administrators are responsible for the implementation and coordination of the MSSR application.
- The audience for this User Guide includes the MSSR Directors and Clinicians, who would review, analyze, and monitor longitudinal data for the MS patient pool via MSSR and who would enter pertinent MS data via MSAT, respectively.

1.2.4 Disclaimers

1.2.4.1 Software Disclaimer

The MSSR has no IP law protections (patent/copyright/trademark) and can be distributed freely via the Freedom of Information Act (FOIA). The Office of General Counsel submitted the following official disclaimer to the OI&T PD Documentation Standards Committee via email on 9/26/2014 to be used as a “boilerplate” legal disclaimer in software documentation:

For VA applications (apps) developed in-house and distributed internally or externally to the VA, this software was developed at the Department of Veterans Affairs (VA) by employees of the Federal Government in the course of their official duties. Pursuant to title 17 Section 105 of the United States Code this software is not subject to copyright protection and is in the public domain. VA assumes no responsibility whatsoever for its use by other parties, and makes no guarantees, expressed or implied, about its quality, reliability, or any other characteristic. We would appreciate acknowledgement if the software is used. This software can be redistributed and/or modified freely provided that any derivative works bear some notice that they are derived from it, and any modified versions bear some notice that they have been modified.

1.2.4.2 Documentation Disclaimer

The appearance of external hyperlink references in this manual does not constitute endorsement by the Department of Veterans Affairs (VA) of this Web site or the information, products, or services contained therein. The VA does not exercise any editorial control over the information you may find at these locations. Such links are provided and are consistent with the stated purpose of the VA.

1.2.5 Documentation Conventions

The documentation conventions used in this user guide are as follows:

- Screen shots of the computer online displays, e.g., character-based screen captures and dialogs, are shown in a non-proportional font and enclosed within a box. Also included are Graphical User Interface (GUI) Microsoft Windows image, e.g., dialogs or forms.
- Conventions for displaying TEST data in this manual are as follows:
 - Social Security Numbers (SSNs) and any other Personally Identifiable Information (PII) as defined in OMB Memorandum M-07-1616, have been grayed out and conveyed in a manner such that the patient is indiscernible.
 - Additionally, patient and user names are also grayed out and indiscernible, in the same manner as the SSNs above. Port Numbers, IP addresses, URLs, Fully Qualified Domain Names (FQDN), Mail Groups used to receive data, and sensitive information identified in the ProPath “Displaying Sensitive Data Guide” are prohibited from inclusion in artifacts published external to the VA, such as the VA Software Document Library (VDL), Freedom of Information Act (FOIA), Open Source Electronic Health Record Agent (OSEHRA) and other open source organizations (Code in Flight), and any other non-VA external organization.

1.2.6 References and Resources

This User Guide is an output of the MSSR System Design Document (SDD) and the formal documentation located in the Technical Services Project Repository (TSPR) at:

<http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1677&Type=Active>.

1.3 National Service Desk and Organizational Contacts

Help desk services are provided by the National Service Desk (NSD).

Calls to the NSD should state that the user is working with the Converged Registries Solution and the VA Eye Injury Data Store. The NSD will then direct the trouble ticket to AITC, who will use established procedures to direct the problem to the CRS sustainment team.

2 System Summary

MSSR is a web-based registry application that provides clinical data surveillance tracking and longitudinal patient data analysis and reporting for the entire MS population within VHA. Due to the VA mandate for the Multiple Sclerosis Centers of Excellence (MSCoEs) to report on the epidemiology, healthcare use, and costs of the Veteran Multiple Sclerosis (MS) population, the new development of a national health registry for MSSR is required. The benefits of developing MSSR include, but are not limited to, providing the MSCoE Directors the ability to track and monitor the MS patient population at a national level, wherein all clinicians can enter and track MS data for their patients, and the ability to retrieve, extract, analyze, and report data. The major users of the registry application include the MSCoE Directors and any approved Clinicians, who will engage in the data entry, analysis, and reporting functionalities of MSSR. The participants in its operation include the MSSR Administrators at both the Local Facility and National levels, who will provide technical support and maintenance of MSSR.

2.1 System Configuration

The equipment, communications, and networks used by the MSSR are depicted in **Figure 1** below. The System Design Document (SDD), located in TSPR, provides additional details.

2.2 Data Flows

Below you will find the overview of the business processes that MSSR plans to support, depicted as a Conceptual Data Flow and System Diagram in **Figure 1** below. Each process in the diagram traces to the list of business processes in **Table 1** below.

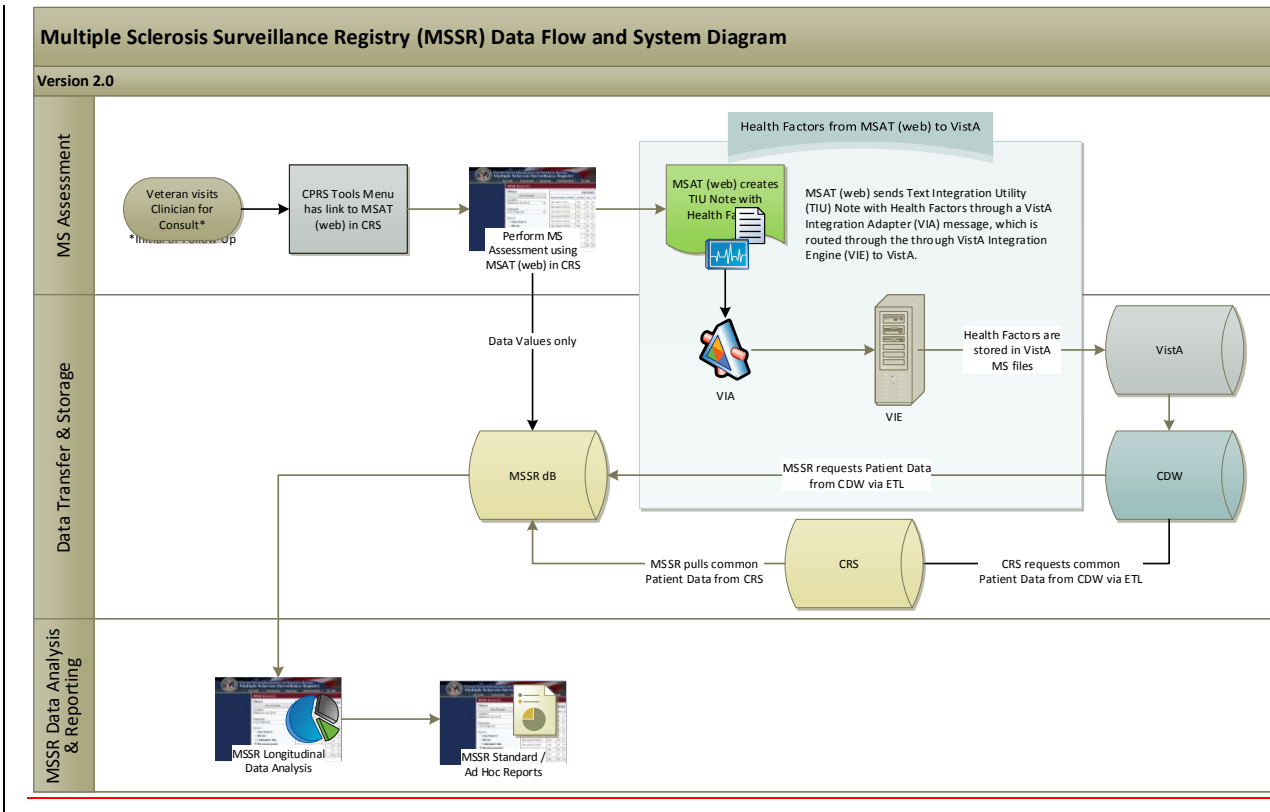


Figure 1: MSSR Data Flow and System Diagram

Below you will find **Table 1**, which maps to the MSSR Data Flow and System Diagram above. Each business process is assigned a unique numeric identifier that traces back to the MSSR Data Flow and System Diagram in **Figure 1** above.

Table 1: Business Processes for MSSR

ID	Business Process Name	Type	Owner	Description
1	Veteran visits Clinician for Consult	Existing	VA	Veteran visits the Clinician (Neurologist or MS Specialist) for Initial or Follow Up Consult.
2	CPRS Tools Menu has link to MSAT (web) in CRS	Existing	VHA Clinician	Currently, MS Assessments are done using the MS Clinical Reminder in CPRS, but once MSAT and MSSR are developed, the CPRS Tools Menu should be configured to contain a link to MSAT (web) in CRS.
3	Perform MS Assessment using MSAT (web) in CRS	Existing	VHA Clinician	Clinician uses MSAT (web), which is part of MSSR (inside CRS framework), to complete the MS Assessment.
4	MSAT (web) creates TIU Note with Health Factors	Existing	VA OI&T Health Registries	MSAT (web) creates the TIU Progress Note with Health Factors to be eventually transmitted to VistA.
5	MSSR Back End DB	Existing	VA OI&T Health Registries	MSAT (web) sends data values only to be stored in the MSSR Back End Database.

ID	Business Process Name	Type	Owner	Description
6	VIA	Existing	VA OI&T	MSAT (web) sends TIU Note with Health Factors via VistA Integration Adapter (VIA).
7	VIE	Existing	VA OI&T	HL7 message is routed through VIE to VistA.
8	VistA	Existing	VA OI&T	Health Factors are stored in VistA MS files via VIE.
9	CDW	Existing	VA OI&T	VistA stores MS Clinical Data in CDW.
10	CRS	Existing	VHA OI&T Health Registries	CRS requests common Patient Data from CDW via ETL.
11	MSSR pulls common Patient Data from CRS	Existing	VHA OI&T Health Registries	MSSR pulls common Patient Data from CRS.
12	MSSR requests Patient Data from CDW via ETL	Existing	VHA OI&T Health Registries	MSSR requests Patient Data from CDW via ETL
13	MSSR Back End DB	Existing	VHA OI&T Health Registries	Receives Common Patient Data from CRS and MS-related Clinical Data from CDW.
14	MSSR Longitudinal Data Analysis	Existing	VHA OI&T Health Registries	With comprehensive MS-related Clinical Data from both MSAT and CDW, MSSR is able to provide Longitudinal Data Analysis.
15	MSSR Standard / Ad Hoc Reports	Existing	VHA OI&T Health Registries	With comprehensive MS-related Clinical Data from both MSAT and CDW, MSSR is able to provide Standard and Ad Hoc Reports.

2.3 User Access Levels

Table 2 describes the attributes of the user community (and their proficiency with the software system), and the technical community (and their familiarity with support and maintenance) for MSSR. See section 4.2.1 for further detail on permission levels within MSSR Patient records.

Table 2: MSSR User Characteristics Attributes

User Role	User Community	Background / Experience	System Proficiency	Tech Support / Maint Expertise	Access Privileges
MSSR System Administrator	Health Registries Administrator	Mid	High	High	Full
MSSR Local Administrator	Local Facility Registry Administrator	Mid	Mid	Mid	Full (Local)
MSSR National	MSCoE Directors, NW Innovation Center	High	Mid	Low	Full
MSSR National Read Only	MSCoE Administrative / Clerical Staff	Varies	Varies	Low	Reporting

User Role	User Community	Background / Experience	System Proficiency	Tech Support / Maint Expertise	Access Privileges
MSSR Local	Clinicians	Varies	Varies	Low	Local VISN
MSSR Local Read Only	Administrative / Clerical Staff	Varies	Varies	Low	None

2.4 Continuity of Operation

There is no system criticality or high availability with regards to MSSR. However, the system is availability and business continuity level routine support is administered by the CRS relational database framework.

Under CRS, it is designated as a Disaster Recovery (DR) Routine Support system with the following Recovery Time Objectives (RTO) and Recovery Point Objectives (RPO):

- RTO of 30 days – to ensure that the 30-day RTO can be met, a DR site has to be identified and infrastructure should be acquired for inventory or contract should be in place for vendors who are able to provide a drop shipment option in-time to rapidly acquire infrastructure to satisfy the 30-day RTO requirement. In addition, provisions must be made for the restoration of the backup at the DR site.
- RPO of 24 hours – to ensure the 24-hour RTO requirement can be met, system must be configured to be able to perform daily backups or weekly full backups with either incremental or differential daily backups. To ensure that the backups are usable, backup data integrity must be periodically checked and validated. In a case of a disaster, the backups will need to be made available at the DR site within the specified 30-day RTO.

3 Getting Started

3.1 System Menu

The System menu consists of the following menu options, as shown in Figure 2 below.



