

Keeping Soldiers Fit to Fight With Evidence Based Screening and Intervention

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Preventive Medicine



Agenda

- Background
- Program Strategy
- Interim Outcomes
- Lessons Learned
- Future Challenges
- Questions

Background

- Preventable chronic disease is a problem for the Army
 - 40-50 cardiovascular deaths per year in active duty, reserve, and guard
 - 3300 retiree hospitalizations annually for ischemic heart disease
- Nov 2002, LTG Peake directed CHPPM to “Develop a campaign plan for executive health in our Army”
- LTG Peake approved pilot Longitudinal Health Risk Assessment Program at Fort Meade in Fall, 2003

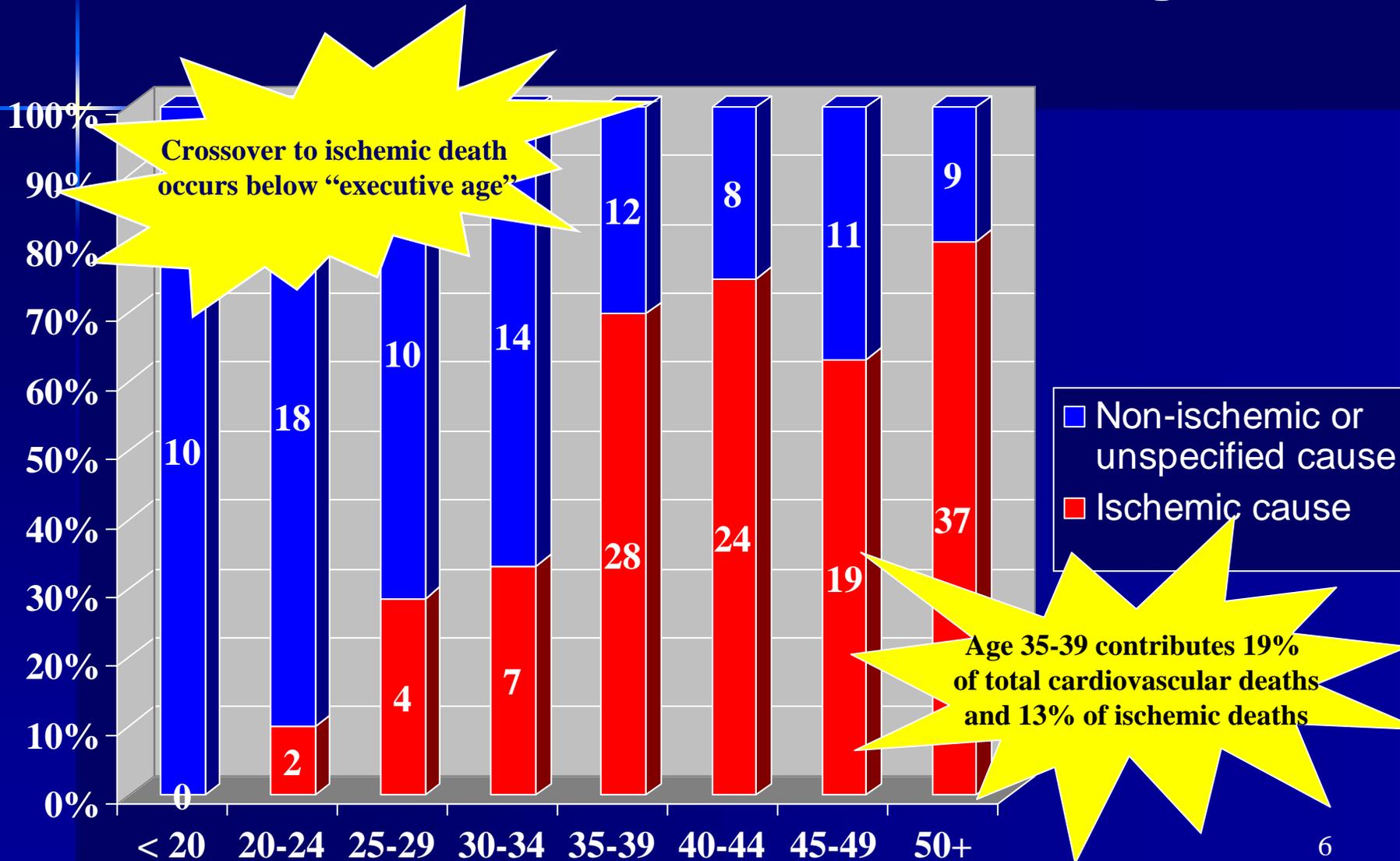
Current Situation in Managing Chronic Health Risk

- AR 40-501 physical exam requirements fall short
 - Sub-optimal compliance
 - Some requirements are not evidence based
- Aggressive corporate identification and management of chronic health risk limited to AWC, SMA, NDU
 - Not an evidence based, population health program
 - Participants lost to follow-up at graduation
- No systematic process for stratifying and labeling patients in terms of risk
- Results of exam lost in paper chart
- Sporadic patient counseling and education on results
- Very limited accountability

Assumptions

- “First, do no harm”
 - Patient
 - Healthcare System
- Program is evidenced-based, not a perk
- Program will initially focus on cardiovascular and cancer risk
- The medical system, leaders, and individuals will be held accountable for outcomes
- Horizon for return on investment is medium to long term

Basis for Program Start Point: Nature of Cardiovascular Death vs Age



Program Strategy

- Current physical exam requirement is starting point
- Cardiovascular risk components evaluated
 - Framingham risk
 - Lipids
 - Blood pressure
 - Obesity
 - Metabolic syndrome
 - CRP
- Cancer risk components evaluated
 - Age appropriate screening tests
 - Lifestyle risks
- Electronic capture of physical exam results
- Stratification based on risk into follow-up categories
- Longitudinal Health Risk Manager

