OBPatientForm Portlet Training Guide

December 5th, 2017

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Section 1. Overview

Topics:

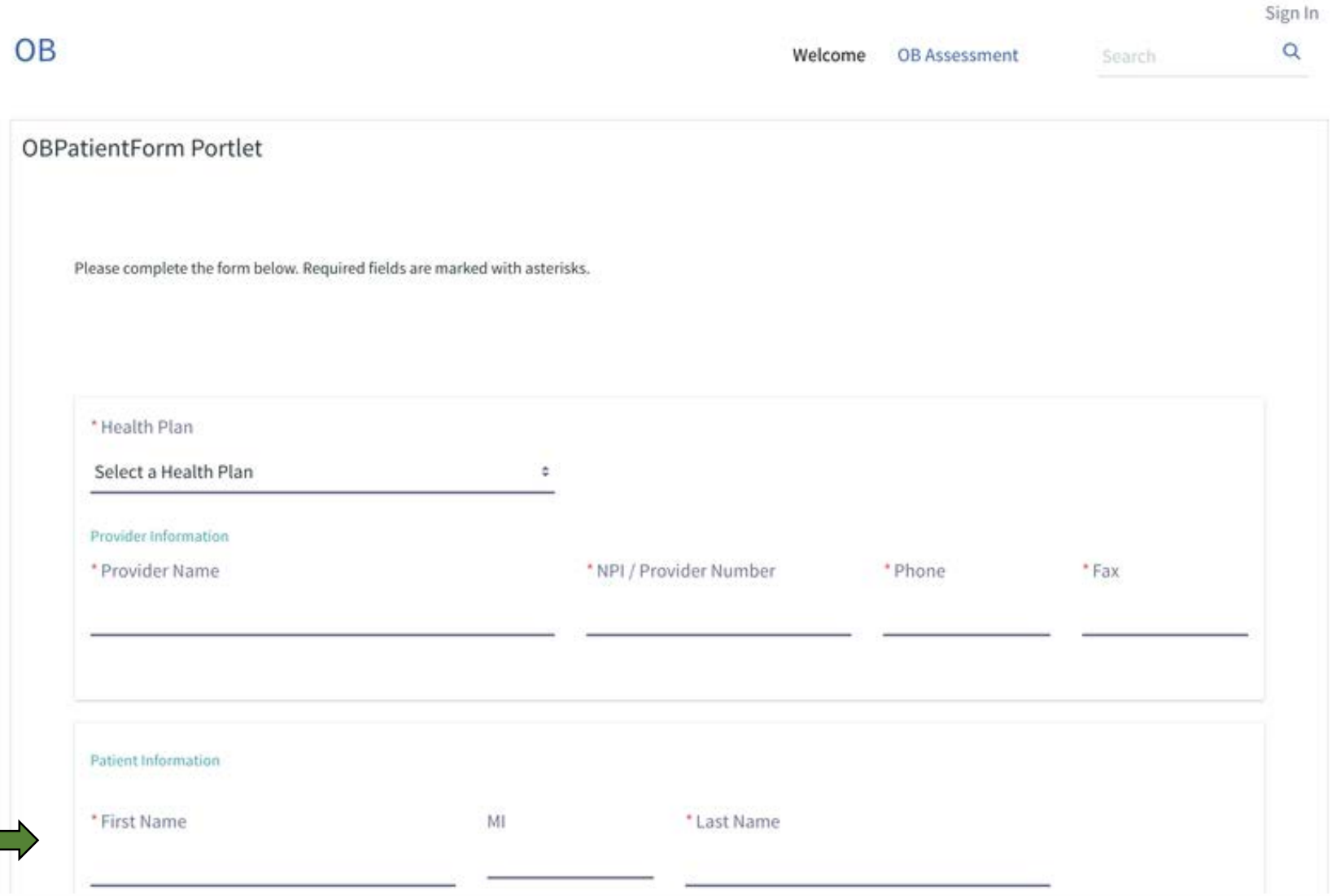
1. Homepage and Login
2. Patient Information and Background
3. Risk Factors and Medical History
4. Referrals
5. Medication & Late Entry
6. Generating Patient Reports
7. Conclusion

Section 1.1 Form Portlet Homepage

- Home Screen lets you start logging a new patient's information

- All new forms start with basic health Insurance information
(As well as name, last name, etc)

Easy-to-use text boxes



Section 1.2 Inputting Patient Information

The form continues with basic information about the patient

Health insurance member ID

Basic contact information

Input medical information

Expected delivery center

Section 1.3 Risk Factors & Medical History

Discuss past complications and risk factors

Past OB Complications / Current Risk Factors.