Figure 2: MSSR Menu Options

- **Patients:** contains all of the details for the patients and assessments
- **Reporting:** contains the smart charts for various longitudinal data analysis, such as medication types and usages.
- **Administration:** contains the administrative functions for adding, editing, and deleting user accounts, profiles, and medications.
- **Help:** contains the screen tips, instructions, and troubleshooting tips.

3.2 Administration

The Administration page provides four (4) administrative functions as follows:

- **Users:** add, edit, and delete user accounts
- **Medications:** add, edit, and delete medications
- **Role Matrix:** add, edit, and delete user permissions
- **System Availability:** add, edit, and delete system warnings, messages, and other administrator messages to the end user community

3.2.1 Users

The Users page allows the MSSR Administrator to add, delete, and edit end users (see Figure 3 below).

The screenshot displays the 'Administration > Users' page in the MSSR system. At the top, there is a navigation bar with 'Patients', 'Reporting', 'Administration', and 'Help'. A search bar is located below the navigation bar. The main content area features a table of users with the following data:

Id	NT Username	Name	Edit	Edit Roles	Remove
114	vaaitcwhitea	Atlee Whiteleather	Edit	Edit Roles	Remove
116	vaaitcrollim	Michael Rolli	Edit	Edit Roles	Remove
127	VHAISPASYLA	Tony DaSylva	Edit	Edit Roles	Remove
128	VHAISLPARKC	Cathryn Park	Edit	Edit Roles	Remove
129	VHAISPBLANCT	Timothy Blanchard	Edit	Edit Roles	Remove
132	vhaiswparvar	Roopa Parvathaneni	Edit	Edit Roles	Remove
133	vhawaswallimt2	Mitchell Wallin	Edit	Edit Roles	Remove
134	vhabalculpew	William Culpepper	Edit	Edit Roles	Remove
135	vhamocriosf	Frankie Rios	Edit	Edit Roles	Remove
136	vhaiswkims	Sung Kim	Edit	Edit Roles	Remove


Below the table, there are pagination links '1 2 3 4' and an 'Add User' button. At the bottom of the page, the following information is displayed:

Current User: Cathryn Park
Role(s): MSSR SYSTEM ADMINISTRATOR
Last Accessed: 1/22/2016 7:17:17 PM
Last CDW Data Refresh: 1/4/2016 1:17:04 PM

Figure 3: Administration > Users

3.2.2 Medications

For the MSSR Administrator only, the Medications page allows the MSSR Administrator to add, edit, and delete medications (see Figure 4 below).



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS Multiple Sclerosis Surveillance Registry

Patients
Reporting
Administration
Help

Users

Medications

Role Matrix

System Availability

ADMINISTRATION > MEDICATIONS

Current Medications

MEDICATION	HEALTH FACTOR	INTERFERON GROUP	
Amoxicillin	test - unknown	Yes	X
Azathioprine (Imuran)	AZATHIOPRINE	No	X
Cyclophosphamide (Cytoxan)	CYTOXAN	No	X
Daclizumab (Zenapax)	DACLIZUMAB	No	X
Dimethyl Fumerate (Tecfidera)	DIMETHYL FUMERATE	No	X
Fingolimod (Gilenya)	FINGOLIMOD	No	X
Glatiramer (Copaxone)	GLATIRAMER	No	X
Interferon beta-1a (Avonex)	IB1A AVONEX	Yes	X
Interferon beta-1a (Rebif)	IB1A REBIF	Yes	X
Interferon beta-1b (Betaseron)	IB1B BETASERON	Yes	X
Interferon beta-1b (Extavia)	IB1B EXTAVIA	Yes	X
Methotrexate (Trexall/Rheumatrex)	METHOTREXATE	Yes	X
Mitoxantrone (Novantrone)	MITOXANTRONE	Yes	X
Mycophenolate Mofetil (Cellcept)	MYCOPHENOLATE	Yes	X
Natalizumab (Tysabri)	NATALIZUMAB	Yes	X
New DMT	NewDmtHF	No	X
New DMT 2	NewDmt2	Yes	X
Other DMTs	OTHER DMT	No	X
Rituximab (Rituxan)	RITUXIMAB	Yes	X

Add New Medication and Reason Stopped

Medication

Health Factor

Is Interferon Group?

Show Number of Doses

Reason Stopped

<input type="checkbox"/> Ineffective	
<input type="checkbox"/> Intolerance to medication	<p>These are "Extensions"</p> <ul style="list-style-type: none"> <input type="radio"/> (e.g. leukopenia, allergic reaction, nausea/vomiting) <input type="radio"/> (e.g. cystitis, leukopenia, nausea/vomiting) <input type="radio"/> (e.g. nausea, flushing, infection) <input type="radio"/> (e.g. cardiac toxicity, infection, macular edema) <input type="radio"/> (e.g. injection site reaction, chest pain, rash) <input type="radio"/> (e.g. Injection site reaction, flu-like symptoms, depression) <input type="radio"/> (e.g. stomatitis, leukopenia, nausea) <input type="radio"/> (e.g. diminished cardiac ejection fraction, infection, nausea) <input type="radio"/> (e.g. leukopenia, peripheral edema, hematuria) <input type="radio"/> (e.g. allergic reaction, infection, abnormal liver enzymes) <input type="radio"/> (e.g. infusion reaction, infection, leukopenia) <p>Adverse Event</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood count abnormal <input type="checkbox"/> Rash/Allergic reaction <input type="checkbox"/> Immunosuppression-related complication <input type="checkbox"/> Other significant adverse event
<input type="checkbox"/> Treatment cycle completed	
<input type="checkbox"/> Maximum dose reached	
<input type="checkbox"/> Serum JC antibody positive	
<input type="checkbox"/> Significant adverse event	
<input type="checkbox"/> Other reason stopped	

Figure 4: Administration > Medications

3.2.3 Role Matrix

For the MSSR Administrator only, the Role Matrix page allows the MSSR Administrator to add, edit, and delete user permissions (see **Figure 5** below).

ADMINISTRATION > ROLE MATRIX > LIST ALL USER / ROLES

User / Roles

Search:

Users

ID	NT Username	Full Name	Role	VISN / Station / Division
114	vaaitcwhitea	Atlee Whiteleather	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
116	vaaitcrollim	Michael Rolli	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
127	VHAISPDASYLA	Tony DaSylva	MSSR NATIONAL	CENTRAL OFFICE
127	VHAISPDASYLA	Tony DaSylva	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
128	VHAISLPARKC	Cathryn Park	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
130	VHAMOCRYANK	Ryan Krinjeck	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
132	vhaiswparvar	Roopa Parvathaneni	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE
132	vhaiswparvar	Roopa Parvathaneni	MSSR NATIONAL	CENTRAL OFFICE
132	vhaiswparvar	Roopa Parvathaneni	MSSR NATIONAL READONLY	CENTRAL OFFICE
133	vhawaswallimt2	Mitchell Wallin	MSSR SYSTEM ADMINISTRATOR	CENTRAL OFFICE

1 2 3 4 5

Figure 5: Administration > Role Matrix

3.2.4 System Availability

The System Availability page allows the MSSR Administrator to add, edit, and delete system warnings, messages, and other administrator messages to the end user community (see **Figure 6** below).

ADMINISTRATION > SYSTEM AVAILABILITY

System Availability:

No Action Message Only Disable Application***

*** Before you disable access to this Application, please insure that you know how to re-enable the Application, as it is not done through the normal link.

Warning Message:

Current User: Cathryn Park
 Role(s): MSSR SYSTEM ADMINISTRATOR
 Last Accessed: 1/23/2016 12:51:32 PM
 Last CDW Data Refresh: 1/4/2016 1:17:04 PM

Figure 6: Administration > System Availability

3.3 Basic System Elements

The basic web-based registry elements for the MSSR are as follows:

Text Box

SAMPLES:



Note how the appearance of the box changes: from a plain line border (SAMPLE 1) to an almost three-dimensional, pale yellow-highlighted field when you tab to it or click in it (SAMPLE 2).

Type your entry into the text box. The entry will not be saved until you tab away from or otherwise exit from the text box. In cases where the format of your entry is important, a sample will appear near the box. The relative width of these boxes is usually a reflection of the number of characters you are allowed to enter. Sometimes (as with date fields) there may also be a “date picker” next to the field.

You should see a “tool tip” pop up when you hover your mouse pointer over the text box.

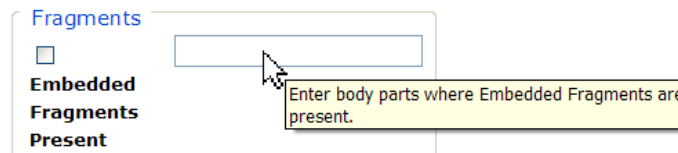


Figure 7: Tool Tip for Text Box

Checkbox

SAMPLE: Work Related

A checkbox “toggles” (changes) between a YES / NO, ON / OFF setting. It is typically a square box which can contain a check mark or an “X” and is usually accompanied by text.

Clicking the box or tabbing to the field and pressing the spacebar toggles the checkbox setting. In some instances, checkboxes may be used to provide more than one choice; in such cases, more than one box can be selected. Sometimes, a pre-determined “default” entry will be made for you in a checkbox; you can change the default if needed.

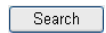
Radio Button

SAMPLE: Living Arrangement: Alone Family Friend Facility Other

A radio button, also known as an option button, is a small, hollow circle adjacent to text. Radio buttons usually appear in sets, with each button representing a single choice; normally, only one button in the set may be selected at any one time. Clicking on the radio button places a solid dot in the circle, selecting the option. Clicking a selected radio button de-selects it, removing the dot. As one radio button is selected, others within the category switch off. For example, Male or Female may be offered as choices through two radio buttons, but you can only select one of the choices.

Command Buttons

SAMPLES



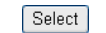
A command button initiates an action. It is a rectangular “3-dimensional” shape with a label that specifies what action will be performed when the button is clicked. Common examples are shown at left. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.



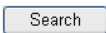
In the text of this document, command button names appear inside square brackets. *Examples:* [Search], [Save].



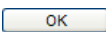
The [Cancel] command allows you to cancel the action about to be taken, or to discard changes made on a form. For example, when closing an application, you may be prompted to validate the action to close. If you click the [Cancel] button, the application will not close and you will resume from the point at which the close action was initiated. Or, on a data screen, you may use the [Cancel] button to discard any changes you may have made to the data and close the tab.



The [Select] command is used to select records for editing.



The [Search] command is used to find one or more records. When at least one character is typed in a lookup dialog box, clicking the [Search] button will bring up matching entries. In many cases, leaving the lookup box blank will find all such records. Enter the search string and click [Search]. Searches are case-insensitive and use “contains” logic.



The [OK] command is used to accept a default choice, or to agree with performing an action.

Drop-down List

SAMPLE 1:

Facility Name:

SAMPLE 2:

- CHEYENNE NHCU
- CHEYENNE RURAL & COMNTY HLTGR MOC
- CHEYENNE VAMC
- CHI-PRRTP
- CHICAGO HEALTH CARE SYSTEM - LAKESIDE DIVISION
- CHICAGO HEIGHTS CBOC
- CHICO OPA
- CHICAGO VAMC
- CLARE CBOC
- CLAREMORE VETERANS CENTER
- CLARKSBURG/TUCKER
- CLARKSBURG/WOOD
- CLARKSVILLE COMMUNITY BASES OUTPATIENT CLINIC
- CLAYTON OUTPATIENT CLINIC
- CLEMENT J ZABLOCKI

Facility Name:

A drop-down list (sometimes called a “pull-down” list) is displayed as a box with an arrow button on the right side (SAMPLE 1). Such a list allows you to select one item from the list. The current choice (or a prompt) is visible in a small rectangle; when you click on the arrow, a list of

items is revealed (SAMPLE 2). Click on one of the entries to make it your choice; the list disappears.

3.4 Exit System

As a web-based intranet application, MSSR requires no special instructions to properly exit the system, other than shutting down the browser. However, for security purposes, the system will time-out after approximately 15 minutes, and the end user should not leave the application unattended, to avoid PII and PHI theft risk.

3.5 Caveats and Exceptions

As a web-based intranet application, MSSR requires no special actions to ensure that data is properly saved or that some other function executes properly, other than selecting the “Save” button.

4 Using the Application

4.1 MSAT

To enter MS assessment data, ensure that the MSAT linkage (URL) is added to the CPRS Tools Menu, as displayed below in Figure 8 below. Detailed instructions for MSAT linkage in CPRS is detailed in Section 0.0

Appendix.

Select “MSSR-PROD-VIA”, which should direct you to the external Confirmation page on the MSSR intranet website, which contains the MSAT.

