

Patient-Centered Management Module (PCMM)
Rehost/Re-Engineering Initial Operating Capability (IOC)
Task Order Number: VA118-1014-001
CLIN - 0002AB (Initial)

Requirements Specification Document (RSD)



Version 1.38

Revision History

Date	Revision	Description	Author
11/01/11		Created document	
11/30/11	0.8	Removed instructional information, corrected formatting issues, added acronyms.	
01/05/12	0.9	Added PMAS Increment 1 information and draft watermark, updated Acronym list, created appendix for RTM.	
01/12/12	0.10	Technical edit	
01/25/12	1.0	Removed DRAFT watermark	
02/02/12	1.1	Added DRAFT watermark, updated date on cover page and footer, updated user stories and Backlog IDs for Sprint 5, updated definitions in Definitions table.	
03/09/12	1.2	Added Sprint 6 user stories, added IAM approval document to Appendix C; updated Acronym Table; updated TOC; modified highlighted statements regarding future sprints associated with Conversation Points; added 3 ENTR requirements from the PAR report to Section 2.14; updated Date on cover page and footers; added RTM spreadsheet to Appendix B.	
03/12/12	1.3	Technical edit	
03/28/12	1.4	Updated Increment 1 Prototype RSD deliverable per feedback from VA PM to include VersionOne Backlog ID's for 2.6.3.1.8 and 2.6.3.1.9.	
04/04/12	1.5	Added Increment 2 information; updated with Sprint 7 user stories and Backlog IDs. Corrected footer page numbering and date; added definition to table; added acronym to table.	
04/10/12	1.6	Technical edit	
05/04/12	1.7	Updated with Sprint 8 user stories and Backlog IDs.	
05/09/12	1.8	Technical edit	
06/04/12	1.9	Updated with Sprint 9 CDW changes and user stories with Backlog IDs.	
06/05/12	1.10	Technical edit	
06/29/12	1.11	Updated with Sprint 10 user stories. Added FTEE and FTE to Acronym Table and updated date in footer.	

07/02/12	1.12	Technical edit	
07/23/12	1.13	Updated with Sprint 11 user stories; Updated version on cover page; updated TOC; updated RTM in Appd B.	
08/07/12	1.14	Added non-functional requirements to Section 3 from NF Req tab in RTM; removed Appendix A – 508 Compliance Checklist; added Increment 2 BNs to Section 2.15; added Appendix B – PAR document; removed header 1 from 2.8 to correct section numbering; added statement to Section 2 referencing PAR document; added acronyms to Acronym table; updated Sprint 12 user stories; updated RTM in Appd A.	
09/21/12	1.15	Added Increment 3 information; updated Sprint 13 user stories; updated RTM in Appd A; Updated TOC.	
09/25/12	1.16	Technical Edit	
10/15/12	1.17	Updated with Sprint 14 user stories; added new function point counts to Section 8; updated date and version on cover page; updated TOC; updated RTM in Appd A.	
10/22/12	1.18	Technical Edit	
11/14/12	1.19	Update with Sprint 15 user stories; updated date and version on cover page; updated TOC; updated RTM in Appd A.	
12/14/12	1.20	Update with Sprint 16 user stories; updated date and version on cover page; updated TOC; updated RTM in Appd A.	
12/17/12	1.21	Tech edit	
01/14/13	1.22	Update with Sprint 17 user stories; updated date and version on cover page; updated TOC; updated RTM in Appd A	
12/17/12	1.23	Technical Edit	
01/24/13	1.24	Updated with Sprint 18 user stories; updated version on cover page; updated TOC; updated RTM in Appd A; added Appd D for list of proposed requirement changes	
01/30/13	1.25	Technical Edit	
02/15/13	1.26	Updates for Sprint 19	
11/26/13	1.27	Added Increment 4 section; update with Sprint 1 user stories; updated version on cover page; updated TOC; updated RTM in Appd A	
12/27/13	1.28	Updated with Sprint 2 user stories; updated	

		version on cover page; updated TOC; updated RTM in Appd A	
01/23/14	1.29	Updated with Sprint 3 user stories; updated version on cover page; updated TOC; updated date in footer; updated RTM in Appd A	
02/21/14	1.30	Updated with Sprint 4 user stories; updated version on cover page; updated TOC; updated date in footer; updated Acronym list; updated RTM in Appd A	
03/19/14	1.31	Updated with Sprint 5 user stories; updated version on cover page; updated TOC; updated date in footer; updated Acronym list; update the Proposed Requirements Changes document in Appd D; updated RTM in Appd A	
04/28/14	1.32	Updated with Sprint 7 user stories; updated version on cover page; updated TOC; updated date in footer; update the Proposed Requirements Changes document in Appd D; updated RTM in Appd A	
06/09/14	1.33	Updated with Sprint 8 user stories; updated version on cover page; updated TOC; updated date in footer; updated RTM in Appd A	
07/01/14	1.34	Updated with all Finalized User Story changes; Updated Sprint 9 user stories; updated version on cover page; updated TOC; updated date in footer; updated RTM in Appd A	
08/01/14	1.35	Updated with all Sprint 10 user stories; updated version on cover page; updated TOC; updated date in footer; updated RTM in Appd A	
08/26/14	1.36	Updated with all Sprint 11 user stories; updated version on cover page; updated TOC; updated RTM in Appd A	
09/26/14	1.37	Updated with Sprint 12 user stories; updated version on cover page; updated date in footer; updated TOC; updated RTM in Appd A	
10/24/14	1.38	Updated with Sprint 13 user stories; updated version on cover page; updated date in footer; updated TOC; updated RTM in Appd A	

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1. Introduction

1.1. Purpose

This Requirements Specification Document (RSD) provides detailed requirements for the Patient-Centered Management Module (PCMM) as they have been identified for Program Management Accountability System (PMAS) Increments 1-3. Requirements for subsequent PMAS Increments will be integrated into this document as they are identified.

This document shall serve as a reference to the audience of stakeholders external and internal to the project team. These stakeholders include (but are not limited to) Dr. [REDACTED] Director of Primary Care Clinic Operations, who is the primary business owner along with his team, Office of Information and Technology (OIT) Product Development (PD) team, Information Technology (IT) architects, and project team members.

1.2. Scope

The mission of the Department of Veterans Affairs (VA), the Office of Information and Technology (OIT), and the Veteran Health Administration (VHA) is to provide benefits and services to Veterans of the United States. In meeting these goals, OIT strives to provide high-quality, effective, and efficient Information Technology (IT) services to those responsible for providing care to the Veterans at the point-of-care as well as throughout all the points of the Veterans' health care in an effective, timely, and compassionate manner. VA depends on Information Management/Information Technology (IM/IT) systems to meet mission goals.

Over time, the VHA has developed a Primary Care (PC) system that balances productivity with quality, access, and patient service. Management of patient panels in PC through mandatory and consistent use of the Patient-Centered Management Module (PCMM) has supported this system redesign. In a PC setting and in the Patient-Aligned Care Team (PACT) model, patients are assigned a Primary Care Provider (PCP) who is responsible for delivering essential health care, coordinating all health care services, and serving as the point of access for VA care. The PCP works together with a team of professionals which includes nurses, pharmacists, social workers, health care professions, trainees, clerks, etc.

The PCMM software is considered to be an important component in measuring patient demand and PCP capacity to meet that demand, as well as reduce wait times. It allows users to set up and define treatment teams, assign positions to the team, assign staff to positions, assign patients to the team, and assign patients to a PCP. PCMM was developed to assist VA facilities in implementing PC. PCMM supports both PC and non-PC teams. Teams are groups of staff members organized for a certain purpose.

In order to fully support a team-based, patient-centric approach to healthcare delivery, enhancements to the current PCMM functionality are being requested that will allow a team to be formed and aligned around a patient, including providers across multiple VA sites and in non-VA settings to enable care coordination and communication. The software must also support automated data collection for management metrics and analysis related to access, workload, and panel management. This functionality would be ideally integrated into the future Clinical Practice Environment (CPE) versus being a separate and distinct module or application. VHA's model of team-based care is known as the PACT. The goal is to evolve or replace existing PCMM software application with functionality that identifies all team members and specialists (VA and non-VA) involved in the care

of the patient, as well as their contact information and provide modalities to facilitate provider-to-provider communication.

When PCMM data is entered in a standardized manner, it can be used to analyze the system and PACT workload nationally by Veterans Integrated Service Network (VISN), and by a facility and its substations, as well as at the team level. PACTs manage the overall care provided to a majority of VA health care systems, and their workload capacity is an important factor in determining the total number of patients that can be cared for in the system. In response to the growing number of Veterans wanting to use VA health care services, there is a need to quantify the PC capacity that is available so that demand and supply can be better aligned. PCMM allows users to set up and define a healthcare team, assign staff and health professions trainees to positions within the team, assign patients to the team, and assign patients to practitioners, including trainees. Data regarding PCMM team setup and assignments is used to calculate recommended panel size for PC teams and providers. The PCP and PC team information captured in PCMM is transmitted and stored at the Austin Corporate Franchise Datacenter (CFD), is available in the Corporate Data Warehouse (CDW), and is used for national reporting and performance measurement.

PMAS Increment 1 of the PCMM Re-host/Reengineering project develops a basic prototype based in the HP Lab environment. The Prototype will demonstrate limited PCMM functionality that is representative of the business functionality that can be designed and developed collaboratively during short iterative development cycles using the Agile SDLC.

PMAS Increment 2 and 3 of the project will deliver the remaining functionality necessary to meet Initial Operating Capability (IOC).

1.3. Acronyms and Definitions

1.3.1. Acronyms

Term	Definition
AP	Associate Provider
BHIP	Behavioral Health Interdisciplinary Program
BN	Business Need
BRD	Business Requirements Document
CandA	Certification and Accreditation
CBOC	Community-Based Outpatient Clinic
CDW	Corporate Data Warehouse
CFD	Corporate Franchise Datacenter
CISS	Clinical Information Support System
CPE	Clinical Practice Environment
CPRS	Computerized Patient Records Services
DFN	Data File Number
ENTR	Enterprise Requirement
FIPS	Federal Information Processing Standard
FTE	Full-time Equivalent

Term	Definition
FTEE	Full-time Employee Equivalent
GUI	Graphical User Interface
HIA	Health Information Access
HeV	Health_eVet
HL7	Health Level 7
HSDandD	Health Systems Design and Development
Hz	Hertz
IAM	Identity and Access Management
ICN	Integrated Control Number
IdM	Identity Management
IdS	Identity Services
IEN	Internal Entry Number
IM	Information Management
IOC	Initial Operating Capability
IPT	Integrated Project Team
IT	Information Technology
LDAP	Lightweight Directory Access Protocol
LPN	Licensed Practical Nurse
MH	Mental Health
MHTC	Mental Health Treatment Coordinator
MPI	Master Patient Index
MVI	Master Veteran Index
NF	Non-Functional Requirement
NIST	National Institute of Standards and Technology
NONF	Non-Functional Requirement
NP	Nurse Practitioner
NPC	Non-Primary Care
NSR	New Service Request
OEF	Operation Enduring Freedom
OHI	Office of Health Informatics
OIF	Operation Iraqi Freedom
OIG	Office of the Inspector General
OIT	Office of Information and Technology
OND	Operation New Dawn
OWNR	Owner Requirement
PA	Physician Assistant
PACT	Patient Aligned Centered Team

Term	Definition
PAR	Project Allocation Report
PC	Primary Care
PCMM	Patient-Centered Management Module (formerly Primary Care Management Module)
PCMMR	Patient-Centered Management Module Re-Host/Reengineering
PCP	Primary Care Provider
PD	Office of Product Development
PMAS	Program Management Accountability System
PWS	Performance Work Statement
RAEM	Requirements Analysis and Engineering Management
RED	Requirements Elaboration Document
RN	Registered Nurse
RSD	Requirements Specification Document
RTM	Requirements Traceability Matrix
SDLC	System Development Life Cycle
SE	Security Engineer
SME	Subject Matter Expert
SSRS	SQL Server Reporting Services
TVC	Traveling Veteran Coordinator
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VISTA	Veterans Health Information Systems and Technology Architecture

1.3.2. Definitions

Term	Definition
ADMINISTRATIVE ASSOCIATE	The administrative associate for Primary Care and Non-Primary Care Teams. This person is involved with administrative (MAS requirements and/or Clinic Administration) duties as well as oversight of the Scheduling process and Primary Care team definition.
AGILE	The rapid, iterative Systems Development Lifecycle being used to design, document, and develop the new application.
ASSOCIATE PROVIDER	A staff member that is authorized to provide primary care, but cannot act as a Primary Care Provider. In PCMM, a Resident is designated as an Associate Provider. A Nurse Practitioner and/or Physician Assistant may be designated as an Associate Provider also. Per VHA Directive every patient is to be assigned to a Primary Care Provider, who is responsible for coordinating a patient's overall care. Thus, the Associate Provider on a

Term	Definition
	Primary Care Team must be assigned to a preceptor who can be a Primary Care Provider (must have a Primary Care Provider preceptor assigned to them).
MENTAL HEALTH CLINICIAN	<p>A clinician who provides mental health care as defined by their privileges or scope of practice. Disciplines that represent Mental Health Clinician include Psychologist, Physician Assistant, Nurse, Psychiatrist, etc. When referenced in PCMM, a "Mental Health Clinician" refers to those disciplines listed in the roles defined in section "3.2.1 PCMM Requirements" of the ID PMHP SDD.</p> <p>Note: Whether a particular Mental Health Clinician can serve as a MHTC is determined by their license, education and/or certification as defined in the OMHS Uniform Mental Health Services Handbook.</p>
MENTAL HEALTH TREATMENT COORDINATOR (MHTC)	<p>The liaison between the patient and the mental health system at a VA site. There is only one MHTC per patient and they are the key coordinator for behavioral health services care.</p> <p>For more information about the MHTC responsibilities, see VHA Handbook 1160.1, "Uniform Mental Health Services in VA Medical Centers and Clinics," pp. 3-4. Note: In the handbook, the MHTC was originally referred to as the Principal Mental Health Provider.</p>
NATIONAL ADMINISTRATOR	Individual responsible for managing PCMM software and Primary Care panel assignments at the national level.
NON-PRIMARY CARE TEAM	Non-Primary care is the provision of integrated, accessible health care services by clinicians that do not have a purpose of Primary Care.
NURSE (RN)	A licensed RN that provides care to patients in clinics and other settings, administers anesthetic agents and supportive treatments to patients undergoing outpatient surgery and other medical treatments, promotes better health practices, and consults or advises nurses providing direct care to patients. Persons in this position require a professional knowledge and education in the field of nursing.
NURSE PRACTITIONER (NP)	<p>A licensed NP that performs patient care duties in accordance with Scope of Practice under the supervision of a designated physician or physicians and Medical Center Policy. Duties include, but are not limited to, appropriate assessments, orders diagnostic tests and consultations as necessary, prescribes treatment interventions in accordance with established protocols, provides or arranges follow-up care, and provides health teaching and supportive counseling.</p> <p>Is authorized to act as a Primary Care Provider or Associate Provider. The ability to act as a Primary Care Provider is decided by individual facilities.</p>
PANEL	A panel is a group of individual patients for which the Primary Care Provider has accepted primary care responsibility.
PARENT	Can be a Station or a VISN. Is represented by a Name and a 3-digit number. For example, the parent for the Cheyenne NHCU with station #4429AA is the Cheyenne VAMC with station #442.
PATIENT PANEL	Group of individual patients assigned to Team/Practitioner. Can be either Primary Care or Non Primary Care patients; e.g., the Practitioner's Patients Report includes both Primary Care and Non -Primary Care patients assigned to the practitioner in the Patient Panel Count.
PCMM	The facility PCMM Coordinator is the designated staff member at each

Term	Definition
COORDINATOR	parent facility who maintains the currency of the information in the PCMM database and responds to data updates reported in VSSC. The PCMM Coordinator is responsible for, working with and responding to the PC clinical leader, or designee, to ensure that the data input accurately reflects the current status of PC at the parent station and substations, following PCMM Guidelines and patch-specific information, and ensuring PCMM software patches are installed when released to ensure ongoing, reliable, and comparative data.
PERSON CLASS	Consists of provider taxonomy developed by Health Care Finance Administration (HCFA). The taxonomy codifies provider type and provider area of specialization for all medical related providers. Can be associated to a Role to validate staff member has the appropriate person class defined for that role before they can be assigned to fulfill it.
PHYSICIAN-PSYCHIATRIST	As a physician, incumbent's duties are to advise on, administer, supervise or perform professional and scientific work in one or more fields of medicine. The degree of Doctor of Medicine or Doctor of Osteopathy is a fundamental requirement, along with a current license to practice medicine and surgery in a US State, territory or the District of Columbia. The incumbent is also granted clinical privileges (by the appropriate governing Credentials committee) in regard to the practice of Psychiatry.
PHYSICIAN-SUBSPECIALTY	As a physician, incumbent's duties are to advise on, administer, supervise or perform professional and scientific work in one or more fields of medicine. The degree of Doctor of Medicine or Doctor of Osteopathy is a fundamental requirement, along with a current license to practice medicine and surgery in a US State, territory or the District of Columbia. The incumbent is also granted clinical privileges (by the appropriate governing Credentials committee) concerning the practice of Specialty or Subspecialty care in the areas of Medicine or Surgery.
POSITION	Teams are comprised of one or more staff members. Individual staff members are assigned a role that further defines the position they are filling and any necessary credentialing. If unassigned, the position acts as a placeholder until a qualified staff member can fill the role.
PHYSICIAN ASSISTANT (PA)	A licensed PA who performs patient care duties in accordance with Scope of Practice under the supervision of a designated physician or physicians and Medical Center Policy. Duties include, but are not limited to, diagnostic and therapeutic medical care and services, taking case histories, conducting physical examinations, and ordering lab and other studies. Physician Assistants also may carry out special procedures, such as giving injections or other medication, apply or change dressings, or suturing minor lacerations. The ability to act as a Primary Care Practitioner is decided by individual facilities.
POSITION	Teams are comprised of one or more staff members. Individual staff members are assigned a role that further defines the position they are filling and any necessary credentialing. If unassigned, the position acts as a placeholder until a qualified staff member can fill the role.
PRECEPTEE	An Associate Provider or Medical Student who has a preceptor assigned.
PRECEPTOR	A licensed Provider responsible for providing the overall care for patients assigned to an Associate Provider or Medical Student. On Primary Care Teams, the Preceptor must be able to provide Primary Care. The Provider

Term	Definition
	becomes a Preceptor at the time he is assigned a Preceptee.
PRIMARY CARE MANAGEMENT MODULE (PCMM)	Patient Centered Management Module is the application for all VA facilities to use to implement/track primary care teams and the patients assigned to them for care. Teams are created, positions/roles of the staff members associated with the teams are created, staff members are assigned to the position/role, and patients are assigned to the teams.
PRIMARY CARE	Primary care is the provision of integrated, accessible health care services by clinicians that are accountable for addressing a large majority of personal health care needs.
PRIMARY CARE PROVIDER	In PCMM, the Primary Care Provider is the position determined to be responsible for the coordination of the patient's primary care.
PSYCHOLOGIST	Performs patient care duties in accordance with Clinical Privileges as assigned or granted by the appropriate governing committee in the area of Psychology and Mental Health. This may include individual, family and group counseling and psychotherapy, assertiveness and other behavior training, etc.
RESIDENT	A licensed staff member who performs patient care duties in accordance with Medical Center Policy and is supervised by a Preceptor who can act as a Primary Care Practitioner. Duties include, but may not be limited to, completing history and physical examinations, obtaining blood and other specimens, and provision of patient medical care as permitted. The resident is an Associate Provider within a Primary Care Team. As a Resident, the incumbent is responsible for providing patient care as directed by the Preceptor. Cannot act as Primary Care Provider.
ROLE	A function or task of a staff member involved with the implementation, maintenance and continued success of primary care.
SPECIALTY CLINICS	A set of clinics that are defined as SUBSETS of generalized Service clinics such as Cardiology (specialty of Medicine); Orthopedics (specialty of Surgery), etc.
STATION	A site (usually a treating facility like a VAMC, CBOC) where the Vista application is utilized. Represented by a Name and a Station Identifier that is 3 to 5 characters long. All stations within a site begin with the same 3 numbers. For example, Cheyenne NHCU is a station with a station id of #4429AA. Cheyenne VAMC is a station with a station id of #442.
TEAM	Teams are groups of staff members organized for a certain purpose (e.g., Primary Care).
TRAVELING VETERAN COORDINATOR (TVC)	Acts as the liaison between sending/receiving facility for traveling veterans needing care coordination, facilitates the registration process, arranges for requested care to be done, communicates with the Veterans regarding care coordination efforts/appointments, and communicates with the TVC at the other facility to obtain/send information. (Formerly Referral Case Manager)
USER CLASS	User Class defines the users (physicians, social workers, staff clerks, etc.) actual position titles for each site.
USER STORY	In Agile Development Methodology, the user story lists the conversation points, the wireframe, and the acceptance criteria for the business functionality being developed.

1.4. References

- Rehost/Reengineer Primary Care Management Module Work Effort Unique Identifying #20070415 Business Requirements Document (BRD).
- Requirements Engineering Management, Requirements Elaboration Document (RED), Rehost/Reengineer PCMM, New Service Request (NSR) 20070415.
- Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d).
- ITARS 550056 PCMM PWS – Final 6.7.11.
- PCMM SharePoint Site – [\[redacted\]projects/pact/pcmm_reengineering/layouts/people.aspx?MembershipGroupId=22465](#)

2. Overall Specifications

Requirements for the PCMM project were elicited and documented by the Requirements Analysis and Engineering and Management (RAEM) organization. RAEM received the initial request, performed the requirements elaboration working with the PCMM stakeholder group, and documented the requirements in a Requirements Elaboration Document (RED) document that was then handed off to PD for development. (Please refer to the RED for details regarding the stakeholder group that created the body of requirements under RAEM's guidance). These requirements were then prioritized and categorized into delivery PMAS Increments outlined in the PWS.

Additional Enterprise requirements (ENTR) from the Project Allocation Report PCMM_Inc2 FINAL (PAR) document can be viewed in Appendix B. These are cross-cutting requirements gathered by the Office of Information Technology – Product Development – Development Management – Product Assessment – Tools Management - Requirements Management (RM) Repository Program for PCMM.

2.1. Accessibility Specifications

All Section 508 requirements currently defined and depicted in the Health Systems Design and Development (HSDandD) Section 508 Checklists for Software Applications and Operating System guideline will be adhered to. VHA recognizes that these are Enterprise cross-cutting legal requirements for all developed Electronic and Information Technology. To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, and Enterprise Requirements Management.

PCMM is working closely with the 508 office and currently has a 508 compliance team to direct and review the new PCMM web application's adherence to the current guidelines.

- Health Systems Design and Development (HSDandD) Section 508 Checklists for Software Applications and Operating Systems
- Section 508 Law Standards web page:
<http://www.section508.gov/index.cfm?FuseAction=ContentandID=3>
- Section 508 Workgroup VA page:
[\[redacted\]508workgroup/](#)
- Web Accessibility Guidelines Web Page:
<http://www.w3.org/WAI/ER/tools/>

2.2. Business Rules Specifications

Business rules for all business needs (BN) were developed using the PCMM RED as the starting point rules and further specified through User Story elaboration. The RED was developed from the BRD and lists the business rules traced to the elaborated BNs and owner (OWNR) requirements. The PCMM PWS was used to determine the delivery priority of the business rule requirements. Specific business rules are captured as user story discussion points in section 2.6 of this document.

2.3. Design Constraints Specifications

PCMM will leverage the existing VA Clinical Information Support System (CISS) web portal framework. The architectural goal of CISS is to provide a flexible, maintainable, and resilient platform for the business applications of its customers. Each business application that leverages CISS is called a “partner system” and forms a partnership with the CISS set of services and portal infrastructure. PCMM is an example of a partner system. At the core of CISS is a platform for integrating these clinical applications used by the VHA, similar to what the Computerized Patient Record System (CPRS) has achieved; but CISS attempts to do this in a simple, standard, extensible, and appropriate modern HealtheVet (HeV) design.

The CISS architecture will fully embrace industry standard technology and protocols that intersect with VHA standards – and recommend additions to those VHA standards where appropriate.

2.4. Disaster Recovery Specifications

No Disaster Recovery Strategy will be implemented as part of PMAS Increment 1 or 2 due to the prototype being developed in an HP lab environment. No Disaster Recovery Strategy will be implemented as part of PMAS Increment 3 due to the stage of development being pre-production at the end of this increment.

2.5. Documentation Specifications

Requirements Specification Document (RSD), Requirements Traceability Matrix (RTM), Online User Help, and User Guide were developed as requested in the PWS during Increment 1. All documents delivered in PMAS Increment 1 will be updated. An Installation Guide and Software Architecture Document will be produced.

2.6. Functional Specifications

2.6.1. PCMM PMAS Increment 1:

Listed below are the requirements traceable to business need (BN) 1, 2, 8 and NEED1040 in the form of Agile user stories. All associated user stories for PMAS Increment 1 are posted on the [PCMM Re-host/Reengineering SharePoint site](#).

Requirements Format:

- Business Need Requirement (BN)
- Business Owner Requirement (OWNR)
- Enterprise Requirement (ENTR)
- Non-Functional Requirement (NONF)/(NF)

2.6.1.1. BN1 Requirements

2.6.1.1.1. B-02979 Logon to PCMM

This user story allows an authorized PCMM2 User to be able to logon to PCMM and use the application. Associated VersionOne Backlog IDs for this user story is B-01230 and B-02335.

Wireframes:

PCMM button is selected from OHRS home page:



User station is defaulted and station/parent appear in the header:



User has more than one station assigned and must select:

Station:

Conversation Points:

1. If the user is only authorized to a single station, the System will default the station assigned to the authorized PCMM user. The user will not have to select it upon login. The System will then use this station in all subsequent functions.
2. If the user is authorized to multiple stations, the system will present a list of the stations assigned to the authorized PCMM user so they may select which station they want to work with. The System will then use this station in all subsequent functions.
3. Each user is granted one or more Role(s). Each role has permissions associated with it. Refer to the *CRUD Matrix* which documents how each role is defined. The permissions determine the capabilities each user has within the System.
4. The PCMM navigation menu will be present and filtered to those actions that the user is authorized to perform.
5. The System will store the VA name, date and time the user activated the PCMM icon for audit purposes.
6. The System will remember last logged-in station and pre-select it for user during the next login.
7. Each time the user logs in to a new station; the system will ask the user for his VistA access/verify code; the system will use that information to perform a lookup of the corresponding New Person record in VistA. It will then store the user's DUZ (IEN) of the New Person record to use in subsequent Staff and Patient searches conducted in the corresponding VistA station.

2.6.1.1.2. B-02335 Create a Team Profile

This user story allows an authorized PCMM2 User to create a team and assign rooms/roles/staff to it. Associated VersionOne Backlog IDs for this user story are B-01248, B-01312, B-01313, B-01196, B-01339, B-01234, B-01442, Defect 21 in Sprint 6 – added OIF/OEF/OND edit, B-01442, B-01438, B-01593, B-01417, B-02166, B-02647 and B-02643.

Wireframe:

Team Profile

Team Name: *

Care Type: *

Focus:

Point of Contact - Administrative

Name: *

Phone: *

Email: 11

Assignment Status: ☒ Oper. * ☐ Closed

Station Modeled Capacity (Aggregate):

Team Modeled Capacity:

Assigned:

Available:

☐ Override Capacity

Adjusted:

Justification:

Point of Contact - Clinical

Description:

Would you like to reconcile current Team Positions with Model Team Configuration? ☒ Yes ☐ No

Submit

Cancel

Team Modeled Capacity Calculations

Modeled Panel Size Calculation for this team

Measure	Value
Base Model Panel Size	1200
Primary Care Intensity Score	1.00
Adjustment for Primary Care Intensity	0
Support Staff Positions	NURSE PRACTITIONER TRAINEE : 0.50 FTEE REGISTERED NURSE (RN) : 0.80 FTEE NURSE PRACTITIONER TRAINEE : 0.60 FTEE NURSE PRACTITIONER TRAINEE : 0.60 FTEE
Total Team Support Staff FTEE	2.50
Primary Care Positions	NURSE PRACTITIONER : 0.50 FTEE
Total Team PC FTEE	0.50
Support Staff per PC FTEE	5.00
Adjustment for Support Staff per PC FTEE	120
Assigned Exam Rooms	
Assigned Interview Rooms	
Total Rooms FTE for the Team	0
Total Rooms per PC FTEE	0.00
Adjustment for Rooms Per PC FTEE	-60
Total Count for Assigned Female Patients	5
Adjustment for Female Patients on the Panel	-1
Mid Level Provider Adjustment to Modeled size (if any)	-315
Calculated Model Panel Size For Team	944

Cancel

Patient Capacity – Non-PC Teams

Non-PC teams

Assignment Status: *
☐ Open
☐ Closed

10

Assigned: 4

Available: 6

☐ Allow Override
(Current functionality)

Adjusted: *

Justification: *

Conversation Points:

1. A new permission entitled “Create Team” will be created. If the user has been assigned this permission, they will be able to see the “Create a Team” menu option and be able to execute this function. If not, they will not be able to. [B-01438]
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new menu option “Create A Team”.
4. This user story adds a new “Create a Team” screen. This screen may be accessed via the Menu option or via the “Team List”.
5. The user must enter the Team Name.
6. The Team Name must not already exist for the station or any station that shares the parent station’s station number (ie 3 digit station number level). If it does, an error message will be displayed.
7. The Administrative Point of Contact Information including the Name, phone, and email address will be retrieved from the staff assigned on the Team Position Profile and displayed here on the Team Profile for read only. Refer to the *Create a Team Position Profile* user story for additional details on how to specify the Administrative Point of Contact. [B-2166]

8. The Administrative Point of Contact Name, Phone Number and Email Address will be displayed if a Team Position is identified as the Administrative Point of Contact and that position is actively staffed. If the position is not actively staffed; nothing will appear for these fields. [B-2166]
9. If the Administrative Point of Contact has an email address defined, an email icon will appear next to the contact name. When the email icon is clicked, Microsoft Outlook will open with a New Message addressed to the email address indicated for the contact. [B-01442]
10. The Clinical Point of Contact Name, Phone Number and Email Address will be retrieved from the staff assigned on the Team Position Profile and displayed here on the Team Profile for read only. Refer to the *Create a Team Position Profile* user story for additional details on how to specify the Clinical Point of Contact. This is the Team Contact to be given to both internal and external entities.
11. The Clinical Point of Contact Name, Phone Number, and Email Address will be displayed if a Team Position is identified as the Clinical Point of Contact and that position is actively staffed. If the position is not actively staffed; nothing will appear for these fields.
12. If the Clinical Point of Contact has an email address defined, an email icon will appear next to the contact name. When the email icon is clicked, Microsoft Outlook will open with a New Message addressed to the email address indicated for the contact. [B-01442]
13. The user may enter the Description but it is not required.
14. The Care Type must be selected [B-01593].
15. If an active “OEF/OIF/OND” team already exists for this institution or its parent (ie. within the institution you are working in or any institution with the same first 3 digits of the station number), it will not be available as an option for the CARE TYPE field. This is because there is a business rule that can only be one OEF/OIF/OND team per station/parent where parent = station identified by a 3 digit station number. VISNs can also be parents but are not treating facilities and thus do not have teams. Therefore this rule does not apply if the parent is a VISN. [Sprint 6 – Defect 21]
16. The Focus 1 may be selected but it is not required. Not all Care Type’s will have a corresponding Focus. If a Focus value does not exist for a Care Type, the Focus field will be disabled. If it is selected and there is a Model Team Configuration established for that Focus – the model will be applied to the Team during its creation.
17. The Focus 2 is only applicable to teams with a Care Type of “Primary Care”. It will not be captured or displayed for teams with other Care Types. The Focus 2 cannot be entered until after a Focus 1 value is entered. The Focus 2 may be selected but it is not required. If it is selected – it cannot be the same as Focus 1. This will just be used for

Reporting - it will not control any functionality or be displayed anywhere other than here on the Team Profile page. [B-02643]

18. The Status will be defaulted to “Active” but can be overridden. This field is required.
19. The Status Date will be defaulted to the current date and time and will allow user to override it.
20. The Status Reason will be defaulted to “New Team” but can be overridden.
21. The user may indicate that this team is Closed and not available for assignment.
22. The user may indicate that this team is Open and available for assignment.
23. The Aggregated Modeled Team Capacity at a station level represents the total number of patients that should be assigned to this team based on its station, Care Type, Intensity Score and rooms available at the station. Refer to the *View Aggregated Modeled Team Capacity Calculations* user story for additional details on how the modeled team capacity is calculated at the Station level. [B-01417]
 - If Non-PC team, the Aggregated Modeled Team Capacity calculations will not be used and this capacity will not be displayed in the Patient Capacity section of the Team Profile screen. [B-02647]
24. PC Team Only - The Modeled Capacity represents the total number of patients that should be assigned to this team (ie the Panel Size for the team). This value is derived by taking the Aggregated Modeled Team Capacity for station that is associated with the team’s care type and it is adjusted according to the team’s Primary Care Direct Care and Support Staff FTEE and Room Utilization. Refer to the *Modeled Team Capacity Calculations* user story for additional details on how the modeled team capacity is calculated at the team level. [B-01417]
25. Non-PC Team – Non-PC teams will be able to manually enter a panel size on the View/Adjust Modeled Capacity screen for Non-PC types and display that count in the Patient Capacity section as the Team Capacity. This will be a read only field on this screen. [B-02647]
26. The details on how the Modeled Team Capacity was derived will be available for display when requested by the user. [B-01417]
27. The Actual Capacity will show the number of patients with active assignments to the team. This number will be the same as for the Actual Capacity at a position level except for the preceptor and preceptee roles that the patient can be individually assigned to, the patient may not be included in the position count if they were not explicitly assigned to him. This is a read only field on this screen.

28. The Available Capacity will be calculated by subtracting the Actual Capacity from the Modeled Capacity (or the Adjusted Capacity if it is entered) for the team. This field represents the number of patients that are yet to be assigned to the team. This is a read only field on this screen. [B-01593]
29. The Adjusted Capacity will be available if the user has indicated that they want to override the capacity. This field represents the Adjusted number of patients that should be assigned to this team. This Adjusted value must be > 0 and can be < or > the Modeled Capacity. This field is required if the user has indicated they want to override the capacity.
- If Non-PC team, this Adjusted value must be > 0 and can be < or > the Team Capacity. This field is required if the user has indicated they want to override the capacity. [B-02647]
30. The Override Justification will be available if the user has indicated that they want to override the capacity. This field is required if the Adjusted Capacity is entered.
31. The user will press the Submit button to edit and save the information to the database.
32. The user will press the Cancel button to return to the previous screen.
33. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
34. When team is created; the activation date/reason along with who created the team and when will be captured in Team History.
35. Teams do not need to span multiple sites. Each team will be owned by one site.
36. When the user submits and saves the team profile for the first time, the system will automatically create the positions defined in the Model Team Configuration. The Model Team Configuration is established at the National level and can be overridden if needed at the station level. It represents the required positions as well as any optional positions that normally exist for the team based on Care Type and optionally Focus. See the *Model Team Configuration* user story for additional details. [B-01593]
- a. The system will check for the existence of a Model Team Configuration for the Team Care Type and the Team Focus for the station the user is working in first. If a Model Team Configuration does not exist for the Team Care Type and the Team Focus 1 for the station the user is working in, the system will check for the existence of a Model Team Configuration for the Team Care Type and the Team Focus for the parent of the station the user is working in if the station the user is working in is a CBOC/Division that has a parent. If a Model Team Configuration does not exist at the parent level or the station does not have a parent station, the National Model Team Configuration will be used.
 - b. If there is a Model Team Configuration for Team Care Type (All Focus 1) for the station number the user is working in, the Model Team Configuration for the Team

Care Type for the station will be used. If a Model Team Configuration does not exist for the Team Care Type for the station the user is working in, the system will check for the existence of a Model Team Configuration for the Team Care Type for the parent of the station the user is working in if the station number the user is working in is a CBOC/Division that has a parent. If a Model Team Configuration does not exist at the parent level or the station does not have a parent station, the National Model Team Configuration will be used.

- c. If there is not a Model Team Configuration in existence at the National level for a Team Care Type, there will not be any positions automatically be created.

If a Model Team Configuration has been applied to the team, the results of the Team Position creation will be displayed for the user. Refer to the “*Model Team Configuration*” user story for additional details.

Note: Any positions created by the System will appear in the Team Configuration List along with any positions created by a PCMM user.

- 37. An alert will be generated and sent to each recipient when a Team is created notifying the user that “Model Team Configuration for a team was created/updated” in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-01593]
- 38. The user will have the ability to navigate to the current Model Team Configuration applicable to the team. Refer to the “*Model Team Configuration*” user story for additional details. [B-01593]

2.6.1.1.3. B-02735 Search for Patient

This user story allows an authorized PCMM2 User to search for a patient to update his profile information or assign him to a position/team. Associated VersionOne Backlog ID for this user story is B-01100, B-01517, B-02025, B-02471, B-02485, B-02641, B-01408, B-02667, B-02845 and B-03002.

Wireframe:

Patient Detail Search

Enter one of the following search criteria

First Initial Last Name + Last 4-digit SSN:

Last Name:

Date of Birth:

SSN (no dashes):

First Name:

Gender:

Find

Results:

Last Name	First Name	SSN	Birth Date	Gender	City	State

Select

Cancel

Post-requisite User Stories:

1. Once a User selects a patient that is not known to PCMMR; a query will be sent to MVI in real-time to retrieve the Patient's Primary View and List of Treating Facilities. Refer to the *Query Patient in MVI* user story for additional details. Once the response to this query is received; PCMMR will send an HL7 message to MVI to tell MVI that PCMMR would like to receive any updates made to that patient. Refer to the *Register Patient in MVI* user story for additional details. [B-02471]
2. Once a User selects a patient the Patient Profile will be displayed. Refer to the *View a Patient Profile* user story for additional details.

Conversation Points:

1. A new permission entitled "Read Patient" will be created.
 - a. If the user has this permission they will be able to see this "Search for Patient" menu option and will be able to perform the Search for Patient function.
 - b. If the user does not have this permission, they will not be able to see this "Search for Patient" menu option and will not be able to perform the Search for Patient function. [B-01517]
2. The valid roles and permissions will be documented in the "*PCMM CRUD Matrix*".
3. This story adds a new menu option called "Search for Patient"
4. This user story adds a new "Search for Patient" lookup, results and selection confirmation screen.
5. There are 2 aspects to the Patient Search. One is the "internal" PCMMR search. This search is conducted first and checks to see if the patient has already been established in PCMMR for the first 3 digits of the station number the user is working in.

- a. To conduct an internal PCMMR search, the user must enter:
 - i. The patient's first initial of the last name and the last 4 digits of the SSN
OR
 - ii. The full SSN [B-02025]
OR
 - iii. At least 1 character of the Last name. The user may also enter at least 1 character of the first name, the Date of Birth, the Gender. [B-02025]

The user enters the search criteria and presses "Find" to execute the search for the patient in PCMMR. If at least one of these criteria is not entered, an error message will be displayed notifying the user that they must enter search criteria. Note: the Name search in PCMMR executes a "contains" search. It is looking for the letters entered in the Search Criteria in any position in the Name.
- b. If there are no Patients matching the criteria entered for the first 3 digits of the station the user is working in, the user will be notified that no matches were found. They will then have the option to search VistA for the patient. Note: PCMMR must retrieve the Patient ID (i.e. DFN in VistA Patient table or Local IEN in MVI terminology) for the local site in order to be able to interface with MVI. Once the DFN is known to PCMMR; the patient with that DFN cannot be brought into PCMMR via the VistA search again. All changes to the patient information will occur via the MVI Interface and the messages exchanged in the background.
- c. All Patients matching the criteria that were located in PCMMR for the first 3 digits of the station the user is working in will be displayed along with their Last Name, First Name, Middle Name, Suffix, Full SSN, Date of Birth (DOB), Date of Death (DOD), Gender, City and State.
 - i. If the Patient is a Sensitive patient; the Date of Birth and the SSN will be masked to say "*SENSITIVE*."
 - ii. If the Patient has a Partial Date of Birth; the date of birth will not be shown or retained.
- d. If there were more than 251 results returned, a message will be displayed notifying the user they may want to enter in additional search criteria to narrow the results. It will read "The maximum number of results was exceeded, please enter additional search criteria."
- e. If the user does not find the patient they are looking for, they may execute a search of the VistA system to see if the patient they are looking for exists in VistA but has not yet been pulled into PCMMR.
The VistA patient search requires the following fields to be entered:
 - i. At least 3 characters of the Last Name. The user may also enter the full SSN, first name, and Date of Birth.
OR
 - ii. First initial of the Last Name plus the last 4 SSN. [B-03002]

The user enters the search criteria and executes the search in VistA by pressing "Find in VistA". If at least one of these criteria is not entered, an error message will be displayed notifying the user that they must enter search

criteria. Note: The VistA name search executes a “begins with” search. It is looking for the characters entered in the Search Criteria in the first position(s) of the Name.