Cardiovascular Follow-up Category

high risk

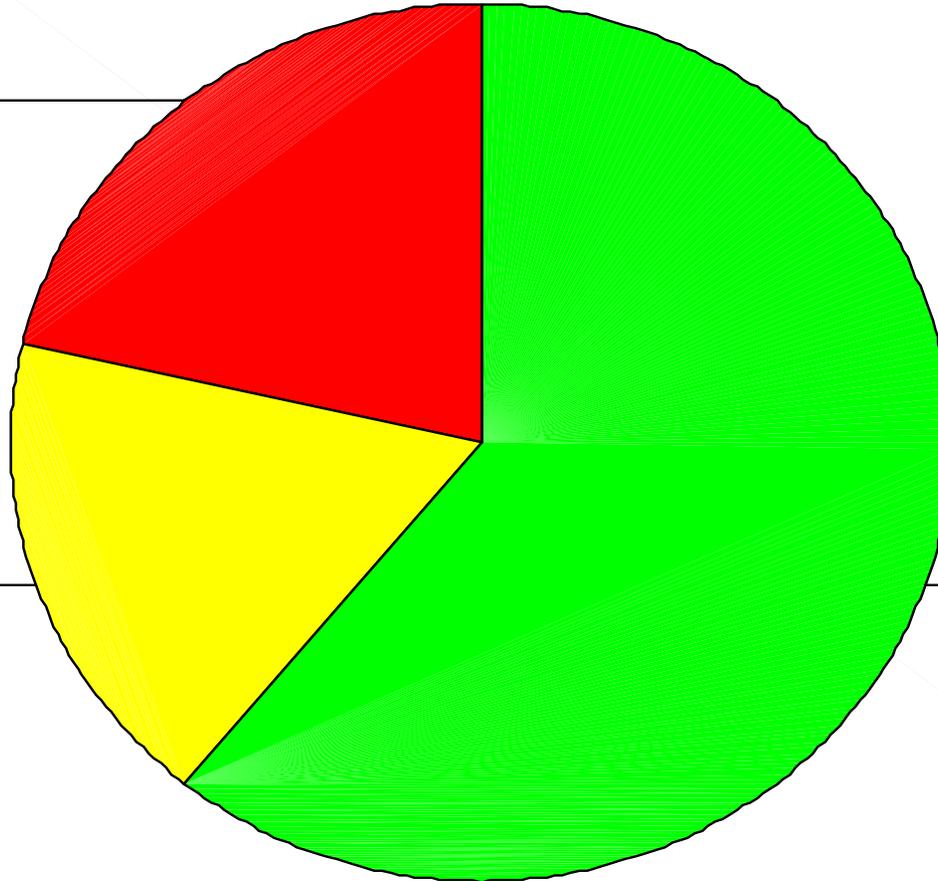
21.4%

intermediate risk

17.9%

low risk

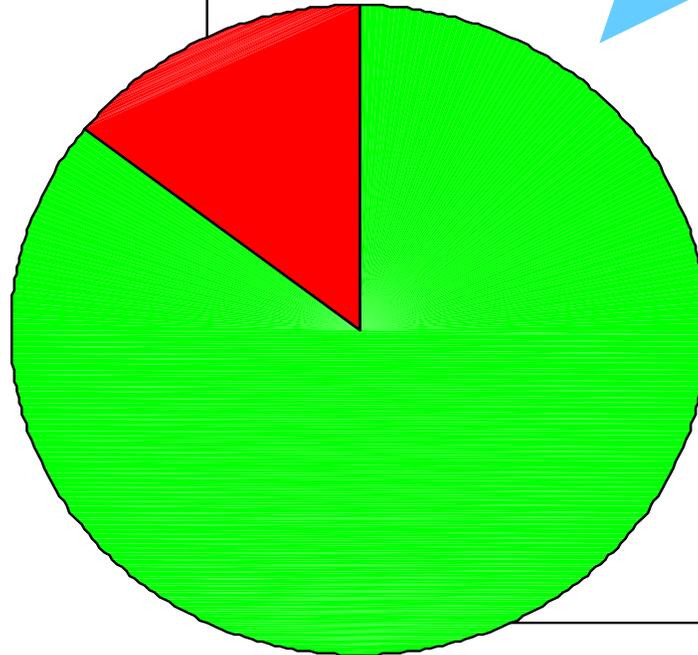
60.7%



SMOKER

yes

14.4%



DOD smoking rate
is >33%

no

85.6%

BMI Category

class II obesity

2.0%

class I obesity

19%

underweight

1.0%

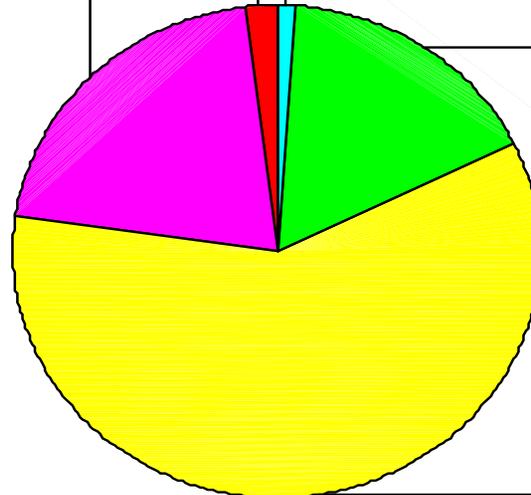
normal

22%

overweight

56%

Age Matched
National Averages:
44.6 % Normal
32.3% Overweight
23.1% Obese



Legend:

<18.5 = underweight

18.5 – 24.9 = normal

25 – 29.9 = overweight

30 – 34.9 = Class I Obesity

35 – 39.9 = Class II Obesity

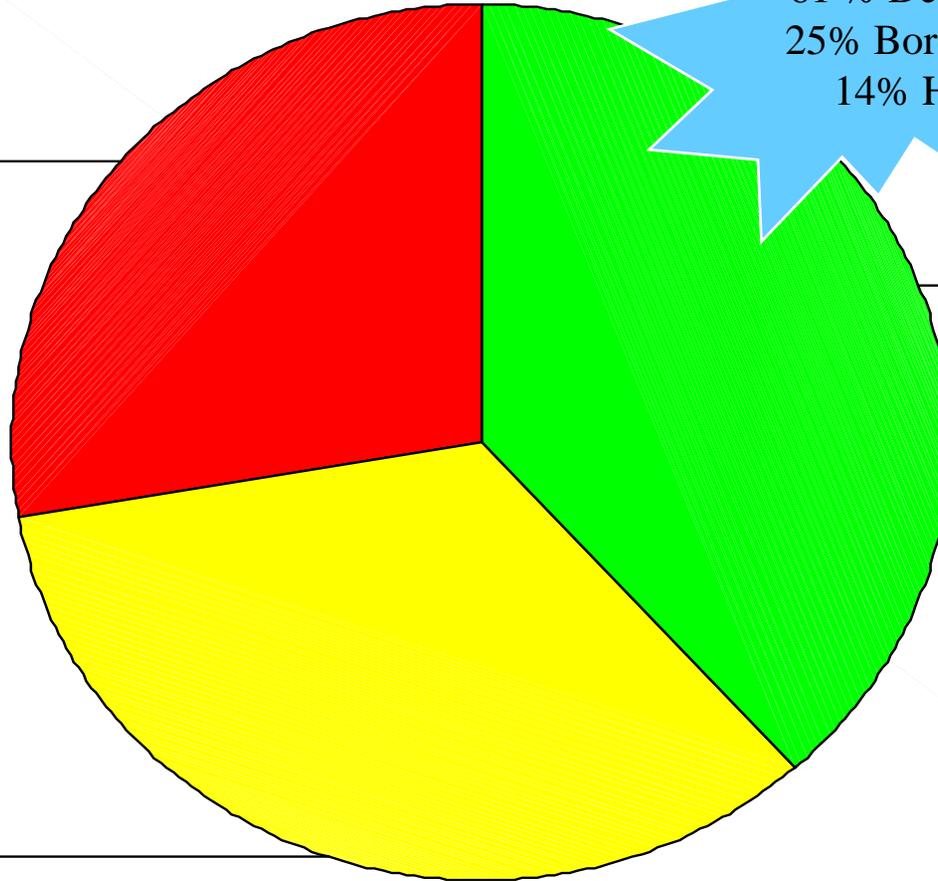
>40 = Class III Obesity

Total Cholesterol Category

High
24%

Borderline High
36%

Desirable
40%



Age Matched
National Averages:
61 % Desirable
25% Borderline
14% High

Legend

<200 = Desirable

200-239 = Borderline

>240 = High

Systolic Blood Pressure Category

Stage II HTN

2%

Stage I HTN

11%

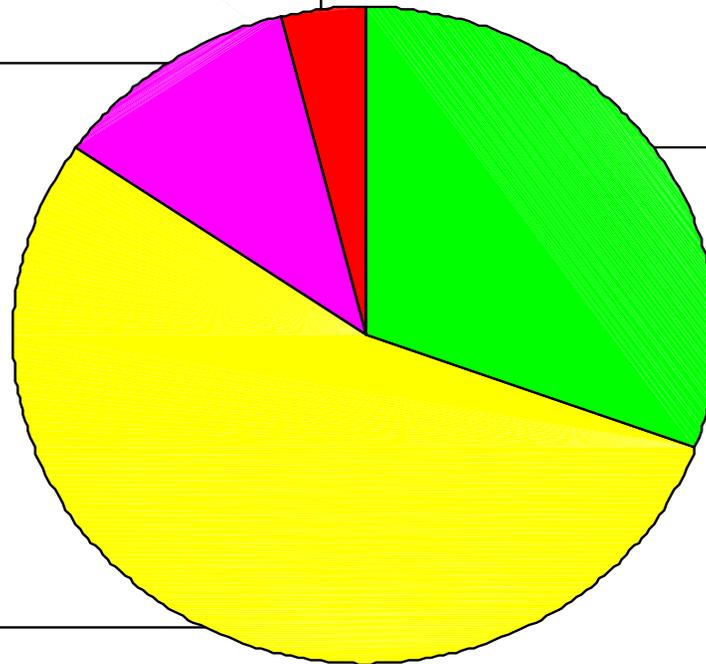
Pre-hypertension

55%

Normal

32%

Age Matched National Averages:
Stage I or II HTN = 11%



Legend:

<120 = normal

120-139 = prehypertension

140-159 = stage I HTN

>=160 = stage II HTN

Lessons Learned

- Apparent lack of “Healthy Worker Effect” at Fort Meade
- Obesity seems to be the cardiovascular risk driver
- Electronic data collection helps providers connect the dots
 - Example: diagnosis of metabolic syndrome
- IT support and bandwidth is critical
- Personnel turbulence limits the potential of LRHAP approach

Future Challenges

- Integration with Preventive Health Assessment
- Full implementation of electronic data capture
- Increasing the span of control of the Longitudinal Health Risk Manager
- Loss to follow-up
- Provider resistance to automation
- Resistance to evidence based medicine
- Replication

LHRAP Team

- Tina Allen
- Robert Azadian, MPH
- Marcella Birk
- Jeanette Hammond-Allen, RN
- Deanna Harkins, MD, MPH
- MAJ Samuel Jang, MD, MPH
- Carlla Jones, MS
- Barbara Mathews

Questions



Contact Information

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Back-up Slides



Cost and Scientific Validation

Element	Cost	Validation
Exercise Stress Test	\$112	<ul style="list-style-type: none"> ■ Sensitivity 67%, Specificity 74%, predictive accuracy 69%. ■ "C" rating by U.S. Preventive Services Task Force (USPSTF) in terms of evidence. ■ High rate of false positives can drive up costs and expose patients to unnecessary risks.
EBCT	At least \$308	<ul style="list-style-type: none"> ■ Sensitivity 91%, Specificity 49%, predictive accuracy 70% ■ + EBCT may motivate to accept Rx, lose wt, change diet, and to get cardiac cath, but not to increase exercise or quit smoking ■ Not evaluated by USPSTF ■ Consensus of literature: not currently recommended
Lipid Panel	\$20	<ul style="list-style-type: none"> ■ "A" rating by USPSTF for men 35-65 and women 45-65 ■ Lowering LDL and TC shown to reduce CHD incidence ■ Effective treatments available ■ Required in AR 40-501