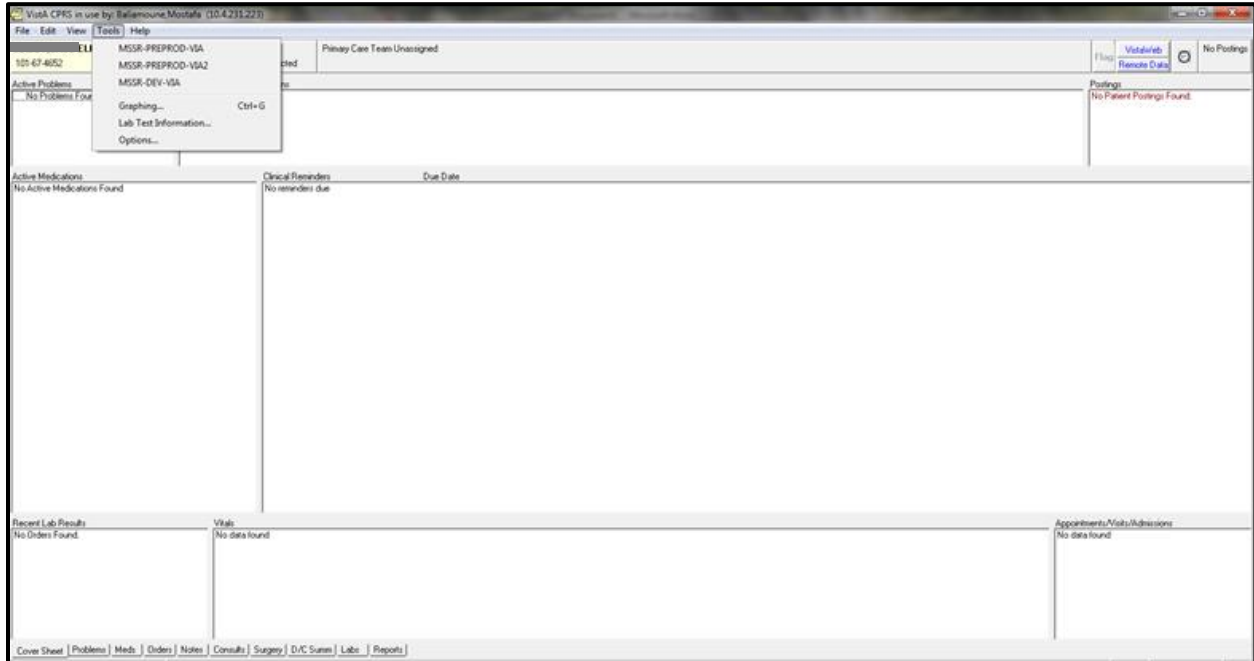


Figure 8: MSAT Linkage (URL) in CPRS Tools Menu

1. In the **Confirm Patient** page, verify that the patient name and SSN match between CPRS and the MSSR intranet website (see **Figure 9** below).

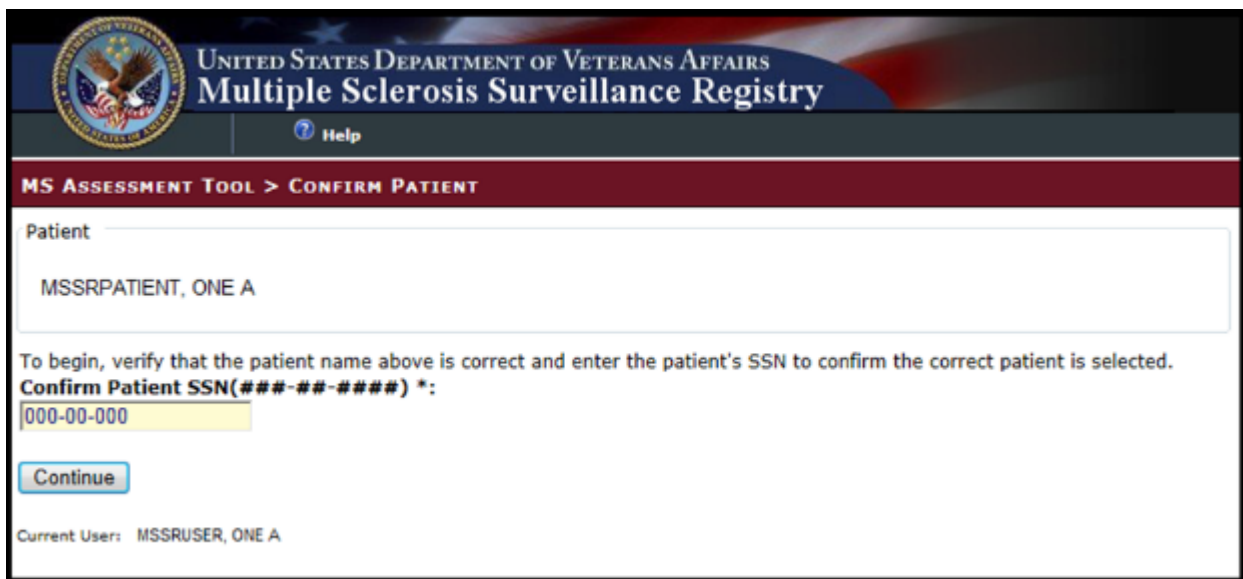



Figure 9: Confirm Patient

2. Once the patient is confirmed, the MSAT online form will appear, and the user should enter

patient data as described in Figure 10, Figure 11, and Figure 12 below. Some questions are mandatory, while others are user-intuitive and intelligent, which trigger more selections.

3. If more time is required to complete the MSAT online form, press the 'Save Draft' button.
4. If the note should be cancelled for any reason, press the 'Cancel' button to cancel the progress note.
5. Once the MSAT online form is complete, press the 'Save and Prepare Note' button.


 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
 Multiple Sclerosis Surveillance Registry

Multiple Sclerosis Assessment Tool

Name: [Redacted]
Last 4: [Redacted]

Assessment Date: *

Date Of Death Feb. 2007

Cause Of Death
 MS
 Natural
 Combat
 Unknown

Assessment Type *
 Baseline
 Annual
 Interim
 Medications Only

Interview Completed by *
 Telephone
 Clinical Video Conferencing
 In-person Assessment

1. Race, as defined by patient *
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Other
 * Question 1: Race selection is required.

2. Ethnicity, as defined by patient *
 Hispanic
 Not Hispanic
 * Question 2: Ethnicity selection is required.

3. Gender *
 Male
 Female

4. Biological family history of Multiple Sclerosis? *
 Unknown
 None
 Yes
 * Question 4: Biological Family History of MS selection is required.

5. Biological family history of Clinically Isolated Syndrome? *
 Unknown
 None
 Yes
 * Question 5: Biological Family History of CIS selection is required.

6. Biological family history of Neuromyelitis Optica/Devic's Disease? *
 Unknown
 None
 Yes
 * Question 6: Biological Family History of NMO selection is required.

7. Diagnosis History *
 Multiple Sclerosis
 Possible Multiple Sclerosis
 Clinically Isolated Syndrome (CIS)
 Neuromyelitis Optica/Devic's Disease (NMO)
 Determined NOT to have Multiple Sclerosis
 * Question 7: Diagnosis History selection is required.

8. Type of initial MS/NMO symptom (check all that apply) *
 Motor Cerebellar Bowel/Bladder
 Sensory Optic Neuritis Spinal Cord
 Brainstem Cognitive

Figure 10: MSAT – 1 of 3

9. Multiple Sclerosis Subtype *

- Relapsing-Remitting (RRMS)
- Secondary Progressive (with or without relapses; SPMS)
- Primary Progressive (PPMS)
- Progressive-Relapsing (PRMS)
- Not applicable (CIS or NMO)

* Question 9: MS Subtype selection is required.

10. MS Service-Connection Status *

- Patient is service-connected for MS
- Patient is not service-connected for MS

* Question 10: Service Connected Status selection is required.

11. Current MS or NMO Disability *

- 1 = No disability: minimal signs on neurological examination
- 2 = Minimal and not ambulation-related disability; able to run
- 3 = Unlimited walking distance without rest but unable to run, or a significant not ambulation-related disability
- 4 = Walks without aid; limited walking distance, but greater than 500 meters without rest
- 5 = Walks without aid; walking distance less than 500 meters without rest
- 6a = Walks with permanent unilateral support; walking distance less than 100 meters without rest
- 6b = Walks with permanent bilateral support; walking distance less than 100 meters without rest
- 7 = Home-restricted; a few steps with wall or furniture assistance; walking distance less than 20 meters without rest
- 8 = Chair-restricted; unable to take a step; some effective use of arms
- 9 = Bedridden and totally helpless
- 10 = Death due to MS

* Question 11: 'Current MS or NMO Disability' is required

12. Number of relapses* over the past twelve months *

*relapse = worsening neurological symptoms for > 24hrs that stabilize or resolve

Medications

13. MS or NMO medications (for baseline, be sure to document ALL medications)

Regular Medications:

Azathioprine (Imuran)

- Never Taken
- Current Use / Past Use

Cyclophosphamide (Cytosan)

- Never Taken
- Current Use / Past Use

Daclizumab (Zenapax)

- Never Taken
- Current Use / Past Use

Dimethyl Fumarate (Tecfidera)

- Never Taken
- Current Use / Past Use

Fingolimod (Gilenya)

- Never Taken
- Current Use / Past Use

Glatiramer (Copaxone)

- Never Taken
- Current Use / Past Use

Figure 11: MSAT – 2 of 3

Interferon Group Medications:

Neutralizing Interferon Antibody status

Positive

Negative

Unknown

Interferon beta-1a (Avonex)

Never Taken

Current Use / Past Use

Interferon beta-1a (Rebif)

Never Taken

Current Use / Past Use

Interferon beta-1b (Betaseron)

Never Taken

Current Use / Past Use

Interferon beta-1b (Extavia)

Never Taken

Current Use / Past Use

Methotrexate (Trexall/Rheumatrex)

Never Taken

Current Use / Past Use

Mitoxantrone (Novantrone)

Never Taken

Current Use / Past Use

Mycophenolate Mofetil (Cellcept)

Never Taken

Current Use / Past Use

Natalizumab (Tysabri)

Never Taken

Current Use / Past Use

Rituximab (Rituxan)

Never Taken

Current Use / Past Use

Other Medication:

Other DMTs

Never Taken

Current Use / Past Use

Corticosteroids Medication:

Corticosteroids (only include those used for maintenance therapy, not relapse therapy)

Never taken

Current use / Past use

Save Draft Save and Prepare Note Cancel

Note Preview:

Update

Health Factors Preview:

Update

Figure 12: MSAT – 3 of 3

6. Once the 'Save and Prepare Note' button is pressed, the **Progress Note Setup** page (as shown in Figure 13 below) is displayed, and the Patient Name and Instrument Type that was previously selected appears.

The screenshot shows the 'Progress Note Setup' page. At the top, there is a header with the United States Department of Veterans Affairs logo and the text 'Multiple Sclerosis Surveillance Registry'. Below the header is a navigation bar with 'MS ASSESSMENT TOOL > PROGRESS NOTE SETUP'. The main content area includes a 'Patient' field with the value 'MSSRPATIENT, ONE A'. Below this is the 'Instrument Type' section, which is set to 'Multiple Sclerosis Assessment Tool'. There is a 'Select Note Title *:' dropdown menu with the value '-- Select a Value --' and a 'Starts With:' text input field. The 'Link to Encounter Type' section has three radio button options: 'Scheduled Clinic Appointment', 'Hospital Admission', and 'Unscheduled or New Visit'. At the bottom, it shows 'Current User: MSSRUSER, ONE A'.

Figure 13: Progress Note Setup

7. Select the appropriate Note Title from the **Select Note Title** drop-down list, i.e., "Neurology..." (See **Figure 14** below).