- f. Once a patient is pulled into PCMMR from VistA, the patient will no longer appear in the VistA search results only in the PCMMR search results. The patient will no longer appear in both search results list.
 - g. If there are no Patients matching the criteria entered in VistA, the user will be notified that there were no matches found.
 - h. All Patients matching the search criteria entered for the VistA search will be displayed (except those that are already known to PCMMR) along with their Last Name, First Name, Middle Name or Initial, Suffix, Full SSN, Date of Birth, Date of Death, Gender, City and State.
 - i. If the Patient is a Sensitive patient; the Date of Birth and the SSN will be masked to say “*SENSITIVE*.”
 - ii. If the Patient has a Partial Date of Birth; the date of birth will not be shown or retained.
 - iii. If the Patient does not have an ICN assigned – an error message will display on the “Patient Details” letting the user know that they cannot pull this patient into PCMMR until a National ICN is assigned by PSIM.
6. If the user selects a Sensitive patient; they will be presented with a Message informing them that the patient is “Restricted” and they must accept the warning before they will be allowed to continue. [B-02641] Once the patient’s profile is displayed, the SSN and DOB will be unmasked to allow the user to verify they have the correct patient. [ALM D3664]
- i. If the warning is accepted: a notification of accessing Sensitive Patient records is logged in VistA. Refer to the *Reporting - Sensitive Patient Access Log* user story for additional details.
 - ii. If the warning is not accepted; the user is returned to the search results.
7. If the user tries to view his own data, he will receive an error message informing him that he is not allowed to view his own data. See the *Restrict Access for Employee Viewing His Own Record* user story for additional information. [B-02667]
8. A patient with a DOD can be searched and located in PCMMR and pulled in from VistA as well if needed since the patient can have a DOD record at one site but not ALL and since the DOD can be removed and since the patient could have data on file in PCMMR prior to the DOD being populated; the DOD will not be taken into consideration during the patient search. [B-01408]
9. The user will select the patient they wish to work with by selecting the Name link which navigates to the Patients Profile screen. Once a patient is selected, the System will check to see if the patient is:
- i. A known patient to PCMMR for the local station (i.e. Patient was returned in the search results presented after a Find). The patient already exists in PCMMR and PCMMR has already notified MVI that it would like to register for interest in this

- patient so that MVI will notify PCMMR whenever an update to this patient demographic information occurs; no further action is needed and the Patient Profile is displayed.
- ii. A new patient to PCMMR (i.e. Patient was returned in the search results presented after a Find in VistA). The patient does not already exist in PCMMR for the local station.
 - 1. PCMMR will present a Patient Details window to the user to allow them to validate that this is the proper patient that they want to pull into PCMMR. This window will display the patient's Last Name, First Name, Middle Name, Suffix, Gender, SSN, DOB, DOD, City, ST.
 - a. VistA will be the authoritative source for Date of Death (DOD) and will be retrieved, if found, when pulling in patient details. If the DOD is entered or removed from VistA, the DOD will be automatically be updated in PCMM. Until MVI becomes the authoritative source for the DOD, PCMM will receive the DOD and any updates from VistA. It will store DOD at the VistA Patient level. [B-02845]
 - b. If the User Selects a SENSITIVE Patient, the SSN and DOB will be unmasked in the Patient Details window to allow the user to verify they have the correct patient. [ALM D3664]
 - c. If the User Cancels from this window, No action is taken.
 - d. If the User Selects from this window, PCMMR will query MVI to retrieve the latest demographic data for the patient and will then register with MVI to receive demographic data updates for the patients via HL7 messages that will execute in the background. The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *Query Patient in MVI* user story for additional details. [B-02471]. The Patient Profile is displayed.
10. Persist search results will allow the last entered search criteria along with the patient information returned in that search to remain and display on the search screen if the user navigates back away and then back to the Search for Patient function as long as the user remains within the currently logged in station. If the user changes station or logs out of PCMM Web, the search function will be blank when selected again. [B-02735]

2.6.1.1.4. B-02335 View a Patient Profile

This user story allows an authorized PCMM2 User to view the profile for a patient to confirm he is the correct patient and update/view his multi-PCP indicator. Associated VersionOne Backlog ID for this user story is B-01103, B-01336, B-01103, B-01626, B-01776, B-01806, B-01447, B-02845, B-02660 and B-02665.

Wireframes:

[Patient Profile](#)

The wireframe shows a 'Patient Profile' header. Below it is a 'Secure Messaging' checkbox. The profile information is organized into two columns. The left column contains: 'Date Deceased:', 'Name:', 'Birth Date:', 'SSN:', 'Gender: Male', 'Enrollment Status: Unknown', 'Primary Eligibility: NSC', and 'Means Test Result: MT COPAY EXEMPT'. The right column contains: 'City:', 'State:', 'SSN Verification Status: Unknown', and 'Phone:'. A large black rectangular redaction box covers the 'Name', 'Birth Date', and 'SSN' fields.

Conversation Points:

1. No new permission is needed for this story. If the user has permission to “Assign Patients”, he can update requests in the Patient Profile. If the user has permission to “View Teams”, he can also view the Patient Profile.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new “Patient Profile” screen depicting patient demographics, multiple PCP, Panel Placement and patient assignments.
4. The Last Name, First Name, Middle Name and suffix of the selected patient will be displayed.
5. The Date of Birth of the selected patient will be displayed. DOB is Masked if patient is Sensitive.
6. If the patient is deceased, the Date of Death of the selected patient will be displayed. Otherwise, this field will be hidden.
7. The Gender of the selected patient will be displayed.
8. The full SSN for the selected patient will be displayed. SSN is Masked if patient is Sensitive. [B-01806]

9. The VA ID for the selected patient will be removed. [B-01447]
10. The Enrollment Status for the patient will be displayed. [B-01447]
11. The Primary Eligibility for the selected patient will be displayed.
12. The current Means Test Results for the selected patient will be displayed.
13. If the patient has been identified as a “*SENSITIVE* patient in VistA. DOB and SSN are masked with *SENSITIVE* instead of displaying the actual data. [B-01447]
14. An indicator will be displayed that indicates that the patient has given their authorization to use secure messaging. This is known to MHV/MVI as the Release of Information (ROI) flag. [B-01806]
15. The City and State for the patient will be displayed.[B-01806]
16. The Contact Phone for the patient will be displayed.[B-01806]
17. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
18. When the Patient is originally pulled in from VistA via the Patient Search (refer to the Search for Patient user story for additional details) ; the following fields will be available:
 - a. Name (to appear like in VistA: LastName, FirstName Middle Suffix)
 - b. SSN (format xxx-xx-xxxx)
 - c. Date of Birth (mm-dd-yyyy)
 - d. Gender
 - e. Date Deceased (Date of Death if deceased)
 - f. Enrollment Status
 - g. Primary Eligibility
 - h. Means Test Result
 - i. PCMMR will register for interest in the patient in MVI via the MVI Query in real-time via a web service call. This will tell MVI to send PCMMR any changes that occur to the patient across the enterprise. See the *Query Patient and Register Interest in MVI* user story for additional details on the registration process. Once the MVI registration is successful, the following fields will be updated:
 - i. Phone
 - ii. City
 - iii. State
 - iv. Release of Information Indicator

19. The user will have the ability to setup the Multiple PCP request for this patient from this screen. Refer to the *Multi PCP Capture and Display* user story for additional details.[B-01103]
20. The user will have the ability to search, create, associate and view active and inactive Non-VA Provider associations from this screen. Refer to the *Search Non-VA Provider* user story for additional details.[B-01626]
21. The user will have the ability to create and view a Panel Placement request from this screen. Refer to the *View Panel Placement* user story for additional details.[B-01776]
22. The user will have the ability to view all team assignments for the patient shown. See the *Assign Patients to a Team and Position* user story for additional details.
23. The user will have the ability to view all team details for each team assigned. See the *View Patient Assignment History* user story for additional details.

2.6.1.1.5. B-02891 Create a Team Position Profile

This user story allows an authorized PCMM2 User to create a position profile for a selected team and assign staff to it. Associated VersionOne Backlog IDs for this user story are B-01049, B-01314, Conversation point 18 – worked in Sprint 6 via Defect # 62, B-01405, B-01521, B-01595, B-01417, B-01867, B-02166 and B-02642.

Wireframe:

Team Profile	
Team Name: [Team Name displayed here] Care Type: [Care Type here] Focus: [Focus] Status: [Status here] Assignment Status: [Closed ind here]	
Team Position Profile	
<p>Team Role: * Primary Care Provider</p> <p>[Position Note: PHYSICIAN ATTENDING]</p> <p>Description: </p> <p>Expected FTEE: * </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Team Placement</p> <p><input checked="" type="checkbox"/> Team Lead</p> <p><input checked="" type="checkbox"/> Primary Team Contact</p> <p><input type="checkbox"/> Secondary Team Contact</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Current Staff - for Future and Past Assignments - See Staff Timeline Below</p> <p>Staff [Staff Role displayed] Manage Staff</p> <p>Staff [Staff Name displayed here]</p> <p>Actual FTEE: [Actual FTEE displayed here]</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Current Preceptor - for Future and Past Assignments - See Preceptor Timeline Below</p> <p>Staff [Staff Name displayed here] Manage Preceptor</p> <p>Staff Role: [Staff Role displayed here]</p> <p>Team [Team Role displayed]</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Patient Capacity</p> <p>Allowed: [displayed here] Assigned: [displayed here]</p> <p><input checked="" type="checkbox"/> Override Capacity Available: [displayed here]</p> <p>Adjusted: * </p> <p>Justification: * <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p> </div>
Submit Cancel	

Conversation Points:

1. No new permissions will be created. If user has access to “Create Team”, he will also be able to perform this function. [B-01521]
2. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new “Create A Team Position” screen.
4. The Team must have a status of *Active* as of “now” OR the Team is inactive as of now but it will be reactivated in the future in order to execute this user story.
5. The Team Role must be selected. [B-01595]
6. When creating a Position for a team, the Position’s ‘Team Role’ will only display the team roles associated with the selected team’s ‘Care Type.’ This will narrow the list to be selected from and make the selection of a Team Role easier. [B-02642]
7. The Team Role may be established more than once within the team as long as it is not indicated as a Teamlet member. Only 1 teamlet role per team is allowed. The Description may be used to differentiate two identical roles. [B-01595]
8. The Description may be entered but is not required.
9. The Activation Date (ie Start Date) will be defaulted to the current date and will allow user to override but not prior to the team’s creation date.
10. The user may choose to make any Team Position the team lead. There may only be active Team Position serving as Team Lead per team. If the user attempts to make more than one active Team Position the Team Lead, he will receive an error message notifying him which Team Position is currently Team Lead.
11. The user may choose to make any Team Position the Administrative Point of Contact for the team. There may only be active Administrative Point of Contact per team. If the user attempts to make more than one active Team Position the Administrative Point of Contact, he will receive an error message notifying him which Team Position is currently the Administrative Point of Contact. NOTE: The Administrative Point of Contact will display on the Team Profile. [B-02166]
12. The user may choose to make any Team Position the Clinical Point of Contact for the team. There may only be active Clinical Point of Contact per team. If the user attempts to make more than one active Team Position the Clinical Point of Contact, he will receive an error message notifying him which Team Position is currently the Clinical Point of Contact. NOTE: The Clinical Point of Contact will display on the Team Profile. [B-02166]

13. One position cannot be both Administrative and Clinical point of contacts. If the user attempts to make the Team Position both Administrative and Clinical Point of Contact, he will receive an error message notifying him the position cannot be both Administrative and Clinical Points of Contact. [B-02166]
14. The user should setup and staff positions that can act as active preceptors first so they exist for the preceptees to be associated to them.
15. If the Team Role = “Primary Care Provider”, this is the Team Position performing “Primary Care”. There may only be 1 Active “Primary Care” Team Position per team. [B-01595]
16. The user must enter the Expected FTEE for all Team Roles marked as “FTEE Required” on the *PCMM Standard Roles* spreadsheet. The user may optionally enter the Expected FTEE for all Team Roles marked as “FTEE Optional”. For all roles marked as “Prohibited”, the Expected FTEE cannot be entered and will be hidden from the user. [B-02891]. When the FTEE is entered, the FTEE must be greater than 0.00 and it cannot be greater than 1.00. [Sprint 6 – Defect 62]
17. The Allowed Capacity at the position level represents the panel size that the position should carry based upon what type of position it is and how it is staffed. The Allowed Capacity will be defaulted for each position on the team with the exception of any positions created with a Team Role = “Associate Provider”. The default value will initially be the same as the Modeled Team Capacity value (or the Adjusted Capacity value if one has been entered) on the Team Profile. For any position created with a Team Role = “Associate Provider”, the default value will be “blank”. [B-1417] [B-1867]
18. The user may override the Allowed Capacity default to 0 or any value that is less than or equal to the team’s default capacity. A reason for the override must be entered anytime the value is overridden. The system will track and display who overrode the value, when it was overridden, and why. This change history will be available for display. [B-1867]
19. The system will track and display the number of Patients that are actively assigned to this Team Position. If this position is not a PCP/AP, this number will be the same as the number of patients actively assigned to the team since all active Team Positions on the team will inherit the assignment. If this position is a PCP/AP, this number will be the number of patients actively assigned to this Team Position. If a patient is actively assigned to the team but is assigned to another provider on this team, the patient assignment will not be reflected in the count for this Team Position.
20. The system will track and display the number of Patients assignments that are currently available for this Team Position. This field represents the number of patients that could be assigned to this Team Position. It is derived by subtracting the number of patients assigned from the default or adjusted (if entered) capacity for this position.

21. The user will press the Submit button to edit and save the information to the database. The user will return to the previous screen.
22. The user will press the Cancel button to return to the screen. The data will not be saved to be database and the user will return to the previous screen.
23. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
24. When the position is created; the start date and status will be captured in History along with who requested the status change and when. The user will be able to navigate to History to view the Status and the Start Date. Refer to the *Update a Team Position Profile* user story for additional details on History.

2.6.1.1.6. B-02335 Logout of PCMM/CISS

This user story allows an authorized PCMM2 User to logout of PCMM/CISS to exit the application. Associated VersionOne Backlog IDs for this user story is B-01227.

Wireframe:

The wireframe shows a web browser window displaying the CISS login page. The browser's address bar shows the URL: <http://vaww-sqa-x.ciiss.cc.med.va.gov/ciss/logout.action>. The page header includes the Department of Veterans Affairs logo and the text 'Clinical Information Support System'. The main content area has a 'Welcome to CISS' heading and a login form. The form has a 'Login' button and a 'User Name' field. Below the login form is a 'Clinical Information Support System User Agreement' section. The agreement includes a 'WARNING' and a 'Consent' statement. At the bottom, there is a footer with the CISS Version and copyright information.

Conversation Points:

1. The logout icon will be displayed at all times.
2. The User must request logout via the logout icon. A confirmation message will be displayed asking user to confirm logout. Once confirmed, system will exit and return back to CISS home page. If not confirmed, system will return control back to screen displayed when logout was requested.

3. User will be automatically logged out after 15 minutes of inactivity – they will be presented with a warning message where they can bypass logout and continue working. If the warning message is unanswered they will be logged out.

2.6.1.1.7. B-02335 Manage Teams

This user story allows an authorized PCMM2 User to view a list of existing teams to view, edit or delete information. Associated VersionOne Backlog ID for this user story is B-01255, B-01442, B-01520, B-01593, B-01217, B-01738 and B-02643.

Wireframe:

Upon Successful Team Creation – View Reconciliation Results

The wireframe shows a 'Team List' screen. At the top, there is a 'Team List' header and a 'Create a Team' button. Below the button, a message states: 'Your team has been created successfully. As a result of a model selected during the creation, one or more positions were created during the team creation. Expand the View Reconciliation Results link below to get more details.' Below this message is a table with 8 columns: Name, Primary Care Provider, Positions, Status, Admin POC, Assignments, Team Care Type, and Team Focus. The table contains two entries: 'CG *DERM* 442GC' and 'CG *PACT* WH 442GC'. Below the table, there is a 'Filters' section and a 'Display 25 records' dropdown. Below the filters, there is a 'Hide the Reconciliation Results' link and a message: 'An attempt was made to create the following positions as a result of the reconciliation:'. Below this message is a table with 4 columns: Position name, Team name, Creation Status, and Error Message (if failed). The table contains two entries: 'DIETITIAN' and 'PHYSICIAN-SUBSPECIALTY', both with a 'Success' status. Below the table, there is a 'First Previous 1 Next Last' navigation bar and a 'Display 25 records' dropdown.

Name	Primary Care Provider	Positions	Status	Admin POC	Assignments	Team Care Type	Team Focus
CG *DERM* 442GC			Active		Open	SUB SPECIALTY (MED/SURG)	Dermatology
CG *PACT* WH 442GC			Active		Open	PRIMARY CARE	Womens Health

Position name	Team name	Creation Status	Error Message (if failed)
DIETITIAN	CG *DERM* 442GC	Success	
PHYSICIAN-SUBSPECIALTY	CG *DERM* 442GC	Success	

Conversation Points:

1. No new permissions will be created. If the user has authority to PCMM, they will be able to list and search teams. [B-01520]
2. The valid roles and permissions will be documented in the “PCMM CRUD Matrix”.
3. This user story adds a new “Team List” screen. From this screen the user will be able to view a list of all existing teams, view the team profile for a team, view the position list for a team or Create a New Team.
4. A new primary level menu option called “Teams” will be added.
5. A new secondary level menu option called “List All Teams” will be added.
6. If the user’s role is not = “National Administrator”, the user will be presented with a list of all existing teams for the station (and substations) they are currently working in.
7. The team list will display the Team Name, the Primary Care Provider on the team, the Status of the team (ie whether its active or inactive), the Team’s Care Type, the Team’s

Focus (if Focus 2 is entered, it will also be displayed in the Focus field) [B-02643], whether the Team is opened or closed to patient assignment, the Administrative Point of Contact phone and email, Active Room assignments, Active Group assignments and Station for each existing team. [B-01593]

8. The team list will initially be displayed in order by Team Name and will include both Active and Inactive teams.
9. If the Administrative Point of Contact has an email address defined, an email icon will appear next to the contact name. When the email icon is clicked, Microsoft Outlook will open with a New Message addressed to the email address indicated for the contact. [B-01442]
10. The team list can be narrowed by applying filter values for the Station and/or Status and/or Care Type and/or Focus and/or Assignments.
11. If filter values have been applied – they can be reset to reinitialize the entire team list.
12. If the user has the “Create Team” permission, he will be able to create a team. The user will be able to access the “Create a Team” function. Refer to the *Create a Team Profile* user story for additional details. [B-01520]
13. If the user has the “Update Team” permission, he will be able to update the selected team. The user will be able to access the Team Profile screen for the selected team. Refer to the *Update a Team Profile* user story for additional details. [B-01520]
14. If the user does not have the “Create Team” or “Update Team” permission, he will be able to view the selected team but will not be able to update any information. [B-01520]
15. The user will be able to access the Room Management screen for the active Room assignments for the selected team. [B-1217]
16. The user will be able to access the Group Management screen for the active Group assignments for the selected team. [B-01738]
17. The user will be able to access the Team Position List screen for the selected team. Refer to the *Manage Team Positions* user story for additional details.
18. Immediately after a new team has been created, it will be displayed on the Team List. If a Model Configuration was applied when the team was created, the user will be allowed to view the Reconciliation Results. The Reconciliation results will be presented at the bottom of the Team List and will display the name of the Team Position(s) attempted to be created by the Model Configuration, the name of the Team, the result (ie Success or Failure) of the attempted creation of the Team Position(s) by the Model Configuration, and an error message if the Team Position(s) could not be successfully created. Refer to

the “*Create a Team Profile*” user story for additional details on how the Model Configuration is applied during Team creation. [B-01593]

19. Once a team has been created, it will be displayed on the Team List. If a Model Configuration was applied when the team was created, the user will be allowed to view the Model Configuration last applied to the team from the Team Position List. Refer to the *Manage Team Positions* user story for additional details. [B-01593]
20. The user will be able to access the Patient Management screen for the selected team.
21. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.1.1.8. B-02335 Manage Team Positions

This user story allows an authorized PCMM2 User to view a list of existing teams to choose an existing position to view or update information or to create a new position. Associated VersionOne Backlog IDs for this user story are B-01197, B-01049, B-01316, B-01442, B-01519, B-01521, B-01595 and B-01676.

Wireframe:

View Model Configuration Linked to Team:

Team Profile:

Name: LS*MH*Team4 Care Type: MENTAL HEALTH Focus: General Outpatient Mental Health Status: Active as of 5/5/2014 13:25 Assignments: Open

Create a Position Reconcile with Models

Showing 1 to 5 of 5 entries

Team Role	Staff Role	Staff Name	Preceptor	Status	Expected FTEE	Actual FTEE	Actions
(MHTC) PSYCHIATRIST	PSYCHIATRIST			Active	1.00	0.01	
DIETITIAN				Active	1.00		
LICENSED PRACTICAL NURSE (LPN)	LICENSED PRACTICAL NURSE (LPN)			Active	1.00	0.01	
PATIENT SERVICES ASSISTANT	PATIENT SERVICES ASSISTANT			Active	1.00	1.00	
SOCIAL WORKER	SOCIAL WORKER			Active	1.00	0.01	

First Previous 1 Next Last Display 25 Records

Close the Model

The Model used during the Team creation to auto create Team Roles :

Team Care Type: MENTAL HEALTH Focus: All Station: CHEYENNE VAMC (#442)

Showing 1 to 1 of 1 entries

Model Team Role	Required?
DIETITIAN	yes

First Previous 1 Next Last Display 25 Records

Conversation Points:

1. No new permissions will be created for this function. All users can access/view the position list. [B-01519]
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.

3. This user story adds a new “Team Position Profile” screen. This screen will allow the user to view all Team Positions that currently exist for the team regardless of whether they were created by a PCMM User or by the System via the Team Model Configuration (refer to the “Create a Team” or the “Model Team Configuration” user story for additional details), view the Team Position profile for a particular Team Position and to create a new Team Position for the team. [B-01595]
4. The Team Position Profile will display the Team Role, Staff Role (will be report as “Not Assigned” unless there is a staff member assigned), Staff Name (or “Not Assigned” unless there is a staff member assigned), if the position is a precepted AP it will display the Preceptor Name, the position status (ie whether it is active or inactive), the expected FTEE, and the actual FTEE for the position for each Team Position that currently exists on the team.
5. The Team Position Profile will initially be displayed in order by Role Name and then by Staff Name.
6. The team list can be narrowed by applying filter values for the Team Role, Staff Role, Preceptor, and Status.
7. The user will be able to navigate to see the Team Model Configuration in existence for the Team based upon the Care Type and the Focus. Refer to the “Model Team Configuration” user story for additional details. [B-01595]
8. If filter values have been applied – they can be reset to reinitialize the entire team list.
9. If the user has the “Create Team” permission, he will be able to create a Team Position from this screen. Refer to the *Create a Position Profile* user story for additional details. [B-01519]
10. If the user has the “Update Team” permission, he will be able to update the selected Team Position. Refer to the *Update a Position Profile* user story for additional details. [B-01519]
11. If the user has the “Create Team” or “Update Team” permission, he will be able to assign a staff member to the selected Team Position. Refer to the *Assign Staff to a Position* user story for additional details. [B-01521]
12. If the user does not have the “Create Team” or “Update Team” permission, he will only be able to view the staff member for the selected Team Position but will not be able to update any information. Refer to the *Assign Staff to a Position* user story for additional details. [B-01521]
13. If the user has the “Delete Team” permission, he will be able to delete the selected position as long as [B-01676]:

- a. Regardless of how the Position was created; the Team that the Position is on never had any active patient assignments
 - b. If the position was created by a Model Team Configuration, the Model Team Configuration defines that Position as optional.
14. If the user does not have the “Create Team” or “Update Team” permission, he will be able to view the selected Team Position but will not be able to update any information. [B-01519]
15. If the staff member assigned to the position has an email address defined, an email icon will appear next to the staff member name. When the email icon is clicked, Microsoft Outlook will open with a New Message addressed to the email address indicated for the staff member. [B-01442]
16. For valid values, field lengths and additional database information, refer to the “PCMM Data Element Spreadsheet”.

2.6.1.1.9. B-02986 Search Staff by Name

This user story allows an authorized PCMM2 User to search for staff by name and assign staff to a position. Associated VersionOne Backlog ID for this user story is B-01050, B-01316, B-01598, B-01660 and B-01398.

Wireframe:

Search Staff By Name:

Last Name:

First Name:

Staff Role:

Nurse Practitioner ▼

Results:

Name	Title	Authorized Station(s)
Smith, John A	Physician	
Smith, John B	Resident	

Select

Cancel

Conversation Points:

1. No new permissions will be created. If user has access to “Create Team” or “Update Team”, he will also be able to perform this function.
2. The valid roles and permissions are documented in the “PCMM CRUD Matrix”.

3. This user story adds a new “Search Staff” screen.
4. There will be 2 different screens to allow the user to search for VA staff depending on which way the search is accessed. If the user accesses the search screen using the Search Staff available from the position list or the position profile, then the functionality is described in this user story. If the user accesses the “Search for VA Staff” from the main menu, then the screen setup described in “*View Staff Profile*” user story will be displayed for the user. [B-01660]
5. At least 3 characters of the Last Name must be entered. [B-01398] Optionally, all or part of the First Name may be entered as well as all or part of the Middle Name. If either of these are entered, they will be used to narrow the search results. The search will retrieve all names that contain the characters that were entered anywhere in the name (last name, first name, middle name). The system will search within PCMM and return all names matching the criteria entered in Alphabetical order. If the staff has a termination date, it will be indicated on the search results. [B-01598]
6. If the user is trying to staff a Primary Care Provider, Physician-Attending, Designated Womens Health Provider, Associate Provider (Resident, Nurse Practitioner, Physician Assistant), Pharmacist, Psychiatrist position: The only records returned in the search must be assigned one of the taxonomies (person class) that corresponds to the taxonomy associated with the Staff Role for the position are associated with the position. There are mandatory associations: only physicians can be assigned to the Physician position, only NPs to the NP positions, etc.
7. If the user is trying to staff any position other than a Primary Care Provider, Physician-Attending, Designated Womens Health Provider, Associate Provider (Resident, Nurse Practitioner, Physician Assistant), Pharmacist, Psychiatrist position: then person class matching is not done. All staff matching the name(s) entered will be presented to the user.
8. If there are no Staff matching the Name(s) entered or Name/Taxonomy Class (if person class is associated with the position) entered, the user will be notified that no matches were found. They will then presented with a “Search in VistA” option to allow them to expand their search beyond staff already in PCMM and to search VistA for the staff matching the criteria entered. The system will search within VistA and if staff is found matching the criteria entered and person class (if applicable), the system will return all names matching the criteria entered in Alphabetical order. If no Staff existing that matches the Name(s) entered or Name/Person Class, the user will be notified that no VistA matches were found. Note: the Staff returned from VistA is retrieved from the VistA New Person file and the PERSON CLASS must be Active and the record must not have a VISITED FROM entry.
 - a. For VistA searches, if a staff member is known in PCMM Web, that staff member will not be listed in the VistA search results. [B-02986]

9. The system will differentiate the tables of search results from PCMM and VistA. [B-02986]
 - a. PCMM Web search results will display a header called “PCMM Search Results” along with the returned search values.
 - b. VistA search results will display a header called “VistA Search Results” along with the returned search values.
10. If the user selects a staff from either the PCMM search or the VistA search they wish to assign to the position, they will be presented with a Staff Detail screen that displays the Staff Name along with their title, office phone, pager, email address, person class, address, city, state, zip. The user can then choose the staff they wish to utilize for the position. Refer to the *Assign Staff to a Position* user story for additional details.
11. The user will press the Cancel button to return to the previous screen.
12. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.1.1.10. B-02335 Assign Staff to a Position

This user story allows an authorized PCMM2 User to assign a staff member to a position and assign patients to it. Associated VersionOne Backlog ID for this user story is B-01317, B-01442, B-01392, B-01521, B-01597, B-01671, B-01333, B-01393, B-01427, B-01534, B-01660, B-01426, B-02891 and B-02335.

Wireframe:

Team Profile

Team Name: [Team Name displayed here]
Care Type: [Care Type here]
Focus: [Focus]
Status: [Status here]

Team Position Profile

Team Role: [Team Role Name displayed]
Staff Role: [Staff Role Name]
Status: [Status]
Preceptor? [Yes]

Assign Staff to a Position

Staff Information

Name:
Staff Role: [Staff Role]
Title: [Title]
Termination Date: [Termination Date]
Address: [Address Line 1]
[Address Line 2]
[Address Line 3]
City: [City Name]
State: [Postal Code]
Zip Code: [Zip Code]
Phone: [Work Phone]
Pager: [Pager]
Email: [Email Address]
Person Class:
[Person Class VA Code]
[Person Class Provider Type]
[Person Class Provider Classification]
[Person Class Area of Specialization]
As Of Date: [date person class was retrieved]

New Assignment Information

Assigned Date: mm/dd/yyyy
Unassignment Date: mm/dd/yyyy
Unassignment Reason: PCP Change
Actual FTEE:
Actual FTEE Effective Date: mm/dd/yyyy

Submit
Cancel

Submit

Cancel

Conversation Points:

1. No new permissions will be created. If user has access to “Create Team” or “Update Team”, he will also be able to perform this assignment function. If the user has “Read Team”, he will only be able to view the assignment information. [B-01521]
2. The valid roles and permissions are documented in the “PCMM CRUD Matrix”.
3. This user story adds a new “Assign Staff to a Position” screen that allows the user to have the ability to assign a staff member with the proper qualifications to a Team Position on a team, unassign a staff member from a Team Position on a team and capture the Actual FTEE for the staff member. This functionality will be accessible from:
 - a. The Team Position List. We will add the Team Position profile information to this screen so the user is able to see what Team Position they are assigning the staff to. See Position Profile header in wireframe below. [B01361]

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- b. A new section called “Current Staff Assignment” will be added to the “Team Position Profile” screen where the user can access this functionality. See *Update a Team Position Profile* user story for additional details. [B-01333]
- 4. The Position must have a status of *Active* during the timeframe you are trying to assign the staff member to it. [B-01333]
- 5. The Staff Member Name must be searched and selected.
- 6. A Staff Member search will be available to allow the user to search for a staff member by name and view/select the results returned from the search. This user story relies on the “*Search Staff by Name*” user story. Please refer to that user story for additional details. The Phone, Beeper, Email Address, Address, City, State, Zip, Title, Person Class, Person Class Date Last Validated in VistA will be retrieved from the Staff Member’s information on record in VistA and displayed. If the staff member has an email address defined, an email icon will appear next to the contact name. When the email icon is clicked, Microsoft Outlook will open with a New Message addressed to the email address indicated for the staff member. [B-01442]
- 7. There will be 2 different screens to allow the user to search for VA staff depending on which way the search is accessed. If the user accesses the search screen using the Search Staff as described in this user story, then the screen will appear as described in this user story. If the user accesses the “Search for VA Staff” from the main menu, then the screen setup described in “*View Staff Profile*” user story will be displayed for the user. [B-01660]
- 8. All staff for the station the user is working in and all its sister stations (ie all stations for that station, its parent and all stations that share the same parent (ie first 3 digits of the station number)) will be retrieved. Their station number will be displayed in the results list to allow the user to see to which station they are assigned. This is needed since staff is retrieved from VistA and some staff work at more than one station and there is currently not a way to tell all the stations they are assigned to work in.
- 9. If there is only one Staff Role associated with the Team Role listed on the Team Position you are trying to assign the staff to, the Staff Role will be defaulted and displayed. [B-01597]
- 10. If there is more than one Staff Role associated with the Team Role listed on the Team Position you are trying to assign the staff to, the Staff Roles will be displayed and the user must select the Staff Role that they want to use for this staff member. The user must choose the Staff Role before searching since this information will be used to narrow the search list to only valid staff members that are assigned to the corresponding taxonomy. [B-01597, B-01671]
- 11. If the Staff Role indicated for this assignment has a person class(s) associated with it, the staff member must have this Person Class assigned to them in VistA in order for the

assignment to occur. These are mandatory associations: only physicians can be assigned to the Physician role, only NPs to the NP role, on PAs to PA roles, only Resident(interns) to Resident roles. When the Staff Role is selected and the Staff Role is for a Provider (ie. when a licensed/credentialed Staff Member must fill this Staff Role), the corresponding associated taxonomy(ie. person class va code, person class provider type, person class provider classification, person class area of specialization) will be displayed. [B-01597, B-01671]

- a. The taxonomy will be used to narrow the qualified staff list to only staff that have this taxonomy assigned to them during the Search Staff function. See the *Assign Staff to Team Position* user story for additional details. This information is presented to the user for informational purposes so they will know what taxonomies of any staff that they intend to associate to this position must conform to. For valid values for Staff Roles and their Taxonomy mappings, refer to the “*PCMM Standard Roles*” document. This document contains the Staff Role to Person Class Provider Classification mapping (the VA Code associated with the Person Class Provider Classification is what will be used to determine if the staff member is eligible to fill the position). [B-01671]
- b. The taxonomy will be recorded along with the date it was retrieved from the provider source system. Note: CDW and VSSC are requesting this information to be stored in the tables for their use. The taxonomy and the taxonomy as of date will be displayed on this screen. [B-01671]
- c. If the Staff Role does not require a person class (it will not have a person class mapped to it) and all staff matching the criteria entered will be displayed for selection. [B-01671]

12.The Assignment Date will be defaulted to the current date. You can override the Assignment Date as follows:

- a. The assignment date must be greater than or = to the latest position activation date. [B-01392]
- b. If position was previously assigned; the assignment date must be greater than the latest unassignment date. [B-01392]
- c. You cannot override to a future date. [B-01392]

13.Each staff member can be assigned to more than one team.

14.For Primary Care, Each staff member can only be assigned to one active Team Position on a team at a time. [B-01392]

15. The user must enter the Actual FTEE for all Team Roles marked as “FTEE Required” on the *PCMM Standard Roles* spreadsheet. The user may optionally enter the Actual FTEE for all Team Roles marked as “FTEE Optional”. For all roles marked as “Forbidden”, the Actual FTEE cannot be entered and will be hidden from the user. [B-02891]. When entered, the actual FTEE for the Team Position must be between 0.00 and 1.00. [B-01392]

16. The FTEE represents the actual FTEE the staff member assigned to this Team Position has the ability to provide. The FTEE for the staff member assigned to a Team Position cannot be greater than 1.00 across all Team Positions/Teams within any/all station(s) to which he has active assignments. [B-01392]
17. If the Team Position is a Preceptee that has a Preceptor assigned, the Team Position may not be de-staffed until the Preceptor relationship is terminated. The user will be presented with a message letting them know this Team Position has a Preceptor Relationship established and this Team Position cannot be de-staffed without first unassigning the Preceptor. It will read "Preceptor [team position name/staff member name] Assigned: Must unassign Preceptor before unassigning this Preceptee". [B-01392]
18. If the Team position is a Preceptor that has a Preceptee assigned, the Team Position may not be de-staffed until the Preceptor Relationship is terminated. The user will be presented with a message letting them know this Team Position has a Preceptee and this Team Position cannot be de-staffed without first unassigning the Preceptee. It will read "Preceptor [position name/staff member name] Assigned: Must unassign Preceptee before unassigning this Preceptor". [B-01392]
19. If there was not an active Staff Member assigned to the Team Position with a Team role = "Primary Care Provider" at the time the patient was assigned to the entire team, when a staff member is assigned to a Team Position that has a Team Role of "Primary Care" and there is an existing patient assignment in existence indicating the patient is assigned to the entire team, the Patient Provider Relationship will be recorded depicting the staff member assigned to the Team Role = along with the assignment start date. [B-01597]
20. If Mental Health (MH) team position, allow staff to be assigned to more than 1 position on same team when assigning a staff member. This will be needed since the staff member may serve as MHTC to some patients and not others. [B-01426]
21. Once a Team Position has a staff member assigned, the user can change the Staff Member assigned to the Team Position from the current Staff Member to another Staff Member. The Assignment date will be defaulted to the current date. The Actual FTEE will be cleared to allow the user to enter the Actual FTEE for the new staff assigned. The user will press the Submit button to save the information to the database. The user will press the Cancel button to return to the previous screen and the data will not be saved to the database. When the Change is submitted, the System will execute the validation rules used for a new unassignment and then execute the validation rules used for a new assignment will be used. The Effective Date entered will be used as the Unassigned date of the current staff assignment and the Assigned date of the new assignment in the Provider Relationship history. Refer to the *Assign Patient to a Team/Position* user story for additional details on the Provider Relationship History. [B-01597]

22. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
23. When a Staff is successfully assigned to a Team Position; the Effective Date and Actual FTEE will be captured and displayed in the Team Position History Timeline. The userid of the user who created/updated the assignment and when the assignment was created/updated will be captured but not displayed. The Team Position History Timeline will display which Staff was assigned to each Team Position/Team and when. [B-01597]
24. The user will have the ability to change the Actual FTEE the staff member can allocate to this position. When the Effective Date or the Actual FTEE for a Staff Assigned to a Team Position is changed; the Effective Date and Actual FTEE will be captured and displayed in the Team Position History Timeline. The Effective Date of the FTEE change must be within the start and end dates of that staff assignment. The userid of the user who created/updated the assignment and when the assignment was created/updated will be captured but not displayed. [B-01597] The Team Position History Timeline will show when the updated Actual FTEE became effective and when. [B-01333]
25. Once a Team Position has a staff member assigned, the user can Unassign (ie. remove) the Staff Member assignment from the Team Position and remove the assignment information from the database. This process is referred to as “Unassignment”. The user will press the Submit button to save the information to the database. The user will press the Cancel button to return to the previous screen. The data will not be saved to be database.
26. The Team Position History Timeline including the Staff Name, Staff Role, Actual FTEE, Assignment Date, Unassignment Date (if applicable), Unassignment Reason (if applicable) of all staff members assigned to/unassigned from the position will be displayed when the user indicates they wish to view the history for the Team Position. Refer to the *Update a Team Position* user story for additional details on this “Staff Assignment Timeline”. [B01392] [B-01333]
27. When a Staff Member is unassigned from a Team Position, the unassignment date and unassignment reason will be captured and displayed in the Team Position History Timeline. The userid of the user who removed the assignment and when the assignment was removed will be captured but not displayed. [B-01392] and the following conditions will be checked and acted on as follows:
- a. Are there any active Explicit Patient Assignments for the Associate Provider position with an active preceptor link within the specified Staff Assignment and Unassignment Dates
 - i. If so, the patients must be re-assigned to another eligible AP or to the entire team. They cannot be left on the AP position since the AP position is no longer valid if there is not an active staffed PCP position associated with him. The user will be presented with an error message stating

“Patients are explicitly assigned. Re-assign the patients before unassigning the staff member.” [B-01393]

- b. If this is the PCP position, Are there any active Explicit Patient Assignments for the AP position it is precepting that falls within the specified Staff Assignment and Unassignment Dates? [B-1393]
 - i. If so, you will receive a validation error letting you know that the patients must be unassigned before you can unassign the staff member from the PCP position.
- c. Are there any active preceptor links that fall within the specified Staff Assignment and Unassignment Dates??
 - i. If so; the user will be presented with a error message stating “An Active preceptor link exists for this position. Press “Cancel” OR “Continue” to automatically unassign the staff member and terminate the preceptor link”. [B-01427]
If user chooses to continue; the system will attempt to terminate any preceptor links that are active within the date range of the precetor’s staff assignment by populating an end date on the preceptor relationship with the unassignment date. It will remove any future preceptor links since they will no longer be valid. If for some reason, the System update causes the data to be invalid , the user will receive an error message indicating what is causing the error. If the System is able to update, the staff will be unassigned from the position by populating the unassign date and reason.

Note: When a Staff Member is unassigned from a Team Position that has a Team Role = “Primary Care Provider” AND there was not an “Associate Provider” on the team (thus the patient assignment was to the Entire Team); the patient assignment relationship to the particular staff member will be unassigned and the Provider Relationship History Unassigned date will be updated. The Provider Relationship history will be removed for these patients until this position is staffed. The patient assignment relationship to the Team itself will remain. Refer to the *Unassign Patient to a Team* user story for additional details. [B-01595]

28. When a Staff Member is changed from one Staff Member to another, the unassignment date and unassignment reason will be captured and displayed in the Team Position History Timeline for the current Staff Member and the assignment date and reason will be captured and displayed in the Team Position History Timeline for the new Staff Member assigned. The userid of the user who requested the assignment change and when it was requested will be captured but not displayed. [B-01392] and the following conditions will be checked and acted on as follows using the Staff Assignment and Unassignment dates:
- a. Are there any active Explicit Patient Assignments for any Associate Provider position with an active preceptor link that falls within the Staff Assignment and Unassignment Dates?
 - i. If so, the patients will remain assigned to the AP position [B-01534]
 - b. Are there any active preceptor links that fall within the Staff Assignment and Unassignment Dates??