Cost and Scientific Validation

Element	Cost	Validation
Blood Pressure	Included in PE \$132 (CPT 99386)	<ul style="list-style-type: none"> ■ Accurate when performed correctly, but has high rate of false positives and false negatives in many office settings ■ Highly effective treatments available ■ ↓ BP shown to ↓ CHD incidence ■ "A" rating by USPSTF ■ Required in AR 40-501
Obesity (Measured as BMI and waist/hip ratio)	Included in PE \$132 (CPT 99386)	<ul style="list-style-type: none"> ■ BMI is reliable and has correlation of 0.7-0.8 with body fat content in adults ■ Waist/hip ratio reliability comparable to BMI, may be better predictor of sequelae of obesity; is an independent risk factor ■ Obesity is a risk factor for CHD, DM, hyperlipidemia, and cancer ■ ↓ obesity proven to ↓ disease risk ■ Effective treatments available, but results often short term ■ "B" rating by USPSTF ■ Performed per AR 40-501

Cost and Scientific Validation

Element	Cost	Validation
Blood Glucose	\$7	<ul style="list-style-type: none"> ■ Sensitivity 40-88%, Specificity 97-99% using threshold of >123 mg/dL ■ "I" recommendation by USPSTF ■ Required in AR 40-501, Age 40 and Over
PSA <u>PSA cost analysis</u>	\$27	<ul style="list-style-type: none"> ■ Sensitivity 73-87 %, specificity 91%, and positive predictive value 28-35% in asymptomatic population. ■ 25% of men with BPH and no prostate cancer have ↑ PSA ■ "D" rating by U.S. Preventive Services Task Force (USPSTF) in terms of evidence. ■ Recommended by American Cancer Society starting at age 50 (40 for high risk), the American Urological Association, and the American College of Radiology ■ Required in AR 40-501, Age 40 and Over