Instrument Type:
Multiple Sclerosis Assessment Tool

Select Note Title *:

-- Select a Value --

-- Select a Value --

NAIL <NAIL CARE CONSULT REPORT>

NEEDS <CHAPLAIN INTERDISCIPLINARY DISCHARGE PLANNING NEEDS>

NEEDS <NUTRITION INTERDISCIPLINARY DISCHARGE PLANNING NEEDS>

NEEDS <OT DISCHARGE NEEDS>

NEEDS <SPEECH DISCHARGE NEEDS>

NEGATIVE <FORM LETTER - WOMENS HEALTH - PAP NEGATIVE HPV>

NERVE <NERVE CONDUCTION CONSULT REPORT>

NEUROBEHAVIORAL <NEUROBEHAVIORAL SYMPTOM INVENTORY>

NEUROFEEDBACK <NEUROFEEDBACK PROGRESS NOTE>

NEUROLOGICAL <NEUROLOGICAL CHECK LIST>

NEUROLOGY <NEUROLOGY CHART REVIEW CONSULT REPORT>

NEUROLOGY <NEUROLOGY CONSULT REPORT>

NEUROLOGY <NEUROLOGY FOLLOW-UP VISIT>

NEUROLOGY <NEUROLOGY PHONE CALL>

NEUROLOGY <NEUROLOGY PROGRESS NOTE>

NEUROLOGY <PACT NEUROLOGY NOTE>

NEW <NEW BEGINNINGS AFTERCARE GROUP>

NEW <NEW BEGINNINGS INDIVIDUAL THERAPY>

NICOTINE <NICOTINE REPLACEMENT CONSULT REPORT>

NICOTINE <NICOTINE REPLACEMENT PROGRESS NOTE>

NO SHOW

NO SHOW - MENTAL HEALTH

NO SHOW NOTE GREELEY

NOCTURNAL <CARDIOPULMONARY NOCTURNAL DESATURATION CONSULT REPORT>

NON <NON OPERATIVE PROCEDURE>

NON <OPHTHALMOLOGY/ EYE DOCUMENT NON-VA>

NORMAL <FORM LETTER - WOMENS HEALTH - MAMMOGRAM NORMAL>

NORMAL <FORM LETTER - WOMENS HEALTH - PAP NORMAL POST HYST>

NORMAL <FORM LETTER - WOMENS HEALTH - PAP NORMAL>

Starts With:

Figure 14: Multiple Sclerosis Assessment Tool

8. If the note title selected is classified as a “Consult Report”, the user entry will complete a consult in CPRS. Use the **Link to Consult** drop-down list to select the appropriate consult to which the entry should be linked in CPRS. The **Link to Consult** drop-down list is populated with previously ordered consults for this patient. If the user selects a consult from the drop-down list, the data then entered via the Multiple Sclerosis Assessment Tool will be associated with the selected consult.

Instrument Type:
Multiple Sclerosis Assessment Tool

Select Note Title *:

NEUROLOGY <NEUROLOGY CONSULT REPORT>

Starts With:

Link to Consult *:

-- Select a Value --

-- Select a Value --

Link to Encounter Type

Scheduled Clinic Appointment

Hospital Admission

Unscheduled or New Visit

Figure 15: Multiple Sclerosis Assessment Tool Link to Consult

9. Use the radio buttons to select the appropriate **Link to Encounter Type** from the list.
10. If you select **Scheduled Clinic Appointment**, the application searches the period of time one month before today through one month after today. If any appointments are found, they are loaded into the **Select the Scheduled Clinic Appointment** drop down list. Select an appointment to proceed to the next step. If the user wishes to expand the date range for the

search, the user can input new start and end dates and click **Get Appointments** and then proceed to the next step. This step associates the current instrument with the selected appointment.

The screenshot shows a web form titled "Link to Encounter Type". It contains three radio button options: "Scheduled Clinic Appointment" (which is selected), "Hospital Admission", and "Unscheduled or New Visit". Below these options is a section titled "Select the Scheduled Clinic Appointment:" with a dropdown menu showing "-- Select a Value --". Underneath is a "Modify Appointment Filter" section with a text area containing instructions: "Your site's VistA system was searched to find scheduled clinic appointments. The period of time one month before today and one month after today was used for this search. If any appointments were found, these are loaded in the dropdown above. Select an appointment to proceed to the next step. If you would like to expand the date range to search, change the start and/or end dates and click 'Get Appointments', then select to proceed to next step." At the bottom, there are two date input fields labeled "Start (mm/dd/yyyy):" and "End (mm/dd/yyyy):", and a blue "Get Appointments" button.

Figure 16: Link to Encounter Type

11. If you select **Hospital Admission**, the application searches for previous hospital stays. If any are found, they are loaded into the **Select the Hospital Admission** drop down list, and the user can make the appropriate selection. If no previous stays are found for the patient, the user must select a different encounter type from the **Link to Encounter Type** list in order to proceed.

The screenshot shows the same "Link to Encounter Type" form, but now "Hospital Admission" is selected. The "Select the Hospital Admission:" dropdown menu is open, showing "-- Select a Value --". The "Modify Appointment Filter" text area now contains instructions: "Your site's VistA system was searched for previous stays. If any were found they are loaded in the drop down above. If no previous stays are found for this patient, you must select a different choice in the section 'Link to Encounter Type' to proceed." The date input fields and the "Get Appointments" button are still present.

Figure 17: Link to Encounter Type Hospital Admission

12. If you select **Unscheduled or New Visit**, the application searches to find all locations at your site which contain **Multiple Sclerosis**. If any locations are found, they are loaded into the **Location** drop down list. If the user wants to search using a different location, the user can change the default search string and click **Get Locations**. After selecting a location, the user can click **Continue** to move to the next screen.

Figure 18: Link to Encounter Type Unscheduled or New Visit

13. The application reformats the information entered into the questionnaire and displays the resulting information on the screen.
14. If the material displayed is correct, click **Submit Note** to complete the note transfer.
15. If the material needs changed or corrected, click **Cancel** to re-enter the choice selections.

Figure 19: Note Summary

16. Be aware that once the note is submitted, it is no longer editable within the Multiple Sclerosis Assessment Tool and any updates will have to be made within CPRS.
17. The clinician must sign the note in CPRS.

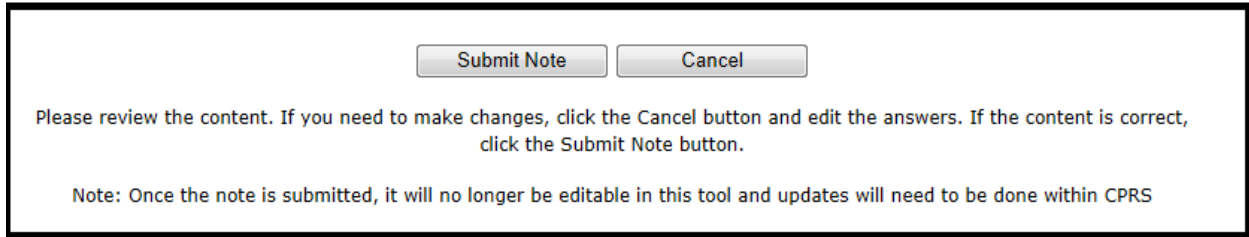


Figure 20: Submit Note

4.2 MSSR

To log onto the MSSR intranet website, go to: <https://vaww.mssr.registries.aac.va.gov>. If you cannot access the site, please submit a Remedy ticket to request access, with Category “Applications-HealthVet-Vista” and with Type “MSSR Registry”.

Once logged in, a notice will appear, select “OK” to move to enter the MSSR application.

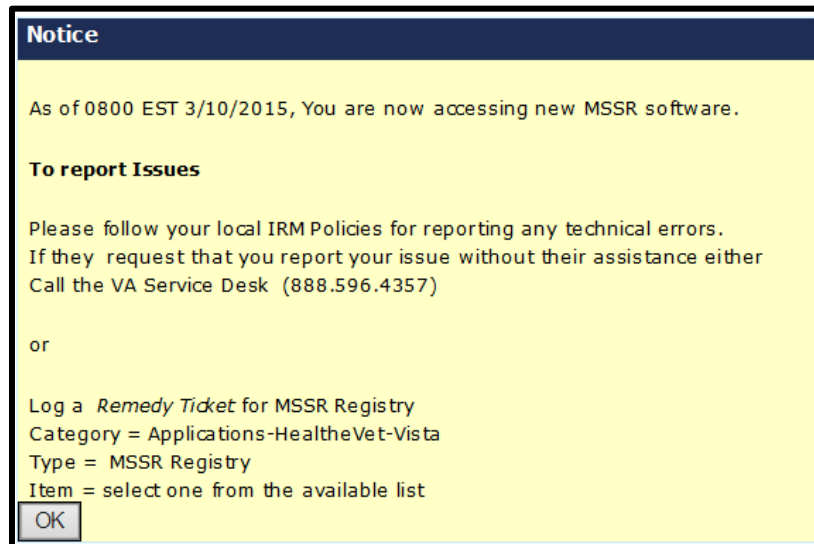


Figure 21: MSSR Notice Screen

4.2.1 MSSR Patients

The **MSSR Patients** screen (shown in the figure below) displays relevant patient information in a grid format.

Use the **Filters** area of the page to customize the data that is shown in the grid below. Once the appropriate filters have been selected click **View Results** to see the applicable data, or click **Reset** to reset the filter fields.

Use the **Sort** feature, which are the clickable column headers, to sort the data in ascending or descending order, for each column heading.

Use the **Paging** buttons at the bottom of the screen to navigate through the grid results. The **Results per page** drop down list changes the number of rows displayed in the grid per page.

The **Export** button allows the current data in the grid to be exported into an Excel spreadsheet.

Permission levels include the following:

- Administrator will be able to choose from the following 3 options:
 - **MS Assessment** – Patients with assessment only
 - **Culpepper Algorithm** – All patients pulled based on Master list
 - **Non-MS Assessment** – Delta between the above two categories
- Non-Administrator National will have access to only:
 - **MS Assessment** – Patients with assessment only
- Non-Administrator VISN level
 - **MS Assessment** – Patients for given VISN only

Upon entering the **MSSR Patients** page, the default will be set on **MS Assessment**.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
Multiple Sclerosis Surveillance Registry

Patients Reporting Administration Help

Check System

MSSR PATIENTS

Filters

Name or SSN4:

Location:

Diagnosis:

Source: Culpesper Alg. Non-MS Assessment MS Assessment

Next Assessment Due:

Gender: Any Gender Male Female

EDMUS Score between: and

Reported relapses: Any Number 0 1 >1

DMT MS Medications

Status:

Timeframe:

Meds:

PATIENT		MS ASSESSMENT										MS/NMO MEDS	PROSTHETICS	PHARMACY	LABORATORY	RADIOLOGY	FEE BASED			
Patient Name (SSN4)	Facility	Age	Gender	Race/Ethnicity	Baseline	Last Assessment	Year of 1st Symptom	Dx	MS Subtype	Relapses past Yr.	EDMUS Score	Prev. EDMUS	Current Rx	No. Of Prosthetics	No. Of Pharmacy	No. Of Labs	No. Of Radiology	No. Of Inpatient Fee	No. Of Service Provided	No. Of Pharmacy Fee
931		69	M	OTHER (NH)		08/26/2014		POSSIBLE	CIS	8	9	3	AZATHIOPRINE (IMURAN), RITUXIMAB (RITUXAN)							
442		37	M	OTHER (H)	06/02/2015	06/02/2015	2010	MS	RRMS	1	2		GLATIRAMER (COPAXONE), DEXAMETHASONE IV (DECADRON)							
688		52	M	WHITE (NH)	08/02/2011	07/25/2012	1990	MS	RRMS	1	4		FINGOLIMOD HCL 0.5 MG CAP		586	1616	26		8	
442		76	M	WHITE (NH)		07/05/2015		POSSIBLE	RRMS	0	3									
442		73	F	INDIAN (H)		01/04/2016		POSSIBLE	PPMS	0	1	1	AMOXICILLAN, AMOXICILLAN							
442		86	M	WHITE (H)	03/03/2015	01/15/2008	2014	MS	RRMS	0	5	5	OTHER DMTS							
442		68	M	ASIAN/P1 (H)		09/08/2015		POSSIBLE	RRMS	1	1									
442		79	M	WHITE (NH)	03/01/2015	05/15/2015	2010	MS	PPMS	1	8	8	FINGOLIMOD (GILENYA), OTHER DMTS, DEXAMETHASONE IV (DECADRON)							
442		45	F	WHITE (NH)	07/06/2015	07/19/2015	2012	MS	SPMS	1	5	5	CYCLOPHOSPHAMIDE (CYTOXAN), NEW DMT, OTHER DMTS, DEXAMETHASONE IV (DECADRON)							
442		79	M	WHITE (NH)	03/01/2015	05/15/2015	2010	MS	PPMS	1	8	8	FINGOLIMOD (GILENYA), OTHER DMTS, DEXAMETHASONE IV (DECADRON)							
442		45	F	WHITE (NH)	07/06/2015	07/19/2015	2012	MS	SPMS	1	5	5	CYCLOPHOSPHAMIDE (CYTOXAN), NEW DMT, OTHER DMTS, DEXAMETHASONE IV (DECADRON)							
508		66	M	WHITE (NH)	12/03/2013	02/19/2014	2003	MS	PPMS	1	68			2	531	533	17		30	

Page 1 of 86. Results per page: 10

Record Total: 857 (Showing Records 1 - 10)

Current User: Cathryn Park
Role(s): MSSR SYSTEM ADMINISTRATOR
Last Accessed: 1/23/2016 12:53:46 PM
Last CDW Date Refresh: 1/4/2016 1:17:04 PM

Figure 22: MSSR Patients

The **MSSR Patient Details** screen displays relevant information for a specific patient.