- i. If so; the user will be presented with a error message stating “An Active preceptor link exists for this position. Press “Cancel” OR “Continue” to automatically unassign the old staff member, assign the new staff member and modify the preceptor link”. [B-01534]

If user chooses to continue; the system will attempt to terminate any preceptor links that are active within the date range of the preceptor’s staff assignment by populating an end date on the preceptor relationship with the unassignment date. It will create a new preceptor link with the new staff member using the new staff assignment date as the start date on the new preceptor relationship and will update any future preceptor links with new staff member. If for some reason, the System update causes the data to be invalid , the user will receive an error message indicating what is causing the error. If the System is able to update, the staff will be unassigned from the position by populating the unassign date and reason for the current staff member and populating the assign date for the new staff member.]

29. All validation rules are documented in the *PCMM Business Rules and Validation* rules. All data will be validated upon update. Refer to the *PCMM Validation Rules* document for details on the business rules that must be satisfied when manipulating the Staff Assignment.

2.6.1.2. BN2 Requirements

The following agile requirements were implemented and listed in the following user stories:

2.6.1.2.1. B-02335 Assign Patient to a Team and Position

This user story allows an authorized PCMM2 User to assign a Patient to a team and allow the user to choose which provider position is to be assigned if it is a Primary Care Team to assign/track patient care. Associated VersionOne Backlog IDs for this user story are B-01278, B-01406, B-01416, B-01406, B-01535, B-01542, B-01543, B-01388, B-01599, B-01400, B-01841, B-01212, B-02047, B-01063, B-01370, B-01540, B-02056, B-02127, B-02689 and B-01408.

Wireframe:

Patient Profile

☐ Verified ☐ Secure Messaging ☐ Sensitive Patient
 Name: [last name & suffix, First Name Middle Name] Birth Date: [MM/DD/YYYY]
 ID: [VA ID] Date Deceased [MM/DD/YYYY] Gender: [Female]
 SSN: [000-000-0000]
 City: [City Name] ST: [City Name]
 Primary Eligibility: [Primary Eligibility Displayed Here]
 Means Test Results: [Means Test Displayed Here]
 Date Due for Inactivation: [MM/DD/YYYY] Last Team Encounter Date: [MM/DD/YYYY]

Filter: ☐ Current ☐ All

Team	Care Type	Focus	Assigned Date	Unassigned Date	Reason Unassigned	Institution name (s)	Direct Care Provider	Last Encounter Date

Team Name: [Team is Displayed]

Direct Care Provider: Effective Date:

Timeline History for: [team name]





Assignment Date	Unassignment Date	Unassignment Reason	Direct Care Provider Name

Auto Inactivation Icons

View Patient Assignments

Show: ☒ Current Assignments ☐ Historical Assignments

Display 25 Records

	Patient Name	Patient Details	Assigned	Auto Inactivation	Last Encounter	Direct Care Provider
<input type="checkbox"/>	[REDACTED]	[REDACTED]	11/15/2012 23:27	 12/13/2012 23:27	11/11/2012 23:27	[REDACTED]
<input type="checkbox"/>			11/15/2012 23:28	 01/13/2013 23:27	11/15/2012 23:27	
<input type="checkbox"/>			11/15/2012 23:32	 02/13/2013 23:27	11/14/2012 23:27	
<input type="checkbox"/>			11/15/2012 23:33	 03/14/2013 00:27	11/15/2012 23:27	
<input type="checkbox"/>			11/15/2012 23:34	04/14/2013 00:27	11/16/2012 23:27	
<input type="checkbox"/>			11/20/2012 12:34		Pending	
<input type="checkbox"/>			11/20/2012 12:18		Pending	
<input type="checkbox"/>			11/20/2012 13:11		Pending	
<input type="checkbox"/>			11/15/2012 23:58		Pending	
<input type="checkbox"/>			11/16/2012 12:11		Pending	

First Previous 1 Next Last

Conversation Points:

1. A new permission called "Assign Patients" will be created. If user has access to "Assign Patients" he will also be able to perform this function. [B-01388]
2. The valid roles and permissions are documented in the "PCMM CRUD Matrix".
3. In order to assign a patient to a team, the patient must not have a Date of Death associated with him. If he does have a Date of Death, he will not be allowed to be assigned to a team. [B-01408]
4. The user is required to Search for a Team to assign the patient to. Refer to the "Search Team by Name" user story for additional details.

5. The Team the patient is to be assigned to must have a status of *Active* in order to execute this user story. It must also be open to assignment (ie. it must not be closed for assignment). We will not show inactive teams when we search for eligible teams available to assign the patient to. The search team results will only display active teams. [B-01535]
6. The Team the patient is to be assigned to must be open to assignment (ie. it must not be closed for assignment). We will not show teams who are Active but closed for assignment when we search for eligible teams available to assign the patient to. The search team results will only display active and open teams. [B-01535]
7. The patient can be assigned to any team within the station you are working in while performing the assignment. The team search list will be narrowed to only teams that exist in the station you are working in while performing the assignment.
8. Each assignment will have a status and a status effective date when it is created [B-02689].
 - a. For team care type = Primary Care:
 - i. the initial status will be “Pending”.
 - ii. the Effective Date will be defaulted to the current date/time the assignment was entered and will not be shown or be able to be changed.
 - b. For all other care types:
 - i. the initial status will be “Active”.
 - ii. the Effective Date will be the date entered during the assignment.
9. The patient is only allowed to be assigned to one Mental Health Treatment Coordinator (MHTC) per parent station (ie across all stations beginning with same 3 digit station number). [B-01063] This will be implemented as follows:
 - a. If the patient is being assigned to a team with a care type of “Mental Health Treatment”; the system will check all teams the patient is currently assigned to. If the patient has an assignment with a status of “Active” to a team with a care type of “Mental Health”, the system will check the assignment to that team to see if the patient has an explicit assignment to a team position with a team role = “Mental Health Treatment Coordinator” and if so, an error message will be displayed indicating this. If not, the user will be able to continue with the patient assignment.
10. A patient can be assigned to more than one Non-Primary Care (NPC) team. A Non-Primary Care is a team that has a Care Type other than “Primary Care”.
11. If the team has a Care type of “Primary Care; the assignment will occur at the Team level. All active Team Positions on the team will inherit the team assignment regardless of it is staffed or not. This will be implemented as follows:
 - a. If the team has a Care Type of “Primary Care” and does not contain any active Team Positions with a Team Role = Associate Provider on the team, the assignment will occur for the “Entire Team” and:

- i. The team must have an active Primary Care position (ie a Primary Care Provider or a Designated Women’s Health Care Provider) on it before a Patient can be assigned. If it does not, an error message will occur notifying the user they must have an active Primary Care position on the team before patients can be assigned to it. [B-1212]
 - ii. The user will not have the ability to designate individual Team Position assignments. Each Team Position will inherit the team assignment. For all assignments to the Entire Team, the Assignment Date the patient was assigned to Team will be recorded along with the staff member assigned to the active Team Position with the Team Role = “Primary Care Provider” in the Provider Relationship history. The rest of the team will inherit the assignment but will not have an explicit assignment recorded in the Provider Relationship history. [B-01599]
- b. If the team Care Type = “Primary Care” and if there are no active Team Positions with a Team Role = Associate Provider on the team; assignment is always made to the entire team. If the team will reach or has exceeded their Allowed patient capacity once this assignment occurs, a warning msg will be displayed to let the user know the allowed patient capacity for the team has been reached. This is a warning message only and the assignment will be allowed to continue. [B-01543]
- c. If the team has a Care Type of “Primary Care” and if there are one or more active Team Positions with a Team Role = Associate Provider on the team, the user will be able to choose whether they wish to explicitly assign the patient to an active AP Team Position(s) in a valid Preceptor relationship or if they want to assign the patient to the entire team. [B-01543] [B-01841]
- e. If the team Care Type = “Primary Care” and the assignment is to a Direct Care Provider (ie the PCP or an AP); if that Team Position for the team will reach or has exceeded the Allowed patient capacity once this assignment occurs, a warning msg will be displayed to let the user know the allowed patient capacity for that Team Position has been reached. This is a warning message only and the assignment will be allowed to continue. [B-01543]
- f. For all assignments made to the Entire Team, the Assignment Date the patient was assigned to the Team along with the staff member assigned to the active Primary Care Provider position that was explicitly assigned will be recorded in the Provider Relationship history. The rest of the team will inherit the assignment but will not have an explicit assignment record created in the Provider Relationship history. [B-01599]
- g. For all assignments made to an Associate Provider, the Assignment Date the patient was assigned to the Team along with the staff member assigned to the active Associate Provider position that was explicitly assigned will be recorded in the Provider Relationship history. The rest of the team will inherit the assignment but will not have an explicit assignment record created in the Provider Relationship history. [B-01599]
- h. If a current explicit assignment already exists to the team, the user will have the ability to change the explicit from one AP to another or from one AP to the Entire Team or from the Entire Team to one AP. This change will leave the team

assignment in place but will track the assignment direct care provider for each change. [B-01841]

- 12.If the team has a Care type other than “Primary Care”; the user will have the ability to designate individual Team Position assignments for all active positions with active staff assignments. All active Team Positions that have a staff assignment will be displayed and the user can select which positions to assign the patient to. Provider Relationship History will be recorded and will be displayed on the Patient Assignment History screen. At least one position on the team must be selected. [B-02127]
- 13.If the team has a Care Type other than “Primary Care”; The Effective Date must be entered. It has the following rules associated with it:
 - a. It will be defaulted to the current date and will allow user to override it to any past date.
 - b. It cannot be overridden to a future date. We are not allowing for future assignment to a PC team since the patient could be assigned today and future assigned to another team tomorrow and we would not “catch” their double assignment. There is no way to allow this unless the system automatically forces discharge from the previous team.
 - c. It cannot not be overridden prior to the team’s creation date or the latest date the patient was unassigned from the team whichever is latest.
- 14.The patient may be assigned to as many teams with a Care Type of “Primary Care” (ie a PC assignment) across stations as needed as long as the assignment is in Pending status. [B-02689]
 - a. Each patient can only have one *Active* PC team assignment on a given date per 3 digit Station. [B-02689]
 - b. Each patient can only have one Pending PC team assignment on any given date per 3 digit station. [B-02689]
 - c. Each patient can have more than one Active PC team assignment across stations as long as there is a Multi-PCP request that is approved by all stations holding a current Active PC Assignment as well as the station requesting the new PC assignment. [B-02689]
- 15.If the patient is designated for Multiple PCP (ie has an approved Multi-PCP request on file between any station holding an active Primary Care assignment and the station requesting the new assignment) an Active assignment will be allowed. [B-01400]. PCMMR will insure that each patient has only one Active PCP nationally unless specifically designated as approved for “multi care” by all involved stations (ie those currently holding an active PC assignment and the additional station requesting an assignment). If the patient has an approved Multiple PCP Request, he may have 1 active PC assignment at each of the involved stations once each has approved the request. A patient can have an active assignment to 1 Primary Care team at each of his approved stations as long as there is a Multiple PCP request on file that is approved by all involved stations. [B-02689]

This is implemented as follows:

1. The system will automatically create a Multi PCP request for each pending PC assignment entered that will list the station needing assignment as well as any external station(s) that currently hold active PC assignments for the patient at the time the user creates a new Pending PC assignment. Each station's TVC or a designated user that holds the permission to approve/deny the request will need to approve or deny this additional assignment before it can go active. The System will notify the user during assignment if there is at least 1 other active PC assignment at another station and let them know that a MPCP request will be generated if they confirm that the assignment is needed. [B-02689]

Note: Even if the other station listed on the Multi PCP request inactivates the patient PACT assignment, that station is still required to give approval/denial on the request before the pending assignment will flip to Active.

For additional details, refer to the *Multiple PCP Assignment Capture and Display* user story defining the request creation and the *Multiple PCP Assignment Action* user story defining the approval process.

16. Pending assignments will not be counted in Assigned Capacity (even if they have an encounter). [B-02689] Refer to the *Update a Team* and *Update a Team Position Profile* for additional information on Capacity.
17. For assignments to teams with a Care Type of "Primary Care": If the assignment is to the "Entire Team"; if the team will reach or has exceeded its Allowed patient capacity at the team level once this assignment occurs, a warning msg will be displayed to let the user know the allowed patient capacity for the team has been reached. This is a warning message only and assignment will be allowed to continue. [B-01542]
18. If the team capacity has been overridden and the Adjusted team capacity value is populated; if the team will reach or has exceeded its Adjusted patient capacity at a team level once this assignment occurs, a warning msg will be displayed to let the user know the Adjusted allowed patient capacity has been reached. This is a warning message only and the assignment will be allowed to continue. [B-01542]
19. Once the user saves the Assignment information to the database, the assignment will appear in the Team Assignments table along with a message indicating the assignment was successful. The team Assignments table will list the following data fields:
 - Station (#)
 - Team Name
 - Team Care Type||Focus
 - Status
 - Start Date
 - End Date
 - End Reason

- Name of the Direct Care Provider Explicitly Assigned to the patient. Note: the name of the provider this patient is assigned to or Entire Team will appear here.
- Last Encounter Date
- Date due to be Auto Inactivated

20. When the patient is initially assigned to a team with a purpose of “Primary Care”, the assignment will be in “Pending” status until the patient has had an encounter with any member of the PC Teamlet (ie. the Team Positions with a Team Role of “Primary Care Provider”, “Care Manager”, “Associate Provider” (if patient is assigned to AP), “Clinical Associate” recorded in VistA/PCE. Admin Coordinator is a member of Teamlet but does not enter encounters so they are excluded from the “encounter” check.

- PCMM will retrieve and store the Earliest Encounter Date looking back 30 days from the date the assignment was entered.
- The first time PCMMR detects the Earliest Encounter Date; it will automatically trigger the status to be flipped to “Active” using the Earliest Encounter Date as the Assignment Activation Date either when the user is initially entering the assignment OR during the nightly batch auto inactivation process that interrogates encounters for each patient/team if:

- there are no additional active PC assignments at the same station

OR

- if there are additional PC assignment(s) at the same station – the current Active assignment will be inactivated first using the Earliest Encounter looking back 30 days for the Pending assignment as the unassignment date and “Automatically Unassigned due to Intra-Facility transfer” as the unassignment reason prior to activating the pending PC assignment. This will occur as long as the Earliest Encounter found is after the current Active assignment start date. If it is not, the assignment will remain in Pending status. Refer to the *Unassign a Patient from a Team* user story for additional details.

OR

- if there are additional PC assignment(s) at a different station AND there is an approved Multi PCP request for all stations holding the Active PC assignments as well as the station holding the pending assignment exists that has a final approval date within the last 24 months.

AND

As of the assignment effective date

- the team is active
- the team is open to assignment
- the PCP team position is active
- if assignment is to the AP; the AP position is active AND the preceptor relationship is active

If any of the above conditions are not true; an alert will be sent letting the designated recipients know that the pending assignment could not be flipped. Refer to the *Manage Alerts* user story for additional details.

If the patient is assigned to the AP – the AP must be staffed and in a preceptor relationship during the time of assignment. Since we do not know when the





assignment will start – if there is an enc at the time of the assignment – we will check to see if the AP was active at that time –if so the assignment will be allowed. If not, the assignment will not be allowed. If there is not an enc at the time of assignment-the enc will be in the future SO we will check to see if the preceptor assignment is active as of the current date the assignment is made and if he is not active at time of activation date-if the preceptor is not valid – the assignment will be made to the entire team instead of the AP as originally requested. An alert will be sent notifying the PCMM coord that the flip had to be to Entire Team.

- c. If the earliest encounter date within the previous 30 days is detected and a Pending Multi-PCP request exists; the status will not “flip” until the Multi-PCP request is approved by all involved stations. Refer to the *Multiple PCP Assignment Capture and Display* and the *Multiple PCP Assignment Action* user stories for additional details.
- d. PCMM will continue to retrieve and update the Earliest Encounter within the last 30 days, if needed as well as the Last Encounter date (ie. the latest date the patient had an encounter) during a nightly batch process. Refer to the *Batch Auto Inactivation* and the *Batch Vista Interface* user story for additional details. The Last Encounter Date will display the latest encounter date detected as of the previous night. If one has not been detected, it will be blank. [B-02047]

The fact that the assignment is Pending will be shown in CPRS/VistaWeb regardless of whether or not encounters exist for Multi PCP assignments. The active assignment will be shown in CPRS/VistaWeb as well. Refer to the *CPRS Primary Care Header* and *CPRS Primary Care Window* user stories for additional details. [B-01597; B-01370; B-01540] [B-02689].

- 21. When the assignment is being activated during the nightly auto inactivation job; if the patient is assigned to the AP and the AP is not staffed or in a valid preceptor relationship at the time the activation is to occur, the assignment will be made to the Entire Team for the time period between activation and when the AP becomes valid. The assignment will then flip to the AP from the time he is valid going forward.
- 22. If there are scenarios where the patient won’t flip due to team/position not being active, we need to send an alert.
- 23. For patients assigned to teams with a Care Type of “Primary Care”; once the status has flipped to “Active”; the Pending status and status date will be recorded and available in the Assignment History. [B-02689].
- 24. When a patient has been identified for auto inactivation, the selected date will be displayed in the View Team Assignments table. (See “*Batch Auto Inactivation*” user story for details on the auto inactivation process) [B-02047]

The user will be able to view icons that will be used to display the amount of days before the the patient will be auto inactivated.

- If the Scheduled Inactivation Date is between 91 - 120 days from today, then display the 120 day icon with the date. 
- If the Scheduled Inactivation Date is between 61 - 90 days from today, then display the 90 day icon with the date. 
- If the Scheduled Inactivation Date is between 31 - 60 days from today, then display the 60 day icon with the date. 
- If the Scheduled Inactivation Date is between 1 - 30 days from today, then display the 30 day icon with the date. 

25. When the patient is assigned to the team, how it was assigned (to the entire team or explicitly assigned and to who) along with an assigned date will be captured and displayed in the Team Assignment History for the patient. The userid of the user who created/updated the assignment and when the assignment was created/updated will be captured but not displayed. Note: We will be able to report history on which patients were assigned to which teams and when. Which positions were active during that assignment. Which staff members were assigned to those positions during that assignment as well as any preceptor/preceptee relationships were in affect during the assignment.
26. The user will exit the assignment screen without pressing Assign if they do not want the assignment to occur and nothing to be saved to the database.
27. Once a patient has been assigned to a team, the assignment information will appear in the “View Patient Assignments” section of team profile and position profile screens. (See the “*View Patient Assigned to a Team*” and the “*View Patient Assigned to a Position*” user stories for details.)
28. Once a patient has been unassigned from a team; he can be re-assigned. The reassign date must be after the previous unassignment date if it was an Active assignment. If the assignment was never activated and was Canceled; the unassignment dates are not taken into consideration; it will be treated as a new assignment as of the current date.
29. If a patient, who is scheduled for inactivation from a team with a care type of “Primary Care”, is assigned to a new Primary Care Team prior to their inactivation date, PCMM shall remove the scheduled inactivation date, extension comment if applicable from the patient. This will reset the Auto Inactivation timeline.
30. If a patient, who is scheduled for inactivation from a team with a care type of “Primary Care”, is assigned to a new Primary Care Provider on the same team prior to their inactivation date, PCMM shall not remove the scheduled inactivation date, extension comment if applicable from the patient. The Auto Inactivation timeline will not be reset.

31. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.1.2.2. B-02335 Update a Team Position Profile

This user story allows an authorized PCMM2 User to view the patients assigned to a position within a team to see the patients assigned to each team member. Associated VersionOne Backlog IDs for this user story are B-01199, B-01317, B-01235, B-01405, B-01053, B-01521, B-01595, B-01333, B-01382, B-01781, B-01841, B-01329, B-01522, B-01212, B-01871 and B-02828.

Wireframes:

Team Profile

Team Name: [Team Name displayed here] Care Type: [Care Type here] Focus: [Focus] Status: [Status here] Assignment Status: [Closed ind here]

Team Position Profile

Team Role:

[Position Note: PHYSICIAN ATTENDING]

Termination:

Expected FTEE:

Team Placement

☒ Team Lead

☒ Primary Team Contact

☐ Secondary Team Contact

Patient Capacity

Allowed:

Assigned: [displayed here]

Available: [displayed here]

Current Staff - for Future and Past Assignments - See Staff Timeline Below

Staff Role: [Staff Role displayed here]

Staff Name: [Staff Name displayed here]

Actual FTEE: [Actual FTEE displayed here]

Current Preceptor - for Future and Past Assignments - See Preceptor Timeline Below

Staff Name: [Staff Name displayed here]

Staff Role: [Staff Role displayed here]

Team Role: [Team Role displayed here]

Submit

Cancel

Team Position Timeline

Team Position Timeline

Activation Date	Inactivation Date	Reason
mm/dd/yyyy	mm/dd/yyyy	Inactivated
mm/dd/yyyy	mm/dd/yyyy	Team
mm/dd/yyyy	mm/dd/yyyy	Inactivated

Close

Add History

Edit History

Delete History

Edit Team Position Timeline

Edit Team Position Timeline

Activation Date:

Inactivation Date:

Reason Inactivated:

Staff Assignment History

Staff Name	Staff Role	Actual FTEE	Start Date	End Date	Unassigned Reason
John Doe	NP	1	5/25/2012	7/31/2012	
John Doe	Physician	0.5	5/25/2012	7/31/2012	Position Inactivated
Jimmy Doe	PA	0.2	mm/dd/yyyy	mm/dd/yyyy	Employee left position

Close

Add History

Edit History

Delete History

Preceptee

Team Role: [Associate Provider] Staff Role: [Staff Role Name] Staffed by: [current staff name]

Preceptee to Preceptor Relationship

Preceptor/Preceptee Relationship Information

Relationship Start Date:

Relationship End Date:

Preceptor

Staff Name:

Staff Role: [Staff Role displayed here]

Team Role: [Team Role displayed here]

Preceptee

Staff Name:

Staff Role: [Staff Role displayed here]

Team Role: [Team Role displayed here]

Preceptor/Preceptee Relationship History

Relationship Start	Relationship End	Preceptor	Preceptee	
		Staff Name:Staff Role:Team Role	Staff Name:Staff Role:Team Role	Add
				Update
				Delete

Relationship Start	Relationship End	Preceptor	Preceptee	Add
		Staff Name:Staff Role:Team Role	Staff Name:Staff Role:Team Role	Update
				Delete

Conversation Points:

All Roles:

1. No new permissions will be created. If the user has been granted the permission entitled “Update Team”, they will also be able to update the position profile information for the team. If the user has been granted the permission entitled “Read Team”, they will only be able to View the Position profile.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. All conversation points defined in the *Create a Team Position Profile* user story must be adhered to.
4. The Team Role associated with the Position cannot be updated. It will be displayed for this user for read-only. [B-02828]
5. When the Status is updated from Active to Inactive; the Inactive Date must be \geq the Active Date. [B-01333]
6. The Actual Capacity is a read only field on this screen. It represents the number of active patient assignments for the position. Since patients are no longer individually assigned to each position but instead are assigned to the whole team EXCEPT if the Team Care Type = “Primary Care” and contains an Associate Provider (see *Precetor/Preceptee specific* conversation points below). This number will be the same as for the Actual Capacity at a team level. The patient assignment counts for the position whether the position is staffed or not.
7. The Available Capacity will be calculated by subtracting the Actual Capacity from the Allowed Capacity for the position. Note: this could be a negative value. This is a read only field on this screen.
8. The user will be able to change the Team Position status from this screen.

9. The Team Position can be Activated if its Inactive. The Team Position can be Inactivated if its Active. If the Team Position has been Inactivated, the Activation date must be greater than the latest Inactivation date. The Activation and Inactivation date pairs must be in chronological order. [B-01593]
10. The Activation Date is required anytime the Status is changed to “Active” [B-01593].
11. The Inactivation Date is required anytime the Status is changed to “Inactive” [B-01593]. The following business rules will be applied anytime a position is inactivated:
 - a. Are you trying to inactivate the PC position (either the Primary Care Provider or the Designated Womens Health Provider) on a team with a care type of “Primary Care and there are active assignment to the Entire Team?”
 - i. If so, the user will be presented with an error message notifying them that you cannot inactive the Primary Care Position since there are active Patient Assignments. [B-01212]
 - b. Are there any active Explicit Patient Assignments to an Associate Provider (AP) that fall within the specified Active and Inactive Dates?
 - i. If so, the patients must be re-assigned to another eligible AP or to the entire team. They cannot be left on the AP position since the AP position is no longer valid if there is not an active staffed PCP position associated with him. The user will be presented with an error message notifying them that patients are explicitly assigned and you must Re-assign the patients before you can inactivate the position. [B-01522]
 - ii. The user will be given the option to bypass this message and to re-assign the patients currently assigned to this AP to the entire team. If they choose to bypass the message and re-assign all the patients currently assigned to the AP to the entire team, the current assignment(s) will be unassigned from the AP and they will be re-assigned to the entire team. The re-assignment of the patients will be submitted to a batch process. The user will receive a messaging notifying them the patients are being moved from the position and assigned to the entire team and that they should check their alerts to view the status of this move and the result of this action. The user will receive an alert when the batch job completes. See the “A Batch process to move patients between positions was completed successfully” alert or the “A Batch process to move patients between positions was completed with # failure” in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. The user will then need to validate the results of the batch job. The results will show if each patient successfully moved or not and if not, why they could not be moved. See the *Batch Job Execution and Results* user story for additional details on the batch job and their results. See the *Assign Patient to a Team and Position* user story for additional details to learn more about the assignment and unassignment. [B-01871]

- c. If this is the PCP position, Are there any active Explicit Patient Assignments for the AP position it is precepting that falls within specified Active and Inactive Dates? [B-01522]
 - i. If so, you will receive a validation error letting you know that the patients must be unassigned before you can inactivate PCP position.
 - d. Are there any active preceptor links for this position (ie. is it AP or PCP) that fall within the specified Active and Inactive Dates?
 - i. If so; the user will be presented with a error message notifying the user that an Active preceptor link exists for this position that must be broken prior to inactivating the position [B-01522]
 - e. Is there an active Staff Member assigned between the specified Active and Inactive Dates?
 - i. If so, the user will be presented with an error messaging letting them know there is an active staff member assigned and they must either change the inactivate date of the position OR change or unassign the staff member. [B-01329]
 - f. Did all validations pass?
 - i. If so, the position will be inactivated by populating the inactivation date and reason.
- 12. The Reason Inactivated is required anytime the Status is changed to “Inactive” [B-01593].
- 13. All history changes will be recorded and available for view. The user will be able to view the Team Position Profile status history from this screen. They will be listed in descending order with the most recent start date on top. [B-01593]
- 14. The user will have the ability to View the current Staff assignment. The currently assign staffed member name and staff role or “none” will be displayed to allow the user to see if this position is currently staffed. If the position is staffed, the actual FTEE will be displayed. [B-01333]
- 15. The user will have the ability to Manage the Staff from this screen. The user will have the ability to access the functionality to Assign a Staff Member, Change the Staff Member assigned, Unassign a Staff Member or Change the Actual FTEE for the current staff member assignment. Refer to the *Assign Staff to a Position* user story for additional details on these functions. [B-01333]
- 16. The user will have the ability to view all Staff assigned to this position during the course of its existence. It will be displayed in the Staff Assignment Timeline. The Staff Name, Staff Role, Date Staff was Assigned, Date Staff was Unassigned, Reason staff was Unassigned, Actual FTEE, and the Effective Date of the Actual FTEE will be displayed. [B-01333]
- 17. The ability to edit the Staff Assignment Timeline including the Actual FTEE allocated during the assignment will be available. The user will have the ability to add, update

and/or delete an entry in the Staff Assignment Timeline. All validation rules must be passed before any changes can be saved. See the *PCMM Validation Rules* document for details on the business rules that must be satisfied when manipulating the Staff Timeline. [B-01333]

18. There will be an additional section allowing the user to “View Assigned Patients”. Refer to the *View Assigned Patients to a Position* user story for additional details. [B-01053]

Preceptor/Preceptee Specific:

19. The user should setup and staff positions that can act as preceptors first so they exist for the preceptees. The ability to establish a preceptor relationship cannot occur until both preceptee and preceptor positions are established and are staffed.
20. A new section called “Current Preceptor Assignment” will be added to the “Team Position Profile” screen where the user can see the current preceptor assignment and access the Preceptor Relationship functionality. This section will only appear if the position is eligible for a preceptor relationship. [B-01382]
21. If the Care Type = “Primary Care” and the Team Role = “Associate Provider” and the Team Position is staffed, the Team Position must be associated with a staffed preceptor (ie “Physician”) Team Position on the team in order for him to function as an Associate Provider (AP) providing Primary Care (PC). This is required in order for the Associate Provider to be able to have patients explicitly assigned to him. [B-01595]
22. If the Team Role = “Associate Provider ” and is staffed and is in an active Preceptor relationship with a staffed preceptor position on the team, The Position Note “Physician Attending” will be displayed for this Associate Provider position to indicate he is functioning as an AP providing PC. At no other time will the Position Note label and contents appear, it will be disabled and hidden. [B-01841]
23. If the Staff Role = “Nurse Practitioner” or Staff Role = “Physician” and the Team Position is staffed, it may precept the Staff Role = “Nurse Practitioner Trainee”. The “Nurse Practitioner Trainee” is the preceptee in this relationship. Both positions must be staffed before this position may be activated.
24. If the Staff Role = “Physician Assistant” or Staff Role = “Physician” and the Team Position is staffed, it may precept the Staff Role = “Physician Assistant Trainee”. The “Physician Assistant Trainee” is the preceptee in this relationship. Both positions must be staffed before this position may be activated.
25. If the Staff Role = “Physician” and is staffed, it may precept any other position.
26. If the Team Role = “Associate Provider” and the Team Position is staffed, the Preceptor Role Name and Staff Name will be defaulted from the Team Position with a Staff Role of “Physician” as long as that role is staffed.

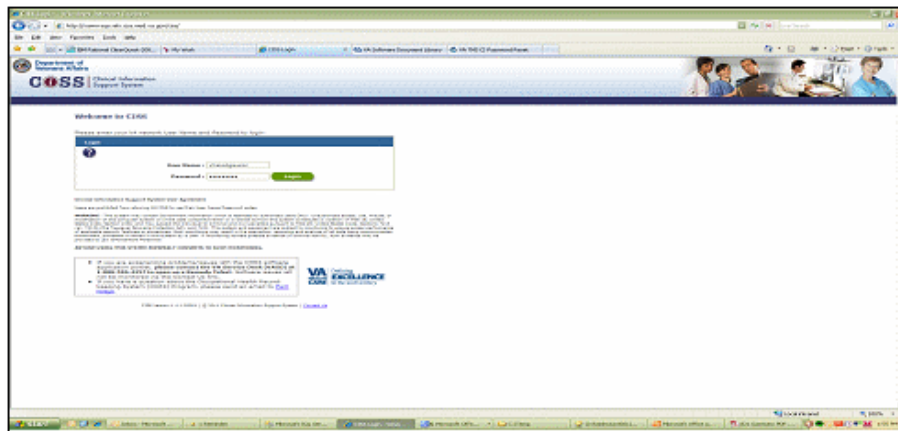
- 27.If the Staff Role = “Nurse Practitioner Trainee” and staffed, the Preceptor Position Name and Staff Name will be defaulted from the position on the team with a Team Role = “Nurse Practitioner”. If there is more than one eligible Preceptor position, all eligible Preceptor Position Names will be presented to allow the user to select one.
- 28.If the Staff Role = “Physician Assistant Trainee” and staffed, the Preceptor Position Name and Staff Name will be defaulted from the position on the team with a role = “Physician Assistant”. If there is more than one eligible Preceptor position, all eligible Preceptor positions will be presented to allow the user to select one.
- 29.Whenever a preceptor relationship is assigned or unassigned, history regarding the preceptor, the preceptee and their respective staff assignments and dates will be captured in the History.
- 30.If the position has an Active Preceptor or Preceptee assignment, the position cannot be inactivated until all preceptor/preceptee relationships are removed.
- a. If the position is a Preceptor, in order for the Status to be updated from Active to Inactive – all Active Preceptee Assignments for the Position must be unassigned. [B-01841]
 - b. If the position is a Preceptee, in order for the Status to be updated from Active to Inactive – all Active Preceptor Assignments for this position must be unassigned. [B-01841]
- 31.The Actual Capacity is a read only field on this screen. It represents the number of active patient assignments for the position. Since patients are no longer individually assigned to each position but instead are assigned to the whole team EXCEPT if the Team Care Type = “Primary Care” where they can be explicitly assigned to either the PCP or the AP. This number will be the same as for the Actual Capacity at a team level except for the preceptor and preceptee roles that the patient can be explicitly assigned to. The patient assignment counts for the position whether the position is staffed or not. For Teams with a Care Type of “Primary Care”:
- a. If I am looking at a Team Position with a Team Role that is not a Direct Care provider (ie a PCP or an AP) (ie they are not a preceptor or preceptee) then my # patients assigned count will be the same as the team level.
 - b. If I am looking at a Team Position with a Team Role that is a Direct Care provider (ie a PCP or an AP) then my # patients assigned count will only include patients with an active assignment status that are explicitly assigned to me. If the patient is assigned to the team but is not assigned to me but to the other provider - then that patient does not apply to my Team Position assigned count.
- 32.For each position that currently has a Preceptor assigned; the user will have the ability to View the Preceptor currently assigned. If the position has an active Preceptor relationship, the Preceptor’s Team Role, Staff Role, Staff Name will be displayed. [B-01382]

33. For each Preceptee position that has ever had or is eligible to have a Preceptor/Preceptee Relationship established for it; the user will have the ability to Manage the Preceptor/Preceptee relationship. This includes capturing a relationship start and end date of the relationship and displaying these dates once they are captured.
34. For each Preceptee position that has ever been a Preceptee or a Preceptor in a Preceptor/Preceptee Relationship, the user will have the ability to View its Preceptor/Preceptee Relationship Timeline. A new “Preceptor Assignment Timeline” section will be added that will display the preceptor, the preceptor’s team role, the preceptor’s staff role, the preceptor’s name, the preceptee’s team role, the preceptee’s staff role, the preceptee’s name, the relationship start date and the relationship end date. The Preceptee position will have the ability to “Add a new Preceptor” timeline record from this section. [B-01382]
35. The user will have the ability to update the dates of an existing preceptor relationship, delete an existing preceptor relationship or create a new preceptor relationship from the Preceptor Assignment Timeline. This allows the user to manipulate the Preceptor/Preceptee relationship history as needed. Refer to the *PCMM Validation Rules* document for details on the business rules that must be satisfied when manipulating the Preceptor Timeline. [B-01841]
36. The user will have the ability to update the active and inactive dates for a position, as well as add new active and inactive dates for the position. This will be available from the Team Position History. All updates must pass validation edits before they can be saved. These edits will occur each time the user submits any changes. Refer to the *PCMM Validation Rules* document for details on the business rules that must be satisfied when manipulating the Team History. [B-01789]

2.6.1.2.3. B-02335 Logon to CISS

This user story allows an authorized PCMM2 User to logon to CISS to launch PCMM. Associated VersionOne Backlog IDs for this user story is B-01226.

Wireframe:



Converstaion Points:

1. The system will display the standard government warning to the user.
2. VA Name (ie. Active Directory Name) that is stored in the LDAP will be used to access CISS.
3. If VA Name is valid in LDAP, user will be valid for CISS and PCMM access will then be interrogated.
4. The user must enter their VA Name.
5. The user must enter their VA password.
6. If the user submits an invalid Name, the system will issue an error message stating such.
7. If the user submits an invalid password, the system will issue an error message stating such.
8. If the user submits an invalid Name and password, the system will issue an error message stating such.
9. If the user does not submit all required information, the system will issue an error message stating such.
10. If VA Name is not valid in LDAP, user must contact VA Help Desk to have VA Name reset or established. There is not a way to make this VA Name valid for CISS without it being valid in LDAP.
11. If the user enters the same VA Name/password 3 consecutive times and it is invalid 3 consecutive times, the VA Name will be “locked”. Note: The user will not be able to login without first having their password reset.
12. If the VA Name is “locked”, the system will issue an error message stating “You are currently locked out of the system. Please contact your administrator to have your VA Name unlocked”.
13. User must be authorized to gain access to PCMM once the VA Name is validated.
14. The *PCMM CRUD Matrix* will be referenced to retrieve PCMM role and permission access to grant/restrict user authorization.
15. If VA Name is not authorized to PCMM, the PCMM icon will not be displayed.
16. If VA Name is authorized to PCMM, user should utilize the PCMM icon to login to PCMM and execute the *Login to PCMM* user story.

2.6.1.2.4. B-01227 Logout of PCMM/CISS

Refer to Section 2.6.1.1.6. for user story details.

2.6.1.2.5. B-02335 Manage Teams

Refer to Section 2.6.1.1.7. for user story details.

2.6.1.2.6. B-02335 Manage Team Positions

Refer to Section 2.6.1.1.8. for user story details.

2.6.1.2.7. B-02335 Assign Staff to a Position

Refer to Section 2.6.1.1.10. for user story details.

2.6.1.2.8. B-02335 Search Team by Name

This user story allows an authorized PCMM2 User to search for a team to work with its profile information or assign him to a patient. Associated VersionOne Backlog IDs for this user story are B-01128, B-01194, B-01598 and B-02643.

Wireframe:

Wireframe:

Team Name:

Results:

Name	PCP Provider	Care Type	Focus	Patients Allowed	Patients Assigned	Patients Available	Patients Maximum

Conversation Points:

1. The permission entitled “Read Team” will be checked. If the user has “Read Team” permission, they will be able to search and view the Team Information. [B-01194]
2. The permission entitled “Update Team” will be checked. If the user has this permission, they will be able to search and update the Team Information. [B-01194]
3. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
4. This story adds a new menu option called “Search for Team” to allow an authorized user to Search for a team.
5. This story can also be executed from the “*Assign Patient to Team and Position*” user story. It bypasses the “Search for a Team” menu option and takes the user directly to the Search for a Team screen. The user is only allowed to Select a Team for use. Refer to that user story for additional details.
6. This story can also be executed from the “*Multi PCP Capture and Display*” user story. It bypasses the “Search for a Team” menu option and takes the user directly to the Search for a Team screen. The user is only allowed to Select a Team for use. Refer to that user story for additional details.

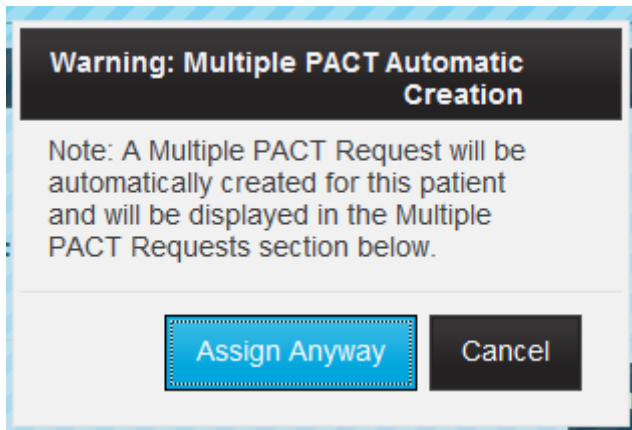
7. This user story adds a new “Search for Team” lookup and results screen. This screen allows the user to search for an existing team within the station the user is working in and select it for use in various functions such as assigning a Patient to a Team.
8. The user must enter as many letters of the name of the team as known and press Search. If nothing is entered, all existing teams will be displayed in the search results list. Otherwise, the search results list will display the teams that match the name or characters of the name entered. The more letters that are entered, the more refined the search will be.
9. If there are no teams matching the Name entered, the user will be notified that no matches were found.
10. All teams matching the information entered will be displayed along with their Name, Station, Care Type, Focus, Number of Patients Allowed, Number of Patients Assigned, and Number of Patients Available. If Care Type = “Primary Care”, the Primary Care Provider name would also be displayed for each team. [B-01598]
11. The Focus value will display as follows [B-02643]:
 - i. Focus 1 and 2 values have not been populated; display blanks
 - ii. Focus 1 is only value populated; display Focus 1
 - iii. Focus 1 and 2 are populated; display Focus 1/Focus 2
12. The user will select the team they wish to work with.
13. When searching for a team, all teams in all stations sharing the same 3 digit station, as long as that station is assigned to the user, will be displayed in the Search Results table. This will include searches for the following:
 - When searching from the Main Menu >Team > Search for Team
 - When assigning a single patient to a team
 - When performing bulk transfers
 - When assigning Teams to rooms
14. When searching for a team to assign to a group, the teams displayed will be based on the logged in user’s role as follows:
 - VISN Coordinator level – all teams across all stations in the same VISN as the currently selected station
 - National Coordinator level - will be a national search
 - All Other users – same search as in Step 13
15. For valid values, field lengths and additional database information, refer to the “PCMM Data Element Spreadsheet”.

2.6.1.2.9. B-02335 Multiple PCP Assignment Capture and Display

This user story allows an authorized PCMM user to create a Multiple PCP Assignment Request to request all involved stations to approve or deny this request. Associated VersionOne Backlog IDs for this user story are B-01056, B-01538, B-01445, B-02653, B-02663, B-01408, B-02771, B-02797 and B-02784.