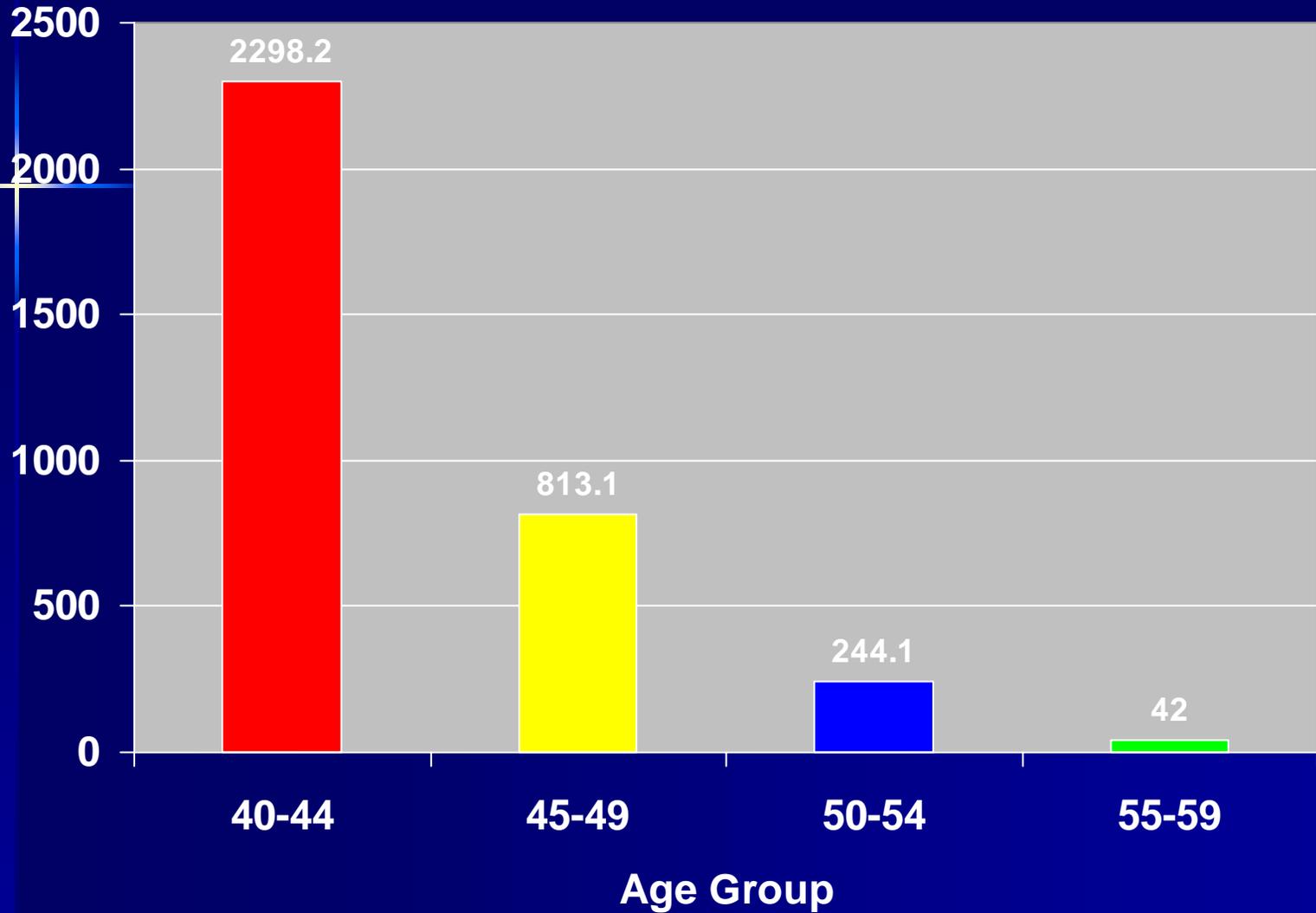
Cost and Scientific Validation

Element	Cost	Validation
PAP Smear	\$15 (CPT 88150)	<ul style="list-style-type: none"> ■ Precise data on sensitivity not available, specificity 90-99%, False negative rate 20-45% ■ Early detection programs ↓ the incidence of invasive disease and have ↓ mortality 20-60% ■ "A" recommendation by USPSTF ■ Required in AR 40-501
Mammogram	\$76	<ul style="list-style-type: none"> ■ Sensitivity 75-96 %, specificity 94-97%, positive predictive value 1-4% for women 40-49, 4-9% for women 50-59 ■ Summary relative risk (rr) 0.85, number needed to screen (nns) 1,792 for women 40-49, rr 0.78 and nns 838 for women 50-59 ■ "B" rating by U.S. Preventive Services Task Force (USPSTF) for women age 40 and over. ■ Required in AR 40-501, Age 40 and Over