Check all that apply (P = Past pregnancy, C = Current pregnancy)

For past and current pregnancies

P	C	N/A		
☐	☐	☐	17 - P Administration	
	☐	☐	Abnormal Placenta	
	☐	☐	Anemia Hb < 10	
	☐	☐	Autoimmune Disease	
	☐	☐	Bleeding	☐ 1st ☐ 2nd ☐ 3rd
☐	☐	☐	Cardiac	Cardiac details
☐	☐	☐	Cervical cerclage	
	☐	☐	Chronic hypertension, pregestational	
☐	☐	☐	Clotting disorder	Clotting disorder details
	☐	☐	Dental visit > 6 mos ? Oral Problems	Oral Problem details
☐	☐	☐	Depression / Mental Health	
☐	☐	☐	Diabetes, pregestational	
	☐	☐	Disability	Disability details
	☐	☐	Eating Disorder	Eating Disorder details
☐	☐	☐	Ectopic pregnancy	
☐		☐	Fetal loss	☐ 1st ☐ 2nd ☐ 3rd
☐	☐	☐	Gestational Diabetes	
	☐	☐	Hepatitis	Hepatitis details

By trimester inputs

Other Health And Social Needs

Please answer all questions below

You, Your Family and Partner

Home family life and background questions

- ○ Yes ○ No Do you have children in your home or under your care?
  How many? ____
- ○ Yes ○ No Is your partner involved with your pregnancy?
- ○ Yes ○ No Is your husband or partner employed?
- ○ Yes ○ No Are you employed?
- ○ Yes ○ No Do you feel that you have enough help from your family or friends to care for your new baby?
- ○ Yes ○ No If you could change the timing of this baby would you want to?
- ○ Yes ○ No Did you consider adoption or abortion at any point during this pregnancy?
- ○ Yes ○ No Are you currently in foster care?
- ○ Yes ○ No Has CFSA been involved with any of your children?
- ○ Yes ○ No Are you currently working with a case manager, therapist, or counselor?
- ○ Yes ○ No Have you seen a probation officer in the last 12 months?
- ○ Yes ○ No Do you worry about getting food when you need it or getting quality food?
- ○ Yes ○ No Do you currently receive WIC benefits?
- ○ Yes ○ No Do you currently receive food stamp/EBT?

Section 1.3 Risk Factors & Medical History Continued

Transportation and Housing Risk Factors

Transportation, Housing and Environmental Exposures

Yes No
Have you moved in the last 3 months? How often? _____
Yes No
Are you homeless or worry that you could become homeless soon?
Yes No Have any of your children had a positive blood test for lead?
Yes No
Do you have pets? What kind? _____
Yes No Do you have cockroaches or rodents in your home?
Yes No Does anyone in your household smoke?
Yes No Are there any leaks or mold in your home?
Yes No
Do you have any problems getting to doctor visits or appointments?

Domestic Violence Factors

Domestic Violence (ACOG 3-Question Screen)

Yes No
Within the past year, or since you have been pregnant, have you been hit, slapped,
kicked, or otherwise physically hurt by someone?
Yes No
Are you in a relationship with someone who threatens or physically hurts you?
Yes No
Have anyone forced you to have sexual activities that made you feel uncomfortable?

Mental and Physical Factors covered

4 Ps Plus

Yes No Did either of your parents have a problem with drugs or alcohol?
Yes No Does your partner have any problem with drugs or alcohol?
Yes No Have you ever felt manipulated by your partner?
Yes No Have you ever felt out of control or helpless?

Over the past 2 weeks

Yes No Have you ever felt down, depressed or hopeless?
Yes No Have you felt little interest or please in doing things?