Wireframes:

Creation message pop-up received during team assignment:



Team and Multi-PACT assignment screens on Patient Profile:

View Team Assignments

Station	Team	Care Type	Focus	Status	Start	End	End Reason	Auto Inactivation	Last Encounter	Direct Care Provider	Action
DAYT20 (#988)	LS*PACT Yellow*Team	PRIMARY CARE	PRIMARY CARE ONLY	Active	06/02/2014 13:49				06/02/2014 13:49		
CHEY6 (#987)	LS*PACT Purple*Team	PRIMARY CARE	PRIMARY CARE ONLY	Pending	06/03/2014 15:13						

Assign

Multiple PACT Requests

Status	Status Date	Receiving Station Name	Reason	Action
Pending	6/3/2014 15:13	CHEY6 (#987) Team Name: LS*PACT Purple*Team Focus: PRIMARY CARE ONLY		

Actionable Alert for TVC:

Actionable	A multiple PACT request for patient "LYDIA, TESTINGMPCP" for a Primary Care team assignment at station "CHEY6 (#987)" has been created. This request needs your approval/denial decision and/or reason.	LYDIA, TESTINGMPCP	6/3/2014 15:13	TeamRole PCMM Traveling Veteran Coordinator	System	
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Informational Alert for PCMM Coordinator:

Informational	A multiple PACT request for patient "LYDIA, TESTINGMPCP" for a Primary Care team assignment at station "CHEY6 (#987)" has been created and is awaiting approvals.	LYDIA, TESTINGMPCP	6/3/2014 15:13	User ciss2	System	
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Multi PACT Request form waiting on TVC reason/approval:

http://www.sqa-xciss.cc.med.va.gov/ciss.portal?_nfpb=true&_st=8&windowLabel=home_2&wsrp-urlType=ren

Status for the Request: Pending
Request Entered by: [Redacted]
Station Needing Assignment: CHEY6 (#987)
TVCs at CHEY6 (#987):
☒ Cindi Gawronski 972.605.4504
☐ null null (703)123-1234
☐ Lalit TMathwani (949) 713-4530
☐ Madhavi Yarlagadda 813-716-3674

Reason for Multiple PACT Request:
Comments:

Required PACT Approvals:

Station	TVCs	Status	Status Date	Clinical Approval By	Traveling Coordinator	Comments (if any)	Actions
DAYT20 (#988)	[Redacted]	Not Yet Submitted For Approval	6/3/2014 15:56				
CHEY6 (#987)	[Redacted]	Pending	6/3/2014 15:13				Resend Alerts

Cancel

Conversation Points:

1. No new permission is needed for this story. If the user can "Assign Patients", he can also edit the Patient Profile. If the user can "View Teams", he can also view the Patient Profile.

2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This workflow for this user story will start when a patient is being assigned to a PACT team at the local station. The patient’s PACT assignments will be evaluated enterprise wide to determine if an active PACT assignment exists in another 3-digit code station. If it is determined that the patient has one or more active PACT assignment(s) at other 3-digit code stations, then the system will automatically generate a Multi-PACT Request for the current pending PACT assignment being made.
 - There can only be one pending request per patient per 3-digit code station at a time. The Multi PACT request cannot be used to request an assignment within the same 3-digit code station.
 - There can be multiple requests for the same patient for different 3-digit code stations at one time.
 - In order to create/edit a MPCP request for a patient, the patient must not have a Date of Death associated with him. If he does have a Date of Death, the user will not be able to create/edit a MPCP request. [B-01408]
4. This user story adds the ability to view all requested assignments for multiple PACT teams. A “Multiple PACT Request” section containing a list of all requested assignments for multiple PACT teams will be available for the user to see on the Patient Profile screen.
5. The “Multiple PACT Request” section will contain a table that lists all of the requested assignments for multiple PACT teams and display the following fields:
 - Status
 - Pending (Default when creating a new request - If all involved stations have not approved or denied the request)
 - Approved (If all involved stations have approved the request - See *Multiple PCP Assignment Action* user story for details)
 - Denied (If any of the involved stations have denied the request - See *Multiple PCP Assignment Action* user story for details)
 - Withdrawn (If the station needing assignment cancelled the request - See *Multiple PCP Assignment Action* user story for details)
 - Status Date
 - Receiving Station Name
 - Station Name (Station#)
 - Team name
 - Focus
 - Reason
 - Medically Necessary
 - Permanent Relocation
 - Action to view the request details

6. The Multiple PCP Request section on the patient profile will be sorted by the request creation date in reverse chronological order.
7. The Multi PACT Request form will auto-populate and display the overall status of the request on the form called “Status for the Request” where it will display the current overall status of the request. This status will default to “Pending” when a new request is created and will remain in pending status until all approvals are received.
8. The Multi PACT Request form will also auto-populate and display the following information once the request is auto-generated:
 - Request Entered by – (user that generated the request)
 - Station Needing Assignment (station where the pending PACT assignment that generated this request)
 - TVCs at [Station Name (Station#)]
 - This section will provide a table that list the TVCs assigned to the selected station and will automatically populate users holding the “Traveling Veteran Coordinator” role (TVC) at the station. The TVC Name, Phone and Email icon will display once a station is selected. Note: The Traveling Veteran Coordinator is the new name for the Referral Case Manager (RCM) per Dr. Stark on 2/9/12.
 - If the TVC Phone for the selected TVC is on file, it will be displayed here.
 - If the TVC Email address for the selected TVC is on file, it will be displayed here. The email icon will be presented when the email address appears and the user will be able to initiate an email from here.
 - Reason for Multiple PACT Request – (see *Multiple PCP Assignment Action* user story for the TVC reason selection/approve details)
 - The “Reason” the multiple PACT assignment is being requested is required and only the Station Needing Assignment TVC’s role can select the reason. The following reasons will be available in a dropdown list:
 - Medically Necessary
 - Permanent Relocation
 - Comments (Optional) – If TVC has any additional comments, it can be entered. If there are no additional comments, this field may be left blank.
9. A table called “Required PACT Approvals” will be auto generated and populated on the Multi-PACT Request form.
 This user story adds the ability to view the timeline for an existing Multiple PACT Request that has been previously created for a patient in the “Required PACT Approvals” table. This timeline will show all status changes for the request per station. The “Required PACT Approvals” table will contain the following information:
 - Station Name (Station#)
 - It will display the station’s name and number which will indicate all the stations that will receive the Multi PACT actionable alert requesting approval/denial.
 - TVCs – (list of available TVCs for each station listed)

- It will display the TVC(s) name, phone number and email address, if available.
 - Status
 - Pending
 - Approved
 - Denied
 - Withdrawn
 - Status Date
 - Clinical Approval By
 - Traveling Coordinator
 - Comments (If any)
 - Actions
 - Resend Alerts (Only available for Station Needing Assignment)
10. The user will press the Submit button to return to the screen. The data will be saved to the database. The request will be saved with an assignment status of “Pending”. The date the assignment was requested will be saved. Once saved, the request will appear in the “Multiple PACT Request” section available on the Patient Profile.
11. Once a request is first submitted during the patient team assignment process, all other stations listed on the request form will display a “Status” of “Not Yet Submitted for Approval” to indicate the Multiple PACT Request has not been sent to the other stations for approval/denial at this time. The station needing assignment TVC must provide approval/denial and select a reason for the request before other stations are notified, then the status will display as “Pending” until approval/denial for the request is received from all station(s) involved. (See *Multiple PCP Assignment Action* user story for approve/deny details)
12. Once the user accepts the Multi PACT Request creation message and selects “Assigns Anyway” to complete the assignment of the patient to a team, two alerts will be generated and sent to the following recipients:
- An Actionable alert will be generated and sent to the Station Needing Assignment TVC(s) so he can take action on the submitted incomplete Multi PACT Request. This alert will be sent from the system to each recipient each time a MPCP Request is created or updated.
 - An Informational alert will be generated and sent to the Station Needing Assignment PCMM Coordinator(s) so he is aware that the Multi PACT Request was generated and is awaiting action.
- Note: See the “Multiple PCP request was created or updated” alert in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-01538 and B-02663]
13. The Multiple PCP Request list will show all requests for every station the patient has a request in. The user will only be able to update the requests for the stations that the user is authorized to. The other requests will be available for view only.[B-01445]

14. The user will press the Cancel button to return to the screen. Any changes will not be saved to be database.
15. For valid values, field lengths and additional database information, refer to the “PCMM Data Element Spreadsheet”.

2.6.1.2.10. B-01669 View Patients Assigned to a Position

This user story allows an authorized PCMM2 User to view the patients assigned to a position within a team to see the patients assigned to each team member. Associated VersionOne Backlog ID for this user story is B-01053, B-01366, B-01870, B-02689, B-02641, B-02667 and B-02762.

Wireframe:

+ View Assigned Patients

Patient Name	Patient Details	Assigned Date	Auto Inactivation	Last Encounter	Direct Care Provider
		11/9/2012 13:58	01/14/2013 22:13	Pending	
		11/10/2012 00:26	11/15/2012 13:59	Pending	
		11/10/2012 13:21	11/15/2011 13:59	Pending	
		11/10/2012 13:59	12/15/2012 13:59	Pending	
		11/11/2012 14:48	01/15/2013 13:59	10/36/2011 19:00	
		11/11/2012 14:33	02/15/2013 13:59	5/19/2011 19:00	

Conversation Points:

1. No new permission is needed for this story. If the user has permission “Read Patient”, he can also view the Patients assigned to the team and/or a position. If he does not have this permission, he will not be able to see this information.
[B-01366]
2. The valid roles and permissions will be documented in the “PCMM CRUD Matrix”.
3. This user story adds a new “View Patient Assignments” section depicting the current patient assignments for the position they are currently viewing. Since the patients are assigned to the entire team UNLESS the team has Associate Provider(s) roles established where the user can choose whether they want to assign the PCP or the AP to the patient (refer to the *Assign Patient to Team and Position* user story for additional details), the patient assignments will vary depending on how the team setup and staffed.
 - a. If the team does not have any positions setup with a Role of “Associate Provider”:

All positions inherit the patient assignment. Each patient assigned to the team will appear under each position. The current patients assigned to the position view and the current patients assigned to the team view will contain the same patients.

- b. If the team does have position(s) setup with a Role of “Associate Provider”:
 - If the position I am viewing is an “Associate Provider”, The patient will only appear if the patient was explicitly assigned to this position during the assignment process.
 - If the position I am viewing is a “PCP”, The patient will only appear if the patient was assigned to the Entire Team during the assignment process.
 - If the position I am viewing is not a “PCP” and is not an “Associate Provider”, all patients assigned to the team will appear.
 - c. If the team is a Mental Health (MH) team, The patient will only appear if the patient was explicitly assigned to this position during the assignment process. [B-01669]
4. The view will display the following details for each patient assignment:
 - a. The Last Name, First Name, Middle Name and suffix of the patient.
 - b. The Date of Birth of the patient.
 - c. The Date of Death of the patient (if populated).
 - d. The Last 4 of the SSN of the patient.
 - e. The Gender of the patient.
 - f. The latest information on file for the patient assignment including the status and start date (the latest date the patient was assigned to the position/team and if populated, the latest date the patient was unassigned from the position/team along with the reason for the unassignment).
 5. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
 6. The user will have the ability to filter for all teams currently assigned OR historical team assignments.
 7. The user will be able to navigate to the Patient Profile from the list of assigned patients.
 - a. If the user selects a Sensitive patient; they will be presented with a Message informing them that the patient is “Restricted” and they must accept the warning before they will be allowed to continue. [B-02641]
 - i. If the warning is accepted: a notification of accessing Sensitive Patient records is logged in VistA. Refer to the *Reporting - Sensitive Patient Access Log* user story for additional details.
 - ii. If the warning is not accepted; the user remains on the list of assigned patients.
 - i. If the user selects his own patient data, he will receive an error message informing him that he is not allowed to view his own data.

See the *Restrict Access for Employee Viewing His Own Record* user story for additional information. [B-02667]

2.6.1.2.11. B-02762 View Patient Assigned to a Team

This user story allows an authorized PCMM2 User to view the patients assigned to a team to see the patients latest assignment details. Associated VersionOne Backlog ID for this user story is B-01053, B-01366, B-01741, B-01870, B-02689, B-02641 and B-02667.

Wireframe:

+ View Assigned Patients

Patient Name	Patient Details	Assigned Date	Auto Inactivation	Last Encounter	Direct Care Provider
		11/9/2012 13:58	01/14/2013 22:13	Pending	
		11/10/2012 09:26	11/15/2012 13:59	Pending	
		11/10/2012 13:21	11/15/2011 13:59	Pending	
		11/10/2012 13:59	12/15/2012 13:59	Pending	
		11/11/2012 14:48	01/15/2013 13:59	10/16/2011 19:00	
		11/11/2012 14:33	02/15/2013 13:59	5/18/2011 19:00	

Conversation Points:

1. No new permission is needed for this story. If the user has permission “Read Patient”, he can also view the Patients assigned to the team. If he does not have this permission, he will not be able to see this information. [B-01366]
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new “View Assigned Patients” section depicting the current patient assignments for the team the user is currently viewing. Every patient assigned to the team will appear regardless if they were assigned to a specific provider or to the entire team. Refer to the *Assign Patient to Team and Position* user story for additional details on how the patients are assigned.
4. The view will display the following details for each patient assignment:
 - a. The Last Name, First Name, Middle Name and suffix of the patient.
 - b. The Date of Birth of the patient.
 - c. The Date of Death of the patient (if populated).
 - d. The Last 4 of the SSN of the patient.
 - e. The Gender of the patient.
 - f. The latest information on file for the patient assignment including the status, the assigned date (the latest date the patient was assigned to the position/team and if populated, the auto inactivation date, the last encounter date, the latest date the

patient was unassigned from the position/team along with the reason for the unassignment) and the Direct Care Provider. The Direct Care Provider for a team with a Care Type of Primary Care is either the PCP or the AP depending on who the patient is assigned to. The Direct Care provider for a team with a Care Type of Mental Health is the MHTC if one is assigned. The Direct Care provider for a team with a Care Type of OEF is the “Lead Coordinator” if one is assigned.

- g. Last Encounter (See “Assign Patient to Team and Position” user story for details)
 - h. Auto Inactivation (See “Assign Patient to Team and Position” user story for details)
- 5. Note all Last Encounter times are captured in the Timezone for the VistA site and are displayed in the Timezone established for the user.
 - 6. Added the ability to move patients from one team/position to another or unassign multiple patients in mass via a batch job. Refer to the *Batch Transfer/Unassign Mass Patients* user story for additional details. [B-01741]
 - 7. Added the ability to move re-assign multiple patients in mass via a batch job. Refer to the *Batch Historical Assign Mass Patients* user story for additional details. [B-01741]
 - 8. The user will be able to navigate to the Patient Profile from the list of assigned patients.
 - a. If the user selects a Sensitive patient; they will be presented with a Message informing them that the patient is “Restricted” and they must accept the warning before they will be allowed to continue. [B-02641]
 - i. If the warning is accepted: a notification of accessing Sensitive Patient records is logged in VistA. Refer to the *Reporting - Sensitive Patient Access Log* user story for additional details.
 - ii. If the warning is not accepted; the user remains on the list of assigned patients.
 - b. If the user selects his own patient data, he will receive an error message informing him that he is not allowed to view his own data. See the *Restrict Access for Employee Viewing His Own Record* user story for additional information. [B-02667]
 - 9. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.1.3. BN8 Requirements

The following agile requirements were implemented and listed in the following user stories:

2.6.1.3.1. B-01600 OBSOLETE - Report Parameters

This user story allows an authorized PCMM2 User to enter/select parameters for the selected report from the “Report List” menu. Associated VersionOne Backlog ID for this user story is B-01299, B-01459 and B-01460.

Wireframe:

Report Name: xxx (ID: xxx)

As of Date/Time: *

Report Level: * ☐ Station ☐ Facility
☐ VISN ☐ National

☐ Include Position Detail

Report Level tag:

Care Type: * ALL

Focus: ALL

File Type: * PDF

Conversation Points:

1. This user story implements a new report parameter screen. The list of available parameters will vary depending on the selected report.
2. This user story will display the name of the selected report and corresponding report ID.
3. The user will be allowed to select the following common report parameters: (**Note: Refer to each individual PCMM Reports User Story for which parameters apply to each specific report**).
 - Date: User selects one of the following: (Required)
 - From/To - Date Range (Enterable or Selectable from Calendar). If applicable, the information for the report will be displayed for the specified date range.
 - As of Date/Time (Default to current date and time, Enterable or Selectable from Calendar/Time). If applicable, the information for the report will display everything on record through the specified date and time.
 - Report Format (Required) (This selection could be represented in a drop down box.)
Explain what this does
 - Summary ~~Totals~~ – Only display summarized totals with appropriate labels for station, parent, VAMC, etc.
 - Team ~~Totals~~ – Represents the level of detail to include the Team Name and its corresponding counts.
 - Report Level (Required) Represents the level of data you would like included on the report. The following choices are represented by radio buttons. When a user selects a radio button level, the report level caption will be displayed beside the drop down menu. Allow the user to search by entering the first few letters and then select one or multiple selections from a dropdown list.

- National – Allows the user to indicate that they wish to execute the report on a national level that will provide totals rolled down to VISN(s) to Facility(ies) and to Station(s) levels.
 - VISN – Allows the user to indicate that they wish to execute the report for a VISN and include all information for all stations within a VISN. They'll need to indicate which VISN.
 - Facility – (Display the VISN number, 3 digit #, Facility name, 5 digit # and then the Station name.) Allows the user to indicate that they wish to execute the report for a particular parent and include all information for the parent as well as its child stations. They'll need to indicate which parent station(s) they wish to include.
 - Station(s) (Default) – (Display the VISN number, 3 digit #, Facility name, 5 digit # and then the Station name.) Allows the user to indicate that they wish to execute the report for a particular station(s). They'll need to indicate which station(s) they wish to include.
 - Include Position Detail (Note: Could be Checkbox - This option provides the detailed information about the position assignments to a team.)
 - Care Type (Required, Default = All) – Allows the user to indicate that they wish to execute the report for all teams or only teams with a specific Care Type. They'll need to indicate which Care Type or All (which is the default).
 - Focus (Default = All) – Allows the user to indicate that they wish to execute the report for all teams or only teams with a specific focus, if focus is applicable. If a Care Type is assigned a Focus, then this field will be enabled and allow the user to make a selection. They'll need to indicate which Focus or All (which is the default).
 - Report Category
 - General (Default)
 - TBD
 - File Type (Required) (This selection could be represented in a drop down box.)
 - PDF (Default)
 - XLS
 - CSV
 - RTF
4. The user will have the ability to choose from the applicable parameters and submit the report. **(Note: Refer to “Completed Reports” User Story on how to view report.)**
 5. The system will display an error message for any field not filled out that is required allowing the user to enter that information before re-submitting.

2.6.1.3.2. B-01335 OBSOLETE - Report List

This user story allows an authorized PCMM2 User to view a list of standard reports from the Reports menu.

Wireframe:

Report List		
Report Category	Report Name	Report ID

Conversation Points:

1. This story will implement a new “Report List” menu option available from the Reports menu.
2. Users who have the “Generate Standard Report” permission will have access to this new menu option.
3. Upon accessing this menu option, the system will display the list of reports that the user has security permissions to generate. **(Note: Refer to the CRUD Matrix for additional information on roles and permissions.)**
4. This user story implements a new “Report List” screen that displays all available reports.
5. The “Report List” screen will contain the following data elements: **(Note: Refer to Data Elements spreadsheet for valid data characteristics.)**
 - Report Category
 - Report ID
 - Report Name
6. The user can select one of the available reports from the “Report List” that is displayed.
7. Once a report is selected, the user will select the appropriate parameters. **(Note: Refer to “Report Parameters” User Story for details.)**

2.6.1.3.3. B-01277 OBSOLETE - Completed Reports

This user story allows an authorized PCMM2 User to view a report once it has been generated.

Wireframe:

Completed Reports							
Report Name	Report Type	Report ID	Report Format	File Type	Date Run	Submitted by	Expiration Date
<button>Delete</button>				<button>View Parameters</button>			

Conversation Points:

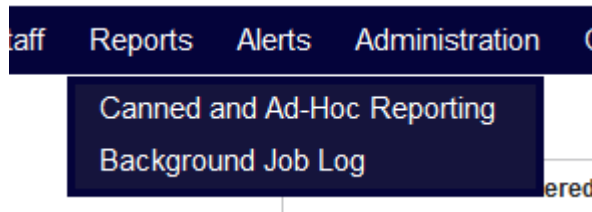
1. This user story allows the user to view any type of report once it has been generated.
2. This user story adds the the *Completed Reports* user story to the Report menu.
3. The system will display a list of completed reports. This information shall be displayed for each report:
 - Report Name
 - Report Category
 - Report Format
 - Report ID
 - File Type
 - Date Run (include Date and Time)
 - Submitted By
 - Expiration Date
4. The actions on the individual reports that can be taken from this screen are:
 - View
 - View Parameters
 - Delete
5. The completed report can be sorted on any of the columns listed above in Step 3.
6. The user can also apply a search filter to the list of reports. The search filter is by:
 - Report Name
 - Report ID
 - Report Category
 - General
 - TBD
 - File Type
 - PDF
 - XLS
 - CSV
 - RTF
 - Report Format
 - Summary Totals
 - Team Totals
 - Provider Totals
 - Submitted By
 - Date Run (include Date and Time)
 - Expiration Date
7. The user may select the report for viewing, printing, saving or deleting.

2.6.1.3.4. B-02335 Active Panel Report

This user story allows an authorized PCMM2 User to generate the Active Panel Report to review capacity and FTEE for each team. Associated VersionOne Backlog ID for this user story is B-01301, B-01468, B=01460 and B-01600.

Wireframe:

Main Menu:



SSRS Parameters:

The screenshot shows the 'ActivePanel' report parameters. It includes a 'Report Level' dropdown set to 'VISN', an 'As Of Date' field set to '6/18/2014 2:42:06 PM', and a 'View Report' button. Other fields include 'Include Positions?' (radio buttons for True and False), 'Station Filter', 'Selected Station(s)', and 'Care Type' (dropdown set to 'All').

Positions Level:

The screenshot displays the 'Active Panel Report' for 'VISN 19'. It shows a table with columns for Team, Capacity, and FTEE. The data is as of 6/18/2014 2:42:06 PM.

Team	Name	Type	Status	Allowed	Assigned	Available	Utilization	Expected	Actual	Utilization	Potentially Deceased
Total for VISN 19				321789	140	321649	0.04%	1368.53	84.29	6.16%	4
VAMC CHEY6 (#987) Total				56750	43	56707	0.08%	228.41	10.30	4.51%	3
CHEY6 (#987) Substation Total				56750	43	56707	0.08%	228.41	10.30	4.51%	3
Facility CHEY6 (#987) Total				56750	43	56707	0.08%	228.41	10.30	4.51%	3
COMMUNITY CARE Total				1020	1	1019	0.10%	1.10	0.10	9.09%	0



Team	Name	Type	Status	Allowed	Assigned	Available	Utilization	Expected	Actual	Utilization	Potentially Deceased
COMMUNITY CARE / State Veterans Nursing Home			Active	1020	1	1019	0.10%	1.10	0.10	9.09%	0


Position	Staff Assigned	Staff Role	Status	Allowed	Assigned	Available	Utilization	Expected	Actual	Utilization
PHYSICIAN ASSISTANT	ANGELA ROBB	PHYSICIAN ASSISTANT (PA)	Active	1020	1	1019	0.10%	0.10	0.10	100.00%
PSYCHOLOGIST			Active	1020	1	1019	0.10%	1.00	0.00	0.00%

Position Level with PCP and AP:

cmg *PC* geriatric 442		PRIMARY CARE / Geriatric Primary Care		Active	1020	0	1020	0.00%	4.00	0.41	10.25%
<i>Positions:</i>											
Position	Staff Assigned	Staff Role	Status	Allowed	Assigned	Available	Utilization	Expected	Actual	Utilization	
ASSOCIATE PROVIDER		NURSE PRACTITIONER (NP)	Active	1020	0	1020	0.00%	1.00	0.01	1.00%	
PRIMARY CARE PROVIDER		PHYSICIAN	Active	1020	0	1020	0.00%	1.00	0.10	10.00%	
PCP/AP Subtotal				2040	0	2040	0.00%	2.00	0.11	5.50%	
ADMINISTRATIVE ASSOCIATE (MAS/PSA)		ADMINISTRATIVE ASSOCIATE	Active	1020	0	1020	0.00%	1.00	0.10	10.00%	
CLINICAL ASSOCIATE		MEDICAL ASSISTANT	Active	1020	0	1020	0.00%	1.00	0.10	10.00%	

Header



Patient-Centered Management Module

Active Panel Report


Report Level: VISON
Care Type: (All)
As Of Date/Time: 6/18/2014 2:42:06 PM

Footer

Active Panel Report	Page 1 of 1	Date/Time Run: Tue Feb 14 22:24 2012
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Conversation Points:

1. This user story adds the capability to create an “Active Panel Report” which depicts the Capacity and FTEE for each team and optionally each staffed position on each team.
2. This user story adds the “Canned and Adhoc Reporting” option to the Main Menu under “Reports.” This will link the user to the SQL Server Reporting Services (SSRS) that enables the user to build customized canned reports as well as adhoc reports that can be shared with other users.
3. The report will contain the following information in its header:
 - a. An icon or verbiage identifying this as a PCMM report
 - b. An icon or verbiage identifying this as a VA report
 - c. The date and time the report was executed.
 - d. A report title
 - e. Report Level (Display with selected Report Level)
 - f. Care Type (Display with selected Care Type)
 - g. Focus (Display with selected Focus, if no selection, then default to All)
4. The report will contain the following information in a footer:
 - a. Date/Time Run
 - b. Page number
 - c. Active Panel Report (Display name of report)

5. The following report parameters will be available to the user and will be utilized during creation of this report.
 - DATE (the following must be entered): (Required)
 - As of Date/Time (Default to current date and time, Enterable or Selectable from Calendar/Time). If applicable, the information for the report will display everything on record through the specified date and time.
 - Report Level: (Required)
 - National
 - VISN
 - Station(s) (Default)
 - Include Position Detail (Note: Could be Checkbox, See Steps 11 - 14)
 - Care Type (Required, Default = All)
 - Focus (Default = All)
6. The reporting tool will allow the user to export and/or print the report.
7. The system will display the following detail lines in the report. The report will have the following fields:
 - Station
 - Team
 - Care Type/Focus
 - Name
 - Position(s) (Note: Only display this field when “Include Position Detail” checkbox is selected)
 - Team Status (Indicator for Team)
 - Capacity
 - Allowed
(Total Number of *Patients Allowed* for each active position on the team)
 - Assigned
(Total Number of Patients with current active assignment to the team)
 - Available
(Patient allowed minus patient assigned)
 - Utilization
(Patient assigned divided by patient allowed times 100 = percentage)
 - FTEE
 - Expected
(Total expected FTEE for each active position on the team)
 - Actual
(Total actual FTEE captured for each active staff assignment to each active position on a team)
 - Utilization
(Actual FTEE divided by expected FTEE divided by 100 = percentage)
 - Potentially Deceased
 - Totals

8. The report will summarize and provide summary level breaks for:
 - Station
 - VISN
 - National
9. If the “Include Position Detail” is indicated, all active positions with active staff assignments will be displayed.
10. The “Include Position Detail” option provides the capacity and FTEE for all the active positions with the active staff assignments for each team included in the report and will be listed under the “Team Name”. (Ex. Staff Name - Position Assignment)
11. The data for the assigned capacity and FTEE associated with each position can be retrieved from the following screens:
 - Position Profile (Allowed Patients, Assigned Patients, Available Patients, Expected FTEE)
 - Show Staff (Actual FTEE)
12. The Position Detail will be listed in the following order:
 - PCP, if applicable (If there is an active preceptor on team; search for “Preceptor” but display as PCP)
 - AP(s), if applicable (If there are any active preceptees for team; search for “Preceptee” but display as AP)
 - If Preceptor/Preceptees are listed; then a “Subtotal” row will be provided for the assignments of PCP/AP for capacity and FTEE.
 - Care Manager
 - Clinical Associate (Clinical Asse)
 - Administrative Associate (Admin Asse)
 - Any additional active positions with staff assignments will be listed

2.6.1.4. NEED1040 Requirements

The following agile requirements were implemented and listed in the following user stories:

2.6.1.4.1. B-02335 Update a Team Position Profile

Refer to Section 2.6.1.2.2. for user story details.

2.6.1.5. Other User Stories

The following user story was developed during Increment 1 but traced to BN3 and BN5.

2.6.1.5.1. B-02742 Update a Team Profile

This user story allows an authorized PCMM2 User to update a team's profile to keep it current. Associated VersionOne Backlog ID for this user story are B-01312, B-01313, B-01196, B-01234, B-01053, B-01438, B-01593, B-01781, B-01212, B-01872, B-02049 and B-02335.

Wireframe:

Note: See the Create a Team Profile user story for the Team Profile wireframe.

Team Status and History

Status	Start Date	End Date	Reason
Active	mm/dd/yyyy	mm/dd/yyyy	Inactivated
Inactive	mm/dd/yyyy	mm/dd/yyyy	Team Inactivated
Active	mm/dd/yyyy	mm/dd/yyyy	

Status:

Start Date:

End Date:

ReasonInactivated:

Team Attribute History			
Team Name Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Team Care Type Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Team Focus Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Clinical POC Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Assignment Status Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Adjusted Capacity Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy
Modeled Capacity Change History			
Changed From	Changed To	Changed By ln, fn, mn	Changed On mm/dd/yyyy

Post Requisite User Stories:

As soon as user hits SUBMIT or if user clicks “Validate Team Consistency Link; the System will validate the team, any positions, any patient assignments and if validation errors are found, they will be displayed. If all validations pass, system will execute the *PCMMR to Legacy PCMM Data Exchange* user story continuously to post patient assignments and unassignments to VistA. Note: Validations will not include inactive: (1) patient assignments, (2) patient positions assignments, (3) Staff FTEE assignments, (4) Position timelines or (5) team timelines for teams that were migrated in if the errors occurred prior to the date they were migrated in to PCMMR. [B-02742]

Conversation Points:

1. A new permission entitled “Update Team” will be created. If the user has this permission, they will be able to update the team profile. A new permission entitled “Read Team” will be created. If the user has this permission, they will be able to view the team profile. [B-01438]
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. All conversation points defined in Create a Team Profile must be adhered to.

4. The user may change the team name and if they do, the Team Name must not already exist for the site. If it does, an error message will be displayed. If they change the name, it will be captured in Team Attribute history along with who changed it and when. [B-01872]
5. The user may not change the Care Type once the team is initially created. [B-02049]
6. The user may change the Focus and if they do, the Adjusted Patient Capacity will be captured in Team Attribute history along with who changed it and when. [B-01872]
7. The user may change the Clinical POC and if they do, the Adjusted Patient Capacity will be captured in Team Attribute history along with who changed it and when. [B-01872]
8. The user may change the Assignment Status and if they do, the Adjusted Patient Capacity will be captured in Team Attribute history along with who changed it and when. [B-01872]
9. The Adjusted Capacity values will be captured in Team Attribute history along with who made the change that triggered it to change and when. [B-01872]
10. The Team Modeled Capacity values will be captured in Team Attribute history along with who made the change that triggered it to change and when. [B-01872]
11. The user will be able to change the status from this screen. This status will appear in the Team Timeline History.
12. In order for the Status to be updated from Active to Inactive – all Active patient assignments must be unassigned before the inactivation can occur. The user will be presented with an error message notifying them they cannot inactive a team while there are active patients assigned. [B-01212]
13. In order for the Status to be updated from Active to Inactive – all Active positions for the team must be inactivated before the team inactivation can occur. The user will be presented with an error message notifying them they cannot inactive a team while there are active patients assigned. [B-01212]
14. The Team can be Activated if its Inactive. The Team can be Inactivated if its Active. If the team has been Inactivated, the Activation date (i.e. Start Date) must be greater than the Inactivation date (i.e. End Date). The Start and End date pairs must be in chronological order. [B-01593]
15. The Start Date is required anytime the Status is changed to “Active” [B-01593].
16. The End Date is required anytime the Status is changed to “Inactive” [B-01593].

17. The Reason Inactivated is required anytime the Status is changed to “Inactive” [B-01593].
18. All history changes to the Team Timeline will be recorded and available for view. The user will be able to view the status history from this screen. They will be listed in descending order with the most recent start date on top. [B-01593]
19. The user may change the Adjusted Patient Capacity and if they do, the Adjusted Patient Capacity will be captured in Team Attribute history along with who changed it and when. [B-1872]
20. The Actual Capacity represents the number of active patient assignments for the team. This include all patients assigned to the team who are currently active (ie have not been discharged). This is a read only field on this screen.
21. The Available Capacity will be calculated by subtracting the Actual Capacity from the Allowed Capacity (or the Maximum Capacity if it is entered) for the team. This is a read only field on this screen.
22. Upon Submit, the user can choose whether they want to reconcile the Team Positions against the current Model Team Configuration since the current Model Team Configuration might have changed since the team was originally established OR the team’s Care Type and/or Focus may have triggered the System to use a new Model Team Configuration. This may cause the Model Team Configuration to change where additional positions are needed OR current positions are no longer in the model due to the fact that the Model Team Configuration may be different between the original and the new Model Team Configuration. If the Model Team Configuration is different between the original and the new, any new positions defined in the Model Team Configuration for the new Care Type and/or Focus will be created automatically by the System. Refer to the “*Model Team Configuration*” user story for additional details. [B-01593]
23. If the user indicated they wish to reconcile the current Team Positions against the current Model Team Configuration, an alert will be generated and sent to each recipient when a Team’s Care Type or Focus updated or a new Model Team Configuration is detected that triggers the System to add additional Team Roles. See the “Model Team Configuration for a team was created/updated” alert in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-01593]
24. There will be an additional section allowing the user to “View Assigned Patients”. Refer to the *View Assigned Patients to a Team* user story for additional details. [B-01053]
25. The user will have the ability to update the active and inactive dates for a team, as well as add new active and inactive dates for the team. This will be available from the Team

Status History. All updates must pass validation edits before they can be saved. These edits will occur each time the user submits any changes. Refer to the *PCMM Validation Rules* document for details on the business rules that must be satisfied when manipulating the Team History. [B-01789]

26. The user will be able to navigate to the Team Attribute History display. This display will show the before and after values for all the attributes captured in the Team Attribute History. [B-01872]

2.6.2. PCMM PMAS Increment 2

Listed below are the requirements traceable to business need (BN) 3, 4, 5 and NEED1038, 1039, 1040, 1041, 1043 and 1048 in the form of Agile user stories. All associated user stories for PMAS Increment 2 are posted on the [PCMM Re-host/Reengineering SharePoint site](#).

2.6.2.1. BN2 Requirements

2.6.2.1.1. B-02335 Multiple PCP Assignment Capture and Display

Refer to Section 2.6.1.2.9. for user story details.



2.6.2.1.2. B-02335 Multiple PCP Assignment Action

This user story allows an authorized PCMM2 User to designate the patient is approved/denied for Multiple Primary Care Provider (MPCP) assignment(s) and/or edit the form so that the user may confirm the patient is eligible for primary care at other stations. Associated VersionOne Backlog ID for this user story is B-01445, B-01539, B-02653, B-02663, B-02772 and B-02770.

Wireframe:

Multiple PCP Request list on the Patient Profile screen:

Multiple PACT Requests

Status	Status Date	Receiving Station Name	Reason	Action
Cancelled	4/18/2014 10:39	CHEY6 (#987)	Medically Necessary	
Approved	4/15/2014 10:25	EASTERN COLORADO HEALTH CARE SYSTEM - DENVER DIVSN (#554)	Medically Necessary	

Create a Request

Reason for Multiple PACT Request: Select a reason...

Comments:

Required PACT Approvals:

Station	TVCs	Status	Status Date	Clinical Approval By	Traveling Coordinator	Comments (if any)	Actions
DAYT20 (#988)		Not Yet Submitted For Approval	6/4/2014 10:05				
CHEY6 (#987)		Pending	6/3/2014 15:13				Resend Alerts

Approve
Deny

Submit
Withdraw the Request
Cancel

Name: LYI

Gender: Fe

City:

Phone:

Request Entered by: VHAISDSAFKOL on 6/3/2014 15:13

Station Needing Assignment: CHEY6 (#987)

TVCs at CHEY6 (#987):

- ☒ Cindi Gawronski 972.605.4504
- ☐ null null (703)123-1234
- ☒ Lalit T Mathwani (949) 713-4530
- ☒ Madhavi Yarlagadda 813-716-3674

Reason for Multiple PACT Request: Medically Necessary

Comments:

Required PACT Approvals:

Station	TVCs	Status	Status Date	Clinical Approval By	Traveling Coordinator	Comments (if any)	Actions
DAYT20 (#988)		Pending	6/4/2014 10:12				Resend Alerts
CHEY6 (#987)		Approved	6/4/2014 10:12	Yarlagadda, Madhavi	Yarlagadda, Madhavi		

Withdraw the Request
Cancel

Multiple PACT Requests

Status	Status Date	Receiving Station Name	Reason	Action
Pending	6/4/2014 10:12	CHEY6 (#987) <i>Team Name: LS*PACT Purple*Team</i> <i>Focus: PRIMARY CARE ONLY</i>	Medically Necessary	🔍

View Team Assignments

Station	Team	Care Type	Focus	Status	Start	End	End Reason	Auto Inactivation	Last Encounter	Direct Care Provider	Action
DAYT20 (#988)	LS*PACT Yellow*Team	PRIMARY CARE	PRIMARY CARE ONLY	Active	06/02/2014 13:49				06/02/2014 13:49		
CHEY6 (#987)	LS*PACT Purple*Team	PRIMARY CARE	PRIMARY CARE ONLY	Active	06/04/2014 09:22				06/04/2014 09:42		

[Assign](#)

Multiple PACT Requests

Status	Status Date	Receiving Station Name	Reason	Action
Approved	6/4/2014 10:21	CHEY6 (#987) Team Name: LS*PACT Purple*Team Focus: PRIMARY CARE ONLY	Medically Necessary	

Detail Window:
Approved by other station screen shot

Create or Edit Multiple PACT Request

Status for the Request: **Approved**
 Request Entered by : VHAISDSAFKOL on 4/15/2014 09:37
 Request was Approved on : 4/15/2014 10:25
 Station Needing Assignment: EASTERN COLORADO HEALTH CARE SYSTEM - DENVER DIVSN (#554)
 at EASTERN COLORADO HEALTH CARE SYSTEM - DENVER DIVSN (#554):

TVCs:
☒ Matthew MGreener (202) 461-5210
☒ Lydia LSafko 405-323-3648
☒ Lalit TMathwani (949) 713-4530

Reason for Multiple PACT Request: Medically Necessary
 Comments: Testing station to station, manual creation w/o team assignment

Required PACT Approvals:

Station	TVCs	Status	Status Date	Clinical Approval By	Traveling Coordinator	Comments(if any)	Actions
		Approved	4/15/2014 10:21	Mathwani, Lalit T	Safko, Lydia L		
		Approved	4/15/2014 10:25	Yarlagadda, Madhavi	Safko, Lydia L		

Conversation Points:

(Note: All actionable and information alerts regarding Multi PACT Requests can be found in the *Alerts Rules* spreadsheet located in SVN. References to these rules are indicated by the following format – (R#) – in this user story)

1. This user story provides a role based permission that allows the Travelling Veteran Coordinator (TVC) role at each site and VISN level along with their backups to perform this functionality. They are the only ones that can enter the approval/denial.
2. The valid roles and permissions will be documented in the “PCMM CRUD Matrix”.

Station Needing Assignment TVC approval:

3. Once a Multi MPCP Request has been automatically generated, it will trigger 2 alerts: (1) an information alert (**R2**) to the Station Needing Assignment PCMM Coordinator for awareness and (2) an actionable alert (**R7**) to the Station Needing Assignment TVC requesting approval to proceed with this process. The TVC will be required to select a reason and select the Clinical Approver name. He will then submit this information which will trigger an actionable alert (**R7**) to be sent to all other station TVC(s) that are listed on the Multi PACT Request in the Required PACT Approval section. (See *Multiple PCP Assignment Capture and Display* for more details on when the actional and informational alerts are sent.)
4. The TVC(s) at the station needing assignment will be able to select one of the following 2 reasons on a Multi PACT Request:
 - Medically Necessary
 - Permanent Relocation (See Permanent Relocation section below work flow)
5. If the TVC does not approve but denies the request, the pending PACT assignment that was created with this request will be canceled and the request will be closed with a reason of “DENIED” and no further action will be taken.
6. If the Multi PACT Request is in “Pending” status, ONLY the station needing assignment TVC role can WITHDRAW the request. This will send an Informational alert (**R23**) to all station(s) TVC(s) and PCMM Coordinator(s) listed on the request stating that the request is no longer needed.
 - The system will track who requested the status change and when and notify the appropriate parties with an information alert (**R23**).
 - The station needing assignment can cancel the request as long as the overall status of the MPCP request is Pending. Even if the station needing assignment has approved the MPCP request, that station can still Cancel the request if it’s overall status is still Pending.
 - If the Reason selected for the WITHDRAWAL of the request is Other, the user is required to enter a comment before submitting.
 - Once the overall status of a MPCP request changes from Pending to Approved or Denied or Withdrawn, the request will be closed and no further changes permitted. A new request will have to be submitted.
7. The Multi PACT Request will be displayed in the Multiple PACT Request section of the Patient Profile along with the status of the request.