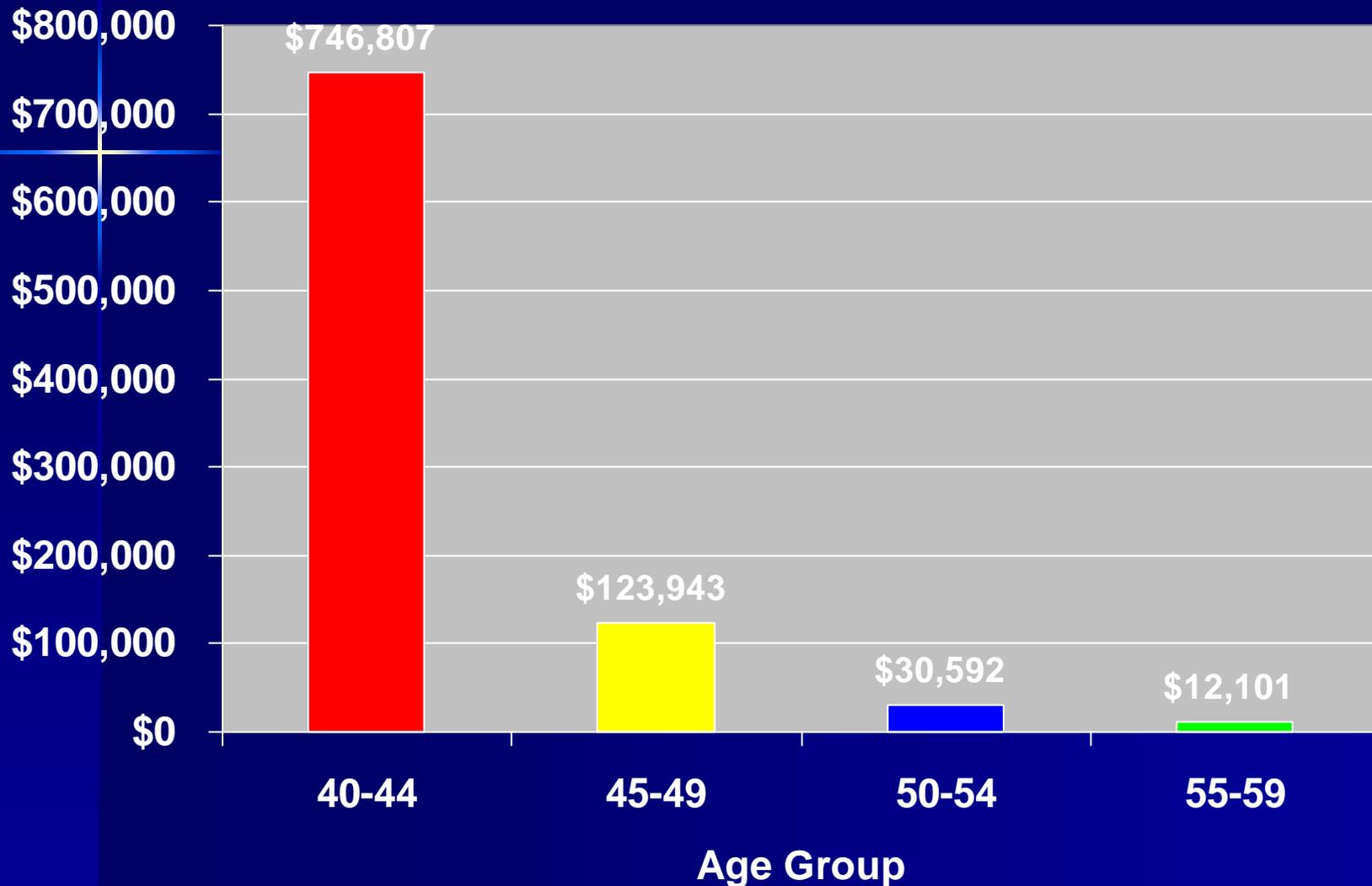
Cost and Scientific Validation

Element	Cost	Validation														
Fecal Occult Blood Test	\$5	<ul style="list-style-type: none"> ■ Sensitivity 81-92%, specificity 90-99%, positive predictive value 2-11% for carcinoma, 20-30% for adenoma ■ Early detection programs ↓ the incidence of invasive disease and have ↓ mortality 20-60% ■ "B" recommendation by USPSTF and most other groups <u>starting at age 50</u> ■ Required in AR 40-501, Age 40 and Over 														
Counseling	<ul style="list-style-type: none"> ■ 30 Minutes <li style="padding-left: 20px;">- \$65 Indiv <li style="padding-left: 20px;">- \$12 Grp 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type</u></th> <th style="text-align: left;"><u>USPSTF Recommendation</u></th> </tr> </thead> <tbody> <tr> <td>■ Smoking cessation</td> <td style="text-align: center;">"A"</td> </tr> <tr> <td>■ Limiting dietary fat</td> <td style="text-align: center;">"A"</td> </tr> <tr> <td>■ Limiting cholesterol</td> <td style="text-align: center;">"B"</td> </tr> <tr> <td>■ Maintaining Caloric Balance</td> <td style="text-align: center;">"B"</td> </tr> <tr> <td>■ Low back pain</td> <td style="text-align: center;">"I"</td> </tr> <tr> <td>■ Promoting physical activity</td> <td style="text-align: center;">"I"</td> </tr> </tbody> </table>	<u>Type</u>	<u>USPSTF Recommendation</u>	■ Smoking cessation	"A"	■ Limiting dietary fat	"A"	■ Limiting cholesterol	"B"	■ Maintaining Caloric Balance	"B"	■ Low back pain	"I"	■ Promoting physical activity	"I"
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■ Low back pain	"I"															
■ Promoting physical activity	"I"															

Expected Number of False Positive PSA Tests



Estimated Cost per True Positive PSA



[Back to validation](#)

Note: All patient data in this briefing is for demonstration purposes only. Slides do not contain data from actual patients

Name/Address	FMP/SSN Cmd
HENDERSON, MONICA P 1 PARKSTONE LN RAYNHAM CENTER, MA 02768	30/889-07-0015

Allergies
No allergy information recorded in CHCS

- Summary
- [DD 2766](#)
 - [Prevention](#) ✓
 - [Summary](#)
 - [Health Survey](#)
 - [Prevention](#) ✓
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HEALTHeNOTE for Risk Assessment Program Version 1.4G

Save All Preview Note Menu

- Encounter DD2766 Exams Lab & Rad Findings All Labs & Rads Procedures General Health Status Assessment & Plan

Encounter Information

Appointment (View Appointment List)
Walk-In Appointment **Other Health Insurance:** No

General Information (View Surveys) (View HEALTHeCARDS) (View P2P Notes)

Date: * 20 May 2004 Time Seen: * 1437 Use current time

Location: * FAM PLAN CL WR Change Type: * New ?

Provider: * CAMPBELL, JARED N Search Copy --> Signing Provider: * CAMPBELL, JARED N Search

Sensitive: * Yes No

Chaperone Offered: Accepted Declined

Is this related to deployment, homeland security, or terrorism, either for this patient or their sponsor? * Yes No Maybe

Other Information

Total Years Government Service: Military: Civilian: Agency (Non-Service Members Only):

Organization Unit: UIC/Code: Rating or Specialty:

Total Flying Time: Last Six Months:

Patient Category: FAM MBR OF ACTIVE DUTY *Please note that if the patient category value is incorrect, it must be changed in CHCS.*

Previous Notes

Date/Time	Location	Type
14 Apr 2004 1428	FAM PLAN CL WR	Clinic Note
14 Apr 2004 1400	FAM PLAN CL WR	Clinic Note
27 Mar 2004 1100	ALLERGY CL WR	Clinic Note

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Encounter DD2766 Exams Lab & Rad Findings All Labs & Rads Procedures General Health Status Assessment & Plan

Previous Medical Records Reviewed

Imported Files

[View/Import Files](#) Status: Patient has 0 imported files ([Refresh](#))

Vitals

[Add vital signs](#) [View vital signs report](#)

Vitals Date/Time: 5/20/2004 10:32:41 AM ([Delete](#))

Systolic Pressure	Diastolic Pressure	BP Location	BP Position	BP Method	Heart Rate	Respiratory	Weight (LBS)	Height (IN)	Body Mass Index	Temp (F)	O2 Saturation	Pain	Flags
145	90	Right Arm	Sitting	Machine	72	12	150	62	27.4	98.6	100	0	▼

Encounter Reason

Encounter Reason Comments

Subjective Comment

Other Subjective Comments ([View Previous Entries](#))

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Name/Address: HENDERSON, MONICA P
1 PARKSTONE LN
RAYNHAM CENTER, MA 02768

FMP/SSN Cmd: 30/889-07-0015

Clinic: (w): 413-934-3411
Sex: F

Allergies
No allergy information recorded in CHCS

Summary
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Prevention ✓
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Encounter: DD2766 Exams Lab & Rad Findings All Labs & Rads Procedures General Health Status Assessment & Plan

DD FORM 2766 - Chronic Illnesses Show Archived/Errors Update Chronic Illnesses Cancel

Set All Status

Status	ICD9 Code	Diagnosis	Onset Date	End Date (Unknown)	Comment *	Rank	Source
<input type="button" value="v"/>	079	VIRAL INFECTION IN CONDITIONS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	079.99	UNSPECIFIED VIRAL INFECTIONS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
Active <input type="button" value="v"/>	274	GOUT	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	274.11	URIC ACID NEPHROLITHIAS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	285	OTHER AND UNSPECIFIED ANEMIAS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	285.9	ANEMIA NOS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	287	PURPURA AND OTHER HEMORRHAGIC	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS
<input type="button" value="v"/>	287.5	THROMBOCYTOPENIA NOS	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="checkbox"/>	2 <input type="button" value="v"/>	CHCS

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HENDERSON, MONICA P 1 PARKSTONE LN RAYNHAM CENTER, MA 02768	30/889-07-0015

Clinic: Sex: F (w): 413-334-3411

Allergies
No allergy information recorded in CHCS

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Encounter: DD2766 **Exams** Lab & Rad Findings All Labs & Rads Procedures General Health Status Assessment & Plan

Clinical Evaluation - Female [\(View Previous Exams\)](#)

Head, Face, Neck, & Scalp	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Head, Face, Neck, & Scalp: NORMAL					
Nose	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Nose: NORMAL					
Sinuses	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Sinuses: NORMAL					
Mouth and Throat	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Mouth and Throat: NORMAL					
Ears - General	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Ears - General: NORMAL					
Drums (Ear)	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Drums (Ear): NORMAL					
Eyes - General	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Eyes - General: NORMAL					
Ophthalmoscopic	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not Performed	edit	clear
Ophthalmoscopic: NORMAL					