The **Export** button allows the current data in the grid to be exported into an Excel spreadsheet.

**UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
Multiple Sclerosis Surveillance Registry**

Patients Reporting Administration Help Check System

PATIENTS > MSSR PATIENT DETAILS

XXXXXXXXXX - XXX-XX-6539 EXPORT

DEMOGRAPHICS			
PCP:	Not Available	Age :	70
PACT RN :	Not Available	Gender :	M
Facility:	442	Race:	INDIAN

MS DIAGNOSIS - MS	
Year of Symptom Onset:	2014
Year of Symptom Diagnosis:	2015
MS Subtype:	RRMS
Family History:	Yes

MS/NMO MEDICATIONS: 10/14/2015				
Name	Dispensing Pharmacy	Current Med	Approx Date Started	Approx Date Stopped
Other DMTs	Non-VA Pharmacy	True	1/2015	
Azathioprine (Imuran)	VA Pharmacy	True	1/2015	
Other DMTs	VA Pharmacy	False	2/2013	3/2014
Azathioprine (Imuran)	VA Pharmacy	False	2/2015	3/2015
Mycophenolate Mofetil (Cellcept)	VA Pharmacy	False	1/2014	1/2015

MS/NMO Medications: Current VA Dispensed			
Name	Approx Date Started	Schedule	
Azathioprine (Imuran)	1/2015		

MS/NMO Medications: Corticosteroids				
Name	Pharmacy	Date Started	Date Stopped	Schedule
Dexamethasone IV (Decadron)	VA Pharmacy	1/2010		Monthly schedule
Methylprednisolone IV (Solumedrol)	VA Pharmacy	4/2010		Monthly schedule
Prednisone PO	VA Pharmacy	1/2008		Monthly schedule

EDMUS SCORE	
Assessment Date	Score
10/7/2015	1
10/7/2015	1
10/9/2015	1
10/12/2015	1
10/16/2015	1
10/16/2015	1
10/14/2015	1

RELAPSES	
Assessment Date	Relapses in Past Year
10/7/2015	1
10/7/2015	1
10/9/2015	1
10/12/2015	1
10/16/2015	0
10/16/2015	0
10/14/2015	0

LATEST VITAL SIGNS

Current, No Vital Signs for Patient

Current User: Mostafa Ballamounie
Role(s): MSSR SYSTEM ADMINISTRATOR
Last Accessed: 11/13/2015 2:43:44 PM
Last CDW Data Refresh: 11/3/2015 9:30:20 AM

Figure 23: MSSR Patient Details

Select the numerical count under **Prosthetics** for a specific patient to display member demographics, facility, HCPC number, HCPC code, issue date, provider, quantity, description, source and source of procurement.

Enter a specified issue date range or **Prosthetic Type** to filter further details of the patient's record.

The screenshot shows the 'MSSR PROSTHETICS' section of the Multiple Sclerosis Surveillance Registry. It includes a filter section with fields for Patient Name, Patient ICN, Issue Date (From/To), and Prosthetic Type. Below the filters is a table with the following data:

PatientName	PatientICN	Facility	Age	Gender	Ethnicity	Race	IssueNumber	IssueCode	IssueDate	ProviderID	Quantity	IssueDescription	Source	SourceOfProcurement
	508		66	M	NOT HISPANIC OR LATINO	WHITE			3/24/2009 12:00:00 AM		1.000000	INITIAL		OR THOTICE/PROSTHETICS
	508		66	M	NOT HISPANIC OR LATINO	WHITE			5/1/2009 12:00:00 AM		1.000000	INITIAL		OR THOTICE/PROSTHETICS

Page 1 of 1. Results per page: 10. EXPORT

Record Total: 2 (Showing Records 1 - 2)

Current User: Carolyn Park
 Role(s): MSSR SYSTEM ADMINISTRATOR
 Last Accessed: 1/23/2016 2:20:20 PM
 Last CDW Data Refresh: 1/16/2016 1:17:04 PM

Figure 23: MSSR Prosthetics

Selecting the numerical count under **Pharmacy** for a specific patient will display member demographics, facility, action date, action status, drug classification, local drug name with dosage and type of patient procedure (e.g. inpatient, outpatient).

The data may be further filtered by selecting date ranges for **Action Date** and **Drug Name/Classification**.

The screenshot shows the 'MSSR PHARMACY' section of the Multiple Sclerosis Surveillance Registry. It includes a filter section with fields for Patient Name, Patient ICN, Action Date (From/To), and Drug Class Code / Name / Classification. Below the filters is a table with the following data:

Name	PatientICN	Facility	Ethnicity	Race	ActionDate	ActionStatus	DrugClassCode	DrugClassification	LocalDrugName/Strength	PatientType
	688		NOT HISPANIC OR LATINO	WHITE	1/4/2016 12:00:00 AM	ACTIVE	C1802	AMPHETAMINE LIKE STIMULANTS	METHYLPHEN DAT 1 OHS	Out Patient
	688		NOT HISPANIC OR LATINO	WHITE	12/21/2015 12:00:00 AM	ACTIVE	H9300	MUSCULOSKELETAL AGENTS, OTHER	FINGOLIMOD 0.5MG CAP	Out Patient
	688		NOT HISPANIC OR LATINO	WHITE	12/4/2015 12:00:00 AM	EXPIRED	C1802	AMPHETAMINE LIKE STIMULANTS	METHYLPHEN DAT 1 OHS	Out Patient
	688		NOT HISPANIC OR LATINO	WHITE	11/5/2015 12:00:00 AM	EXPIRED	C1802	AMPHETAMINE LIKE STIMULANTS	METHYLPHEN DAT 1 OHS	Out Patient
	554		NOT HISPANIC OR LATINO	WHITE	10/30/2015 12:00:00 AM	EXPIRED	V7959	VITAMIN D, OTHER	CHOLECALCIFEROL (VIT D3) 1.000UNIT TAB	Out Patient
	554		NOT HISPANIC OR LATINO	WHITE	10/30/2015 12:00:00 AM	EXPIRED	D8900	DERMATOLOGICALS, TOPICAL, OTHER	LUBRICATING TOP GELLY BACTERIOSTATIC	Out Patient
	554		NOT HISPANIC OR LATINO	WHITE	10/30/2015 12:00:00 AM	EXPIRED	GU201	ANTI SPASMODICS, URINARY	CYBUTYLYNE N CHLORIDE 5MG TAB	Out Patient
	688		NOT HISPANIC OR LATINO	WHITE	10/7/2015 12:00:00 AM	EXPIRED	C1802	AMPHETAMINE LIKE STIMULANTS	METHYLPHEN DAT 1 OHS	Out Patient
	554		NOT HISPANIC OR LATINO	WHITE	9/30/2015 12:00:00 AM	DISCONTINUED	GU201	ANTI SPASMODICS, URINARY	CYBUTYLYNE N CHLORIDE 5MG TAB	Out Patient
	688		NOT HISPANIC OR LATINO	WHITE	9/24/2015 12:00:00 AM	ACTIVE	OR500	MOUTHWASHES	BIOTENE MOUTHWASH	Out Patient

Page 1 of 59. Results per page: 10. EXPORT

Record Total: 596 (Showing Records 1 - 10)

Current User: Carolyn Park
 Role(s): MSSR SYSTEM ADMINISTRATOR
 Last Accessed: 1/23/2016 2:36:27 PM
 Last CDW Data Refresh: 1/4/2016 1:17:04 PM

Figure 24: MSSR Pharmacy

Selecting the numerical count under **Lab** for a specific patient will display member demographics, facility, lab type and results.

The data may be further filtered by entering a **Lab Test Date** range or **Lab Chem Test Name**.

Name	Patient ID	Facility	Ethnicity	Race	LabChemTestName	LabTestType	LabChemSpecimenDate/Time	LabChemResultValue	LOINC	Abnormal	Ref High	Ref Low
688	NOT HISPANIC OR LATINO	WHITE	HGB	O	12/2/2018 2:37:26 PM	15.8	718-7	17.3	12.2			
688	NOT HISPANIC OR LATINO	WHITE	HCT	O	12/2/2018 2:37:26 PM	48.3	4544-3	50.1	38.6			
688	NOT HISPANIC OR LATINO	WHITE	HCHC	O	12/2/2018 2:37:26 PM	32.7	788-4	L	35.7	32.8		
688	NOT HISPANIC OR LATINO	WHITE	LYR	O	12/2/2018 2:37:26 PM	7.6	736-9	L	42.1	11.9		
688	NOT HISPANIC OR LATINO	WHITE	LYR	O	12/2/2018 2:37:26 PM	0.4	731-0	L	3.1	.8		
688	NOT HISPANIC OR LATINO	WHITE	HDW	O	12/2/2018 2:37:26 PM	0.8	742-7		0.83	0.13		
688	NOT HISPANIC OR LATINO	WHITE	FLT	B	12/2/2018 2:37:26 PM	203	777-3		375	182		
688	NOT HISPANIC OR LATINO	WHITE	BAH	O	12/2/2018 2:37:26 PM	0.7	706-2		1.65	0.0		
688	NOT HISPANIC OR LATINO	WHITE	BAP	O	12/2/2018 2:37:26 PM	0.0	704-7		0.1	0.0		
688	NOT HISPANIC OR LATINO	WHITE	HCH	O	12/2/2018 2:37:26 PM	30.8	785-6		33.9	26.6		

Figure 25: MSSR Lab

Selecting the numerical count under **Radiology** for a specific patient will display member demographics, facility, procedure name, exam date, whether services was completed inpatient or outpatient, free text field for clinical impressions, source, type of imaging, requesting physician and verifying physician.

The data may be further filtered by entering an **Issue Date** range or **Type of Imaging/Procedure Name**.

Patient Name	Patient ID	Facility	Age	Gender	Ethnicity	Race	Procedure Name	Exam Date	In/Out	Impression/Text	Source	Type of Imaging	Requesting Physician	Verifying Physician
008	66	M	66	M	NOT HISPANIC OR LATINO	WHITE	BRAIN MRI W/O & W CONTRAST	4/17/2012 1:04:00 PM	OUTPATIENT	Numerous subcortical and brainstem white matter lesions, consistent with the stated history of multiple sclerosis. There may be minimal mixed signal change compared to the previous study, all this is trivial and may merely be related to differences in technique. No definite indications of evidence of active inflammation.	7053	MAGNETIC RESONANCE IMAGING	BROWN, PAHOLA J	WANDLER, ERIC A
0	008	66	M	66	NOT HISPANIC OR LATINO	WHITE	ABDOMEN I VIEW	9/20/2011 2:05:00 PM	OUTPATIENT	1. There are no obstructive bowel visualized in the exposed portion of either colon or sigmoid. 2. There is a large amount of stool in the colon, which may be secondary to constipation. Clinical correlation is recommended.	7400	GENERAL RADIOLOGY	WILSON, HASTBERG, J A	ORLANDER, MATTHEW A
0	008	66	M	66	NOT HISPANIC OR LATINO	WHITE	FLOURO GUIDANCE FOR MEDICAL PLACEMENT - BR. ASP. IN LOCAL	7/9/2009 12:39:00 PM	OUTPATIENT	1. Successful fluoroscopically-guided lumbar puncture.	7702	GENERAL RADIOLOGY	WILSON, GEORGE R	FRANKLIN, KENDRA H
0	008	66	M	66	NOT HISPANIC OR LATINO	WHITE	ABDOMEN W/O COAT (CT)	4/16/2009 1:30:00 PM	OUTPATIENT	1. There are three separate intravesicular calculi within the urinary bladder that measure up to 4 x 5 mm in size. There is no hydronephrosis, and there is a 2 mm nonobstructing calculus at the right lower renal pole. 2. There is mild circumferential thickening of the urinary bladder wall, which is nonspecific, although can be seen in the setting of the urinary bladder outlet obstruction and/or prostatic. Clinical correlation is recommended. 3. Mild emphysematous changes at the visualized portions of the lung bases. 4. Coronary artery atherosclerosis. 5. Small basal pneumonia. 6. There is minimal aneurysmal dilation of the bilateral common iliac arteries measuring up to 1.6 cm in size. 7. The prostate gland is mildly enlarged. Correlation with clinical history as well as PSA is recommended. 8. There are free intravesicular fragments in the left hip joint as described above.	7410	CT SCAN	ANASTASIA, KATERINA R	ORLANDER, MATTHEW A
0	008	66	M	66	NOT HISPANIC OR LATINO	WHITE	RELVIS W/O COAT (CT)	4/16/2009 1:30:00 PM	OUTPATIENT	1. There are three separate intravesicular calculi within the urinary bladder that measure up to 4 x 5 mm in size. There is no hydronephrosis, and there is a 2 mm nonobstructing calculus at the right lower renal pole. 2. There is mild circumferential thickening of the urinary bladder wall, which is nonspecific, although can be seen in the setting of the urinary bladder outlet obstruction and/or prostatic. Clinical correlation is recommended. 3. Mild emphysematous changes at the visualized portions of the lung bases. 4. Coronary artery atherosclerosis. 5. Small basal pneumonia. 6. There is minimal aneurysmal dilation of the bilateral common iliac arteries measuring up to 1.6 cm in size. 7. The prostate gland is mildly enlarged. Correlation with clinical history as well as PSA is recommended. 8. There are free intravesicular fragments in the left hip joint as described above.	7282	CT SCAN	ANASTASIA, KATERINA R	ORLANDER, MATTHEW A
0	008	66	M	66	NOT HISPANIC OR LATINO	WHITE	BRAIN MRI W/O & W CONTRAST	4/1/2009 10:11:00 AM	OUTPATIENT	Multifocal demyelinating lesions with predominant distribution in the periventricular and pericallosal white matter most consistent with chronic multiple sclerosis. No evidence of enhancing lesions to suggest active demyelination. Minimal small focal demyelinating lesions are noted within the midbrain without evidence of involvement of the brainstem or cerebellar demyelinating lesions. There is mild generalized brain volume loss. No evidence of vascular distribution infarcts. Intracranial hemorrhage or space-occupying mass lesions. There is redundancy of the intracranial ligament of left vertebral artery causing vascular impingement on the left lower cerebellar peduncle and adjacent left lateral medulla oblongata without associated focal intracranial signal abnormalities.	7053	MAGNETIC RESONANCE IMAGING	CHANDU, SUSHRA	TIGGA, BRUJLIAN J