Required PACT Approvals Station(s) process:

8. An actionable alert (**R7**) will be sent to all TVCs listed in the Required PACT Approval section except the station needing assignment TVC requesting each station provide approval/denial for the new team assignment.

9. This user story adds the ability for all involved stations (e.g. those stations holding a current active PACT assignment) to Approve OR Deny an existing Multiple PACT Request that is currently in a status of “Pending.”
 - a. If one of the involved station(s) has an active assignment change to “Inactive” while the Multi PACT Request is still in pending status, then that station will remain on the request and be required to provide an approval/denial.
 - b. If a station has a pending assignment that flips to active while a Multi PACT request still has an overall status of PENDING, this station will be added to the Multi PACT request as a Required PACT Approver. The appropriate alerts will be sent to the appropriate people.
10. All involved stations must approve or deny the new pending request in order for the PACT assignment at the station needing assignment to be considered for activation.
 - a. Once a request has been approved or denied – no further edits are permitted.
 - b. The other involved stations will not be able to edit any data, they will only be able to approve or deny the request. The TVC(s) may indicate whether he wishes to “Approve” or “Deny” the request.
 - c. The TVC(s) must enter who made the clinical decision to Approve or Deny the request. This is used to indicate if the TVC is approving this request or on behalf of someone else who authorized the approval from a clinical standpoint. It is a required field. The values that will appear in this list includes the TVC(s) with clinical approver permission(s), all PCMMR users who hold the “clinical approver” permission.
 - d. If the TVC(s) is approving the request, any additional comments the user wants to enter may be entered. If there are no additional comments, this field may be left blank.
 - e. If the TVC(s) is denying the request, comments as to why the request was denied must be entered.
11. The user will press the Cancel button to return to the previous screen. Any changes will not be saved to be database.
12. The user will press the Submit button to save the data to the database.
 - a. The request will be saved with an assignment status of “Approved” for the station approving the request. The overall status of the request will remain Pending until all required approvals have been obtained. (Informational Alert (**R5**) will be sent to all TVC(s) at the other approving station(s) except the TVC’s station that just provided the approval.)
 - b. The request will be saved with an assignment status of “Denied.” (Informational Alert (**R6**) will be sent to all TVC(s) and PCMM Coordinator(s) at the other approving station(s) except the TVC’s and PCMM Coordinator’s station that just provided the denial.)

- If the MPCP request is denied by one station within all the stations being asked to approve/deny the request, the status of the entire request will then be “Denied.” No further action on this request will be possible by any other approvers whose approval may be pending.
 - c. The date the assignment was approved/denied will be saved along with who performed the action and when.
 - d. If the MPCP request is approved by all involved stations being asked to approve/deny the request, the status of the entire request will then be “Approved.” (An information alert (**R24**) will be sent to all TVC(s) and PCMM Coordinator(s) involved in the request.)
 - e. If comments were entered, the comments along with who made them and when will be saved.
 - f. Once saved, the request will appear on the “Multiple Primary Care Request Timeline” with the appropriate columns populated.
13. An alert will be generated and sent to each recipient when a Multiple PCP Request for their assigned station was approved or denied. See the alerts listed in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-01538 and B-02663]
14. The user story adds the ability to display the details of the submitted request in the timeline for an existing MPCP Request that has been previously created for a patient in the “Required PACT Approvals” table. This timeline will show all status changes for the request.
- The timeline will display all approvals/denials from the stations involved with the MPCP request.
 - If the status is Pending, the TVC table will display with the TVCs information for all stations that have not provided feedback to the request.
 - The stations that have given their approval/denial will be displayed in the timeline with the corresponding status.
15. When the MPACT request status/dates changes, the system will automatically refresh the patient profile MPACT Requests display to show the new status/dates. Due to the action of the logged in user, the system will not refresh automatically if someone else approves/denies the request in a different session. [B-02770]
16. The system will track that all approvals needed are received. When they are; the assignment will be interrogated for activation. If an encounter has been recorded within the previous 30 days from the team assignment date; the assignment status will be “flipped” from “Pending” to “Active” using the encounter date as the effective date for the activation.
17. Once the request is Approved by all required approvers, it will be available for display but will not be able to be updated.

18. Once a MPCP Request is approved and in Approved status, it will be considered valid for 24 months using the Approval date from the last station to submit its approval on the request. If the patient is unassigned from that team and is re-assigned again or if the team itself is inactivated/re-activated in this time period, the earlier approval will be considered 'valid' during this 24 month period.
 - If the 24 month timeframe has passed and a patient is then unassigned from the team, a new MPCP Request is required.
 - If the 24 month timeframe has passed and the patient is still assigned to the team, the original MPCP Request is still considered valid.
19. When the MPCP request is denied by any of the approving stations, the system will auto unassign the PENDING assignment of the patient from PACT teams in the station needing assignment with an effective date of the first date denied and a reason of “Auto Cancelled due to Multi PCP denial”.
20. If the request is Denied by just one of the required approvers, the overall request will be denied, an informational alert (**R6**) will be sent to the appropriate parties and it will be available for display but will not be able to be updated.
21. If the MPCP request in a PENDING or APPROVED or DENIED status and the identity of the patient was impacted at any of the stations in the MPCP request (station needing assignment, approving station), the system will automatically CANCEL the Request, auto select the reason “Auto Cancelled due to Patient Identity issue” and create an information alert (**R23**) for the PCMM Coordinator(s) and TVC(s) for all involved station(s).
22. If a patient is unassigned from the Pending team assignment at the station needing assignment for the MPCP request, the system will automatically Cancel the MPCP Request, auto select the reason for cancellation and create an informational alert (**R23**) to all the appropriate parties.
23. This user story adds the ability to resend the actionable alert (**R7**) for an existing MPCP Request that is still in “Pending” status. This functionality will be available for the station needing assignment TVC(s) to go in and indicate they wish to re-send the alert to the any station(s) currently listed in the Required PACT Approvers section of the Multi PACT Request. [B-01539]
 - a. See the actionable alert (**R7**) in the *Alert Rules* document for additional details on this alert and its recipients. Refer to the *Manage Alerts* user story for additional details on alerts. .
24. If a MPCP Request is still Pending 15 days after the request’s creation, the system will automatically generate an informational alert (**R20**) to all of the outstanding station approver(s) by sending an Outlook email to remind the recipient(s) to look at the PCMMR Alerts and that action is needed.

- If MPCP Request is still Pending 30 days after the request's creation, the system will generate an informational Escalation Alert (**R21**) to the VISN TVC coordinator of each station that has not responded to the MPCP Request by sending an Outlook email stating that a MPCP Request has been pending for 30 days and to look at the PCMMR Alerts to take action on this request.
 - If MPCP Request is still Pending 45 days after the request's creation, the system will generate an informational Escalation Alert (**R22**) to the PCMMR National Coordinator by sending an Outlook email stating that a MPCP request has been pending for 45 days and to look at the PCMMR Alerts to take action on this request.
25. If a date of death (DOD) occurs for a patient in the station needing assignment while a Multi PACT Request is in "Pending" status, the system will automatically unassign the patient from the pending assignment and the Multi PACT Request will be WITHDRAWN. An information alert (**R23**) will be sent to all appropriate people.
- a. If the Multi PACT Request already has a status of APPROVED or DENIED or WITHDRAWN, no changes will occur to those requests.
 - b. If a DOD occurs for the patient at one of the approving station's, the Multi PACT Request will not be affected. (NOTE: The auto inactivation process of the active assignment at the other station will resolve this issue.)
26. For valid values, field lengths and additional database information, refer to the "*PCMM Data Element Spreadsheet*".

Permanent Relocation process:

27. If the TVC at the station needing assignment selects "Permanent Relocation" as the reason for the Multi PACT Request, it is to assist the patient with a "warm handoff" to the patient's new station.
- a. The same process for approving/denying a multiple PACT assignment will be adhered to with all involved stations providing approval the same as with the reason of "Medically Necessary."
 - b. Once overall approval is received by the station needing assignment, the following alerts will be sent:
 - An informational alert (**R26**) will be sent to all TVC(s) on the request stating the relocation has completed and the request has been WITHDRAWN.
 - An actionable alert (**R25**) will be sent to all PCMM Coordinator(s) on the request stating the relocation has completed; that all Active PACT assignments need to be unassigned at each of the approving station(s); and the request has been WITHDRAWN.

2.6.2.1.3. B-02335 Manage Reference Data for Selection List

This user story allows a PCMM National Administrator to modify (add, edit, delete/inactivate) items on the dropdown lists within PCMM, so that the selection list of valid values will not require modification by OIandT/developer involvement and will be available for selection immediately after being made. Associated VersionOne Backlog ID for this user story is B-01783, B-01742 and B-01743.

Wireframes:

1. Reference Type screen

Alerts Administration Change Station Help Reference

Manage Reference Data

Manage Reference Data

Reference

Type: * Care Type View

1. View Function:

Manage Reference Data

Reference

Type: * Care Type View

Care Type
Focus
Non-VA Provider Role

1. Result of View

Manage Reference Data

Reference

Type: * Non-VA Provider Role

View

Add New Value

Showing 1 to 19 of 19 entries

Filters:

Code	Name	Description	Sort Order	Is Active
1	ADDICTION THERAPIST	ADDICTION THERAPIST		Yes
2	CARE GIVER	CARE GIVER		Yes
3	CHAPLAIN	CHAPLAIN		Yes
4	CLINICAL NURSE SPECIALIST	CLINICAL NURSE SPECIALIST		Yes
5	CLINICAL PHARMACIST	CLINICAL PHARMACIST		Yes
6	DIETICIAN	DIETICIAN		Yes

1. Edit Reference data form

Modify Reference Data

Non-VA Provider Role

Code: 1

Name: *

ADDICTION THERAPIST

Description: *

ADDICTION THERAPIST

Sort Order:

Justification:

Inactivate: ☐

Submit

Cancel

1. Checking the Inactivate box

Modify Reference Data

Non-VA Provider Role

Code:

Name: *

Description: *

Sort Order:

Justification:

Inactivate: ☒

Inactivate Reason:

Submit **Cancel**

1. Warning Message

Firefox - CSS Portal Desktop

This is a TEST environment. Do NOT use or enter real Patient Data.

Home Patient Teams Rooms Groups Staff Reports Alerts Administration Change Station Help Reference

PCMM Home Manage Reference Data Modify Reference Data

Modify Reference Data

Non-VA Provider Role

Code:

Name: *

Description: *

Sort Order:

Justification:

Inactivate: ☒

Inactivate Reason:

Submit **Cancel**

Are you sure?
All entered data will be lost. Do you still want to cancel?
Confirm **Cancel**

1. Add Reference Data form

Modify Reference Data

Non-VA Provider Role

Code:

Name: *

Description: *

Sort Order:

Justification:

Inactivate: ☐

Submit Cancel

Conversation Points:

1. This user story adds a new menu option to PCMM called “Administration”
2. The user story adds a new submenu option available from the “Administration” menu called “Manage Reference Data”.
3. The role that will be authorized to perform this function is the PCMM National Coordinator.
4. Four permissions will be added to the “*PCMM CRUD Matrix*”:
 - a. Read Reference Data (to view the reference data)
 - b. Update Reference Data (to perform the modify/edit function)
 - c. Create Reference Data (to perform the Add values to selection lists)
 - d. Delete Reference Data (to inactivate valid values in the selection lists)
5. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.

6. Upon selection of the Manage Reference Data menu option, a new window containing the available reference data types will be presented to the authorized user. A drop down list will provide the available PCMM fields for selection.
7. The reference types to be displayed for selection are valid fields within PCMM.
8. The list of reference types that will **not** display for selection:
 - a. Any Standard Data Systems (SDS) field selections – example “Select Station”
 - b. Any field selections that are populated from a VistA selection – An example are the Names of providers that come up for selection based on the authorized users station selected.
9. From the available reference types drop down form the authorized user can elect to VIEW a reference type. View selection opens another grid/table to allow the authorized user to continue with the reference data changes.
10. When the authorized user selects a reference type of “Care Type” or “Focus,” the system presents a data/grid table view and only allows the authorized user to select a reference value to EDIT.
11. When the authorized user selects a reference type of “Non-VA Provider Role,” the system presents a data /grid table view and allows the authorized user to select a reference value to EDIT or ADD new reference values. [B-01742]
12. The “Name” column on the “Manage Reference Data” view will allow the authorized user to navigate to a modify screen which allows EDIT. [B-01742]
13. The EDIT function opens the “Modify Reference Data:” screen form and allows the authorized user to:
 - a. Change the Name of the reference value – required field
 - b. Change the Description of the reference value – required field
 - c. Change the Sort order of the reference value – optional
 - d. Sort order is the order in the dropdown that the value will be displayed in a drop down list. Alphabetical by name is the normal default unless otherwise defined. Example – there is a list of values and these are numbered 1, 2, 3, etc. so that 1 is the top of the drop down list in the application where the field value is used.
 - e. Items will always display on the sort order value and then alphabetically by name. This will allow for duplicate sort order values when authorized users add a value to a large list and want it to be in the middle without having to re-do all the sort orders.
 - f. If there is no sort order the sort order value will be blank.
 - g. Change or add new justification text - free text optional
 - h. Inactivate check box – optional and used to inactivate as well as reactivate a value. [B-01743]

- i. Inactivate Reason - This will be a free text field, 120 characters and required if the Inactivate check box is populated. It can be hidden until the Inactivate checkbox has been selected. [B-01743]
 - j. The CODE for the “Care Type” and “Focus” values is NOT editable as these codes are a database code and must be maintained as it was established in the system. It is the identifier the system uses in functionality, reports, and computations as applicable. The CODE for the “Non-VA Provider Role” value is NOT editable once it is manually created by the user.
 - k. The authorized user is allowed to SUBMIT or CANCEL out of the operation.
 - l. If the authorized user selects SUBMIT the data is saved and is immediately available for selection within the application. The authorized user is returned to the grid/table to review the new entry.
 - m. Upon Submit - the authorized user is presented with a message that indicates the save was successful.
 - n. If the authorized user selects CANCEL they are provided a warning message that reads:
 “All entered data will be lost. Do you still want to Cancel?” YES/NO
 If they select YES they remain on the grid/table. If they select NO they remain on the screen form.
14. The ADD function opens a new “Add Reference Data:” screen form which allows the authorized user to add new reference values. Currently, only “Non-VA Provider Role” reference data can be added to after the initial reference data list has been compiled in PCMM. [B-01742]
- a. The ADD Reference Data screen will differ contingent on the reference type selected. (Refer to the Dev Reference Analysis spreadsheet)
 - b. **Care Type and Focus:** CODE: A Code for the new value – optional. This CODE represents the “Name” in step ‘d’ below and will be an acronym with all capital letters. If the authorized user leaves this field blank, the system will auto-generate an acronym for that field upon submission of the entry. Make it consistent with current database values. This CODE cannot be changed once it is created.
 - c. **Non-VA:** CODE: This field is required and must be entered manually. It will be an acronym with all capital letters to keep conformity with other entries. This CODE cannot be changed once it is created.
 - d. **Name:** The Name of the new value – required. The Name represents the new Reference Type being entered and is what will be displayed on the screen in the application. The name can also be an acronym. Example – CIA- the name can be CIA or the name can be Central Intelligence Agency and the code is then CIA.
 - e. **Description:** The Description of the new value – required. It can be additional information about the Name. It can also be the same as the Name. Example- Name: Central Intelligence Agency. Description: Central Intelligence Agency. Make it consistent with the current database values.
 - f. **Justification:** Free text not required. Why the value is being added.
 - g. **Sort Order – Optional.** The order in the dropdown that the value will be displayed in a drop down list. Alphabetical by name is the normal default unless otherwise

- defined. Example – there is a list of values and these are numbered 1, 2, 3, etc. so that 1 is the top of the drop down list in the application where the field value is used.
- h. Items will always display on the sort order value and then alphabetically by name. This will allow for duplicate sort order values when authorized users add a value to a large list and want it to be in the middle without having to re-do all the sort orders
 - i. Prevent the authorized user from entering a code that has already been used. Present a warning message to them and do not allow them to proceed until the code is no longer a duplicate.
 - j. The authorized user is allowed to SUBMIT or CANCEL out of the operation.
 - k. If the authorized user selects SUBMIT the data is saved and is immediately available for selection within the application. The authorized user is returned to the grid/table to review the new entry.
 - l. Upon Submit - the authorized user is present will a message that indicates the save was successful.
 - m. If the authorized user selects CANCEL they are provided a warning message that reads:
“All entered data will be lost. Do you still want to Cancel?” YES/NO

If they select YES they remain on the grid/table. If they select NO they remain on the screen form.
 - n. The ADD Reference data form may look different based on the reference types to be edited that have dependencies on other fields. For example, Care Type and Focus.
 - o. When a new Focus is added it must be associated with a Care Type.
 - p. Focus: Custom editor needed to add a dropdown to select the parent Care Type.
15. The system will display an error message for any “Required” field that is not entered, allowing the authorized user to enter that information before re-submitting. Use existing design for these messages. Example: “Must enter a CODE” if the authorized user submits without entering it.
16. The following list contains the Reference Types that can be managed by the PCMM National Coordinator: The RED document states Purpose and Sub Purpose. In PCMM they are called Care Type and Focus.
- a. Care Type (in Create Team controls what is displayed in Focus)
 - b. Focus (In Create Team - dependent on Care Type)
 - c. Non VA Provider Role [B-01742, B-01743]
17. This list above was based on existing values as of 6/26/2012 – Dr Stark may request additional values to be added that are currently on the NO list or as new fields are defined they could become candidates for this functionality.

2.6.2.1.4. B-02335 View Patient Assignment History

Refer to Section 2.6.2.3.1. for user story details.

2.6.2.2. BN3 Requirements

2.6.2.2.1. B-02335 Assign Patient to a Team and Position

Refer to Section 2.6.1.2.1. for user story details.

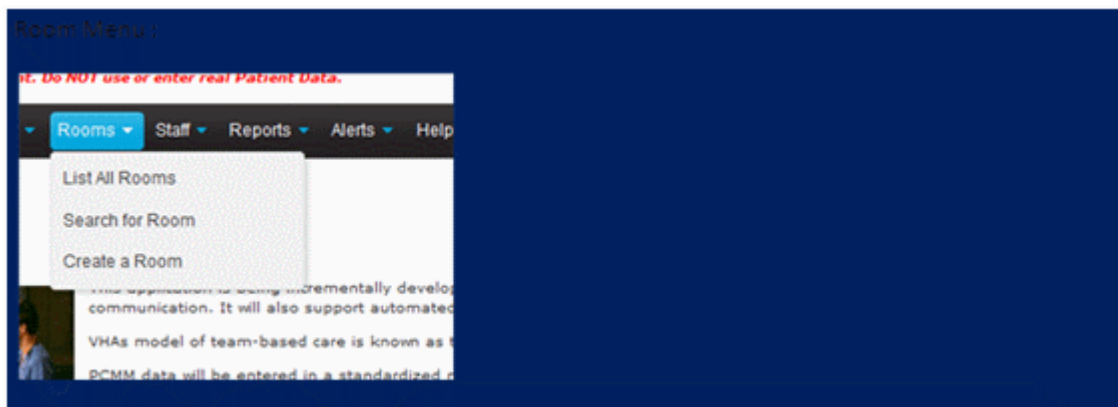
2.6.2.2.2. B-02335 Assign Staff to a Position

Refer to Section 2.6.1.1.10. for user story details.

2.6.2.2.3. B-02335 Create Room Profile

This user story allows an authorized PCMM2 User to create room profile information and add to the List All Rooms screen so that I can view the newly created rooms. Also, add a new sub-menu option for Create a Room Profile to allow the user this functionality from the main menu “Room.” Associated VersionOne Backlog ID for this user story is B-01574 and B-01198.

Wireframes:



Room Profile screen

List All Rooms screen

Number	Name	Type	Description	Expected FTE Usage	Actual FTE Usage	Available FTE for Assignment	Status
Black Widow	Black Widow	EXAMINATION ROOM	Smoke Test	1.00	AAA1: 0.00 AAA19: 0.00 AAA12: 0.00 BlackWidowS: 0.00	0.00	Active
B07K	B07K	B07K		Exam FTE: 0.76 Interview FTE: 0.13	AAA10: Exam FTE: 0.05 Interview FTE: 0.00	Exam FTE: 0.76 Interview FTE: 0.13	Active
Test Room 2	Test Room 2	B07K		Exam FTE: 0.68 Interview FTE: 0.10	AAA1: Exam FTE: 0.76 Interview FTE: 0.10	Exam FTE: 0.10 Interview FTE: 0.00	Active
EXAMINATION ROOM	EXAMINATION ROOM			0.30	Adi-Demo-1: 0.30	0.00	Active
Smoke 123	EXAMINATION ROOM			0.00	AlphaYc: 0.00	0.76	Active
Smoke 124	EXAMINATION ROOM			1.00		1.00	Active
Smoke 143	EXAMINATION ROOM			0.00	AAA:	0.00	Active
Smoke 999	EXAMINATION ROOM			0.00		0.00	Active
Smoke 1	EXAMINATION ROOM			1.00		1.00	Active
Smoke 10	EXAMINATION ROOM			1.00		1.00	Active
Smoke 11	EXAMINATION ROOM			1.00		1.00	Active
Smoke 12	EXAMINATION ROOM			1.00		1.00	Active
Smoke 13	EXAMINATION ROOM			1.00		1.00	Active
Smoke 14	EXAMINATION ROOM			1.00		1.00	Active
Smoke 15	EXAMINATION ROOM			1.00		1.00	Active
Smoke 16	EXAMINATION ROOM			1.00		1.00	Active
Smoke 17	EXAMINATION ROOM			1.00		1.00	Active

Conversation Points:

1. The permission entitled “Create Room” will allow the authorized user assigned this permission to see the “Room” menu option and be able to execute this function. If not, they will not be able to.
2. The valid roles and permissions are documented in the “PCMM CRUD Matrix”.
3. This user story adds a new sub-section to the main menu “Room” called “Create a Room.”
4. This user story adds a new sub-section to the main menu “Room” called “List All Rooms.”
5. This user story adds a new sub-section to the “Team Profile” screen called “View Assigned Rooms” that allows the user to view the room profiles for the team.
6. This user story adds a new “View Assigned Rooms” screen that allows the authorized user to view room profile information. This screen may be accessed via the “Team Profile” screen.
7. Only the authorized user with “Create Room” permission will be allowed to enter the initial setup of the room numbers and profile information for their assigned facility prior to utilizing any room assignments.
8. The user will be allowed to enter the following room information for the “Room Profile”:

- Number (Required)
 - Name
 - Station (Auto-populate with station user has logged into)
 - Type (Required, Radio Buttons)
 - Exam Room (See Step 10)
 - Interview Room (See Step 11)
 - Both (See Step 12)
 - Expected Usage FTE (See Step 13, 14)
 - Description (Free Text)
 - Status (Radio Buttons)
 - Active (Default)
 - Inactive
9. The “Room Number” field will allow alpha and numeric characters.
10. The system will display a “hint” message under the radio buttons for the “Room Type” = “Exam Room”, then display the following description:
“This is a fully-equipped room in which providers and other staff interview and assess patients.”
11. The system will display a “hint” message under the radio button for the “Room Type” = “Interview Room”, then display the following description:
“This is a clinic room used by clinical (not administrative) staff and is not a fully-equipped exam room.”
12. The system will display a “hint” message under the radio button for the “Room Type” = “Both”, then display the following description:
“This is a fully equipped exam room, but used by clinical staff for interviews and patient care.”
13. The FTE label changes depending on the selection of the “Type” of room to determine the display of the “Expected FTE Usage” field. The following fields will apply:
- If “Type” = “Exam”, then display “Expected Examination Usage FTE”
 - If “Type” = “Interview”, the display “Expected Interview Usage FTE”
 - If “Type” = “Both”, then display both of the fields below:
 - “Expected Examination Usage FTE”
 - “Expected Interview Usage FTE”
14. The Actual Usage FTE for all teams assigned to a room cannot exceed the Expected Usage FTE for that room.
15. The system will display an error message for any field not filled out that is “Required” allowing the authorized user to enter that information before re-submitting.
16. The system will allow the room “Name” to be duplicated within a station.

17. The “Number” field will be a unique number within the station. The system will display an error message if the room “Number” is not unique and is already established within PCMM. (See example below)



The screenshot shows a form with a text input field containing the number "R1234". Below the field, there is a red error message box that reads: "A room with the same number already exists in this station, please provide a different number." The label "Number:" is visible to the left of the input field.

18. The system will display the following information in the “Rooms List” and the “View Assigned Rooms” section of the “Team profile” screen:
- Number
 - Name
 - Type (Filterable)
 - Description
 - Expected FTE Usage
 - Actual FTE Usage
 - Available FTE for Assignment
 - Status
19. The “Room List” will initially be displayed in order by Room Number.
20. The system will display the room “Type” label of Exam, Interview and Both FTE assignments in the “Expected FTE Usage” column along with the entered value.
21. The system will display each Team name assigned to the room and the room “Type” label in the Actual FTE Usage column along with the entered values.
22. The system will display the room “Type” label of Exam and Interview when the room “Type” = “Both” along with the entered values in the “Available FTE for Assignment” column.
23. The system will display the newly created room information in the “List All Rooms” table in the main menu for “Room.” By default, only Active rooms will be displayed and Inactive rooms can be viewed by changing the Status filter.
24. Once a Room Profile has been created, the system will allow an authorized user to update the Room Profile information. (See “*Manage Rooms*” user story for details.)
25. The user will exit the Room Profile screen when pressing “Cancel” if they do not want the room profile update to occur and nothing will be saved to the database.
26. Once the user selects to “Submit” the room profile information, it will save to the database and appear in the “Rooms List” along with a message indicating the room was created successfully.

2.6.2.2.4. B-01218 Search for Room

This user story allows an authorized PCMM2 User to access a new menu option for Room search and allow the user to perform a search for a Room within the PCMM system.

Wireframes:

The wireframes show the PCMM Search for Room interface. The top screenshot shows the search form with a search bar and a search button. The bottom screenshot shows the search results table with columns for Number, Name, Description, Status, and Select.

Number	Name	Description	Status	Select
00000001	00000001	00000001	Active	

Conversation Points:

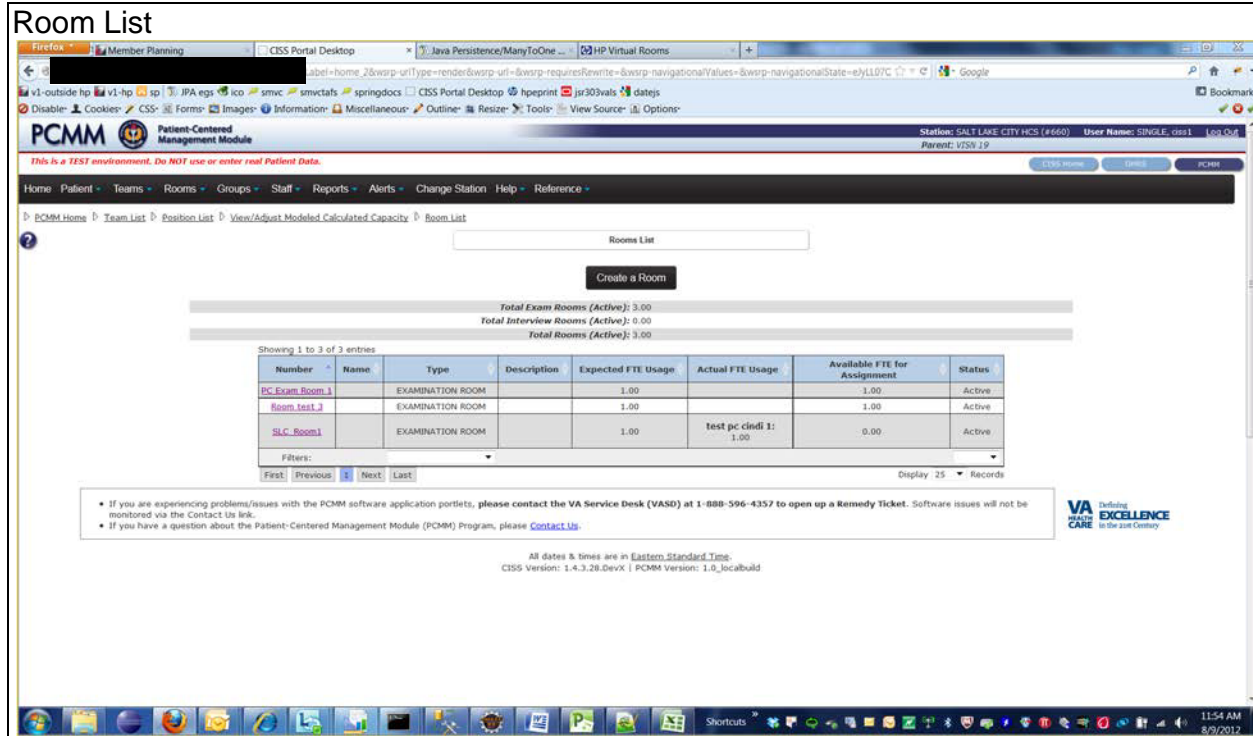
1. The permission entitled “Read Room” will be checked. If the user has “Read Room” permission, they will be able to search and view the Room Information.
2. The permission entitled “Update Room” will be checked. If the user has this permission, they will be able to search and update the Room Information.

3. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
4. This story adds a new menu option called “Search for Room” to allow an authorized user to Search for a room.
5. All or part of the Room number must be entered. At least 2 alpha and/or numeric characters must be entered. The search will retrieve all room numbers that contain the alpha and/or numeric characters that were entered anywhere within the room number.
6. The system will allow the authorized user to press the “Search” button and view the “Search Results” table.
7. The following fields will be displayed in the “Search Results” table:
 - Number
 - Name
 - Description
 - Status
 - Select (Actionable)
8. The authorized user will be able to navigate to the selected Room profile information to make updates or assign a room to a team. If the authorized user has update permission, then he will be able to make updates. If the authorized user only has view permission, then he will not be able to make updates. (Note: See “*Create Room Profile*” user story for details.)
9. If there are no teams matching the Number entered, the user will be notified that no matches were found.
10. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.2.5. B-02335 Manage Rooms

This user story allows an authorized PCMM2 User to view a list of existing rooms so that I may choose one to view, edit or delete information. Associated VersionOne Backlog ID for this user story is B-01217 and B-01417.

Wireframe:



Modify an Existing Room screen

Modify an Existing Room screen

Name: Test Room 2

Station: CHEVENSE VASC (H442)

Type: Exam Interview Both

This is a room that may be used for both interview and examination purposes.

Expected Examination Usage FTEE: 0.23

Expected Interview Usage FTEE: 0.54

Description:

Status: Active Inactive

Submit Cancel

View Active Team Assignments

Room FTEE available for assignment : Exam: 0.23 Interview: 0.54

Assign Team

Showing 0 to 0 of 0 entries

Team	Care Type	Focus	Station	Actual FTEE Usage	Assignment active since	Actions
No data available						

Filters: First Previous Next Last Display: 25 records

Conversation Points:

1. The permission entitled "Update Room" will allow the authorized user assigned this permission to see the "Room" main menu option and be able to execute this function. If not, they will not be able to. The user will be able to access the Room Profile details

screen when selecting the displayed room number link in the “Number” field. (Refer to the *Create Room Profile* user story for additional details.)

2. If the authorized user has the “Create Room” permission, he will be able to create a room. If not, they will not be able to. The user will be able to access the “Create a New Room” function. (Refer to the *Create Room Profile* user story for additional details.)
3. If the authorized has the “Read Room”, he will be able to view the selected room but will not be able to update any information. If he does not, he will receive an error message letting him know he is unauthorized.
4. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
5. The authorized user will be able to view the “Rooms List” screen. From this screen the user will be able to view a list of all existing rooms with room numbers, view the room profile information, view the assigned team(s) for each room, view the room FTEs or create a room.
6. The “Rooms List” screen will display a station level summary information giving totals for the following fields:
 - Total Exam Rooms (Active)
 - Total Interview Rooms (Active)
 - Total Rooms (Active)
7. This user story adds a new “View Active Room Assignments” sub-section to the Modify an Existing Room” screen that will display all team assignments for the selected room. The following information will be displayed:
 - Team
 - Care Type
 - Focus
 - Station
 - Actual FTE Usage
 - Assignment Active Since
 - Actions
8. If the room has an “Inactive” status, then this room cannot be assigned to a new team. Existing team assignments to the room will not be affected by the “Inactive” status. The authorized user will be allowed to change this status to “Active” if they want to begin assigning this room to a team.
9. The authorized user will be allowed to save changes to the database or exit the screen without saving any changes.
10. The room list can be narrowed by applying filter values for the indicated fields for room “Type.”

- 11.If filter values have been applied – they can be reset to reinitialize the entire room list.
- 12.The authorized user will be able to access the Team List screen for the selected room.
- 13.The authorized user will be able to access the Team details from the Team Assignment list on the Room Profile screen.
- 14.Immediately after a new room has been created, it will be displayed on the List All Rooms List.
- 15.For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.2.6. B-02335 Assign/Unassign Room to Team

This user story allows an authorized PCMM2 User to assign a room to a team, allow the user to choose the team to be assigned and view the room assignment so that I may assign/track room FTE. Also, I want to be able to unassign a team from a room. Associated VersionOne Backlog ID for this user story is B-01555 and B-01417.

Wireframes:

Assign room to a team screen

Assign Team screen

The screenshot shows a web application interface with a modal dialog titled "Team Assignment". The dialog has a close button (X) in the top right corner. Inside the dialog, there are two input fields: "Actual Exam FTEE:" with a value of 0.0 and "Actual Interview FTEE:" with a value of 0.0. There are "Submit" and "Cancel" buttons at the bottom of the dialog. The background shows a table with columns: Team, Care Type, Focus, Station, Actual FTEE Usage, Assignment active since, and Actions. The "Team" column is currently selected.

Search Team screen

The screenshot shows a web application interface with a modal dialog titled "Search for Team". The dialog has a search input field and a "Search" button. The background shows a table with columns: Name, Primary Care Provider, Care Type, Focus, Patients Allowed, Patients Assigned, Patients Available, and Select. The "Name" column is currently selected.

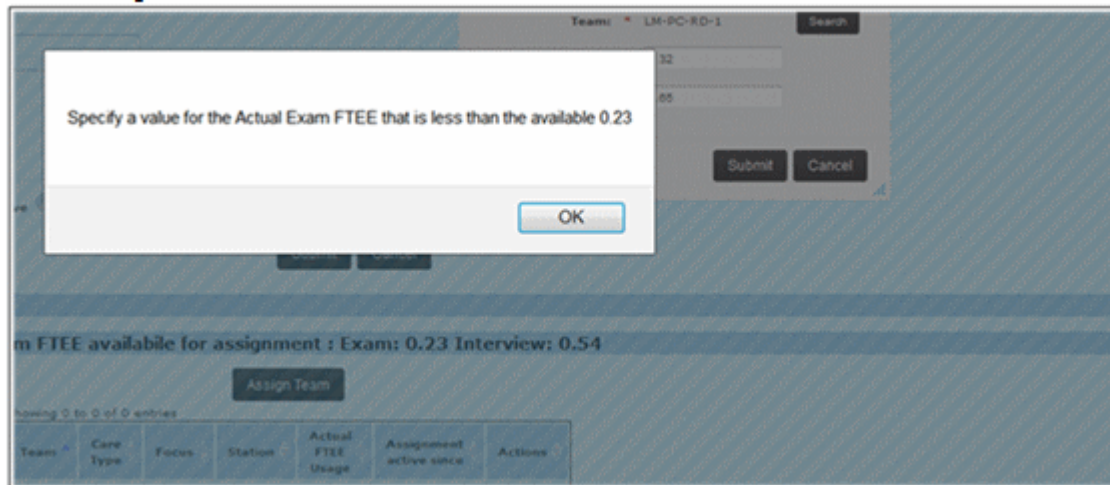
Click "Select" to select a team

The screenshot shows a web application interface with a modal dialog titled "Search for Team". The dialog has a search input field and a "Search" button. Below the search bar, there is a table with the following columns: Name, Primary Care Provider, Care Type, Focus, Patients Allowed, Patients Assigned, Patients Available, and Select. The table contains four rows of data. The "Select" column has a blue button with a magnifying glass icon. Below the table, there are filters and pagination controls.

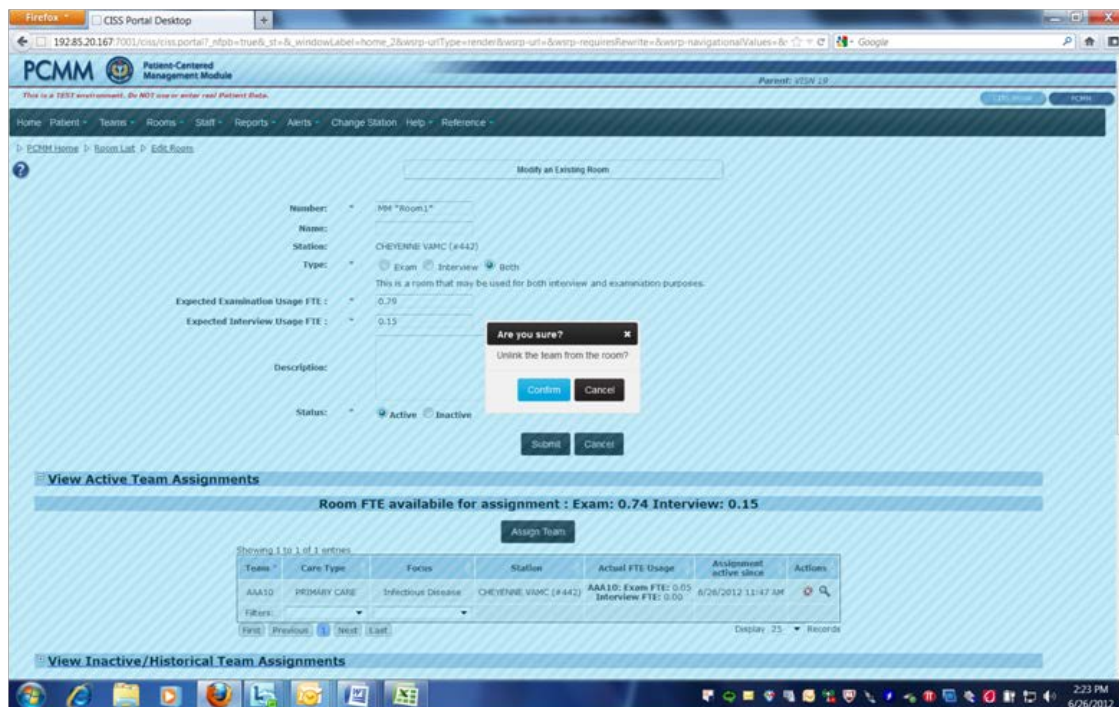
Name	Primary Care Provider	Care Type	Focus	Patients Allowed	Patients Assigned	Patients Available	Select
LM-PC-RD-1		PRIMARY CARE	Renal/Dialysis	1200	0	1200	
LM-PC-WH-1		PRIMARY CARE	Womens Health	1200	0	1200	
LM-Test-1		COMMUNITY CARE	State Veterans Nursing Home	1200	0	1200	
LM-Test-2		PERSONAL LIST		1200	0	1200	

Filters:
 First Previous 1 Next Last Display 25 records

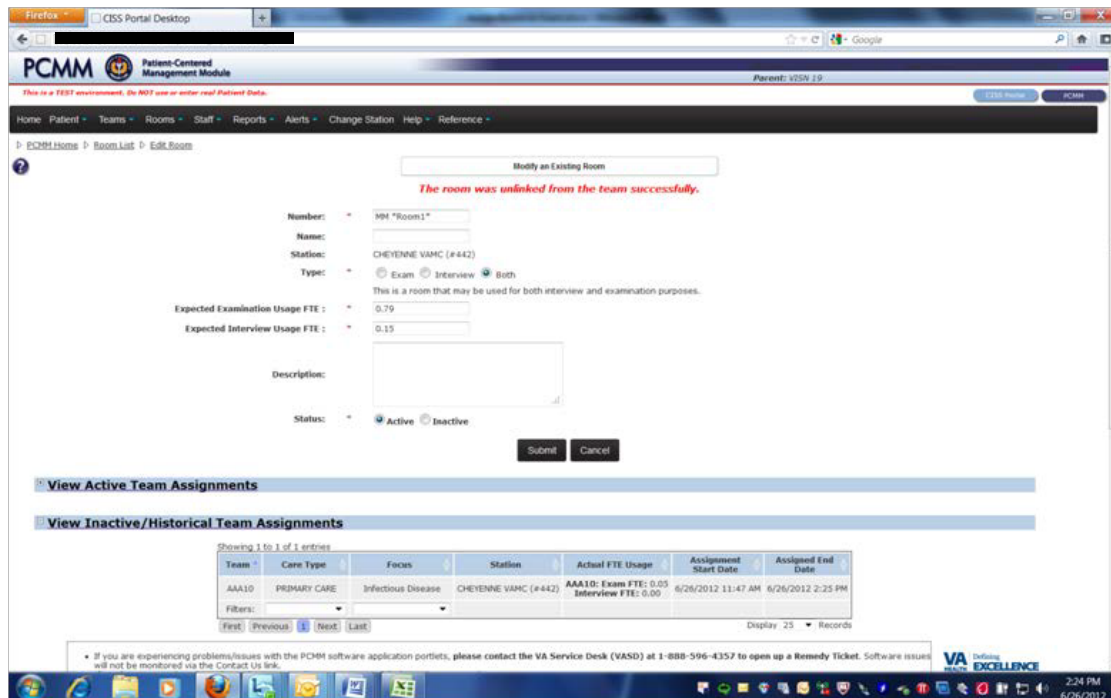
Error message for FTE over 1.0



Unassign Team



View Inactive/Historical Team Assignments



Conversation points:

1. A new permission called “Assign Room” will be created. If user has access to “Assign Rooms” he will also be able to perform this function.
2. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.
3. The authorized user will be allowed to “Assign Team” to a room from the Modify an Existing Room screen by indicating the need to “Assign Team.”
4. The room that will be assigned to a team must have a status of *Active* in order to execute this user story. A status of *Inactive* will not allow a room to be assigned to a new team but will not affect the current teams already assigned to the room.
5. The room can be assigned to multiple teams within the station you are working in while performing the assignment. The room search list will be narrowed to only rooms that exist in the station you are working in while performing the assignment.
6. The “Team Assignment” pop-up screen will display the required fields that will allow the authorized user to search for a team, populate the Actual Exam FTE and/or the Actual Interview FTE. The authorized user will enter either the Actual Exam or Actual Interview FTE if “Type” = “Exam” or “Interview.” The authorized user will enter one or both of Actual Exam and Actual Interview FTEs if “Type” = “Both”. The following fields are:
 - Team (Searchable)
 - Actual Exam FTE

- Actual Interview FTE
7. The system will display an error message if the Actual Exam/Interview FTEs exceed more than the “Available FTE” when entering the values in appropriate fields.
 8. The system will display an error message if the Actual Exam/Interview FTE being assigned equals 0.0 when entering the values in the appropriate fields. There must be a valid value entered in this field.
 9. If a current room assignment already exists for the selected team, do not allow the room to be assigned to the same team twice as a duplicate.
 10. A date/timestamp will be automatically entered for the “Assignment Active Since” once the room has been successfully assigned to a team. It has the following rules associated with it:
 - a. The “Assignment Active Since” will be defaulted to the current date and time.
 - b. It cannot be overridden to a future date.
 11. The system will allow the authorized user to search for a team to assign the room to. (See “*Search for Room*” user story for additional details.)
 12. When the team is selected to be assigned, the authorized user will enter values for the Actual Exam FTE and/or Actual Interview FTE fields.
 13. Once the authorized user saves the Assignment information to the database, the assignment will appear in the “View Active Team Assignments” table along with a message indicating the assignment was successful. The room Assignments table will list the following data fields:
 - Team
 - Care Type
 - Focus
 - Station
 - Actual FTE Usage
 - Assignment Active Since
 - Actions
 14. The authorized user will be allowed to “Unassign Team” from a Room and display the unassignment in the “View Inactive/Historical Team Assignments” table in the Room Profile screen.
 15. Once the assignment has been completed, the authorized user will be allowed to change the “Actual Usage FTE” for the assignment.
 16. Once the authorized user unassigns a team from a room, the unassignment will appear in the “View Inactive/Historical Team Assignments” table along with a message indicating

the unassignment was successful. The “View Inactive/Historical Team Assignments” table will list the following data fields:

- Team
- Care Type
- Focus
- Station
- Actual FTE Usage
- Assignment Start Date
- Assigned End Date

17. When assigning or unassigning a room to/from a team that changes the model capacity, the following generic message will appear showing the model changes by displaying the original value and the new value.