In the *month before* you knew you were pregnant:

About how many cigarettes did you smoke per week?
None Less than half pack About 1 pack More than 1 pack

How many days per week did you drink beer/wine/liquor?
None Less than 1 1-2 3-6 Everyday

How many days per week did you use marijuana, cocaine, or heroin?
None Less than 1 1-2 3-6 Everyday

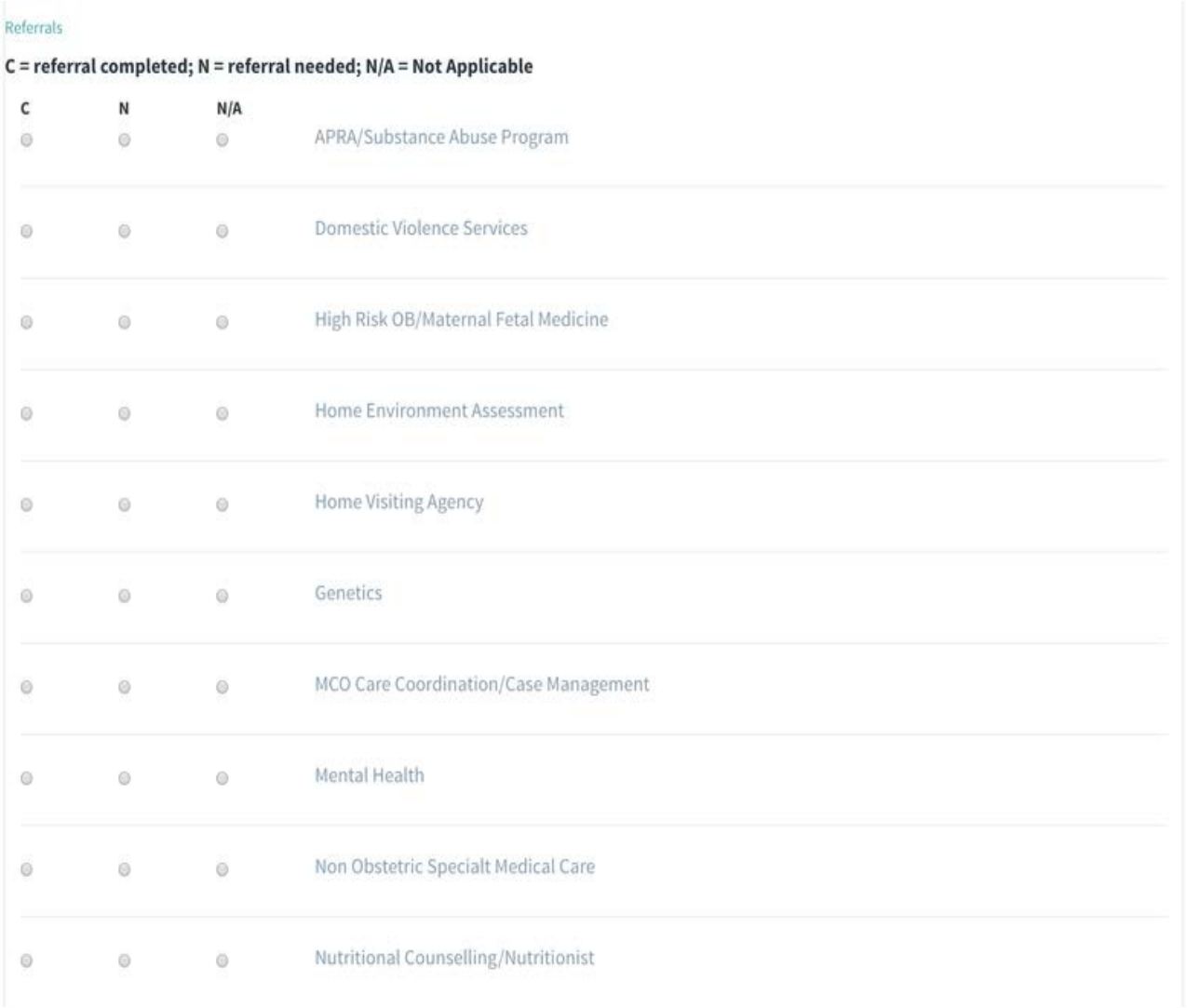
***And now?*:**

About how many cigarettes do you smoke per week?
None Less than half pack About 1 pack More than 1 pack