Figure 26: MSSR Radiology

Selecting the numerical count under **Fee Inpatient** for a specific patient will display member demographics, facility, diagnosis, procedure, vendor invoice date, claimed amount and amount paid.

The data may be further filtered by entering a **Vendor Invoice Date** range or **Diagnosis / Procedure**.

Name	Patient ICD	Facility	Ethnicity	Race	Facility/Invoice ID	Diagnosis	Procedure	Treatment From Date	Treatment To Date	Claimed Amount	Amount Paid	Vendor Invoice Date
S12	NOT HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	140000015417	SEPTICEMIA NOS	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	6/12/2015 12:00:00 AM	6/22/2015 12:00:00 AM	21269.0900	19992.8400	19992.8400	7/2/2015 12:00:00 AM	
S12	NOT HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	140000015417	URIN TRACT INFECTION NOS	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	6/12/2015 12:00:00 AM	6/22/2015 12:00:00 AM	21269.0900	19992.8400	19992.8400	7/2/2015 12:00:00 AM	
S12	NOT HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	140000015417	MULTIPLE SCLEROSIS	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	6/12/2015 12:00:00 AM	6/22/2015 12:00:00 AM	21269.0900	19992.8400	19992.8400	7/2/2015 12:00:00 AM	
S12	NOT HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	140000015417	COLOSTOMY STATUS	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	6/12/2015 12:00:00 AM	6/22/2015 12:00:00 AM	21269.0900	19992.8400	19992.8400	7/2/2015 12:00:00 AM	
S12	NOT HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	140000015417	Sepsis	CENTRAL VENOUS CATHETER PLACEMENT WITH GUIDANCE	6/12/2015 12:00:00 AM	6/22/2015 12:00:00 AM	21269.0900	19992.8400	19992.8400	7/2/2015 12:00:00 AM	

Figure 27: MSSR Fee Inpatient

Selecting the numerical count under **Fee Service Provided** for a specific patient will display member demographics, facility, CPT Name, diagnosis, payment type code, amount claimed, amount paid, vendor invoice date, IBT type of service and IB place of service.

The data may be further filtered by entering an **Invoice Date** range or **Diagnosis**.

Name	Patient ICD	Facility	Ethnicity	Race	CPT Name	Diagnosis Line 1	Diagnosis Line 2	Diagnosis Line 3	Payment Type Code	Amount Claimed	Amount Paid	Vendor Invoice Date	IBT Type of Service	IB Place of Service	Fee VA Type of Service
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	X-RAY BIAM OF HIP	BORT7-0609.C.76.064.FCP254				V	10.1900	10.1900	6/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	ELECTR OCARDIOGRAM REPORT	BORT7-0285.C.76.063.FCP254				V	21.0000	10.3400	3/28/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	X-RAY BIAM OF HIP	BORT7-0610.C.76.064.FCP254				V	265.0000	38.4200	2/22/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	ELECTR OCARDIOGRAM TRACING	BORT7-0610.C.76.064.FCP254				V	134.0000	16.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	ROUTINE VIBRODUCTURE	BORT7-0610.C.76.064.FCP254				V	21.0000	21.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	METABOLIC PANEL TOTAL CA	BORT7-0610.C.76.064.FCP254				V	43.0000	43.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	COMPLETE CBC AUTOMATED	BORT7-0610.C.76.064.FCP254				V	97.0000	97.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	RBC ANTIBODY SCREEN	BORT7-0610.C.76.064.FCP254				V	100.0000	100.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	BLOOD TYPIING SEROLOGIC ABO	BORT7-0610.C.76.064.FCP254				V	28.0000	28.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		
648	NOT HISPANIC OR LATINO	DECLINED TO ANSWER	BLOOD TYPIING SEROLOGIC RH (D)	BORT7-0610.C.76.064.FCP254				V	37.0000	37.0000	1/18/2008 12:00:00 AM	MEDICAL CARE	OUTPATIENT HOSPITAL		

Figure 28: MSSR Fee Service Provided

Selecting the numerical count under **Fee Pharmacy** for a specific patient will display member demographics, facility, drug name, strength, quantity, prescription fill date, amount claimed, amount paid, drug class code and drug classification name.

The data may be further filtered by entering a **Prescription Date** range or **Drug Name/Classification**.

The screenshot shows the MSSR Fee Pharmacy interface. At the top, there are navigation tabs for Patients, Reporting, Administration, and Help. Below the header, there are filter fields for Patient Name, Patient ICN, Prescription Date (From/To), and Drug Name / Classification. A table displays pharmacy data with the following columns: Name, PatientICN, Facility, Ethnicity, Race, DrugName, Strength, Quantity, PrescriptionFileDate, AmountClaimed, AmountPaid, DrugClassCode, and DrugClassification. The table contains four rows of data. At the bottom, there are controls for 'Results per page' (set to 10) and an 'EXPORT' button. A footer shows the current user as Carolyn Park, Role(s) as MSSR SYSTEM ADMINISTRATOR, and other system information.

Figure 29: MSSR Fee Pharmacy

4.2.2 MSSR Assessments

The **MSSR Assessments** screen displays relevant assessment data by patient in a grid format.

Use the **Filters** area of the page to customize the data that is shown in the grid below. Once the appropriate filters have been selected click **View Results** to see the applicable data, or click **Reset** to reset the filter fields.

The column headers are clickable and change the sorting order for the data column.

Use the **Paging** buttons at the bottom of the screen to navigate through the grid results. The **Results per page** drop down list changes the number of rows displayed in the grid per page.

The **Export** button allows the current data in the grid to be exported into an Excel spreadsheet.

The screenshot shows the MSSR Assessments interface. It features a filter area with fields for Patient Name, Patient ICN, Location, Diagnosis, Reported relapses, EDIUS Score, and Interview Completed by. Below the filters is a table with the following columns: Name, PatientICN, Facility, AssessmentDate/Time, AssessmentType, Current Disability Score, MS Diagnosis, Diagnosis Year, Symptom Year, Ethnicity, Race, MS Interview, Relapses, MSIC, and MSVisitType. The table displays multiple rows of assessment data. At the bottom, there are controls for 'Results per page' (set to 10) and an 'EXPORT' button. A footer shows the current user as Carolyn Park, Role(s) as MSSR SYSTEM ADMINISTRATOR, and other system information.

Figure 24: MSSR Assessments

4.2.3 MSSR Reporting

The MSSR Reporting is displayed as graphical “smart charts”, generated by data pulled in from CDW and the MSSR database itself (see **Figure 25** below). Additional charts have been added in the enhancements to MSSR: a clickable Prosthetics pie chart and an aggregate Pharmacy Average Cost per Patient graph. Once additional data is input, the reporting will be updated to reflect the new data.

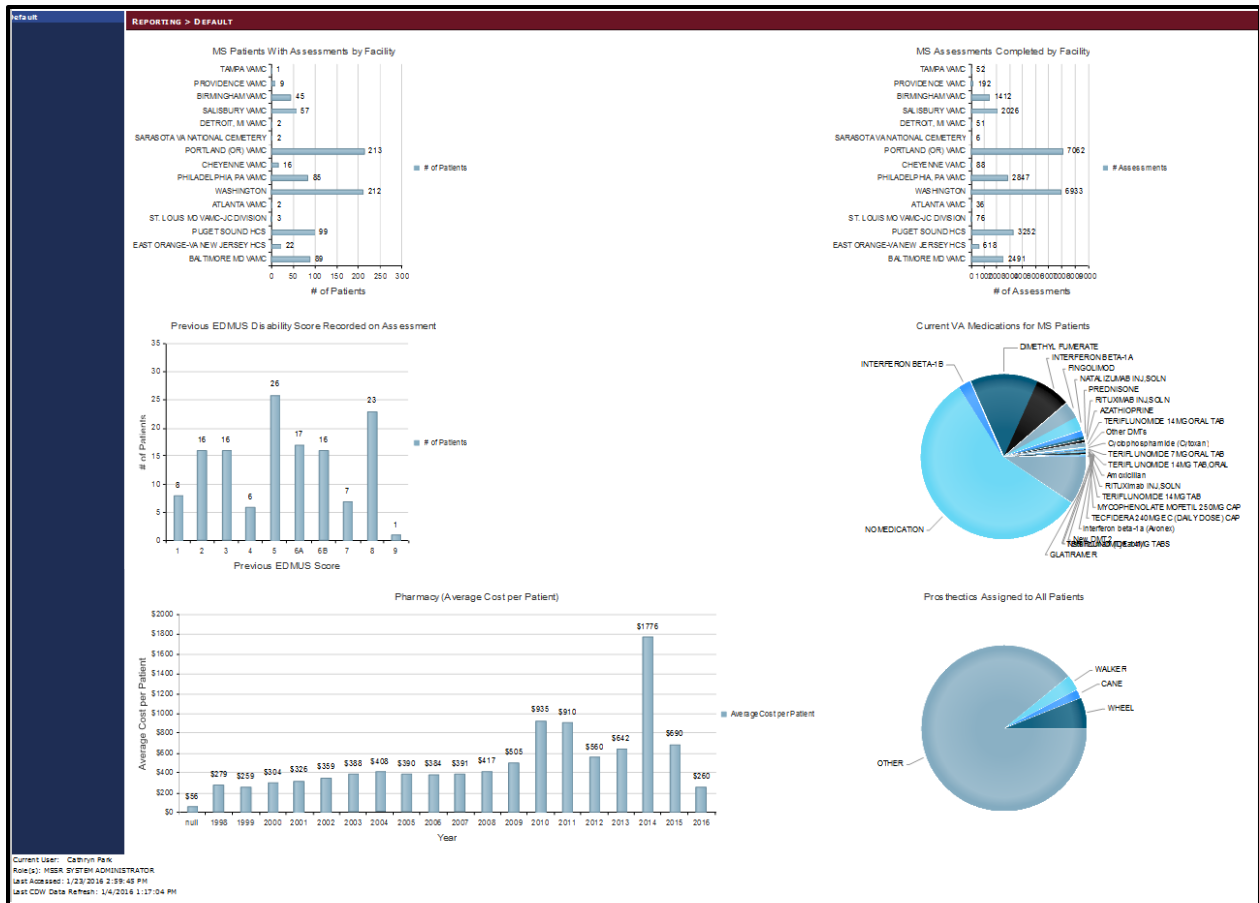


Figure 25: MSSR Reporting – Smart Charts

5 Troubleshooting

Each page has a dedicated Help page, with general instructions, as exemplified in Figure 32 below for the MSSR Reporting screen.