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- Encounter DD2766 Exams **Lab & Rad Findings** All Labs & Rads Procedures General Health Status Assessment & Plan

<input type="checkbox"/> Trigly Autopopulated from DIAGNOSTIC Trigl... Date: 1 Apr 2004 Abnormal: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="170"/>	<input type="checkbox"/> FBS Autopopulated from DIAGNOSTIC FBS Date: 1 Apr 2004 Abnormal: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="111"/>
<input type="checkbox"/> Chol Autopopulated from DIAGNOSTIC Chol... Date: 1 Apr 2004 Abnormal: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="298"/>	<input type="checkbox"/> LDL Autopopulated from DIAGNOSTIC LDL Date: 4 Apr 2004 Abnormal: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="112"/>
<input type="checkbox"/> HDL Autopopulated from DIAGNOSTIC HDL Date: 1 Apr 2004 Abnormal: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="33"/>	<input type="checkbox"/> Hep C Autopopulated from DIAGNOSTIC Hepat... Date: 2 Apr 2004 Abnormal: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="Negative"/>
<input type="checkbox"/> C Reactive Protein (no previous data - Add External C Reactive Protein)	<input type="checkbox"/> Occult Blood Autopopulated from DIAGNOSTIC Occult... Date: 4 Apr 2004 Abnormal: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="Negative"/>
<input type="checkbox"/> G6PD	<input type="checkbox"/> Sickle Cell (no previous data - Add External Sickle Cell)

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Encounter DD2766 Exams Lab & Rad Findings **All Labs & Rads** Procedures General Health Status Assessment & Plan

[Go To Lab Section](#) | [Go To Radiology Section](#) | [More Information](#)

All Laboratory Results (20 Nov 2002 - 20 May 2004) (Add external lab result)

Date	Test	Result	Source	Provider Clinic	Status
10 Apr 2004	G6PD DEFICIENCY	Negative	N/A	External Lab	N/A
04 Apr 2004	LDL CHOLESTEROL	112	N/A	External Lab	N/A
04 Apr 2004	OCCULT BLOOD	Negative	N/A	External Lab	N/A
03 Apr 2004	HEMATOCRIT	38	N/A	External Lab	N/A
02 Apr 2004	HEPATITIS C AB SUPEROXIDE DISM	Negative	N/A	External Lab	N/A
01 Apr 2004	CHOLESTEROL	▼ 298	N/A	External Lab	N/A
01 Apr 2004	GLUCOSE FASTING	▼ 111	N/A	External Lab	N/A
01 Apr 2004	HDL CHOLESTEROL	▼ 33	N/A	External Lab	N/A
01 Apr 2004	MICROSCOPIC OBSGRAMSTAIN10/00	▼ (view report)	N/A	External Lab	N/A
01 Apr 2004	TRIGLYCERIDE	▼ 170	N/A	External Lab	N/A
30 Mar 2004	HIV	Negative	N/A	External Lab	N/A

Radiology List (Search for Rads by Date / Provider)

All Radiology Results (20 Nov 2002 - 20 May 2004) (Add external rad result)

Date	Study	Provider Clinic	Status	Result	Report
12 Apr 2004	Mammo Mammo (screening)	External Rad	N/A	See Radiologist's Report	

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Encounter: DD2766 Exams Lab & Rad Findings All Labs & Rads **Procedures** General Health Status Assessment & Plan

Vision Tests

Red/Green (Army Only) ✎
 Pass Fail

Manifest Refraction

Visual Acuity - Near ✎
 SC CC
 OD: 20/
 OS: 20/
 OU: 20/

Accommodation

Stereo Acuity

Night Vision

Other Vision Tests

Visual Acuity - Distance ✎
 SC CC
 OD: 20/
 OS: 20/
 OU: 20/

Autorefraction

Heterophoria

Color Vision

Field of Vision

Tonometry ✎
 Type: Time: Use current time
 OD Amt: mm Hg OS Amt: mm Hg

Hearing Tests

Audiometer A ✎
 Unit Serial Number:
 Date Calibrated:

HZ	500	1000	2000	3000	4000	6000
Right	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="20"/>
Left	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="15"/>	<input type="text" value="20"/>	<input type="text" value="25"/>	<input type="text" value="20"/>

Audiometer B

Reading Aloud Test

Valsalva ✎
 Pass Fail

Note: All patient data in this briefing is for demonstration purposes only. Slides do not contain data from actual patients

Name/Address
HENDERSON, MONICA P
 1 PARKSTONE LN
 RAYNHAM CENTER, MA 02768

FMP/SSN Cmd
30/889-07-0015

Allergies
 No allergy information recorded in CHCS

Summary

- [DD 2766](#)
- [Prevention](#) ✓
- [Summary](#)
- [Health Survey](#)

- [Prevention](#) ✓
- [Summary](#)
- [Health Survey](#)

- [Prevention](#) ✓
- [Summary](#)
- [Health Survey](#)

- [Prevention](#) ✓
- [Summary](#)
- [Health Survey](#)

HEALTHeFORCES

- [Vital Signs](#)
- [Contact Info](#)
- [Imported Files](#)
- [HEALTHeCARDS](#)
- [Surveys](#)
- [HEALTHeNOTES](#)
- [Admin Alerts](#)
- [P2P Notes](#)
- [Framingham](#)
- [D/C Summary](#)
- [LD/OB Summary](#)
- [Generate H&P](#)
- [Patient List](#)
- [Study Consent](#)

Help

[Web Help](#)

HEALTHeNOTE *for Risk Assessment Program* Version 1.4G

DD2766

General and Reproductive Health Status

Reviewed w/Patient **Status** (Check All Sections As Reviewed)

Tobacco Use: Insignificant Tobacco History; 2 packs to 2 1/2 packs a day; Prior amount was 1 pack to 1 1/2 packs a day; 10 years; Cigarettes. wants to quit.