How many days per week do you drink beer/wine/liquor?
None Less than 1 1-2 3-6 Everyday

Section 1.4 Referrals

- The referrals section allows a doctor to input whether a referral has been completed, is needed, or is N/A
- Referrals cover domestic violence, substance abuse, Home environment factors, genetic factors, mental Health factors, and more.
- Medical practitioners can then keep track of needed Referrals and follow up on them

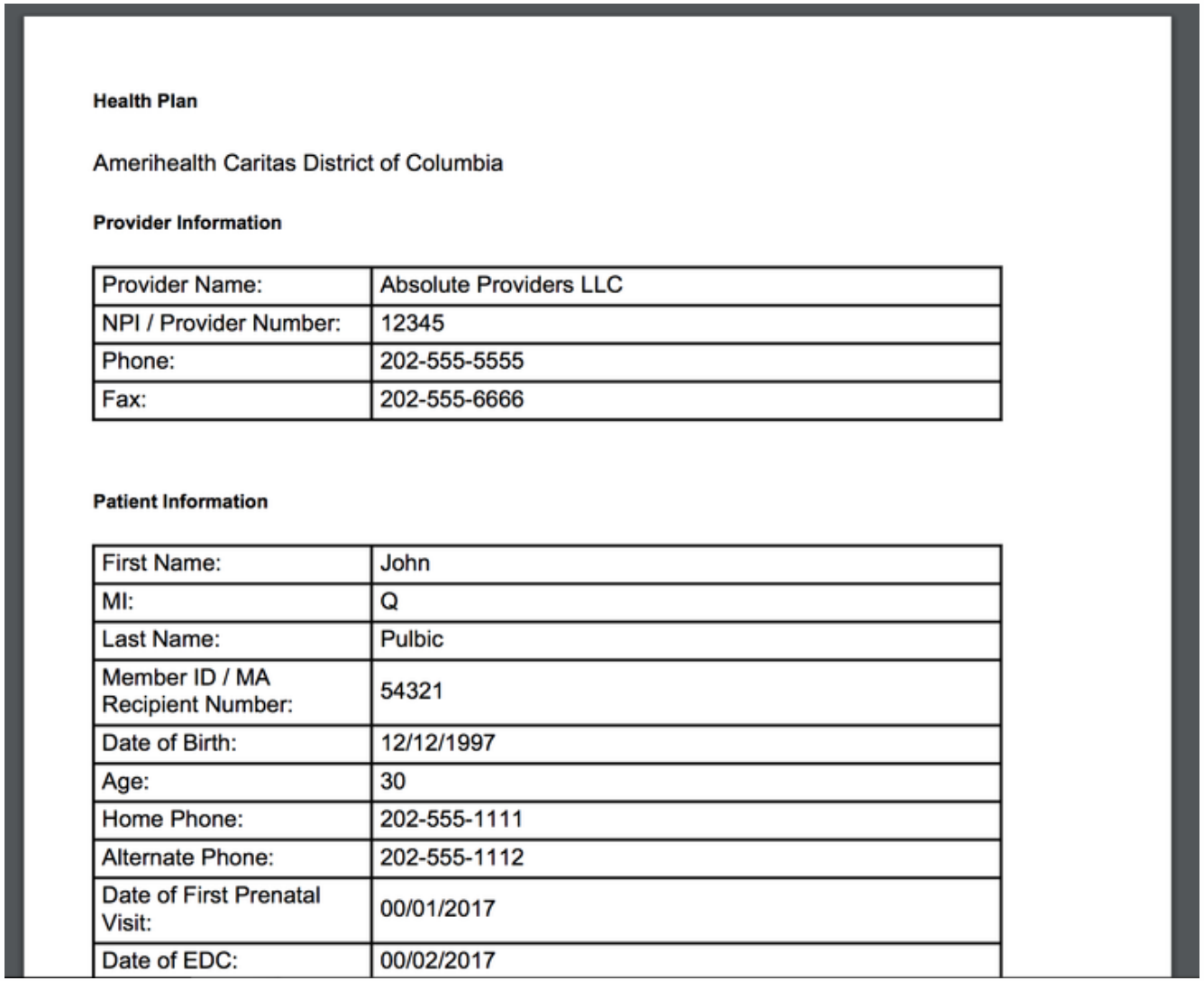


Section 1.5 Medication & Late Entry

- Similar to referrals, practitioners can note medications the patient is taking

- The “Late Entry into Prenatal Care” Section allows practitioners to mark any factors that forced a patient not to seek out prenatal care until after the 1st trimester