MSSR Reporting

The **MSSR Reporting** screen displays several charts representing overall patient information.

Each bar on the bar graph or slice on the pie graph is clickable.

By clicking these areas, the site will navigate to either the **Patients** or **Assessments** screen and populate the filter section with the relevant options to display the particular result set that was clicked on.

Figure 32: MSSR Help

6 Acronyms and Abbreviations

Below is a list of the acronyms and abbreviations that has been used in this document.

Term	Description
C&P Mini	Compensation and Pension Mini Master
CARA	Criticality Analysis and Risk Assessment
CDS	Clinical Data Surveillance
CDW	Corporate Data Warehouse
CPRS	Computerized Patient Record System
CRS	Converged Registries Solution
DR	Disaster Recovery
DSS	Decision Support System
ESE	Enterprise Systems Engineering
GAT	Government Acceptance Testing
GUI	Graphical User Interface
HERC	Health Economics Resource Center
IAL	IVV Analysis Level
IDR	Initial Document Review
IIS	Internet Information Services
IOC	Initial Operating Capabilities
IVV	Independent Verification and Validation
MS	Multiple Sclerosis
MSCoE	Multiple Sclerosis Centers of Excellence
MSAT	Multiple Sclerosis Assessment Tool
MSSR	Multiple Sclerosis Surveillance Registry
OI&T, OIT	Office of Information and Technology
ORR	Operational Readiness Review
PM	Project Manager
PMAS	Project Management Accountability System
PMP	Project Management Plan
PWS	Performance Work Statement
R2	Release 2
RATSR	Risk Analysis and Testing Scope Report
RDW	Regional Data Warehouse
RED	Requirements Elaboration Document
RRM	Rational Requirements Manager
RSD	Requirements Specification Document
RTM	Requirements Traceability Matrix
SDD	System Design Document
SDLC	System Development Life Cycle
SME	Subject Matter Expert
SQA	Software Quality Assurance
SQL	Structured Query Language
TBD	To Be Determined
TIA	Testing Intake Assessment

Term	Description
UAT	User Acceptance Test
UFT	User Functionality Test
UI	User Interface
VA	Veterans Affairs
VIA	VistA Integration Adapter
VBA	Veterans Benefits Administration
VDW	VISN Data Warehouse
VetsNet	Veterans Service Network
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information System and Technology Architecture

7 Appendix

Below you will find the instructions for creating the MSAT linkage (URL) in CPRS.

Use the following steps to change the URL for MS Assessment Tool on the CPRS Tools menu.

1. Double click on a test center connection file (see Note 1). Use the **Creating a Test Center Connection Using Reflection.docx** for creating the file. Skip to step 7.
2. Click on the *Windows* **Start** button.
3. From the **Start** menu, select the **All Programs | Attachmate Reflections | Host – UNIX and OpenVMS** menu options (see Figure 1).

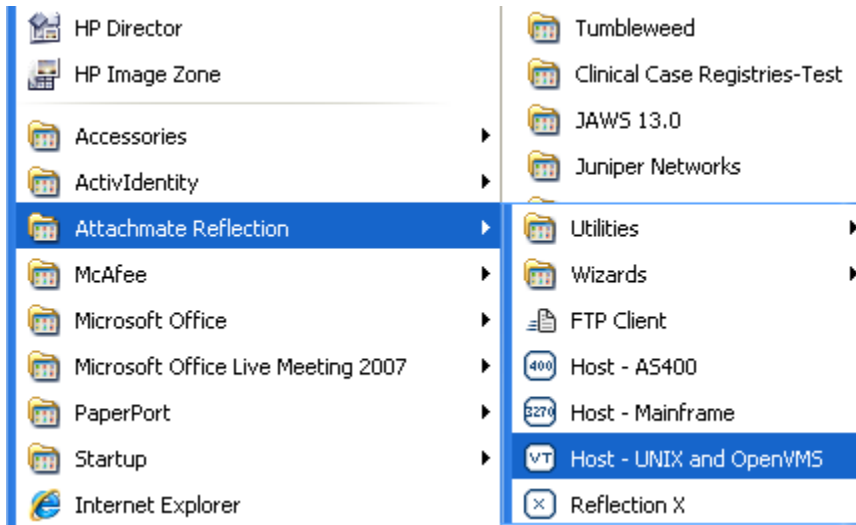


Figure 1

4. The **Untitled – Reflection for UNIX and OpenVMS** dialog (see Figure 2) should appear.

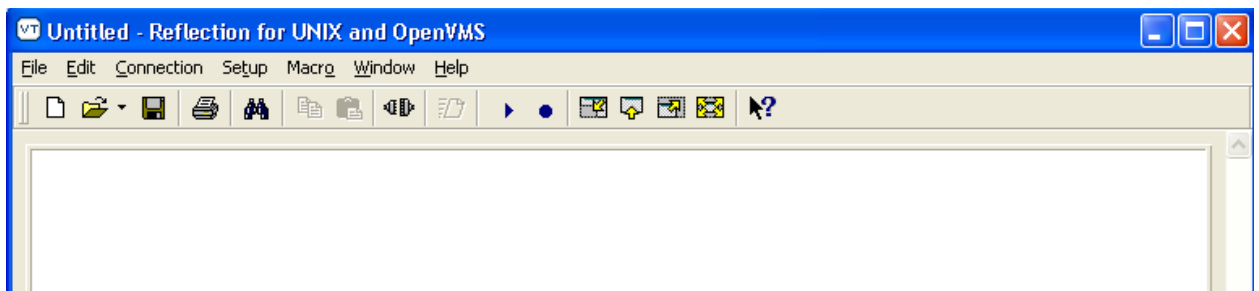


Figure 2

5. Select **File | Open** from the menu bar and browse to the location of the test center connection file you want to use. The default location for saved connection files is the **My Documents\Attachmate\Reflection** folder.
6. Highlight the test center connection file (see Note 1) and click on the **Open** button.

NOTE 1: Currently, MS Assessment Tool testing is done in the CHEY243 test center.

7. At the **Reflection Secure Shell** dialog (see Figure 3), click on the OK button.

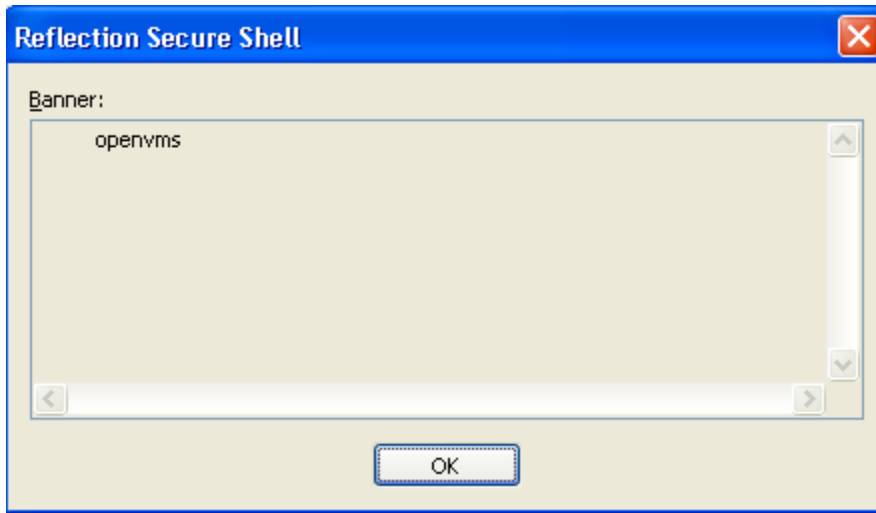


Figure 3

8. At the **Reflection Secure Shell** dialog (see Figure 4), click on the OK button.

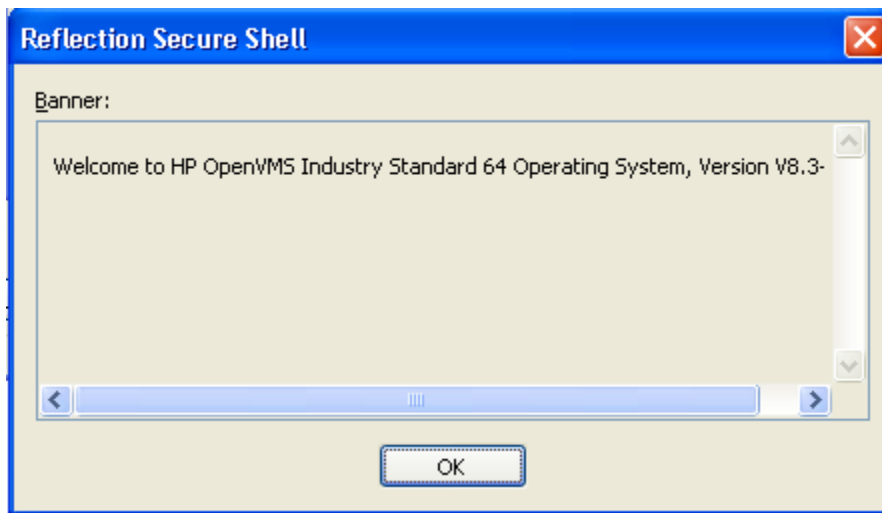


Figure 4

9. At the **Reflection Secure Shell Client** dialog (see Figure 5), leave the password field blank and click on the OK button.

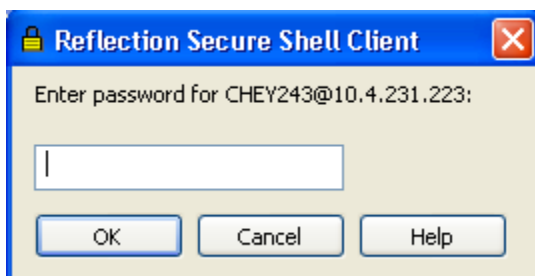


Figure 5

10. You should see a screen similar to Figure 6.

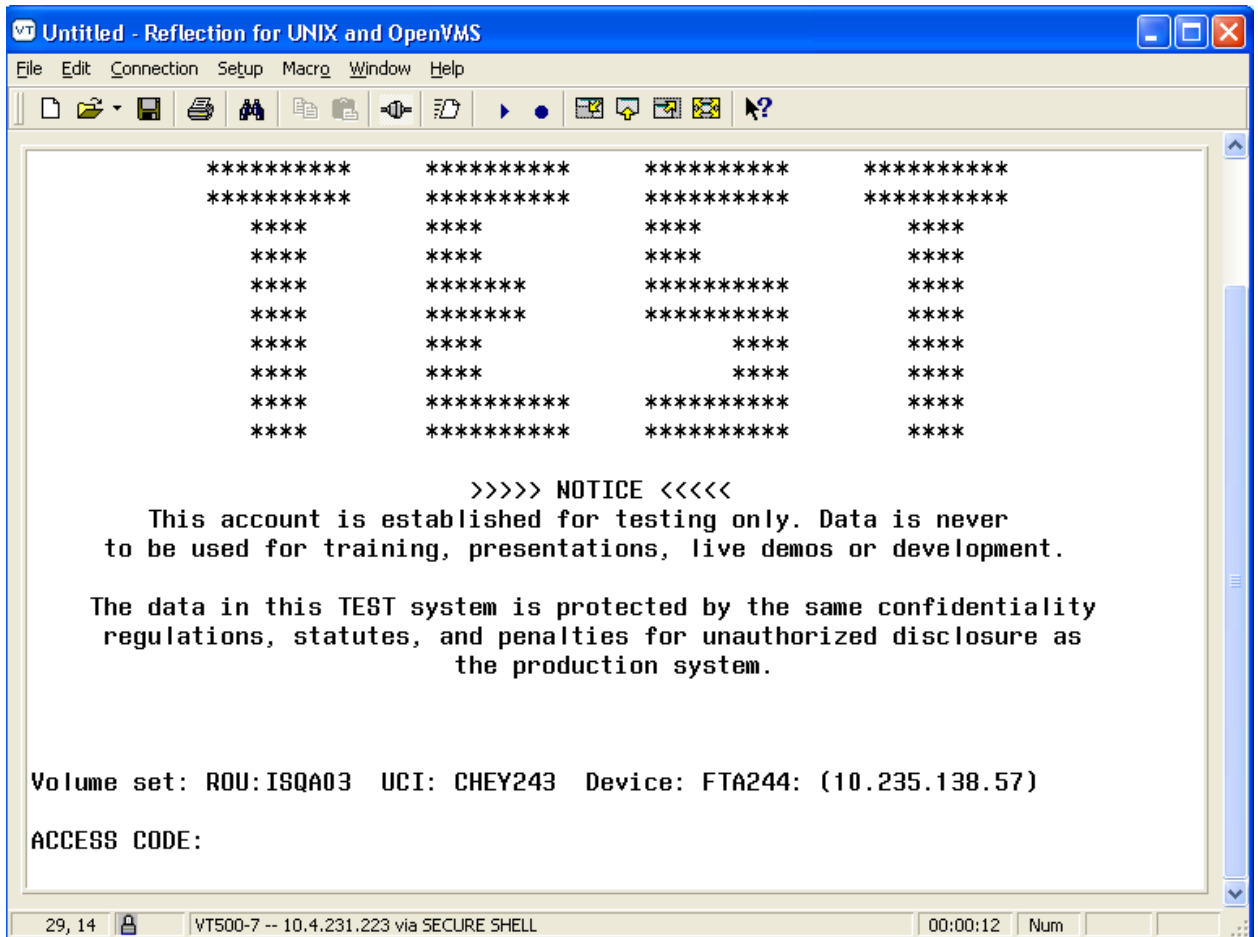


Figure 6

11. At the **ACCESS CODE** prompt, enter your access code and press the **Enter** key.
12. At the **VERIFY CODE** prompt, enter your verify code and press the **Enter** key.
13. At the **Select TERMINAL TYPE NAME: C-VT100//** prompt (see Figure 7), press the **Enter** key to accept the default of VT-100.