“Based on the change just made, the modeled panel size for Primary Care teams changed from [*original value*] to [*new value*].”

18. The authorized user will exit the assignment screen without pressing Assign if they do not want the assignment to occur and nothing to be saved to the database.

19. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.2.7. B-02335 Update Primary Care Intensity Score

This user story allows an authorized PCMM2 User to update the primary care intensity score for a station so that it can be used to adjust the modeled team capacity calculations at a station and team level. Associated VersionOne Backlog ID for this user story is B-01417.

Wireframe:

The wireframe shows a form titled "Update Primary Care Intensity". It contains two input fields: "Station:" with the value "CHEYENNE VAMC (#442)" and "Primary Care Intensity:" with a red asterisk and the value "3.00". At the bottom right, there are two buttons: "Submit" and "Cancel".

Conversation Points:

1. A new permission entitled “Update Intensity Score” will be created. If the user has been assigned this permission, they will be able to see the “Update Intensity Score” menu option and be able to execute this function. If not, they will not be able to.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new menu option “Update Intensity Score”.

4. This user story adds a new “Update Intensity Score” screen. This screen may be accessed via the Menu option. It displays the Primary Care Intensity Score and allows it to be updated.
5. The user will press the Submit button to save the information to the database. Once changes are saved, the Modeled Team Capacity at a Station may be adjusted. See the *View Aggregate Modeled Team Capacity* user story for additional details. The Modeled Team Capacity at a team level may be adjusted for each team. See the *Calculate Modeled Team Capacity* user story for additional details.
6. The user will press the Cancel button to return to the previous screen. The data will not be updated.
7. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.2.8 B-01417 View Station Aggregate Modeled Capacity

This user story allows an authorized PCMM2 User to view the aggregate Modeled Team Capacity (ie panel size) for each team care type at a station level so it can analyze and validate the station and its team's adherence to the recommended model panel size.

Wireframes:

Care Type Selection

Model Panel Size Calculation - Selection of Care Type

Station: CHEYENNE VAMC (#442)

Care Type: * PRIMARY CARE

Submit Cancel

Aggregate Modeled Panel Size

Model Panel Size Calculation - Worksheet for Primary Care Teams

Modeled Panel Size Calculation for Primary Care for Station CHEYENNE VAMC (#442)

Measure	Value
Base Model Panel Size	1200
Adjustment for Primary Care Intensity	30
Adjustment for Rooms per PC FTEE	-60
Adjustment for Support Staff per PC FTEE	90
Adjusted Model Panel Size	1260

Primary Care Intensity Score Adjustment

View Primary Care Intensity Based Adjustment

Summary of Calculation Results

Measure	Value
Primary Care Intensity Score	0.80
Adjustment for Primary Care Intensity	30

Intensity Ranges and their effect on Model Panel Size

Intensity Range Between ..	Adjustment to Modeled Panel Size (Percent)
0.00 and less than 0.60	10.00
0.60 and less than 0.70	7.50
0.70 and less than 0.80	5.00
0.80 and less than 0.90	2.50
0.90 and less than 1.10	0.00
1.10 and less than 1.20	-2.50
1.20 and less than 1.30	-5.00
1.30 and less than 1.40	-7.50
1.40 onwards ..	-10.00

Support Staff FTEE per PCDPCE FTEE Adjustment

View Support Staff per PC FTEE Based Adjustment

Active Primary Care Teams - Primary Care and Support Staff Team Positions

Team name	Support Staff Team Positions	Total Team Support Staff FTE	Primary Care Provider Team Positions	Total Team Support Staff FTE
zebra10		0		
INSTITUTION TOTALS:		5.56 FTEE		

Summary of Calculation Results

Measure	
Total Support Staff FTE	
Total Primary Care Provider FTE	
Total Support Staff Per PCP FTE	
Adjustment for Support Staff per PCP FTEE	

Support Staff per PC FTEE Ranges and their effect on Model Panel Size

Support Staff per PC FTEE Range Between ..	Adjustment to Modeled Panel Size (Percent)
0.00 and less than 1.20	-10.00
1.20 and less than 1.40	-7.50
1.40 and less than 1.60	-5.00
1.60 and less than 1.80	-2.50
1.80 and less than 2.20	0.00
2.20 and less than 2.40	2.50
2.40 and less than 2.60	5.00
2.60 and less than 2.80	7.50
2.80 onwards ..	10.00

Rooms Per PC FTEE Adjustment

View Rooms per PC FTEE Based Adjustment

Active Primary Care Teams with Room Assignments

Team Name	Examination Room Assignments	Interview Room Assignments	Total Room Assignments for the team
"Test" team			0 FTE
A11			0 FTE
A12			0 FTE
A14			0 FTE
A17			0 FTE
AA11			0 FTE
AA12			0 FTE
AA13			0 FTE
AA14			0 FTE
AA15			0 FTE
AA16			0 FTE
AA17			0 FTE
AA20			0 FTE
AA6			0 FTE
AA7			0 FTE
AA8			0 FTE
AA9			0 FTE
AAA1	R1234 : 0.78 FTE 123654 : 0.50 FTE	R1234 : 0.10 FTE MM *Room1* : 0.10 FTE 123654 : 0.10 FTE	1.58 FTE
AAA10	A1234 : 0.70 FTE	A1234 : 0.20 FTE	0.90 FTE

var_val			0 FTE
zebra10			0 FTE
INSTITUTION TOTALS:	3.06 FTE	0.62 FTE	3.68 FTE

Summary of Calculation Results

Measure	Value
Total Examination Rooms FTE - Assigned to Primary Care Teams	3.06
Total Interview Rooms FTE - Assigned to Primary Care Teams	0.62
Total Rooms FTE - Assigned to Primary Care Teams	3.68
Total Primary Care Provider FTEE	2.03
Total Rooms Per Primary Care Provider FTEE	1.81
Adjustment for Rooms per PC FTEE	-60

Rooms per PC FTEE Ranges and their effect on Model Panel Size

Rooms per PC FTEE Range Between ..	Adjustment to Modeled Panel Size (Percent)
0.00 and less than 2.00	-5.00
2.00 and less than 2.75	-2.50
2.75 and less than 3.25	0.00
3.25 and less than 3.75	2.50

Modeled Capacity Change History										
View Modeled Panel Size Change History										
Model Size	Start Date	End Date	Primary Care Intensity	Intensity Based Adjustment	Total Support Staff FTE	Total PC FTE	Support Staff Per PC FTE	Support Staff Based Adjustment	Total Rooms FTE	Rooms Per PC FTE
1230	8/19/2012 6:27 PM	Onwards	1.12	-30	7.44	2.53	2.94	120	3.68	1.45
1200	8/17/2012 4:45 PM	8/19/2012 6:27 PM	1.12	-30	7.54	2.73	2.76	90	3.68	1.35
1230	8/17/2012 4:38 PM	8/17/2012 4:45 PM	1.12	-30	7.74	2.73	2.84	120	3.68	1.35
1200	8/17/2012 10:03 AM	8/17/2012 4:38 PM	1.12	-30	7.54	2.73	2.76	90	3.68	1.35
1170	8/17/2012 9:34 AM	8/17/2012 10:03 AM	1.12	-30	6.82	2.73	2.50	60	3.68	1.35
1230	8/15/2012 5:18 AM	8/17/2012 9:34 AM	1.12	-30	6.05	2.13	2.84	120	3.68	1.73
1200	8/15/2012 4:40 AM	8/15/2012 5:18 AM	1.12	-30	5.63	2.13	2.64	90	3.68	1.73
1170	8/14/2012 6:50 AM	8/15/2012 4:40 AM	1.12	-30	5.32	2.13	2.50	60	3.68	1.73
1140	8/13/2012 7:35 PM	8/14/2012 6:50 AM	1.12	-30	5.06	2.13	2.38	30	3.68	1.73
1200	8/13/2012 2:37 PM	8/13/2012 7:35 PM	0.80	30	5.06	2.13	2.38	30	3.68	1.73

Aggregate Modeled Capacity on Team Profile screen

Team:

Station: CHEYENNE VAMC (#442)

Care Type:

Focus:

Description:

Group Membership:

Point of Contact - Administrative

Name:

Phone Number:

Patient Capacity

Assignment Status: ☒ Open ☐ Closed

Calculated Modeled Capacity based on Station Aggregates: 1230

Calculated Modeled Capacity based on this team: 990 🔍

Assigned: 1

Available: 989

☐ Allow Override

Adjusted:

Justification:

Conversation Points:

1. No new permissions will be created. If the user has “Read Team” permission, they will be able to view the Model Team Capacity for any station they are authorized for.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. The Base Panel Size for Primary Care is currently 1200.
4. The main factors involved in the calculation include: the Primary Care Intensity Score (which is currently revised annually by the OPES team and supplied to VSSC as a numeric value in x.xx format. The process to derive this value is currently being revised. PCMM expects to receive this value in the same format in the future. This value may be manually adjusted via the Adjust Intensity Score menu option. Refer to the *Update Primary Care Intensity Score* user story for additional details.), the Primary Care Direct Care FTEE, the Support Staff FTEE and the Room Utilization FTE. The Aggregate Modeled Capacity is updated each time a team, position, staff assignment, staff assignment FTEE or room assignment changes. Refer to the *Modeled Team Capacity Calculations* user story for how this value changes based upon these updates once it is initially set.

5. The Modeled Capacity at a station level is initially calculated by:
 - a. Retrieving the Primary Care Intensity score for the station
 - b. Looking at the Primary Care Adjustment Factors table and determining if a Primary Care Intensity Score adjustment is called for
 - c. Subtracting any Primary Care Intensity Score adjustment from the Base Panel Size for Primary Care
6. A new submenu option called “View Aggregate Modeled Capacity” will be created and available from the Team menu. Only authorized PCMM2 users will be able to access this menu option.
7. A new “View Aggregate Modeled Capacity” screen will be created to allow authorized users to view the following data:
 - a. The recommended Base PACT panel size is the starting point for all calculations.
 - b. The Primary Care Intensity Score for the station.
 - c. The adjustment Factors for the Primary Care Intensity Score.
 - d. The Primary Care Direct Care and Support Staff Actual FTEE for each Active team established for the Station.
 - e. The PCDC and Support Staff FTEE adjustment factors.
 - f. The Actual FTEE for each Active Room that each Active team is utilizing for the Station.
 - g. The Room Utilization adjustment factors.
 - h. History for when the Modeled Capacity at the station level last changed and what factors caused it to change.

This data will be displayed for each care type. The user will select which care type they wish to see the data for upon entering the screen.
8. The Aggregated Modeled Team Capacity value calculated for this station and shown on this screen will also be displayed on the Team Profile. Refer to the *Create a Team* user story for additional details.
9. The Aggregated Modeled Team Capacity value calculated for this station calculated and shown on this screen will be the initial Modeled Team Capacity for each team established for this station with the care type used in this model. It will be adjusted using the same adjustment factors as used in the station level model. The Modeled Team Capacity for each team will also be displayed on the Team Profile. Refer to the *Calculate Team Modeled Capacity* user story for additional details on these values and how they are utilized in the calculation. Refer to the *Create a Team* user story for additional details on the Modeled Team Capacity at a team level.

2.6.2.2.9. B-02866 Modeled Team Capacity Calculations

This user story allows an authorized PCMM2 User to have the system calculate the Modeled Team Capacity so that each team may utilize it as their recommended panel size. Associated VersionOne Backlog ID for this user story is B-01417.

Wireframes: N/A

Conversation Points:

1. This process will run via batch job once nightly. Refer to the *Batch Job Execution Results* user story for additional details.
2. The Modeled Team Capacity represents the Panel Size (i.e. total number of patients that should be assigned to each panel). It will be calculated according to the policies documented in the PCMM Handbook-VHA Handbook 1101.02 dated April 21, 2009. The current recommended panel size for each team with a care type of “Primary Care” is 1200 patients. This value can be adjusted at a station level based on the Intensity Score for each station. This value can be adjusted at a team level based upon the Primary Care Direct Care FTEE, the Support Staff FTEE and the Room Utilization of the team.
3. The user may view the Aggregated Modeled Team Capacity at the station level as well as the adjustment factors that go into the calculations. Refer to the *View Aggregated Modeled Team Capacity* user story for additional details on how the modeled team capacity is calculated and displayed at the Station level and to see the Adjustment Factors that will also be used when performing the Modeled Team Capacity at the team level. Whenever the Aggregated Modeled Team Capacity changes, the Modeled Team Capacity at a team level will be checked to see if it also needs to be adjusted.
4. The Modeled Team Capacity at a team level is calculated as Aggregate Modeled Capacity + Intensity Score Adjustment + Support to PC FTEE Adjustment + Room Adjustment. The details are as follows :
Calculating model capacity at a team level:
 - a. Modeled Capacity = Retrieve the Aggregate Modeled Capacity for the Station
 - b. Retrieve Intensity Score for the station
 - c. Determine if an Intensity Score adjustment needed according to Intensity Score lookup table (check to see what range the Intensity Score falls into and what the adjustment percentage is). Intensity Score Adjustment = Modeled Capacity multiplied by the Intensity Score adjustment factor percentage.
 - d. Calculate PC FTEE: Sum Actual FTEE for PCP and AP positions with active staff member assigned
 - e. Calculate Support Staff FTEE: Sum Actual FTEE for Support Staff with active staff member assigned
 - f. Divide Support Staff FTEE by the PC FTEE. Use that value to determine if Support Staff adjustment is needed according to the Support Staff Lookup table (check to see what range the Total Support Staff per PC FTEE falls into and what the adjustment percentage is). Support Staff Per PC FTEE Adjustment = Modeled Capacity multiplied by the Support Staff Per PC FTEE adjustment factor percentage
 - g. Calculate Rooms FTE: Get Total interview and exam Room(s) Actual Usage FTE

- h. Determine if Room adjustment is needed according to the Room Adjustment lookup table (check to see what range the Total Rooms per PC FTEE falls into and what the adjustment percentage is). Rooms Per PC FTEE Adjustment = Modeled Capacity multiplied by the Rooms Per PC FTEE adjustment factor percentage.
 - i. Check if the Primary Care Position on team is staffed by Mid-Level Provider; if so; automatically reduce the calculated model capacity for the team by 25%
 - j. Check number of female patients actively assigned to the team; reduce calculated model capacity by 20% of the total number of female patients assigned
 - k. Arrive at final Calculated Modeled Capacity for the team
 - l. Aggregate all calculated Modeled Capacity for each team to arrive at Station Level Capacity
5. When a team is created or updated; the Modeled Team Capacity will be displayed on the Team Profile screen. The details on how it was calculated will also be available from the Team Profile screen. Refer to the *Create a Team* and *Update a Team* user stories for additional details.
6. The Modeled Team Capacity may need to be adjusted when:
- A. The Actual FTEE associated with a position changes in one of the following ways:
 - i. A Primary Care or Support Staff team position is inactivated since the staff member assignment will be terminated.
 - ii. A staff member is assigned to or unassigned from a Primary Care or Support Staff team position.
 - iii. The Actual FTEE is updated on a Primary Care or Support Staff team position.
 - B. The Actual FTE Usage associated with a room changes in one of the following ways:
 - i. A room that is associated to a team is activated or inactivated.
 - ii. A room is associated to a team.
 - iii. A room is unassociated from a team.
- Note: refer to the “*PCMM Standard Roles*” document for details on which roles are included in the PCDPC FTEE and which are included in the Support Staff FTEE.

2.6.2.2.10. B-01593 Search/Maintain Model Team Configuration

This user story allows an authorized PCMM2 User to search for an existing Model Team Configuration or be able to create, view or maintain a Model Team Configuration so that it can be used to create default Team Positions when creating new Teams, allow teams to reconcile against the model, and to validate Teams adherence to the Model.

Wireframes:

Search for/Create Model Configuration

Care Type: * PRIMARY CARE

Focus: No Focus

Station: *

(Type in a few letters/code for the station - the drop down below will find all stations containing that letters/code)

- CENTRAL CALIFORNIA HEALTH CARE SYSTEM - FRESNO DIVISION (#570)
- CENTRAL OFFICE (#101)
- CENTRAL TEXAS HEALTH CARE SYSTEM - TEMPLE DIVISION (#674)
- CHALMERS P. WYLIE VA AMBULATORY CARE CENTER (757)
- CHANUTE CBOC (#589GM)
- CHAPEL STREET OPC (#630GC)
- CHARLESTON CBOC (#581GB)
- CHARLOTTE COUNTY CBOC (#516GE)
- CHARLOTTE, CBOC (#659GA)
- CHARLOTTESVILLE CBOC (#652GE)
- CHARLOTTE HALL CBOC (#688GD)
- CHAS NHC (#5349AA)
- CHATTANOOGA CBOC (#626GF)
- CHEYENNE NHC (#4429AA)
- CHEYENNE VAMC (#442)**

Find Add a Model Role Cancel

Showing 1 to 1 of 1 entries

Role Name	Required?	Actions
NURSE CARE MANAGER	no	

First Previous 1 Next Last Display 25 Records

Create a New Model Role for a Model Team

Care Type: PRIMARY CARE

Focus: No Focus

Station: CHEYENNE VAMC (#442)

Role: * Please select...

☐ Required?

Notify the PCMM Co-ordinators of the model change for all applicable teams? ☒ No ☐ Yes

Submit Cancel

Conversation Points:

1. A new permission called "Create Model Configuration" will be created. If the user has been granted this permission, they will be able to create a new Model Team Configuration for any station they are authorized for.

2. A new permission called “Update Model Configuration” will be created. If the user has been granted this permission, they will be able to update an existing Model Team Configuration for any station they are authorized for.
3. A new permission called “Read Model Configuration” will be created. If the user has been granted this permission, they will be able to view an existing Model Team Configuration for any station they are authorized for.
4. A new permission called “Delete Model Configuration” will be created. If the user has been granted this permission, they will be able to delete an existing Team Roles established for a Model Team Configuration for any station they are authorized for. Once all Team Roles are deleted, the Model Team Configuration will be deleted.
5. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
6. The Model Team Configuration will be created for a specific Team Care Type and optionally the Team Focus. This model defines which Team Positions (ie Team Roles) are to be automatically created by the system whenever a team is created or updated. It also defined which of these roles are required or optional for each team created. If they are required, they cannot be deleted from a team that has been established for the particular Care Type and/or Focus that the model is in existence for.
7. A new submenu option called “Search/Maintain Model Configuration” will be created and available from the Team menu. Only authorized PCMM2 users will be able to access this menu option.
8. A new “Search for/Create Model Configuration” screen will be available from the “Search Model Configuration” menu and will allow authorized users to search for any existing Model Team Configurations in existence for their authorized stations. If the search returns an existing Model you want to work with, the user may view the model or maintain it based upon their permissions. If the search does not return an existing Model for the user to work with, the user may Create a Model Configuration as defined in this user story.
9. The “Search for/Create a Model Configuration” screen allows the user to define required and optional Team Positions based upon the Team’s Care Type and/or Focus.
10. The user may search for an existing model:
 - a. Care Type to apply the model to is required.
 - b. Focus to apply the model to is required. The focus will default to ALL. There will be an entry to allow the user to make the model applicable to the entire Care Type and to not differentiate it for a particular focus as well as specific Focus values established for each Care Type.

- c. Station to apply the model to is required. We have added a station called “National” to use if the user wishes to search/create a National level model (ie. a model applied to the team based on Care Type and Focus for any/all stations).
- 11. If an existing model is not found, a message will appear notifying the user that “No Model Roles were found for the selected Care Type, Focus, Station”. If the user has authority, he may then use the “Add a Model Role” option to define a new Model Role for the Model Configuration. He may add as many Model Roles as needed.
- 12. If an existing model is found; the Team Roles established for the model will be displayed for the user. If the user has the proper authorization, they will be able to update and/or delete the Team Roles currently established as well as add additional ones. If the user has view authority, they will only be able to view the Team Roles and their associated information established for the model.
- 13. This user story adds a new “Add a Model Role” feature that allows an authorized user to define a new Team Role to be associated with a Model Team. This screen contains the following fields:
 - a. Role. This field indicates the Team Role to be defined for the model.
 - b. Required indicator. This field indicates if this Team Role is mandatory for the team. If so, it cannot be removed from any team that refers to this model.
 - c. Notify the PCMM Coordinators of the model change for all applicable teams indicator. If Yes, this will send an alert to each PCMM Coordinator that has a team that refers to this model.
 - d. Care Type, Focus and Station will be automatically populated and displayed.

2.6.2.2.11. Update a Team Profile

Refer to Section 2.6.1.5.1. for user story details.

2.6.2.3. BN4 Requirements

2.6.2.3.1. B-02335 View Patient Assignment History

This user story allows an authorized PCMM2 User to view which teams/positions/staff members each patient was assigned to at any point in time to allow validation of which team and staff member was responsible for patient care during that period of time.

Associated VersionOne Backlog ID for this user story is B-01336, B-01451, B-01375, B-01661, B-02137 and B-02770.

Wireframe:

View Team Assignments										
Station	Team	Care Type	Focus	Assigned	Unassigned	Reason Unassigned	Auto Inactivation	Last Encounter	Direct Care Provider	Action
ALBANY VA MEDICAL CENTER (#500)	ConnorTest2	PERSONAL LIST		12/17/2012 09:01				Pending		
CHEYENNE VAMC (#442)	cg "PACT" 442.3	PRIMARY CARE	Primary Care Only	08/27/2012 16:39			03/11/2013 19:00	Pending		
CHEYENNE VAMC (#442)	BlackWidow2	SUPER TEAM		01/04/2013 13:03	01/08/2013 21:35	No longer Needed		Pending		

When Detail is clicked:

Navigate to Team List to allow user to navigate to team profile, position list or staff assignment screens.

Conversation Points:

1. No new permission is needed for this story. All users can view the team information for all teams that the patient is assigned to regardless of whether they are authorized for that station or not. If they are authorized for the station and they have update permissions, they will be able to update the information. If they are not authorized for update, they will only be able to view. [B-01375]
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds the ability to view all teams the patient is/was assigned to.
4. This user story adds a new navigation path to allow the user to see the team profile information for the team.
5. This user story adds a new navigation path to allow the user to see all positions as well as any staff assigned to the positions associated with the assignment. This detail assignment information includes:
 - The status of the assignment [B-02770]
 - Which position the assignment is to
 - When the patient assignment was made
 - When the patient assignment ended
 - The Staff assigned to that position during the assignment
6. When the team assignment status/dates changes, the system will automatically refresh the patient profile team assignment display to show the new status/date. [B-02770]
7. Refer to the *Assign Patient to a Team and Position* user story for the items this assignment history list will display about the team assignment.

8. The user will have the ability to extend the auto inactivation date by 6 months (i.e. 183 days). They will only be able to do this one time. A reason for extending the auto inactivation date must be entered as well. [B-01661]. The reasons are:
 - Patient has future Primary Care appointment
 - Provider request-will try to contact patient
 - Patient contacted institution for appointment
 - Other. If Other is selected a Free text Comments field will appear to allow the user to enter a reason. The user must enter a comment to clarify the why Other was selected for the reason.
9. Once the user extends the auto inactivation date, the extended auto inactivation date will appear as the “scheduled auto inactivation” date associated with the team assignment on the “View Team Assignments” section of the Patient Profile. [B-01661].
10. Once the user extends the auto inactivation date, the extended assignment will appear on the “Patients With Extended PCMM Inactivation Dates” mailman message. [B-01661].
11. Once the user extends the auto inactivation date, the extend automatic inactivation reason and comments will be sent to VistA. Refer to the *PCMMR to Legacy PCMM* user story for additional details. [B-02137].
12. Once the user extends the auto inactivation date, the extended assignment will appear on the “Patients With Extended PCMM Inactivation Dates” VistA report. [B-01661].
13. The ability to “Extend Patient Inactivation Date” via VistA roll and scroll will be removed. This is the *EXTP Extend Patient Inactivation Date* menu option.
14. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.3.2. B-02335 Unassign Patient from a Team and Position

This user story allows an authorized PCMM2 User to completely unassign a Patient from a team or an explicit position that he is currently assigned to in order to re-assign him to another team/position or indicate care/team assignment is no longer needed. Associated VersionOne Backlog ID for this user story is B-01279, B-01388, B-01599, B-01841 and B-02689.

Wireframe:

+ Team Assignments

Filter: ☒ Current ☐ All

Unassign

History

Care Type	Focus	Assigned Date	Unassigned Date	Reason Unassigned	Institution	Direct Care Provider
					name (#)	

Click [Unassign]:

Team Unassignment

Effective Date for Unassignment:

Reason for Unassignment:

Click [History]:

☒ View Patient Assignments

Show: ☐ Current Assignments ☒ Historical Assignments

Filter patient name:

Show **entries**

Showing 1 to 3 of 3 entries

<input type="checkbox"/>	Patient Name	Patient Details	Status	Start	End	Reason Ended	Last Encounter
<input type="checkbox"/>			Canceled	6/2/2014 15:51	6/2/2014 17:52	Automatically Unassigned due to Death Entry	
<input type="checkbox"/>			Inactive	4/13/2014 19:00	4/25/2014 13:21	No longer Needed	
<input type="checkbox"/>			Canceled	4/10/2014 10:05	5/5/2014 10:14	Automatically Unassigned due to Death Entry	

Conversation Points:

1. A new permission called “Assign Patients” will be created. If user has access to “Assign Patients” he will also be able to perform this function. [B-01388]
2. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.
3. This user story implements the ability for a user to unassign a patient from a team he is actively assigned to. When then unassignment is executed, the patient will be unassigned from the entire team regardless of whether or not a PCP/AP was explicitly assigned.
4. The effective date of the unassignment (ie. the Unassigned Date) must be entered. You cannot unassign someone from the team before he was assigned to the team. If he has been assigned and unassigned more than one time, you cannot unassign before his last unassignment date.
 - g. This date will default to the current date and may be overridden.
 - h. If overridden, this date must be after the date/time the patient was last assigned to the team AND cannot be in the future.
5. A reason why the patient is being unassigned from the team must be captured .
6. Once the user enters the Effective Date of the Unassignment and the Unassignment Reason and presses SUBMIT, since the patient assignment occurs at the Team level, the unassignment will also occur at the Team level. All positions that were active on the team at the time of assignment will inherit the team unassignment regardless of whether the patient was explicitly assigned or not or if the positions were staffed or not.
7. The user will indicate they wish save the information to the database. The Date Unassigned and Unassigned Reason will appear in the View Patient Assignments table that lists the team assignments along with a message indicating the unassignment was successful. The View Patient Assignments table will list the following data fields:
 - Team Name
 - Team Purpose||Subpurpose
 - Status [B-02689]
 - Last Assigned Date
 - Last Unassigned Date
 - Last Unassigned Reason
 - Institution Name (#)
 - Name of the AP Explicitly Assigned to the patient or “Entire Team” depending on how patient was assigned [B-01841]
8. The user will exit the screen via a Cancel function if they do not want the unassignment to occur and the data to be saved to be database.

9. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.
10. When the patient is unassigned from the team, the unassignment date, unassignment reason, who requested the unassignment and the date the unassignment was requested will be captured in History.
11. All unassignments from the Entire Team will now record the end date the patient was unassigned from the Team and will additionally record the unassignment for the Team Role = Primary Care Provider on the team in the Provider Relationship history. The rest of the team will inherit the unassignment but will not have an explicit assignment recorded in the Provider Relationship history. [B-01597]
12. The user will have the ability to view the Provider Relationship history detail for each patient to team assignment and unassignment. This detail depicts the chronological entries of when the patient was assigned/unassigned from the team or position, the unassignment reason and who the Direct Care Provider was for the assignment.
13. The patient’s unassignment date and reason for the unassignment from the team will appear in the Team Profile View Assignments table.
14. The patient’s unassignment date and reason for the unassignment from the team will appear in the Position Profile View Assignments table.
15. If the assignment was an Active PACT assignment and this station is on a Pending Multi PCP request; this station will not be removed from the list of approvers. [B-02689]
16. If the assignment was a Pending PACT assignment; the status will be “Cancelled” once the unassignment date is populated. If this station is on a Pending Multi PCP request as the station needing assignment; since this PACT assignment is no longer requested; the Multi PCP request is no longer needed and the entire Mutli PCP request will be cancelled due to “pending PACT assignment ended”. The unassignment date will be populated. [B-02689]
17. If the assignment was an Active PACT assignment; the status will be “Inactive” once the unassignment date is populated.

Preceptor/Preceptee Specifc:

18. The user will have the ability to unassign the patient from an explicitly assigned position. [B-01841]
19. The user will have the ability to unassign and track the patient assignment from one explicitly assigned position to another. [B-01841]

20. All unassignments made Explicitly to a Direct Care Provider will now record the end date the patient was unassigned from Team and will additionally record the unassignment for the the staff member in the Provider Relationship history. The rest of the team will inherit the unassignment but will not have an explicit unassignment record created in the Provider Relationship history [B-01597]

2.6.2.3.3. B-02335 Associate Patient to Non-VA Provider

This user story allows an authorized PCMM2 User to associate a Non-VA provider's information with a patient's profile. Associated VersionOne Backlog ID for this user story is B-01574, B-01626 and B-01780.

Wireframes:

The wireframe shows a web browser window displaying the PCMM2 Patient Profile page. The page title is 'Patient Profile'. A red message states: 'The non-va provider was successfully unassociated.' Below this, patient information is displayed: Name (redacted), Gender: Female, Born: 07/10/1953, ID: (redacted), SSN: XXX-XX-0235, Primary Eligibility: SC LESS THAN 50%, Means Test Result: MT Copay Exempt, Date Due for Inactivation: (redacted), and Last Team Encounter Date: 03/02/2011.

Below the patient information, there are three sections:

- View Patient Assignments**
- Multiple Primary Care Provider Request**
- View Active Non-VA Providers**

The 'View Active Non-VA Providers' section contains a table with the following columns: Category, Practice Name, Specialty, Practice City, Practice State, Association Date/Time, and Actions. The table has two rows of data:

Category	Practice Name	Specialty	Practice City	Practice State	Association Date/Time	Actions
Fee Basis		NEUROSURGERY	WONDERLAND	DC	7/13/2012 15:28	
Private Sector		NEPHROLOGY	ALPHAVILLE	AK	7/13/2012 15:28	

Below the table is a 'Search' button.

Below the search section is the 'Non-VA Providers History' section, which contains a table with the following columns: Category, Practice Name, Specialty, Practice City, Practice State, Association Date/Time, and Unassociation Date/Time. The table has one row of data:

Category	Practice Name	Specialty	Practice City	Practice State	Association Date/Time	Unassociation Date/Time
Fee Basis		ENDOCRINOLOGY	TEST CITY	FL	7/13/2012 15:28	7/13/2012 15:29

Conversation Points:

1. New permissions will be created for "Non-VA Provider" to allow the authorized user to perform this function.
2. The valid roles and permissions are documented in the "PCMM CRUD Matrix".
3. This user story allows the authorized user to view any current Non-VA Provider associations or to associate an existing Non-VA provider. (See "Create Non-VA Provider" user story for more details on the edit screen.)
 - a. The authorized user to view any existing Non-VA provider associated with the patient.
 - b. The patient cannot be associated to a Non-VA Provider more than one time. The authorized user will be allowed to "Unassociate" a Non-VA Provider from the patient's profile and then "Associate" the Non-VA provider again, if needed. (See "Unassociate Patient from Non-VA Provider" user story for more details.)
 - c. The authorized user to associate existing Non-VA provider information with the patient's profile.
 - i. The user will be allowed to search for the appropriate Non-VA provider within PCMM system. (See "Search Non-VA Provider" user story for

- details.) The user will select the appropriate Non-VA provider to associate to the patient.
- ii. The user will indicate they wish to associate a Non-VA Provider to the patient profile currently open.
 - iii. The user will indicate to save the association or cancel the association without saving to PCMM.
 - iv. Once the association is saved, it will appear in a “View Non-VA Providers” list along with a message indicating the association was successful.
4. The system will display the most recent provider first in the “View Non-VA Providers” section of the Patient Profile screen.
5. The “Provider Name” column will be hyperlinked to allow the authorized user access the “Modify” screen instead of going through the Search process to retrieve the Non-VA provider’s information and allow the authorized user to update the Non-VA provider’s information.
6. A patient can be associated to more than one Non-VA Provider.
7. The Association Date must be entered. It has the following rules associated with it:
(Required)
- a. The Association Date/Time will be defaulted to the current date/time.
 - b. It cannot be overridden to a future date.

2.6.2.3.4. B-01627 Unassociate Patient from Non-VA Provider

This user story allows an authorized PCMM2 user to remove an association of a Non-VA provider from a patient's profile.

Wireframes:

View Patient Assignments

Multiple Primary Care Provider Request

View Non-VA Providers

Provider Name	Category	Practice Name	Specialty	Practice City	Practice State	Association Date/Time	Actions
[Redacted]	Private Sector		NEPHROLOGY	ALPHAVILLE	AK	7/10/2012 23:57	[Icon]

Search

Providers History

Category	Practice Name	Specialty	Practice City	Practice State	Association Date/Time	Unassociation Date/Time
DoD	NON NAME	ENDOCRINOLOGY	CHICAGO	AL	7/11/2012 01:04	7/11/2012 12:19
Private Sector		NEPHROLOGY	ALPHAVILLE	AK	7/10/2012 23:16	7/10/2012 23:17
Private Sector		NEPHROLOGY	ALPHAVILLE	AK	7/10/2012 18:25	7/10/2012 18:25
Private Sector		ENDOCRINOLOGY	TEST CITY	FL	7/10/2012 18:00	7/10/2012 18:02
DoD	NON NAME	ENDOCRINOLOGY	CHICAGO	AL	7/10/2012 17:52	7/10/2012 19:09
DoD	NON NAME	ENDOCRINOLOGY	CHICAGO	AL	7/10/2012 17:46	7/10/2012 17:50

Conversation Points:

1. No new permissions will be created. If authorized user has access to “Associate Non-VA Provider”, he will also be able to perform this function.
2. The valid roles and permissions are documented in the “PCMM CRUD Matrix”.
3. This user story allows the authorized user to unassociate a Non-VA provider from the “Non-VA Providers” section of the Patient Profile screen:
 - a. The authorized user to view any existing Non-VA provider(s) associated with the patient.
 - b. The authorized user to unassociate an existing Non-VA provider from the patient's profile.
 - i. The user will indicate they wish to unassociate a Non-VA Provider from the patient by selecting the appropriate icon in the “Actions” column.
 - ii. The user will confirm the unassociation of the Non-VA Provider by clicking “Yes” or the user will click “No” if they do not want the unassociation to occur and nothing will be saved to the database.
 - iii. The system will automatically apply the current date and time for the unassociation in the “Unassociate Date/Time” column.
 - iv. Once the unassociation is saved, it will appear in the “View Inactive Non-VA Providers History” table with the most recent unassociation listed at the top of the table along with a message indicating the unassociation was successful.
4. A patient can be unassociated from more than one Non-VA Provider.

- The system will link the “Unassociate” action in the “Non-VA Provider” section for the selected Non-VA provider to the current patient’s profile being displayed.

2.6.2.3.5. B-02335 Create Non-VA Provider

This user story allows an authorized PCMM2 User to manually enter and update/view a Non-VA provider’s information into the PCMM system. Associated VersionOne Backlog ID for this user story is B-01574, B-01626, B-01625 and B-01408.

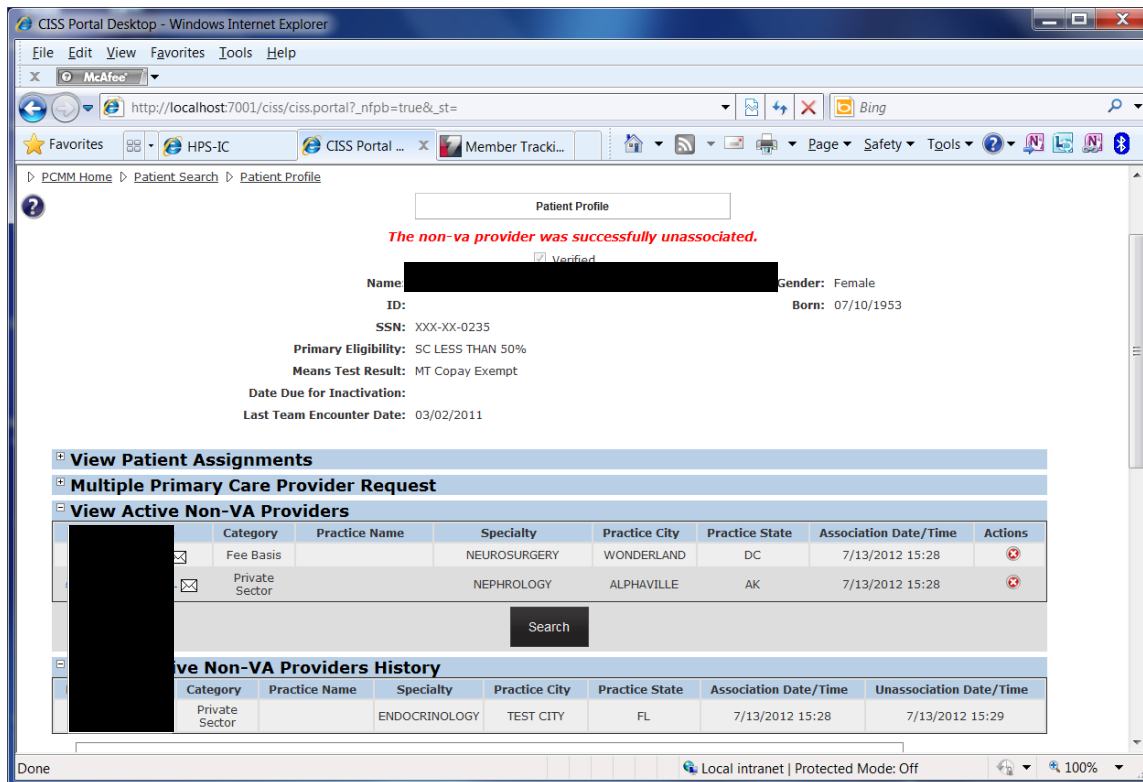
Wireframe:

Create/Update screen:

Non-VA Provider Information screen

Provider Name	Category	Practice Name	Specialty	Practice City	Practice State
Carpenter, J. Steve	Private Sector	Happy Heart Med Ctr	CARDIOLOGY	Columbus	IL

Patient Profile screen:



Conversation Points:

1. The permission entitled "Non VA Provider" will allow the authorized user assigned this permission to see the "Non-VA Provider" menu option and be able to execute this function. If not, they will not be able to.
2. The valid roles and permissions are documented in the "*PCMM CRUD Matrix*".
3. This user story adds a new "Create Non-VA Provider" screen to allow the authorized user to capture information associated with a provider or caregiver providing patient care outside of the VA.
4. In order to associate a Non-VA Provider with a patient, the patient must not have a Date of Death associated with him. If he does have a Date of Death, the user will not be able to associate a Non-VA provider. [B-01408]
5. The following fields will be displayed and the authorized user allowed to populate when entering a "Non-VA" provider:
 - Category (Required)
 - Private Sector (Default)
 - DoD
 - Fee Basis
 - Provider Role (Required)
 - Specialty
 - Provider Name

- Last (Required)
 - First (Required)
 - Middle (optional)
 - Provider Suffix (Free Text)
 - Practice Name
 - Practice Address
 - Practice City (Required)
 - Practice State (Required, Dropdown)
 - Primary Contact Phone (Required)
 - Primary Contact Fax
 - Email Address
 - Comments (Free text)
6. The system will not allow duplicate entry of a “Non-VA” provider’s Last name, First name, Middle name and Suffix.
- If the Last name and First name are the only fields that match and not the Middle name or Suffix, then the Non-VA providers name will not be considered a duplicate. An error message will appear if the “Provider Name” field matches an existing “Non-VA Provider” entry.