Section 1.6 Patient Report



Health Plan

Amerihealth Caritas District of Columbia

Provider Information

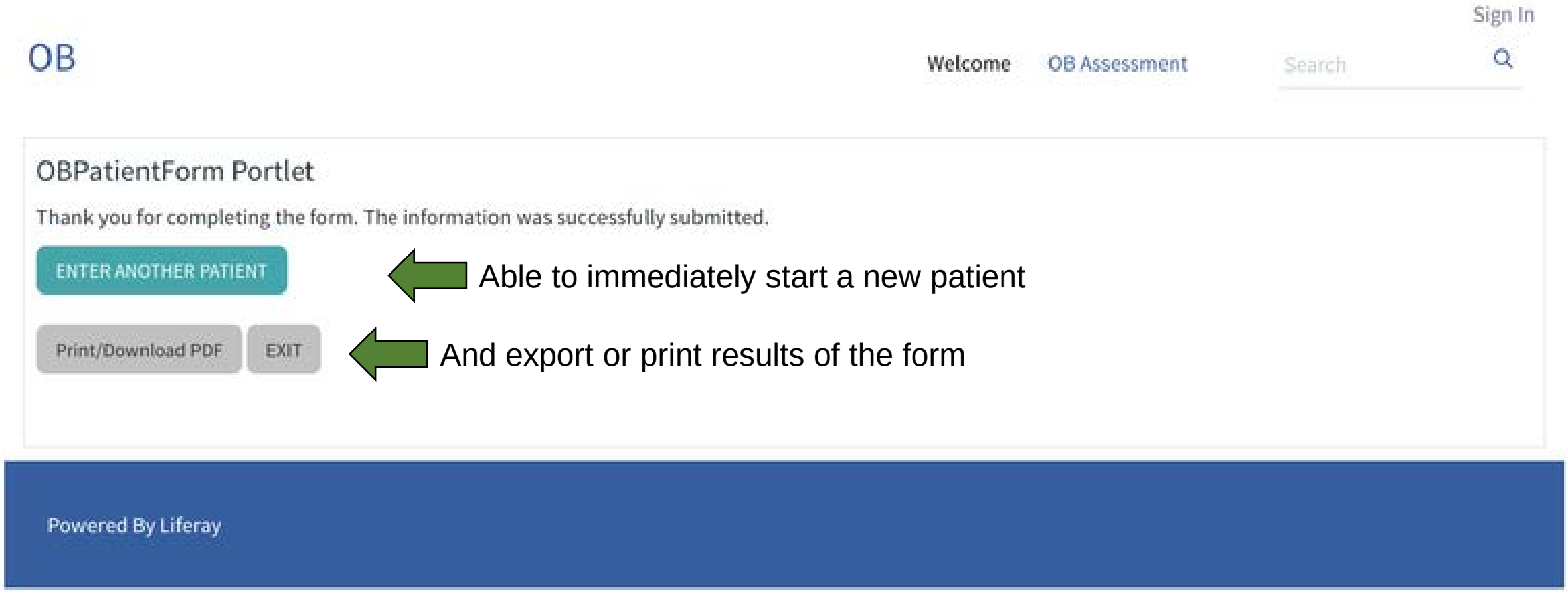
Provider Name:	Absolute Providers LLC
NPI / Provider Number:	12345
Phone:	202-555-5555
Fax:	202-555-6666

Patient Information

First Name:	John
MI:	Q
Last Name:	Pulbic
Member ID / MA Recipient Number:	54321
Date of Birth:	12/12/1997
Age:	30
Home Phone:	202-555-1111
Alternate Phone:	202-555-1112
Date of First Prenatal Visit:	00/01/2017
Date of EDC:	00/02/2017

- Generate reports with provided information
- Print & view reports
- Export reports as a PDF

Section 1.7 Conclusion



Able to immediately start a new patient

And export or print results of the form