Tobacco Use

Status: Current:

Type:
 Cigarettes
 Cigars
 Pipe
 Chewing Tobacco
 Prior:
 Years:

Comment:

Other Notes and Significant or Interval History

	Yes	No		Yes	No
1. Aerobic Exercise # Hours Per Week: <input type="text" value="10"/>	<input checked="" type="radio"/>	<input type="radio"/>	5. Current Use of Antihypertensive Medication	<input type="radio"/>	<input checked="" type="radio"/>
2. Confirmed Diagnosis of CHD, PVD, AAA, DM, etc.	<input type="radio"/>	<input checked="" type="radio"/>	6. Framingham Risk Calculated? Framingham Score (percentage): <input type="text" value="10%"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Coronary Heart Disease (CHD) in a Male First Degree Relative <55 Enter # of Male Relatives: <input type="text" value="1"/>	<input checked="" type="radio"/>	<input type="radio"/>	7. Waist Girth Measured? Waist Girth (in inches): <input type="text" value="36"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Coronary Heart Disease (CHD) in a Female First Degree Relative <65 Enter # of Female Relatives: <input type="text" value="1"/>	<input checked="" type="radio"/>	<input type="radio"/>			

Additional Notes

Assessment

Qualification for Service

Examinee/Applicant:
 Is Qualified For Service Is Not Qualified For Service

Physical Profile (Explanation)

Type	P	U	L	H	E	S	Action	Profiler Initials	Date
X Permanent	1	1	1	1	1	1	N/A	JNC	14 Apr 2004

Add New Profile

Significant or Disqualifying Defects

X ICD9 Code: 401.9 Diagnosis: ESSENTIAL HYPERTENSION, UNSP
 RBJ Date: [] Profile Serial: []
 Qualified Disqualified Examiner Initials: JNC

X ICD9 Code: 785.2 Diagnosis: CARDIAC MURMURS NEC
 RBJ Date: [] Profile Serial: []
 Qualified Disqualified Examiner Initials: JNC

X ICD9 Code: 272.4 Diagnosis: HYPERLIPIDEMIA NEC/NOS
 RBJ Date: [] Profile Serial: []
 Qualified Disqualified Examiner Initials: JNC

X ICD9 Code: 277.7 Diagnosis: DYSMETABOLIC SYNDROME X
 RBJ Date: [] Profile Serial: []
 Qualified Disqualified Examiner Initials: JNC

Add Defect

Other Significant and Disqualifying Defects

Cardiovascular Risk Category

Risk Classification: Low Risk Intermediate Risk High Risk Addtl Eval Required

Calculated on 5/20/2004 3:49:52 PM as High.

Consults

Add A Consult []

Cardiology Consult (Delete)

Comments:
 36 yo wf w/ multiple CHD risk factors. Please eval

Nutrition Consult (Delete)

Comments:
 Overweight 36 yo wf w/ multiple CHD risk factors. Please eva

Cardiovascular Risk Result

Final Risk Result: **High**

Confirmed Diagnosis of CHD, PVD, AAA, DM, etc.

Risk: Low

[\(Show Detail\)](#)

Major Risk Factors

Total: 3

[\(Show Detail\)](#)

Major Risk Factors and Framingham Risk Score

Risk: Intermediate

[\(Show Detail\)](#)

Metabolic Syndrome

Total: 4

[\(Hide Detail\)](#)

Step	Factor	Value	Points
1	Waist Girth > 35	36	1
	Female	Yes	
2	Trigly > 150	170	1
3	HDL Cholesterol < 40	33	1
4	FBS >= 110	111	1

C-Reactive Protein

Risk: Intermediate

[\(Show Detail\)](#)

Extreme Risk

Total: 2

[\(Hide Detail\)](#)

Step	Factor	Value	Points
1	LDL > 190	112	0
2	Female	Yes	1
	HDL Cholesterol < 40	33	
3	Total Number of CHD in Male <55 and Female <65 1st Degree Relatives >= 2	2	1
4	Systolic Blood Pressure Mean > 160	145	0
	Diastolic Blood Pressure Mean > 100	90	

Accept

Override

- Advanced Directives
- Alcohol
- Anemias
- Asthma, Exercise Induced
- Back Injury Prevention
- Blood Pressure, High 
- BSE
- Cancer Screening
- Cardiovascular Disease Risk Factors 
- Colon Cancer Screening
- Computer Vision Syndrome
- Diabetes
- G6PD Deficiency
- Gastroesophageal Reflux
- Hepatitis C

- Herpes, Genitalia
- HIV and Other Routine Tests
- Hypertension
- Irritable Bowel Syndrome
- Prostate Cancer
- PSA
- Sickle Cell Trait
- Skin Cancer
- Smokeless Tobacco
- Smoking Cessation 
- Testicular Cancer
- Testicular Exam
- Triglycerides
- Weight Control 
- Other, Specify

Generate Counseling Documents on a Separate SF600/SF509

Counseling Text (for inclusion in today's note) ([View Previous Entries](#))

Patient verbalized or demonstrated understanding of the above counseling or education.



Next Physical Due

Follow-Up Within:

Appointment Made For: 

Location: Specific Location General Location

- Cardiology Clinic
- Gastroenterology Clinic
- GYN Oncology Clinic
- Prostate/Urology Clinic
- Family Practice Clinic
- Primary Care Clinic
- Breast Clinic

Appointment with PCP to discuss cardiac risk factors, weight loss plan, and initiation of medication for HTN and hyperlipidemia.

Other Treatment Plan

1. HTN class
2. 10,000 steps class
3. Smoking cessation
4. Repeat PAP smear in 1 year.



Disposition

Please select one of the following:

- Admitted
- Expired
- Immediate Referral
- Left Against Medical Advice
- Left W/O Being Seen
- Released w/ Work Duty Limitations
- Released W/O Limitations
- Sick at Home/Quarters
- Other, Specify