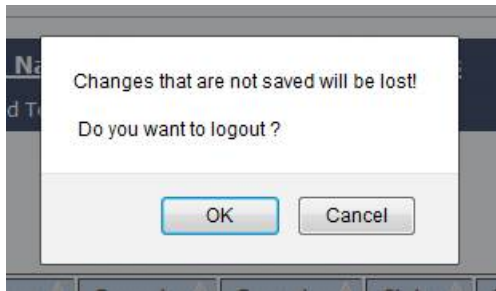
Create a Non-VA Provider

*An error occurred while creating the non-va provider.
Please fix the errors below:*

● A non-va provider with name "zaDora , one " already exists, please provide a different name.

7. The system will allow the authorized user to “Submit” the new PCMM entry for Non-VA provider and display in the “Non-VA Provider Information” screen and the “View Non-VA Providers” sub-section of the Patient Profile. (Note: See “Associate Patient to Non-VA Provider” user story for more details.)
8. The following information will be displayed in the “Non-VA Provider Information” screen and the “View Non-VA Providers” sub-section of the patient profile:
- Provider Name
 - Category
 - Practice Name
 - Specialty
 - Practice City
 - Practice State
 - Association Date/Time
 - Actions
9. The system will allow the authorized user to click “Cancel” and return to the previous screen.

10. Once the Non-VA provider information has been created, the system will allow an authorized user to update the “Non-VA” provider’s information.
11. If the authorized user makes any changes to the fields and selects “Cancel,” then the system will display the following message that informs the authorized user that changes made on the screen will not be saved and whether he wishes to save the changes and exit or return to the previous screen. (e.g. See example below)
“You must save changes prior to exiting. Save and Exit?”

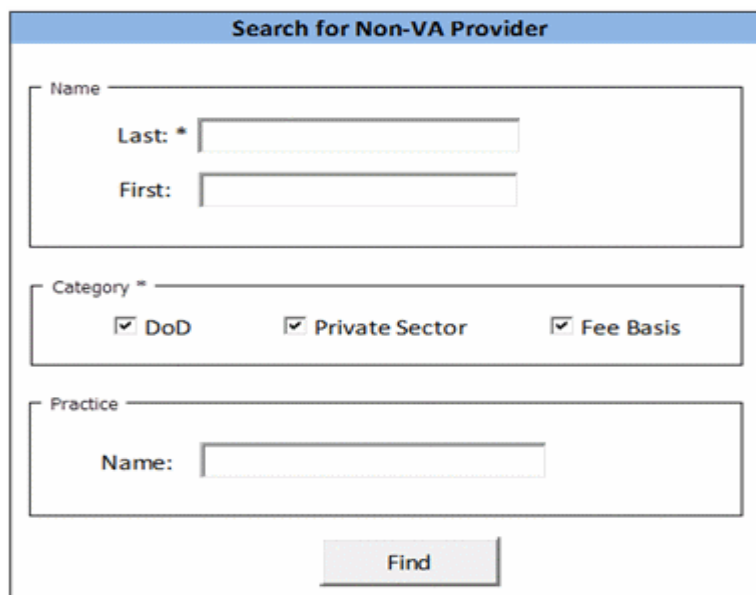


12. The system will display an error message for any field not filled out that is “Required” allowing the authorized user to enter that information before re-submitting.

2.6.2.3.6. B-02335 Search Non-VA Provider

This user story allows an authorized PCMM2 User to access a new menu option for Non-VA search and allow the user to perform a search for a Non-VA provider within the PCMM system. Associated VersionOne Backlog ID for this user story are B-01574, B-01568 and B-01626.

Wireframe:



No Results Found Error message

Attention

No search results found.
Do you want to create a Non-VA Provider?

Category Error message

Attention

You must select atleast one type of affiliation!

Last Name Error message

Attention

You must specify a value for first name or last name!

Search Results list

Provider Name	Category	Practice Name	Specialty	Practice City	Practice State
provName1	DoD	practiceName1	specialty1	practiceCity1	practiceState1
provName2	Fee Basis	practiceName2	specialty2	practiceCity2	practiceState2

Conversation Points:

1. A new permission entitled “Non VA Provider” will be created. If the user has been assigned this permission, they will be able to see the “Non-VA Provider” menu option and be able to execute this function. If not, they will not be able to.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. This user story adds a new menu called “Staff.”
4. This user story adds a new submenu option available from the “Staff” menu called “Search Non-VA Provider”.
5. This user story adds a new “Search Non-VA Provider” screen.

6. All or part of the Non-VA Provider Name must be entered. At least 2 characters must be entered. The search will retrieve all names that contain the characters that were entered anywhere in the name (last name, first name).
7. The system will allow the user to enter information in the following fields to search:
 - Name
 - Last (Required)
 - First
 - Category (Required, Checkbox)
 - Private Sector (Default)
 - DoD
 - Fee Basis
 - Practice Name
8. The system will allow the authorized user to press the “Find” button and view the “Search Results” table.
9. The authorized user will be presented with the following error messages:
 - If the required field for Last Name is not populated, Then the following message will appear:
“You must enter a Last Name.”
 - If the required field for Category is not selected, Then the following message will appear:
“You must select at least one Category.”
 - If no search results were found matching the search criteria entered, Then the following message will appear and allow the user to create a Non-VA provider:
(Note: See “Create Non-VA Provider” user story for details.)
“No search results found.”

Do you want to create a Non-VA Provider? Yes/No”
If “Yes,” then proceed to “Create Non-VA Provider” screen.
If “No,” then return to previous screen.
10. The authorized user will be allowed to click “OK” when displaying the “No Results Found” error message and return to the previous screen.
11. The following fields will be displayed in the “Search Results” screen:
 - Provider Name (Include “Provider Suffix”, Step 14) (Display Email Icon, See Step 13)
 - Category (Filterable)
 - Private Sector
 - DoD
 - Fee Basis
 - Practice Name

- Specialty (Filterable)
 - Practice City
 - Practice State
12. The user will be allowed to filter the indicated fields in Step 12 once the search results are received.
 13. The system will display the provider's email address as an icon beside the providers name in the "Provider Name" field of the Search Results table. (Required)
 14. When displaying the "Provider Name" in the Search Results table, include the "Provider Suffix" with the provider's name, if applicable.
 15. The authorized user will be able to navigate to the selected Non-VA Provider's information to make updates. If the authorized user has update permission, then he will be able to make updates. If the authorized user only has view permission, then he will not be able to make updates. (Note: See "*Create Non-VA Provider*" user story for details.)
 16. For valid values, field lengths and additional database information, refer to the "*PCMM Data Element Spreadsheet*".

2.6.2.3.7. B-01063 Assign Patient to a Team: Central Validator: allow patient to only have 1 MHTC per 3 digit station

Refer to Section 2.6.1.2.1. for user story details.

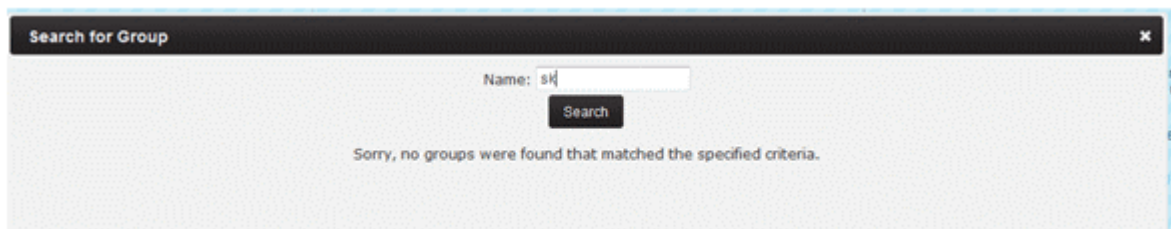
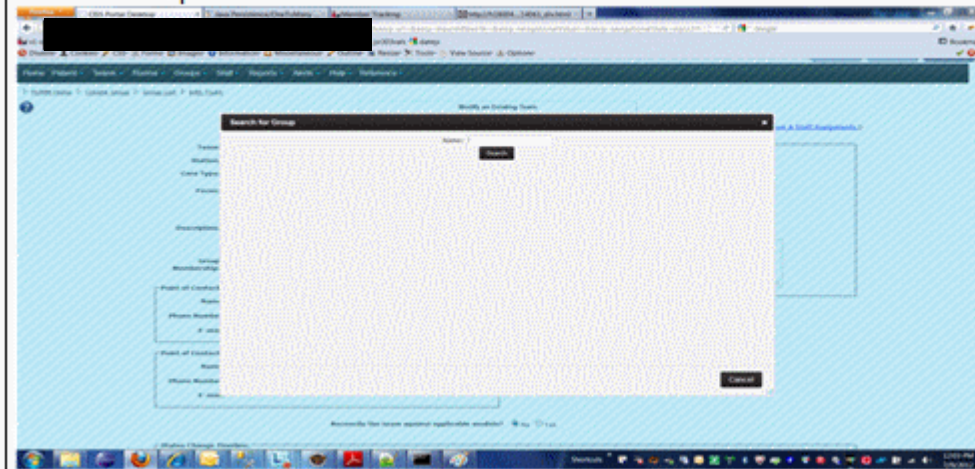
2.6.2.4. BN5 Requirements

2.6.2.4.1. B-01788 Search for Group

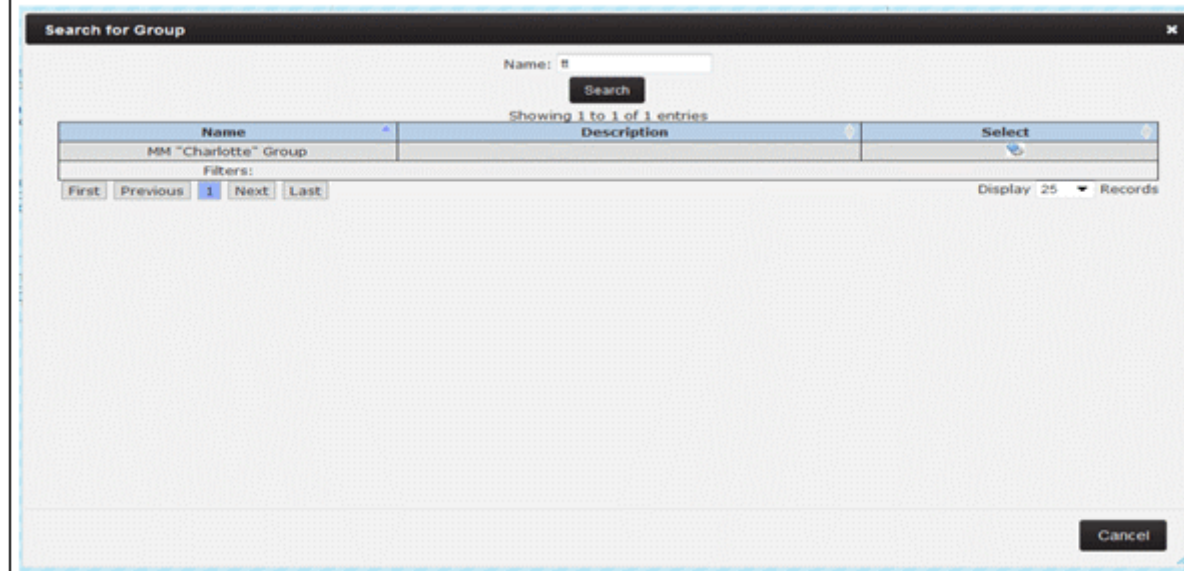
This user story allows an authorized PCMM2 User to access a menu option for Group for search to allow the user to perform a search for existing Groups within the PCMM system so that I can view the group's information.

Wireframes:

Search Group screen



Search Results table



Conversation Points:

1. The permission entitled "Read Group" will be checked. If the user has this permission, they will be able to search and view the Group Information.

2. The permission entitled “Update Group” will be checked. If the user has this permission, they will be able to search and update the Group Information.
3. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
4. This user story adds a new submenu option available from the “Group” menu called “Search for Group”. (See “*Create/Update Group Profile*” user story for main menu details.)
5. This user story adds a new “Search for Group” screen to allow the authorized user to search for existing groups.
6. All or part of the Group Name can be entered.
7. The system will allow the authorized user to press the “Search” button and view the “Search Results” table.
8. If no search results were found matching the search criteria entered, Then a message will appear and the authorized user will be allowed to re-entry another name.
9. The following fields will be displayed in the “Search Results” screen:
 - Name
 - Description
 - Select (Actionable)
10. The authorized user will be able to navigate to the selected Group information to make updates. If the authorized user has update permission, then he will be able to make updates. If the authorized user only has view permission, then he will not be able to make updates. (Note: See “*Create/Update Group Profile*” user story for details.)

2.6.2.4.2. B-02335 Manage Groups

This user story allows an authorized PCMM2 User to view a list of existing groups so that I may choose one to view detailed information. Associated VersionOne Backlog ID for this user stories are B-01217, B-01738 and B-01385.

Wireframes:

Groups List screen

Groups List

The group was created successfully.

Create a Group

Showing 1 to 9 of 9 entries

Name	Description	Primary Point of Contact - Name	Primary Point of Contact - Phone	Primary Point of Contact - Email	Teams	Status	Actions
Child Group 1		Dr. Lisa	760-544-4343 x3434		Active	Active	
Child Group 2		Dr. Lisa	323-343-3434 x3434		Inactive	Inactive	
Child Group 3		Dr. Lisa	323-343-3434 x3434		Inactive	Inactive	
Child Group 4	This is a test group	Lydia	323-343-3434 x3434	lydia@va.gov	Active	Active	
Test Group 1		Dr. Lisa	323-343-3434 x3434		Active	Active	
Test Group 2		Dr. Lisa	323-343-3434 x3434		Inactive	Inactive	
Test Group 3	This is a test group	Dr. Lisa	323-343-3434 x3434	lydia@va.gov	Active	Active	
Test Group 4	Test group	Dr. Lisa	323-343-3434 x3434	lydia@va.gov	Active	Active	
Test Group 5		Dr. Lisa	323-343-3434 x3434		Inactive	Inactive	

Filters: [Filter] [Reset] [Next] [Previous]

Display 25 Records

• If you are experiencing problems/issues with the PCMM software application portals, please contact the VA Service Desk (VSD) at 1-800-596-4357 to open up a Remedy ticket. Software issues will not be monitored via the Contact Us link.
• If you have a question about the Patient-Centered Management Module (PCMM) program, please [Contact Us](#).

48 dates & times are in Eastern Standard Time
CSS version: 1.4.3.26 Dev 1 PCMM version: 1.8.1.0.0.0

Modify an Existing Group screen

Modify an Existing Group

The group was linked to the team successfully.

Name: [Child Group 1]

Station: [OVERNIGHT VAMC (#140)]

Description: [This is a test group]

Primary Point of Contact Name: [Lydia]

Primary Point of Contact Phone: [323-343-3434 x3434]

Primary Point of Contact Email: [lydia@va.gov]

Primary Point of Contact City: [Baton Rouge]

Primary Point of Contact Status: [LA]

Current Status: [Active]

Activation Date: [3/15/2012 10:25 AM]

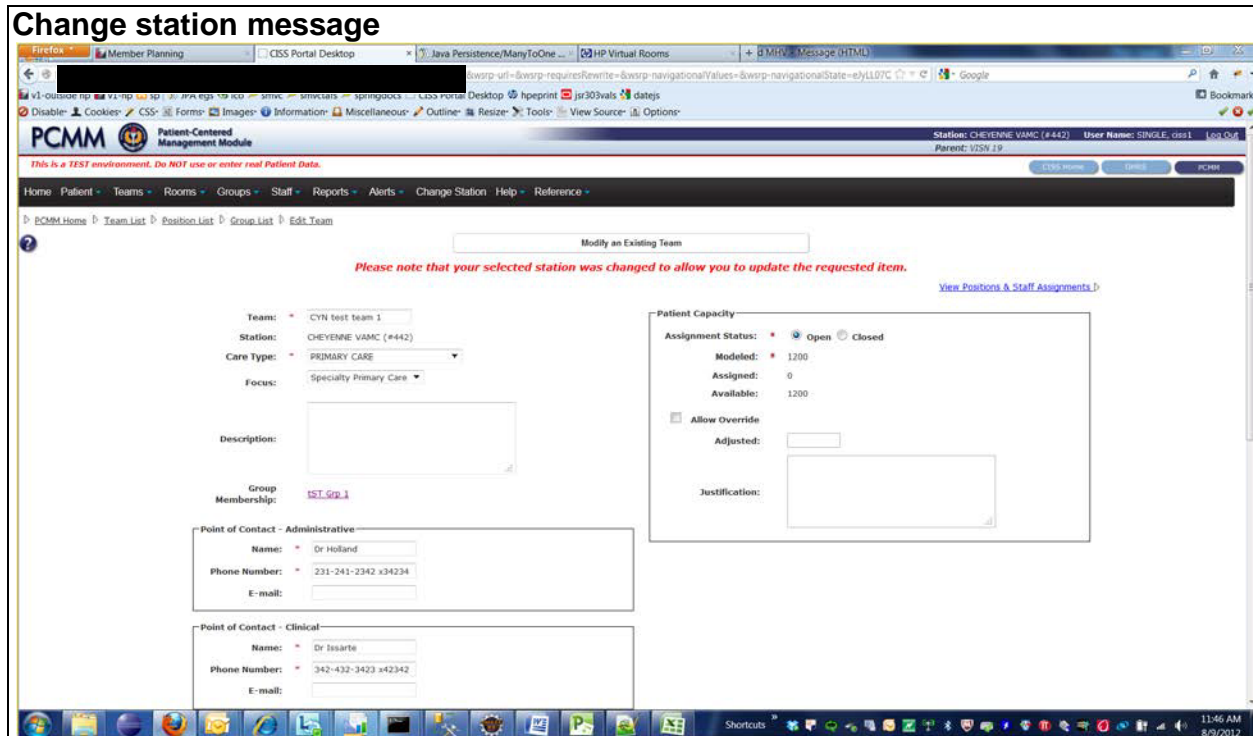
Submit Cancel

[View Active Team Assignments](#)

[View Inactive/Historical Team Assignments](#)

• If you are experiencing problems/issues with the PCMM software application portals, please contact the VA Service Desk (VSD) at 1-800-596-4357 to open up a Remedy ticket. Software issues will not be monitored via the Contact Us link.

48 dates & times are in Eastern Standard Time
CSS version: 1.4.3.26 Dev 1 PCMM version: 1.8.1.0.0.0



Conversation Points:

1. The permission entitled “Update Group” will allow the authorized user assigned this permission to see the “Group” main menu option and be able to execute this function. If not, they will not be able to. The authorized user will be able to access the Group Profile details screen when selecting the displayed group name link in the “Name” field. (Refer to the *Create/Update Group Profile* user story for additional details.)
2. If the authorized has the “Read Group”, he will be able to view the selected group but will not be able to update any information. If he does not, he will receive an error message letting him know he is unauthorized.
3. If the authorized user has the “Create Group” permission, he will be able to create a group. If not, they will not be able to. The user will be able to access the “Create a New Group” function. (Refer to the *Create/Update Group Profile* user story for additional details.)
4. If the authorized user is viewing information outside their assigned station(s) and need to make changes to that information, then the authorized user will need to change station before they can make any changes to that information. (See “*PCMM CRUD Matrix*” for permissions.)
5. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.

6. The authorized user will be able to view the “Groups List” screen. From this screen the user will be able to view a list of all existing groups with active team assignments, descriptions of the groups and navigate to a selected group for details.
7. The “Groups List” screen will display station level summary information in the following fields allowing the authorized user to navigate to a group and/or team to view more information:
 - Name (Filterable)
 - Description
 - Primary Point of Contact Name
 - Primary Point of Contact Phone
 - Primary Point of Contact Email
 - Teams
 - Status (Filterable)
 - Actions (Actionable)
8. The group list can be narrowed by applying filter values for the indicated field for group “Status.”
9. If filter values have been applied – they can be reset to reinitialize the entire group list.
10. The authorized user will be allowed to “Inactivate” a group by selecting the icon in “Actions” column. When a group is inactivated, all assigned teams will be automatically unassigned from that group and the group will not be able to be re-activated again.
11. The Inactivation Date will be an automatic date/timestamp that will be captured when authorized user clicks on “Inactivation” icon on the form. Inactivating a Group will cause all fields on the form to be read-only labels. The “Inactivation Date” will automatically appear on the “View an Existing Group” screen.
12. If the group has an “Active” status, it will be listed at the top of the “Groups Lists” table in ascending order by the “Name” field and then “Status” in ascending order.
13. If the group has an “Inactive” status, it will be listed at the bottom of the “Groups Lists” table in ascending order by the “Name” field and then “Status” in ascending order.
14. A mouse over hint will be displayed when hovering over the “Actions” icon displaying the following message:

“Inactivate the Group: WARNING: Once the group is inactivated, all teams assigned to it will be automatically unassigned. Also the group cannot be reactivated again.”
15. The authorized user will be able to navigate the Team details from the Team Assignment list on the Group Profile screen.

16. When an authorized user who has the permission to “Update a Team”, selects a link to a team from the Manage Groups list that is not owned by the station the user is currently working in, PCMM will automatically change the station the user is working in to the station that owns the selected team if the user is assigned to the team’s station. This is needed to ensure any data retrieved is for the proper station and any changes made to the team are recorded in the proper station. If a user is not assigned to the team’s station OR if the user doesn’t have the Update a Team permission, the team details will be shown in read only mode
17. When the user selects a team to modify outside the station they are logged into, the following message will appear notifying them that they have changed stations successfully:
“Please note that your selected station was changed to allow you to update the requested item.”

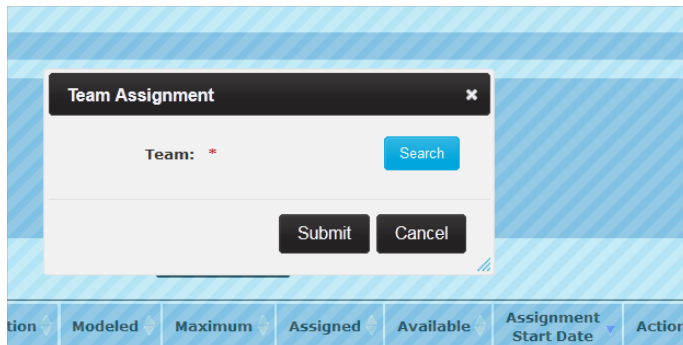
2.6.2.4.3. B-02335 Assign/Unassign Team to/from Group

This user story allows an authorized PCMM2 User to assign a team to a group, allow the user to choose the team to be assigned and view the group assignment so that I may assign/track team assignments to groups. Also, I want to be able to unassign a team from a group and display the history. Associated VersionOne Backlog ID for this user story are B-01555 and B-01664.

Conversation Points:

1. A new permission called “Assign Group” will be created. If the authorized user has access to “Assign Groups,” he will be able to perform the function of “Assign Team” and “Unassign Team.”
2. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.
3. The authorized user will be allowed to “Assign Team” to a group from the Modify an Existing Group screen sub-section “View Active Team Assignments” by indicating the need to “Assign Team.”
4. The authorized user will be allowed to “Unassign Team” from a group from the Modify an Existing Group screen sub-section “View Active Team Assignments” by indicating the need to “Unassign Team.”
5. This user story adds a new “View Active Team Assignments” sub-section to the “Modify an Existing Group” screen that will display all team assignments for the selected room. The following information will be displayed:
 - Team
 - Care Type
 - Focus
 - Station

- Modeled
 - Maximum
 - Assigned
 - Available
 - Assignment Start Date
 - Actions
6. A section called “Aggregate Panel Details” with totals will appear in the “View Active Team Assignments” sub-section displaying the following information:
 - Aggregate Modeled Capacity
 - Aggregate Maximum Capacity
 - Aggregate Assigned
 - Aggregate Available
 7. Facility Level PCMM Coordinator: The group can have multiple teams assigned belonging to any stations with the same 3 digit code as the currently logged in station.
 8. VISN Level PCMM Coordinator: The group can have any teams assigned to it from the VISN to which the currently logged in station belongs.
 9. National Level PCMM Coordinator: The group can have any teams assigned to it from any station(s) at all.
 10. The “Team Assignment” pop-up screen will require the authorized user to “Search” for a team to assign to a group. This will allow the authorized user to indicate they wish to search for a team name.



11. The “Search for Team” screen will allow the following authorized user to search for all team(s) based on the level of permissions the coordinator is assigned. (See “*Search for Team by Name*” user story for details)
 - Facility Level Coordinator (See Step 7)
 - VISN Level Coordinator (See Step 8)
 - National Level Coordinator (See Step 9)



12. The “Search Results” for team(s) table will display the following “Team” information:

- Name
- Primary Care Provider
- Care Type
- Focus
- Station
- Patients Allowed
- Patients Assigned
- Patients Available
- Select (Actionable)

Search for Team

Name:

Search

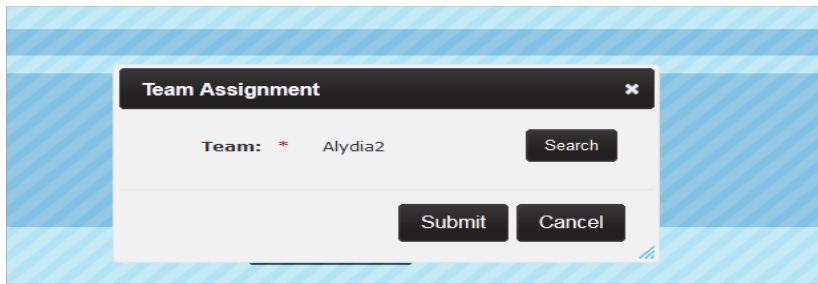
Showing 1 to 25 of 27 entries

Filters:

Name	Primary Care Provider	Care Type	Focus	Station	Patients Allowed	Patients Assigned	Patients Available	Select
LS*CommCare*Team		COMMUNITY CARE		CHEYENNE VAMC (#442)	900	0	900	
LS*Green*Team	CHAUARRIA, BRYANT E	PRIMARY CARE	PRIMARY CARE ONLY	CHEYENNE VAMC (#442)	1140	5	1135	
LS*HELP*Team		CRISIS / RAPID RESPONSE		CHEYENNE VAMC (#442)	900	0	900	
LS*Inpatient*Team		INPATIENT	Substance Abuse	CHEYENNE VAMC (#442)	900	0	900	
LS*MH Blue*Team		MENTAL HEALTH	PTSD Treatment	SIDNEY CBOC (#442GB)	1020	1	1019	
LS*MH Capacity*Test		MENTAL HEALTH		CHEYENNE VAMC (#442)	25	0	25	
LS*MH test		MENTAL HEALTH	Mental Health Intensive Case Management	CHEYENNE VAMC	1200	2	1198	

Cancel

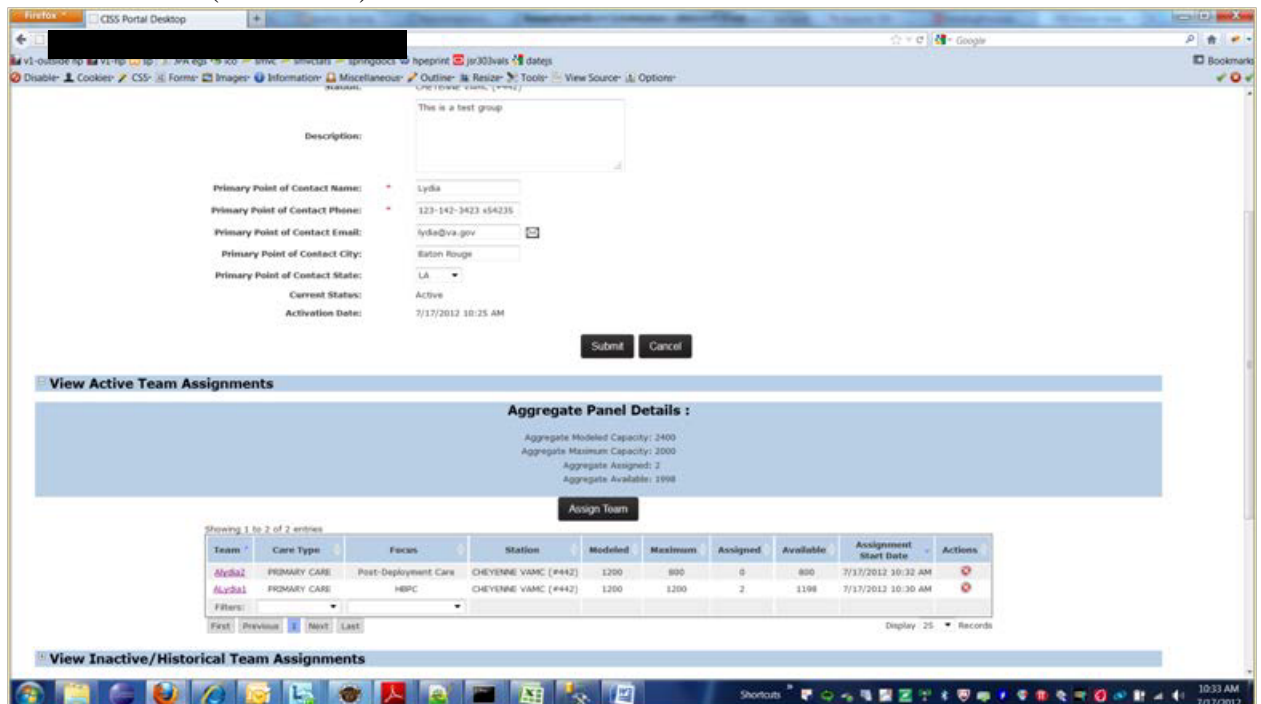
13. The authorized user will indicate which team they wish to assign to the group.



A screenshot of a 'Team Assignment' dialog box. It has a title bar with a close button. Inside, there is a label 'Team:' followed by a red asterisk and the text 'Alydia2'. To the right of this is a 'Search' button. At the bottom of the dialog are two buttons: 'Submit' and 'Cancel'.

14. Once the authorized user saves the Assignment information to the database by selecting “Submit”, the assignment will appear in the “View Active Team Assignments” table along with a message indicating the assignment was successful. The group Assignments table will list the following data fields:

- Team (Hyperlinked)
- Care Type
- Focus
- Station
- Modeled
- Maximum
- Assigned
- Available
- Assignment Start Date
- Actions (Actionable)



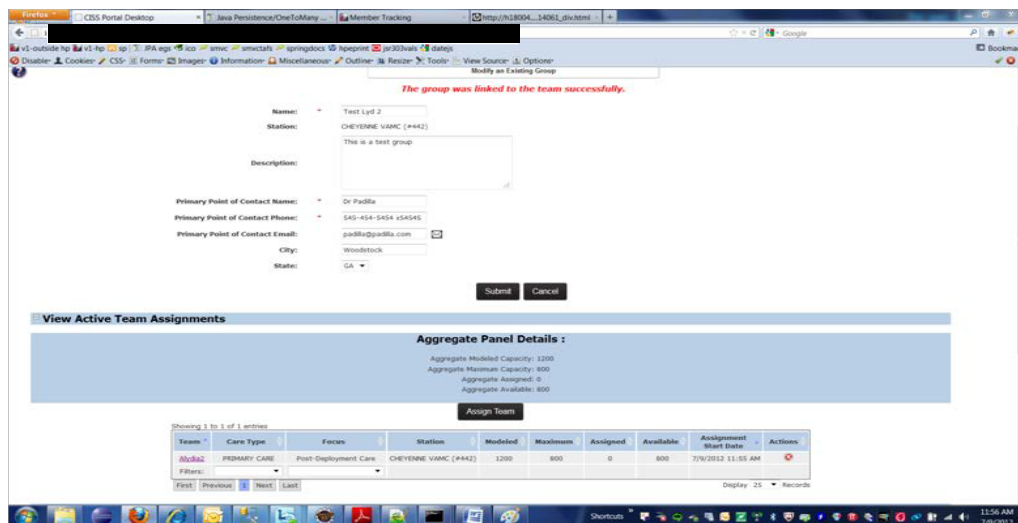
The screenshot shows a web application interface. At the top, there's a 'Description' field with the text 'This is a test group'. Below it are several form fields for contact information: 'Primary Point of Contact Name' (Lydia), 'Primary Point of Contact Phone' (123-142-3423), 'Primary Point of Contact Email' (lydia@va.gov), 'Primary Point of Contact City' (Station Rouge), 'Primary Point of Contact State' (LA), 'Current Status' (Active), and 'Activation Date' (7/17/2012 10:25 AM). There are 'Submit' and 'Cancel' buttons. Below this is a section titled 'View Active Team Assignments'. Underneath is an 'Aggregate Panel Details' box showing: 'Aggregate Modeled Capacity: 2400', 'Aggregate Maximum Capacity: 2000', 'Aggregate Assigned: 2', and 'Aggregate Available: 1998'. Below the aggregate panel is an 'Assign Team' button. At the bottom is a table with 2 entries. The table has columns: Team, Care Type, Focus, Station, Modeled, Maximum, Assigned, Available, Assignment Start Date, and Actions. The first row shows 'Alydia2' as the team, 'PRIMARY CARE' as the care type, 'Post-Deployment Care' as the focus, 'CHEYENNE VAMC (#442)' as the station, '1200' as modeled, '800' as maximum, '0' as assigned, '800' as available, and '7/17/2012 10:32 AM' as the start date. The second row shows 'Alydia2' as the team, 'PRIMARY CARE' as the care type, 'HSPC' as the focus, 'CHEYENNE VAMC (#442)' as the station, '1200' as modeled, '1200' as maximum, '2' as assigned, '1198' as available, and '7/17/2012 10:30 AM' as the start date. Below the table are 'First', 'Previous', 'Next', and 'Last' navigation links. At the bottom right of the table area, it says 'Display 25 Records'.

15. A date/timestamp will be automatically entered for the “Assignment Start Date” once the team has been successfully assigned to a group and the “Assignment End Date” once the

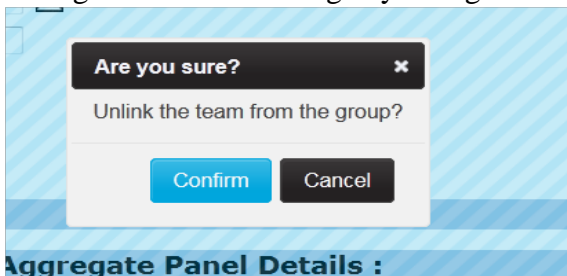
team has been successfully unassigned from the group. It has the following rules associated with it:

- d. The start and end dates will be defaulted to the current date and time.
- e. It cannot be overridden to a future date.

16. The authorized user will be allowed to “Unassign Team from Group” and display the unassignment in the “View Inactive/Historical Team Assignments” table in the Group Profile screen.

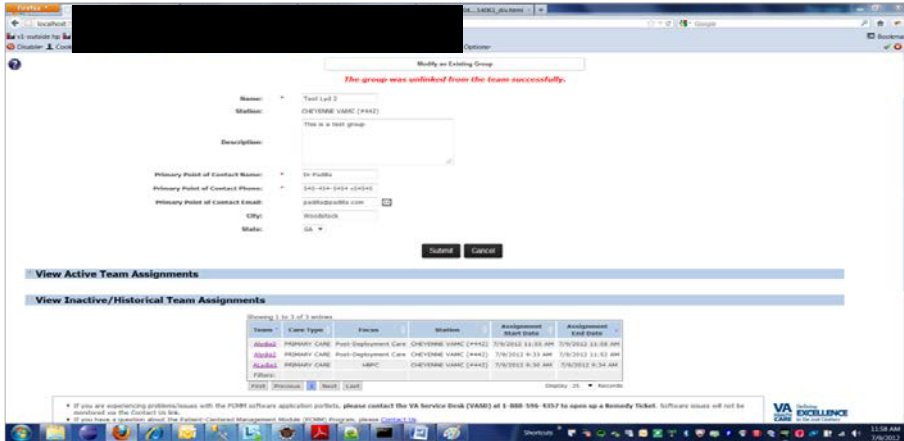


17. The authorized user must “Confirm” the unassignment from the selected team or exit the dialog box without saving any changes to the database.



18. Once the authorized user unassigns a team from a group, the unassignment will appear in the “View Inactive/Historical Team Assignments” table along with a message indicating the unassignment was successful. The “View Inactive/Historical Team Assignments” table will list the following data fields:

- Team (Hyperlinked)
- Care Type
- Focus
- Station
- Assignment Start Date
- Assignment End Date



19. The authorized user will exit the assignment screen without pressing Assign if they do not want the assignment to occur and nothing to be saved to the database.
20. All defaults established for valid values, field lengths and additional database information will be followed.

2.6.2.5. NEED1039 Requirements

2.6.2.5.1. B-02335 Manage Rooms

Refer to Section 2.6.2.2.5. for user story details.

2.6.2.5.2. B-02335 Manage Groups

Refer to Section 2.6.2.4.2. for user story details.

2.6.2.5.3. B-02335 Assign/Unassign Team to/from Group

Refer to Section 2.6.2.4.3. for user story details.

2.6.2.5.4. B-02335 Create/Update Group Profile

This user story allows an authorized PCMM2 user to access a new menu option for Group that allows users to create a new Group and update a Group so that the group information can be added to PCMM system. Associated VersionOne Backlog ID for this user story is B-01631 and B-01662.

Wireframes:

Create screen

PCMM Patient-Centered Management Module

This is a TEST environment, the NOT use or enter real Patient Data.

Home Patient Teams Rooms Groups Staff Reports Alerts Help Reference

Create a New Group

Name:

Mission:

Description:

Primary Point of Contact Name:

Primary Point of Contact Phone:

Primary Point of Contact Email:

Primary Point of Contact City:

Primary Point of Contact State:

Submit Cancel

If you are experiencing problems/issues with the PCMM software application portfolio, please contact the VA Service Desk (VMSD) at 1-800-946-4357 to open up a Kennedy Ticket. Software issues will not be monitored via the Contact Us link.

If you have a question about the Patient-Centered Management Module (PCMM) Program, please [Contact Us](#).

All times & times are in Eastern Standard Time.
CSS version: 3.4.0.0 (Dev) | PCMM version: 3.0.0 (Build)

Update screen

PCMM Patient-Centered Management Module

This is a TEST environment, the NOT use or enter real Patient Data.