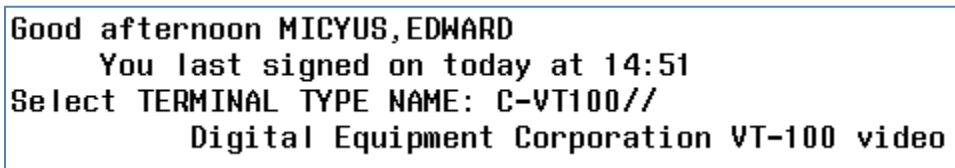


Figure 7

14. At the **Select System Manager Menu Option** prompt (see Figure 8), type **P** and press the **Enter** key.


```

Core Applications ...
Device Management ...
FM  VA FileMan ...
    Manage Mailman ...
    Menu Management ...
    Programmer Options ...
    Operations Management ...
    Spool Management ...
    Information Security Officer Menu ...
    Taskman Management ...
    User Management ...
HL7  HL7 Main Menu ...
VDEF VDEF Configuration and Status ...
    Application Utilities ...
    Capacity Planning ...
    Fileman Access for the OIG ...

Select Systems Manager Menu Option: P

```

Figure 8

- At the **Select Programmer Options Option** prompt (see Figure 9), type **P** and press the **Enter** key.

```

KIDS  Kernel Installation & Distribution System ...
NTEG  Build an 'NTEG' routine for a package
PG    Programmer mode
      Calculate and Show Checksum Values
      Delete Unreferenced Options
      Error Processing ...
      List Global
      Map Pointer Relations
      Number base changer
      Routine Management Menu ...
      Routine Tools ...
      Test an option not in your menu
      Verifier Tools Menu ...

Select Programmer Options Option: P

```

Figure 9

- You should see a command prompt similar to the one in Figure 10. The actual prompt will be different based upon the test center you are accessing.
- At the command prompt (see ① in Figure 10), type **D ^XUP** and press the **Enter** key.

```

ISQA03:CHEY243>D ^XUP ①

Setting up programmer environment
This is a TEST account.

Terminal Type set to: C-VT100

Select OPTION NAME: CPRS ②

```

Figure 10

18. At the **Select OPTION NAME** prompt (see ② in Figure 10), type **CPRS** and press the **Enter** key.
19. At the **CHOOSE 1-5** prompt (see ① in Figure 11), press the Enter key.
20. At the **CHOOSE 1-10** prompt (see ② in Figure 11), type **9** and press the Enter key.

```

Select OPTION NAME: CPRS
  1  CPRS CLEAN-UP UTILITIES  ORE MGR      CPRS Clean-up Utilities
  2  CPRS CLINICIAN MENU  OR OE/RR MENU CLINICIAN      CPRS Clinician Menu
  3  CPRS CONFIGURATION (CLIN COORD  OR PARAM COORDINATOR MENU      CPRS Conf
figuration (Clin Coord)
  4  CPRS CONFIGURATION (IRM)  OR PARAM IRM MENU      CPRS Configuration (IRM
)
  5  CPRS COVER SHEET REMINDER LIST  PXRM CPRS COVER SHEET LIST      CPRS Cov
er Sheet Reminder List
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: ①
  6  CPRS GUI CHART DISTRIBUTION AN  XQOCGCANALYSIS      CPRS GUI CHART DISTR
IBUTION ANALYSIS
  7  CPRS HEALTH SUMMARY DISPLAY/ED  GMTS GUI SITE DEFAULTS      CPRS Health
Summary Display/Edit Site Defaults
  8  CPRS LOOKUP CATEGORIES  PXRM CPRS LOOKUP CATEGORIES      CPRS Lookup Cat
egories
  9  CPRS MANAGER MENU  ORMGR      CPRS Manager Menu
 10  CPRS MENU  ORDERS MENU      CPRS Menu
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-10: 9 ②

```

Figure 11

21. At the **CPRS Manager Menu Option** prompt (see Figure 12), type **PE** and press the **Enter** key.

```
CL      Clinician Menu ...
NM      Nurse Menu ...
        **> Out of order: PLEASE USE CPRS GUI
WC      Ward Clerk Menu ...
        **> Out of order: PLEASE USE CPRS GUI
PE      CPRS Configuration (Clin Coord) ...
IR      CPRS Configuration (IRM) ...

Select CPRS Manager Menu Option: PE
```

Figure 12

22. At the **Select CPRS Configuration (Clin Coord) Option** prompt (see Figure 13), type **GP** and press the **Enter** key.

```
AL      Allocate OE/RR Security Keys
KK      Check for Multiple Keys
DC      Edit DC Reasons
GP      GUI Parameters ...
GA      GUI Access - Tabs, RPL
MI      Miscellaneous Parameters
NO      Notification Mgmt Menu ...
OC      Order Checking Mgmt Menu ...
MM      Order Menu Management ...
LI      Patient List Mgmt Menu ...
FP      Print Formats
PR      Print/Report Parameters ...
RE      Release/Cancel Delayed Orders
US      Unsigned orders search
EX      Set Unsigned Orders View on Exit
NA      Search orders by Nature or Status
CM      Care Management Menu ...
DO      Event Delayed Orders Menu ...
LO      Lapsed Orders search
PM      Performance Monitor Report

Select CPRS Configuration (Clin Coord) Option: GP
```

Figure 13

23. At the **GUI Parameters Option** prompt (see Figure 14), type **TM** and press the **Enter** key.

```

CS      GUI Cover Sheet Display Parameters ...
HS      GUI Health Summary Types
TM      GUI Tool Menu Items
MP      GUI Parameters - Miscellaneous
UC      GUI Clear Size & Position Settings for User
RE      GUI Report Parameters ...
NV      GUI Non-VA Med Statements/Reasons
EX      GUI Expired Orders Search Hours
RM      GUI Remove Button Enabled
NON     GUI Remove Button Enabled for Non-OR Alerts
CLOZ   GUI Edit Inpatient Clozapine Message
COAG   GUI Anticoagulation Parameters ...
EIE    GUI Mark Allergy Entered in Error

Select GUI Parameters Option: TM█

```

Figure 14

24. At the **Enter Selection** prompt (see ① in Figure 15), type **1** and press the **Enter** key to modify the Tools menu for a specific user.

```

CPRS GUI Tools Menu may be set for the following:

1   User           USR   [choose from NEW PERSON]
2   Location       LOC   [choose from HOSPITAL LOCATION]
2.5 Service       SRV   [choose from SERVICE/SECTION]
3   Division       DIV   [choose from INSTITUTION]
4   System         SYS   [CHEY243.FO-BAYPINES.MED.VA.GOV]
9   Package        PKG   [ORDER ENTRY/RESULTS REPORTING]

Enter selection: 1 User NEW PERSON ①
Select NEW PERSON NAME: CCRPROVIDER ②

```

Figure 15

25. At the **Select NEW PERSON NAME** prompt (see ② in Figure 15), type all or part of the user last name and press the **Enter** key. The value you type will depend on the user in the test account and will probably be different. We used **CCRPROVIDER** in this example. This will be the user that the link should be added to. *Note: Setting the link for a Location or Division may also be used.*
26. If there is more than one matching person, a list of the matching person will be displayed (see Figure 16). Type the number of the user and press the **Enter** key. We used 4 in this example.
27. At the **CHOOSE 1-5** prompt (see Figure 16), enter the number of the desired person and press the **Enter** key. The number **4** was entered in this example.

```

Select NEW PERSON NAME:  CCRPROVIDER
1  CCRPROVIDER, FIVE B    FBC
2  CCRPROVIDER, FOUR A   FAC
3  CCRPROVIDER, ONE A    OAC
4  CCRPROVIDER, THREE B  TBC
5  CCRPROVIDER, TWO A    TAC
CHOOSE 1-5: 4

```

Figure 16

28. At the **Select Sequence** prompt (see Figure 17), type **?** and press the **Enter** key to see a list of the entries on the user’s **CPRS | Tools** menu.

```

Select Sequence: ?

Sequence  Value
-----  -----
1         TBI-TESTDATA-V5=https://vaww.tbiqa-testdata.registries.aac.va.gov/TBI
2         John-LOCAL-TBI=http://localhost:1629/TBI_UserInterface/TBI_Instrument
3         TBI-WEB70=https://vaww.tbi-dev.registries.aac.va.gov/TBI_Instruments/

Select Sequence:

```

Figure 17

29. At the **Select Sequence** prompt (see Figure 17), type **1** and press the **Enter** key to modify the TBI Prod or Pre-Prod/Dev entry. **Below is the Pre-Production URL – replace **XXX** with your facility code (i.e. 442 = Cheyenne VAMC. Our example uses 931)**

Note: After replacing the ‘XXX’ with the facility code, you may copy the URL and “Right-Click / Paste” into AttachMate Reflection:

URL (for use within CPRS): https://vaww.mssrqa-testdata.registries.aac.va.gov/MSSR_Instruments/Default.aspx?q9gtw0=XXX&xqi4z=%DFN&yiicf=%DUZ&jbPI0202=%SRV&27trp=%PORT
DEV: https://vaww.mssr-dev.registries.aac.va.gov/MSSR_Instruments/Default.aspx?q9gtw0=931&xqi4z=%DFN&yiicf=%DUZ&jbPI0202=%SRV&27trp=%PORT

```

Sequence: 1//      1
Name=Command: MSAT-DEV=https://vaww.mssr-dev.registries.aac.va.gov/MSSR_Instruments/Default.aspx?q9gtw0=931&xqi4z=%DFN&yiicf=%DUZ&jbPI0202=%SRV&27trp=%PORT
Replace

```

Figure 18

30. At the **Sequence: 1//** prompt (see Figure 18), press the **Enter** key to accept the default and leave the sequence number unchanged.

31. At the **Replace** prompt (see Figure 18), type the value to be replaced and press the **Enter** key.
32. At the **With** prompt, type the new value and press the **Enter** key.
33. Multiple changes can be made at the same time by repeating steps 31 and 32 until the user presses the **Enter** key at the **Replace** prompt.
34. Type ^ and press the **Enter** key to navigate back through the menu system until the Logged out message appears (see Figure 19).

```
Logged out at Jun 12, 2013 3:03 pm
<Your 'SECURE SHELL' connection has terminated>
```

Figure 19

35. Click on the **X** in the upper right hand corner to exit.
36. At the Exit Reflection dialog (see Figure 20), click on the **OK** button.

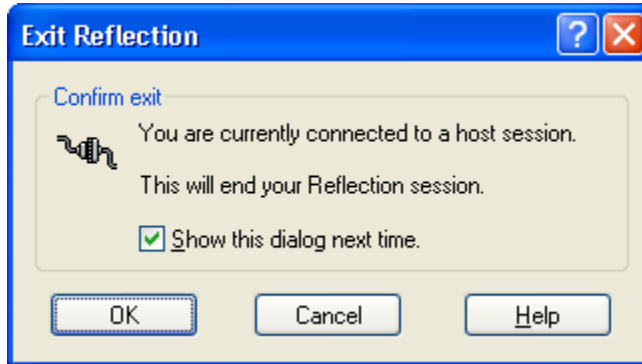


Figure 20