Home Patient Teams Rooms Groups Staff Reports Alerts Help Reference

Modify an Existing Group

Name:

Mission:

Description:

Primary Point of Contact Name:

Primary Point of Contact Phone:

Primary Point of Contact Email:

Primary Point of Contact City:

Primary Point of Contact State:

Current Status: Active

Activation Date: 7/15/2012 10:28 AM

Submit Cancel

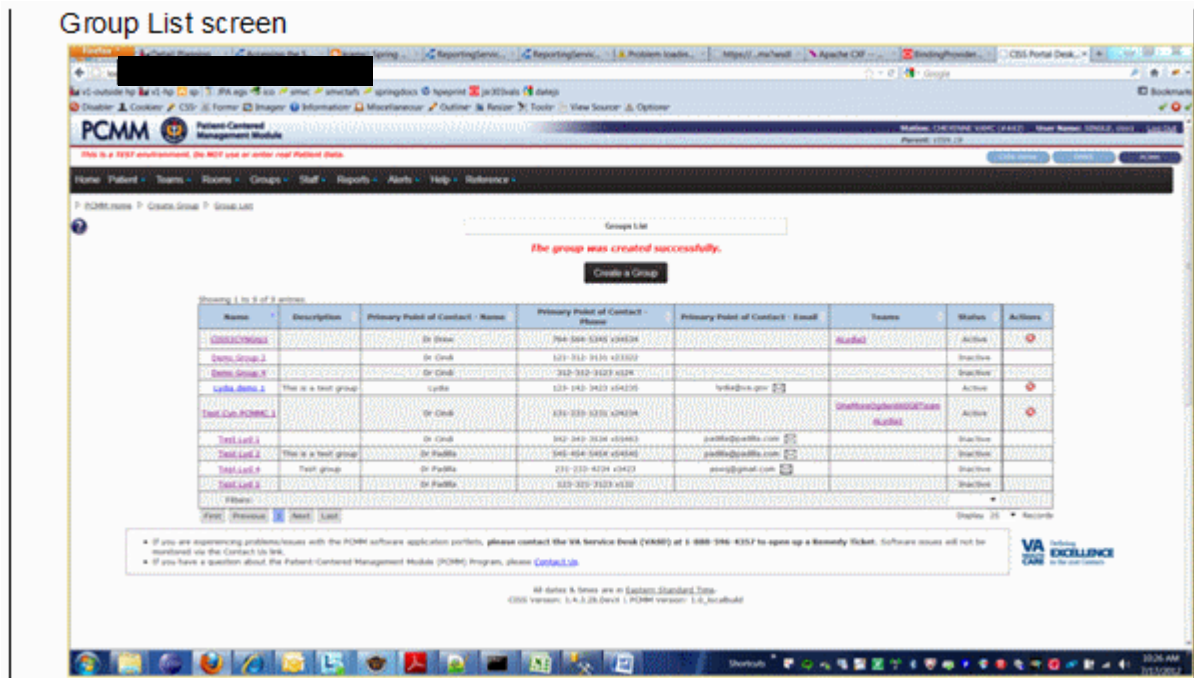
View Active Team Assignments

View Inactive/Historical Team Assignments

If you are experiencing problems/issues with the PCMM software application portfolio, please contact the VA Service Desk (VMSD) at 1-800-946-4357 to open up a Kennedy Ticket. Software issues will not be monitored via the Contact Us link.

If you have a question about the Patient-Centered Management Module (PCMM) Program, please [Contact Us](#).

VA Service Desk EXCELLENCE in the new century



Conversation Points:

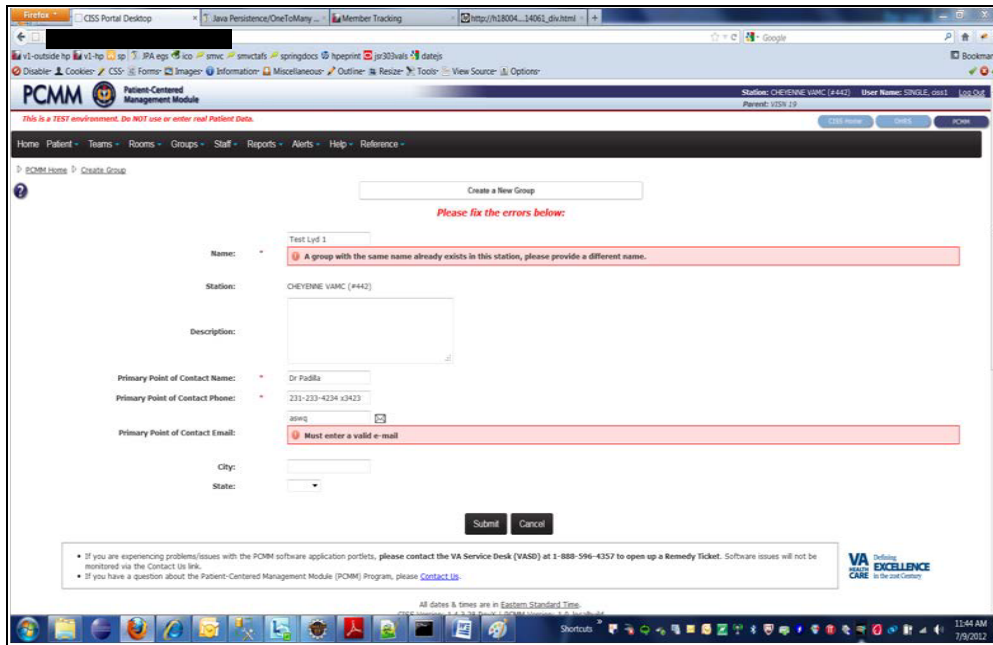
1. The permission entitled “Create Group” will allow the authorized user assigned this permission to see the “Group” menu option and be able to execute this function. If not, they will not be able to.
2. The permission entitled “Update Group” will allow the authorized user assigned this permission to see the “Group” menu option and be able to execute this function. If not, they will not be able to. (Refer to *Manage Groups* user story for additional details.)
3. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.
4. This user story adds a new menu option called “Group.”
5. This user story adds a new submenu option available from the “Group” menu called “Create a Group.”
6. This user story adds a new “Create a New Group” screen to allow the authorized user to capture information associated with a new Group.
7. The following fields will be displayed and the authorized user allowed to populate when entering a new “Group”:
 - Name (Required, See Step 7)
 - Station (Auto-populate with station user has logged into)
 - Description (Free Text)
 - Primary Point of Contact Name (Required)

- Primary Point of Contact Phone (Required)
 - Primary Point of Contact Email
 - Primary Point of Contact City
 - Primary Point of Contact State (Dropdown)
8. When the authorized user types in the “Name” field, the system will make sure that this new “Name” is unique across all stations with the same 3 digit code as the currently logged in station. The system will display the following message if a duplicate “Group Name” is found and allow the authorized user to create a new Group name:
- “A group with the same name already exists in this [station name], please provide a different name.”*
9. The system will allow the authorized user to click “Cancel” and return to the previous screen.
10. The system will display an error message for any field not filled out that is “Required” allowing the authorized user to enter that information before re-submitting. (See screen shot below)

The screenshot shows a web form titled "Create a New Group". At the top, there is a red error message: "Please fix the errors below:". The form contains several fields with associated error messages in red boxes:

- Name:** * Group name is required and must be between 3 and 30 characters
- Station:** CHEYENNE VAMC (#442)
- Description:** (Empty text area)
- Primary Point of Contact Name:** * Must enter a name
- Primary Point of Contact Phone:** * Invalid phone number
- Primary Point of Contact Email:** (Empty text field)
- City:** (Empty text field)
- State:** (Dropdown menu)

11. The system will validate the values of the required fields for “Name” and “Primary Point of Contact Email” to ensure proper entry. (See screen shot below)



12. Once a Group Profile has been created, the system will allow an authorized user to update the Group Profile information. (See “*Manage Groups*” user story for details.)
13. An “Activation Date” field will be an automatic date/timestamp that will be captured when the authorized user creates a new team. This field will be displayed on the “Modify an Existing Group” screen.
14. A “Current Status” field will automatically populate with “Active” status once a group is created and will be displayed on the “Modify an Existing Group” screen. The authorized user will also be allowed to inactivate a group. (See “*Manage Groups*” user story for details on inactivating a group.)
15. The authorized user will exit the Group Profile screen when pressing “Cancel,” if they do not want the group profile update to occur and nothing will be saved to the database.
16. Once the authorized user selects to “Submit” the group profile information, it will save to the database and appear in the “Groups List” along with a message indicating the group was created successfully.
17. All defaults established for valid values, field lengths and additional database information will be followed.

2.6.2.6. NEED1041 Requirements

2.6.2.6.1. B-02335 Manage Alerts

This user story allows an authorized PCMM2 User to view a list of alerts for my station and my role so I can act on them accordingly. Associated VersionOne Backlog ID for this user story is B-01377, B-01533, B-02641 and B-02667.

Wireframes:

Alert Summary

Showing 1 to 20 of 20 entries

Station Name(#)	Number of Alerts	View
ABERDEEN CBOC (#438GD)	1	
ABILENE CBOC (#519HC)	2	
ADAM BENJAMIN JR OPC (#537BY)	1	
BOISE VAMC (#531)	4	
CHATTANOOGA CBOC (#626GF)	1	
CHEYENNE VAMC (#442)	272	
CHICO OPC (#612GG)	1	
DAYTON, OH VAMC (#552)	1	
EASTERN COLORADO HEALTH CARE SYSTEM - DENVER DIVSN (#554)	31	
FORT COLLINS CBOC (#442GC)	2	
GREELEY CBOC (#442GD)	1	

[Open Alerts List](#)

[View Alert Summary](#)

[View Closed Alerts](#)

Showing 1 to 25 of 272 entries

Type	Description	Team	Patient	Creation Date/Time	Recipient(s)	Sender	Actions
Actionable	A patient was scheduled for inactivation	AC_Team01	[REDACTED]	7/1/2014 07:40	[REDACTED]	System	
Actionable	A patient was scheduled for inactivation	AC_Team01	[REDACTED]	6/28/2014 19:00	[REDACTED]	System	
Actionable	Staff Member Termination Date has been detected. Please review and disposition in accordance with current PCMM policy.		[REDACTED]	6/11/2014 17:16	[REDACTED]	System	
Informational	A Panel Placement Request has been created or updated		[REDACTED]	7/1/2014 13:55	[REDACTED]	System	
Informational	One or more positions were created/updated by applying a model team template	MMTEAM30	[REDACTED]	7/1/2014 12:05	[REDACTED]	System	

Conversation Points:

1. All alerts will be sent to the appropriate users based on the *Alerts Rules* spreadsheet.
2. The valid roles and permissions will be documented in the “*PCMM CRUD Matrix*”.
3. There are permissions currently established for the Alerts. If you are the recipient of an Alert, you will have the ability to access/view/act upon each alert displayed in your Alert list. If you are not the recipient of an Alert, you will not see any Alerts.
4. Alerts are triggered for different events that are identified in the PCMM user stories and the trigger rules are listed in the Alert Rules document.

5. For each alert with an Alert Type of “Informational”: One alert will be sent to each user who holds the security role defined as an Alert Recipient. Each user will be responsible for managing their own Informational alerts. If the specific alert does not exist for the user; it will be created. If the specific alert already exists for the user; another alert will not be created (i.e. the user will not see two of the exact same alerts). See *Alert Rules* document for additional details.
6. For each alert with an Alert Type of “Actionable”: One alert will be sent to each user who holds the security role defined as an Alert Recipient. The actionable alert will then be closed and removed from each user’s alert list who received the alert. See *Alert Rules* document for additional details.
7. This user story implements a new “Alerts” menu option. This menu option will have the following submenus:
 - a. “Alert Summary” that display the “Alert Summary” list. It is available to all users and will not display anything if the user has not received any alerts.
 - b. “Open Alerts List for Current Station” to display the current alerts for the user for the station the station he is working in.
 - c. “Closed Alerts List for Current Station” to display the closed alerts for the user for the station the station he is working in.
8. This user story adds three new screens:
 - A. The initial “Alert Summary” screen depicts the number of Alerts for each Station. From the “Alert Summary Screen”, you will be able to navigate to the “Alert List” screen.
 - B. The “Open Alerts List” screen will allow the user to view all alerts that currently exist for each team and/or patient for the station selected. From this screen, the user will be able to navigate to the appropriate screen where the alert was generated from. They will also be able to navigate to the “Closed Alerts List”.
 - C. The “Closed Alerts Lists” screen will allow the user to view all alerts that the user previously closed for the station selected. They will also be able to navigate to the “Open Alerts List”.
9. The Alerts functionality defined in this user story will also be available off a link off the PCMM home page if the station/user has any existing alerts.
10. The “Alert Summary” screen will display all stations the user is authorized for along with a count of how many alerts exist for the user at each station.
11. The “Alert List” will display the Alert type (Informational Only, Requires Action), the Alert, the Team the alert pertains to (if applicable), the Patient the alert pertains to (if applicable), the Alert Created Date/Time, Alert Sender (Who/what originated the alert), Recipients (for Informational alerts – there will only be one recipient, For actionable alerts (which other roles/staff was notified) and the Alert Comments. All fields are display only except Comments.

12. Comment(s) may be entered for each alert. The Comment Entered along with the date the comment was entered and who entered will be captured and displayed. Once the comment is saved, it cannot be updated or deleted.
13. The alert list will initially be displayed in order by Alert Type (actionable first) then by Create Date/Time in descending order.
14. The alert list can be narrowed by applying filter values for the Alert Type, Team Name, Patient Name, Alert Sender.
15. If filter values have been applied – they can be reset to reinitialize the entire alert list.
16. If the user is in the PCMM Coordinator role, he will receive Informational alerts regarding MPCP request and can navigate to the Multi PCP Request in view only mode from this screen by viewing the “Multi-PCP Request has been Create/Update”. Refer to the *Multiple PCP Assignment Capture and Display* user story for additional details. Also, refer to the *Alert Rules* spreadsheet for complete listing of all MPCP Informational alerts the PCMM Coordinator role receives
17. If the user is in the TVC role, only he will receive Actionable alerts and be able to navigate to the Multi PCP request in update mode from this screen by viewing the “A Multi PCP request needs approval or denial, need to send to all involved sites or resend due to no response “ Alert. Refer to the *Multiple PCP Assignment Action* user story for additional details. Also, refer to the *Alert Rules* spreadsheet for complete listing of all MPCP Actionable alerts the TVC role receives.
18. Some alerts will allow the user to navigate to the Patient Profile to allow user to view Multi PCP requests, Panel Placement requests and Team Assignments.
 - i. If the user selects a Sensitive patient; they will be presented with a Message informing them that the patient is “Restricted” and they must accept the warning before they will be allowed to continue. [B-02641]
 1. If the warning is accepted: a notification of accessing Sensitive Patient records is logged in VistA. Refer to the *Reporting - Sensitive Patient Access Log* user story for additional details.
 2. If the warning is not accepted; the user remains on the list of assigned patients.
 - ii. If the user selects his own patient data, he will receive an error message informing him that he is not allowed to view his own data. See the *Restrict Access for Employee Viewing His Own Record* user story for additional information. [B-02667]
19. Some alerts will allow the user to navigate to the Team Profile or the Team Position Profile to allow the user to view patient assignments.

20. Some alerts will allow the user to navigate to the Batch Job Execution results to allow the user to view the results of submitting a batch job.
21. Once a user has viewed an Actionable alert, a message indicating the alert is being worked will be displayed. This message will appear until the user Closes the alert by “Marking it as Closed” OR “Saves the alert”.
 - i. If the user Closes the alert, the alert will be Closed and the Date Closed will be captured along with who closed it and will be removed from the user’s closed alert list.
 - ii. If the user Saves the alert, the alert will remain in the user’s open alert list.
22. When the alert has been Closed from the Alert list, it will not be physically deleted but will be marked as closed. The Date Closed will be captured along with who closed it.
23. If the user is in the “TVC Role,” he will be able to navigate to approve/deny the Multi PCP alert from this screen by viewing the “Multi-PCP Alert Needs Action” Alert. Refer to the *Multiple PCP Assignment Action* user story for additional details.
24. For valid values, field lengths and additional database information, refer to the “*PCMM Data Element Spreadsheet*”.

2.6.2.7. NEED1043 Requirements

2.6.2.7.1. B-02335 Manage Rooms

Refer to Section 2.6.2.2.5. for user story details.

2.6.2.7.2. B-02335 Assign/Unassign Team to/from Group

Refer to Section 2.6.2.4.3. for user story details.

2.6.2.8. NEED1040 Requirement

2.6.2.8.1. B-02335 Assign/Unassign Team to/from Group

Refer to Section 2.6.2.4.3. for user story details.

2.6.2.8.2. B-02335 Manage Groups

Refer to section 2.6.2.4.2. for user story details.

2.6.2.9. NEED1038 Requirement

2.6.2.9.1. B-02335 View Panel Placement Request

This user story allows an authorized PCMM2 User to create a Panel Placement Request so that it may capture and display requests to the receiving team/station. Associated

VersionOne Backlog ID for this user story is B-01776, B-01804, B-01984 B-01408 and B-02762.

Wireframes:

List in Patient Profile

Patient Profile

☒ Verified

Name: AApatientFirst131 PatientMiddle131 ApatientLast131

ID:

SSN: XXX-XX-0131

Primary Eligibility: SERVICE CONNECTED 50% to 100%

Means Test Result: Non-Exempt (LTC Co-Pay Exemption Test)

Date Due for Inactivation:

Last Team Encounter Date: 02/25/2011

Gender: Female

Born: 11/18/1954

View Patient Assignments

Multiple Primary Care Provider Request

View Active Non-VA Providers

View Inactive Non-VA Providers History

View Panel Placement Requests

Wireframe for Create/Edit screen:

Placement Request

Search Receiving Station: che

(Enter some text to filter the list below)

Receiving Station: * Select Station

Group: Select Group

Team: Select Team

Reason: * Select Reason

Requester: * Select Requestor

Effective Date: * Select Date

Comments:

Submit

Cancel

Example of hint information display for phone # and email:

Traveling Veteran Coordinator: Traveling Veteran Coordinator 2PCMM9 (primary coordinator)

Phone Number: 1234567890

Email Address: 2PCMM9@fake.com

View Panel Placement Request section of patient profile:

View Panel Placement Requests							
Status	Status Date	Station Name	Group	Team	Requester	Effective Date	Actions
Pending	1/10/2013 10:05	VA SALT LAKE CITY HEALTH CARE SYSTEM (660)		CG *PACT* 660 with AP	Provider	1/8/2013 00:00	
Pending	1/7/2013 15:37	VA SALT LAKE CITY HEALTH CARE SYSTEM (660)		CG *PACT* 660 3	Provider	1/7/2013 00:00	
Pending	1/7/2013 15:34	CHEYENNE VAMC (#442)		CG *PACT* 442	Patient	1/7/2013 00:00	

Display Alert for panel placement in Alert Summary

[Open Alerts List](#)

[View Alert Summary](#)
 Showing 1 to 25 of 668 entries

[View Closed Alerts](#)

Type	Description	Team	Patient	Creation Date/Time	Recipient(s)	Sender	Actions
Informational	A Batch operation request to transfer between teams for 989 patients was completed with 989 failures	10004		1/11/2013 5:21 PM	C	System	
Informational	A Panel Placement Request has been created or updated	MM *Team10*		1/11/2013 2:43 PM	C	System	
Informational	A Panel Placement Request has been created or updated	MM *Team10*		1/11/2013 2:41 PM	C	System	

Conversation Points:

1. No new permission is needed for this story. If the user can “Assign Patients”, he can also edit the Patient Profile. If the user can “View Teams”, he can also view the Patient Profile.
2. This user story adds the ability to view all requested PACT team assignments for panel placement. A “View PACT Panel Placement Requests” section containing a list of all requested PACT assignments for Panel Placement will be available for the user to see in the patient’s profile screen. [B-02762]
3. This user story adds the ability to Create a new PACT Panel Placement assignment request. There can be multiple requests for the same patient for different stations at one time. The patient must have an active PACT team assignment at one station before performing this function. [B-02762]
4. In order to create a PACT Panel Placement request for a patient, the patient must not have a Date of Death associated with him. If he does have a Date of Death, the user will not be able to create/edit a PACT Panel Placement request. [B-01408]
5. The following fields will be displayed and the authorized user allowed to populate when entering a new “PACT Panel Placement Request”:
 - Placement Request
 - Reason (Required)
 - Move/Relocate
 - PACT Change Request
 - Search Receiving Station
 - Receiving Station (Required, Drop down)
 - Group (Drop down)
 - Team (Drop down)
 - Requester (Required, Drop down)
 - Patient
 - Provider
 - Team
 - Administrative
 - Effective Date (Required, Select/enter)

- Comments (Free Text)
 - Actions (Actionable)
7. A list of all active treating facilities (i.e. Stations) will be presented to the user for selection. The Station the patient wishes to be assigned to must be selected. This station is the “Receiving Station”. The user will be able to indicate whether this is a Patient Reassignment at the local station OR if this is a Patient Relocation.
 - a. The Receiving Station list will be limited to stations beginning with the first 3 digits of the station the user is working in. [B-02762]
 8. Once the receiving station is selected, a list of all active groups for that station will be presented to the user for selection. If the group the patient wishes to be assigned to is known, the user may select the team. If a Group is selected then all Teams assigned to that Group will be available for selection in the Team field. If the group the patient wishes to be assigned to is not known, the user may leave this field blank.
 9. Once the receiving station is selected, a list of all active teams for that station will be presented to the user for selection. If the user does not select a Group but wants to select a Team then only make available the Teams that are assigned to the selected Station. If the team the patient wishes to be assigned to is known, then the user may select the team. If the team the patient wishes to be assigned to is not known, then the user may leave this field blank.
 10. Once the request has been submitted, a “Status” for the request will be displayed in the “View PACT Panel Placement Request” list. The initial status will be “Pending”. Also, the “Status Date” will automatically display the current date and time in the “View PACT Panel Placement Request” list once the request has been submitted.
 11. The active date you wish the panel placement assignment to take effect must be entered. The “Effective Date” will default to the current date and may be overridden.
 12. The Requester of the panel placement assignment must be selected from the list of available choices.
 13. The Reason the panel placement assignment is being requested must be selected from the list of available choices.
 14. When entering in the “Comments” field, any additional comments the user wants to enter may be entered. If there are no additional comments, this field may be left blank.
 15. The user will press the Submit button to return to the screen. The data will be saved to the database. The request will be saved with an assignment status of “Pending”. The date the assignment was requested will be saved. Once saved, the request will appear on the “View PACT Panel Placement Request” list available on the Patient Profile.

16. An alert will be generated and sent to each recipient when a PACT Panel Placement Request for their assigned duty station was created or updated. This alert will be sent from the system to each recipient each time a PACT Panel Placement Request is created or when the Team or Station on the request is updated. See the “PACT Panel Placement request was created or updated” alert in the *Alert Rules* for additional information on alert types and who they are sent to. [B-01984]
17. The “View PACT Panel Placement Request” list will show all requests for every station the patient has a request in. The user will only be able to update the requests for the stations that the user is authorized to and are in “Pending” status. The other requests will be available for view only.
18. The “View PACT Panel Placement Request” list will contain the Status, the Status Date, the Station Name (#) the assignment was requested for, the selected Group name, the selected Team name, the Requester for the assignment, the Effective date of the assignment and Actions.
19. The “View PACT Panel Placement Request” list will sort by the most current request by the “Status Date.”
20. The system will display an error message for any field not filled out that is “Required” allowing the authorized user to enter that information before re-submitting.
21. The system will display a confirmation if the user uses Submit option.
22. The user will press the Cancel button to return to the screen. Any changes will not be saved to be database.
23. All defaults established for valid values, field lengths and additional database information will be followed.

2.6.2.10. NEED1048 Requirement

2.6.2.10.1. B-02335 Assign Staff to a Position

Refer to Section 2.6.1.1.10. for user story details.

2.6.3. PCMM PMAS Increment 3

Listed below are the requirements traceable to business need (BN) 3, 4, 5 and NEED1038, 1041, 1045 and 1048 in the form of Agile user stories. All associated user stories for PMAS Increment 3 are posted on the [PCMM Re-host/Reengineering SharePoint site](#).

2.6.3.1. BN2 Requirements

2.6.3.1.1. B-02335 Update a Team Position Profile

Refer to Section 2.6.1.2.2. for user story details.

2.6.3.1.2. B-01743 Manage Reference Data for Selection List – Add and Inactive valid values

Refer to Section 2.6.2.1.3. for user story details.

2.6.3.2. BN3 Requirements

2.6.3.3. BN4 Requirements

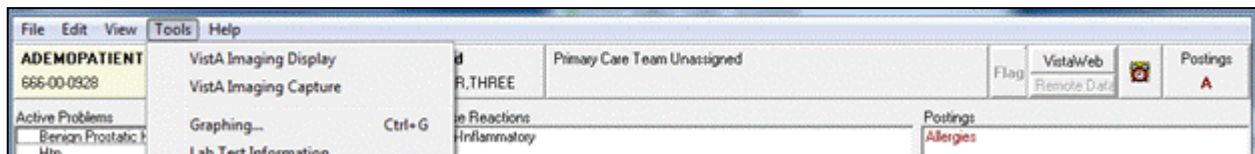
2.6.3.3.1. B-01063 Assign Patient to a Team: Central Validator: allow patient to only have 1 MHTC per 3 digit station

Refer to Section 2.6.1.2.1. for user story details.

2.6.3.3.2. B-01296 OBSOLETE - View Team(s) in CPRS Patient Header

This user story allows an authorized PCMM2 User to view the patient's Primary Care team, provider, associate provider on the first line and the Mental Health Coordinator on the third line of the CPRS Header so that this information can be utilized by the clinicians serving the patient. Associated VersionOne Backlog ID for this user story is B-01280.

Wireframes:



Conversation Points

1. This user story documents the data that is sourced by PCMM and displayed in the CPRS Patient Header.
2. If the patient does not have a Primary Care team assignment, "Primary Care Team Unassigned" will appear on the first line of the Primary Care area.
3. If the patient does have a Primary Care team assignment, the name of the Primary Care Team followed by a "/" and then the name of the Primary Care Provider on the team will appear in the first line of the Primary Care area.
4. If the patient is an INPATIENT, the name of the Attending provider will appear on the second line.
5. This is as of CPRS V28: The Associate Provider name will appear on the Second Line if the patient is assigned to an Associate Provider.

6. This is as of CPRS V29: If the patient has a Primary Care team assignment and the assignment is to the Associate Provider, the Associate Provider name will appear after the “team/pcp/” on the first line of the Primary Care area.
7. This is as of CPRS V29: If the patient has a Mental Health team assignment, the Mental Health Treatment Coordinator’s name will appear on the second line of the Primary Care area if the patient is not an INPATIENT. If the patient is an INPATIENT, the MHTC’s name will appear on the third line.

2.6.3.3.3. B-02986 Search Staff by Name

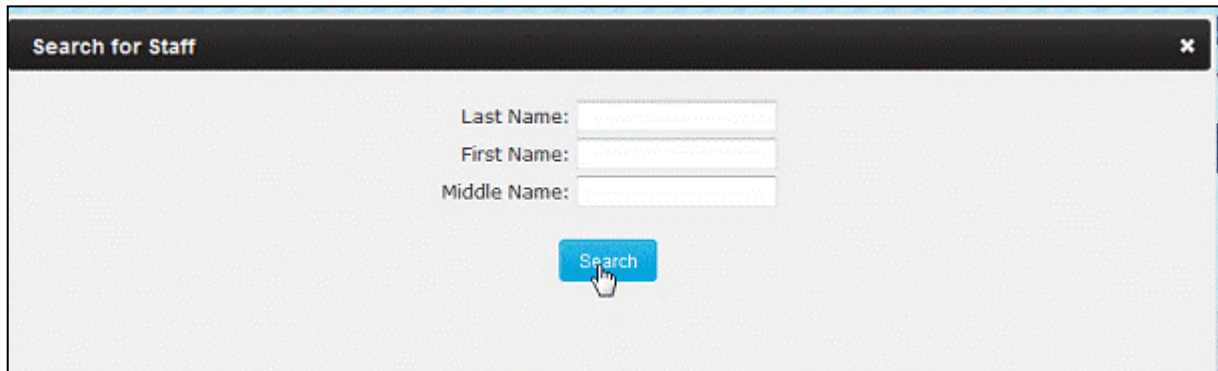
Refer to Section 2.6.1.1.9. for user story details.

2.6.3.3.4. B-02335 View Staff Profile

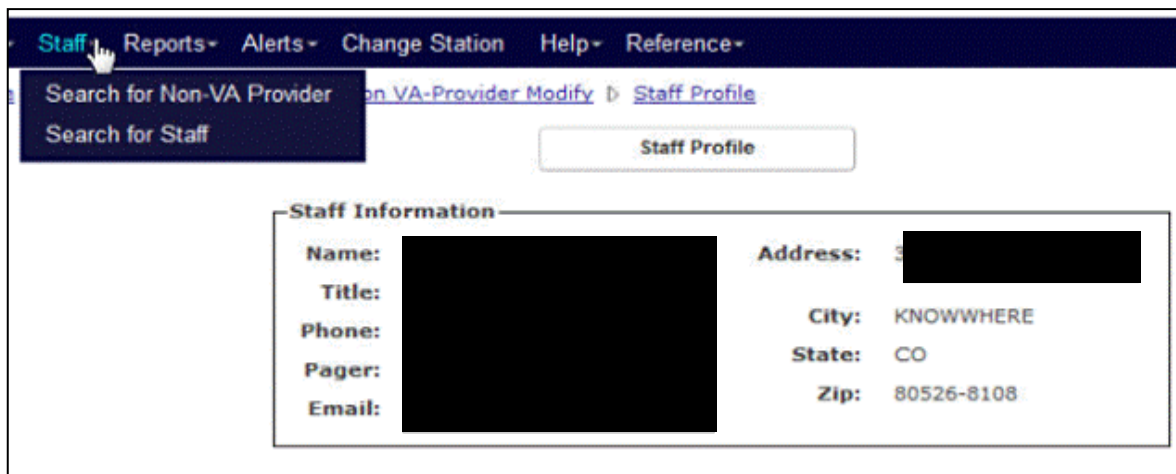
This user story allows an authorized PCMM2 User (PCMM Coordinator) to search for VA staff member and display that staff member's information on the profile screen. Associated VersionOne Backlog ID for this user story is B-01660 and B-01331.

Wireframe:

Modified search screen



Staff profile screen



Conversation Points:

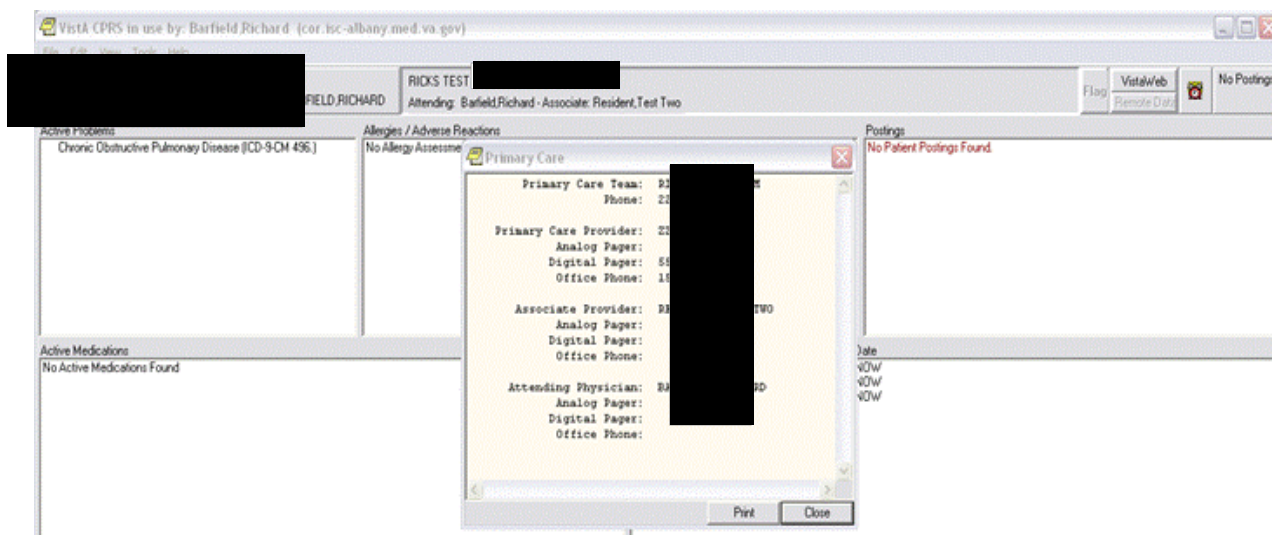
1. No new permissions are needed. If the user has “Update a Team” permission, he will also be able to search for a VA staff member to display the staff member's profile screen.
2. This user story adds a new sub-menu item under Staff in the main menu called “Search for VA Staff”.
3. The authorized user will be allowed to search for staff members by selecting “Search for VA Staff.” Use the “*Search Staff by Name*” user story for the search details but modify the search popup screen to only include Last, First and Middle Name. This popup screen will be used when searching for staff from the main menu. To display the results of the search, use the same display results table as in the “*Search Staff by Name*” user story. [B-01660]

4. Select a staff member and display on a new screen called “Staff Profile.” This screen will use existing information that is displayed on the “Staff Assignment” screen currently.
5. When displaying the staff name in the Staff Profile screen use the following format of Last name, First name and Middle name. Ex: Smith, John Doe
6. All defaults established for valid values, field lengths and additional database information will be followed.

2.6.3.3.5. B-01296 OBSOLETE - View Team in CPRS Primary Care Screen

This user story allows an authorized PCMM2 User to view the patient’s Primary Care team, provider, associate provider and Mental Health Coordinator and contact info so that this information can be utilized by the clinicians serving the patient. Associated VersionOne Backlog ID for this user story is B-01280.

Wireframe:



Conversation Points:

1. This user story documents the data that is sourced by PCMM and displayed in the CPRS Primary Care screen.
2. If the patient does not have a Primary Care Team assignment, “Primary Care Team Unassigned” will appear at the top of the Primary Care screen.
3. If the patient does have a Primary Care team assignment:
 - i. The name and phone of the Primary Care Team will appear at the top of the Primary Care screen.
 - ii. The name, pager and phone of the Primary Care Provider will appear next.
 - iii. If the patient is assigned to an Associate Provider; the Associate Provider name, pager and phone will appear next.

- If the patient is an INPATIENT, the name of the Attending provider name, pager, phone will appear next. If the patient is an OUTPATIENT, the Attending Provider will not appear.
- If the patient is assigned to a Mental Health Treatment Coordinator, the Mental Health Treatment Coordinator's name will appear next.

2.6.3.4. BN5 Requirements

2.6.3.4.1. B-01408 Batch Historical Assign Mass Patients

This user story allows an authorized PCMM2 User (PCMM Coordinator) to select one or many patients from historical assignments and assign to a team or team position using a form that allows a batch process to run so that work may continue while it is running in the background. Associated VersionOne Backlog ID for this user story is B-01741 and B-02662.

Wireframes:

Team Profile screen – Historical Assignments:

Select All Patients	Patient Name	DOB	Last 4 SSN	Gender	Assigned Date	Unassigned Date	Reason Unassigned	Direct Care Provider
<input type="checkbox"/>				Female	9/24/2012 15:52	9/24/2012 15:53	PCP Change	Monica Dawson
<input type="checkbox"/>				Male	9/24/2012 16:10	10/15/2012 16:22	Requested by Patient	Monica Dawson
<input type="checkbox"/>				Female	10/11/2012 18:26	10/15/2012 16:22	Requested by Patient	Terry Achey

First Previous **1** Next Last

Perform Batch Operations

Perform Batch Operation selected – opens Launch Batch Operations on Patients screen:

Launch Batch Operations on Patients

Team Profile:

Name: BlackWidow **Care Type:** SUPER TEAM **Focus:** **Status:** Active as of 8/22/2012 9:26 AM **Assignments:** Open

Confirm the Patient selections below and launch the batch operation :

Select All Patients	Patient Name	DOB	Last 4 SSN	Gender	Date of Death
<input checked="" type="checkbox"/>				Female	

First Previous **1** Next Last

Assign Cancel

Assign selected – Message

Are you sure?

Are you sure you want to Assign the selected Patients?

Confirm Cancel

Confirm selected – Assign screen appears

Patient Batch Transfer/Assign

Team:

*

(Please click on the Search button to search for a team before proceeding.)

Effective Date:

*

10/17/2012 15:09

Assign to:

*

Please select...

Search

Submit

Cancel

Search button selected

Search for Team

Name:

Search

Search results table:

Search for Team

Name:

2

Search

Showing 1 to 25 of 40 entries

Filters:

Name	Primary Care Provider	Care Type	Focus	Station	Patients Allowed	Patients Assigned	Patients Available	Select
2_APS_TEST		PRIMARY CARE	Primary Care Only	CHEYENNE VAMC (#442)	899	6	893	+
A1002		PRIMARY CARE	Specialty Primary Care	CHEYENNE VAMC (#442)	900	0	900	+
A1012		PERSONAL LIST		CHEYENNE VAMC (#442)	1200	0	1200	+
A102		PRIMARY CARE	Specialty Primary Care	CHEYENNE VAMC (#442)	900	0	900	+
A112		PRIMARY CARE	Post-Deployment Care	CHEYENNE VAMC (#442)	900	0	900	+
A121		PRIMARY CARE	Specialty Primary Care	CHEYENNE VAMC (#442)	900	0	900	+
A122		PRIMARY CARE	Specialty Primary Care	CHEYENNE VAMC (#442)	900	0	900	+

Cancel

Search Team – Date – Assign to selected

Click Submit:

Conversation Points:

1. No new permissions are needed. If the user has “Assign Patient” permission, he will also be able to perform the batch process for moving multiple patients at once from the Team and the Team Position levels.
2. The authorized user will be allowed to “Assign” mass patients from the Team/Team Position Profile screen’s “View Assigned Patients” subsection when viewing the “Historical Assignments” and indicating the need to “Perform Batch Operations.”
3. The “Historical Assignments” table will display the following information for the authorized user to view. The authorized user will be allowed to modify the selection of the patients while in this screen, if needed.
 - Select All Patients (Checkboxes)
 - Patient Name
 - DOB (Date of Birth)
 - Last 4 SSN (Social Security Number)
 - Gender
 - Assigned Date
 - Unassigned Date
 - Reason Unassigned
 - Direct Care Provider
4. The “Patient Name” will be listed in the following order of Last Name, First Name, and Middle Name and listed in alphabetical order by Last Name. The authorized user will be allowed to navigate to the patient’s profile screen, if needed.
5. When indicating “Perform Batch Operation,” the authorized user will select one or many patients to assign to a team or a team position by selecting individual checkboxes by the

patient's name or have an option to select all patients at once. Once the patients are selected, this function opens a "Launch Batch Operations on Patients" screen.

6. An authorized user will be able to navigate within the "Launch Batch Operations on Patients" screen.
7. The "Launch Batch Operations on Patients" screen will display the selected patients awaiting a batch operation. The authorized user will be allowed to modify the selection of the patients while in this screen, if needed. (See "*Batch Transfer-Unassign Mass Patients*" user story for details on the screen display.)
8. The "Launch Batch Operations on Patients" screen will display the following message to assist the authorized user in selecting the appropriate patients:
"Confirm the Patient selections below and launch the batch operation:"
9. The authorized user will be allowed to select "Assign" to move the selected patients at one time through a batch process and assign them to the selected team and/or team position. (See "*BatchJobExecutionResults*" user story for details on the batch process)
10. When selecting to "Assign" patients, once the "assign" function has been selected, a confirmation message will appear as follows with the options to "Confirm" or "Cancel":
"Are you sure you want to Assign the selected Patients?"
11. When the authorized user selects "Confirm", a "Patient Batch Assign" prompt will appear and the authorized user will be required to provide the following information:
 - Search for a team (See "*Search Team by Name*" user story for details)
 - Effective Date
 - Assign to
12. When selecting "Effective Date," the authorized user will be required to select a date and time. The date and time will automatically default to current date and time. The date and time can be back dated but cannot be future dated.
13. When selecting "Assign to", the authorized user will be given a list to select from that will include Entire Team and/or Associate Provider. If there is no AP assigned to this team and/or team position, then default to the "Entire Team."
14. Once the "Patient Batch Assign" prompt is completed and submitted, the "Status of the Batch Operation on the Patients" screen will appear. This screen will display a table that lists the Select All Patients, Patient Name, Gender, SSS, DOB and Date of Death for the authorized user to view.
15. When the "Status of the Batch Operation on the Patients" screen appears, a confirmation message will appear to direct the authorized user to the alerts section in order to review the completion status of the batch process.
"A batch operation has been launched. Check your Alerts to view the completion status of the batch job."
16. When the authorized user assigns patients from the "Historical Assignments" table, the original historical entry of patient information will not be removed. This will allow the historical entry to remain as well as adding the new entry to the "Current Assignment" table.

17. The authorized user will press “Cancel” if they do not want to Assign the selected patients and nothing will be saved to the database.
18. The authorized user will be allowed to select to “Assign” the patients to a team/team position and to save the changes to the database.
19. All defaults established for valid values, field lengths and additional database information will be followed.
20. In order to assign a patient to a team, the patient must not have a Date of Death associated with him. If he does have a Date of Death, he will not be allowed to be assigned to a team. He will receive an error message “Patient has Date Of Death on File - Assignment not allowed” in the job results notifying him that the patient cannot be assigned due to a date of death being recorded. [B-01408]

2.6.3.4.2. B-02335 Batch Transfer-Unassign Mass Patients

This user story allows an authorized PCMM2 User (PCMM Coordinator) to select one or many patients to transfer or unassign to/from a team or team position using a form that allows a batch process to run so that work may continue while it is running in the background. Associated VersionOne Backlog ID for this user story is B-01741, B-02662, B-02769, B-02773 and B-01408.

Wireframes:

Team Profile screen:

☒ View Assigned Patients

Show : ☒ Current Assignments ☐ Historical Assignments

Display 25 Records

Select All Patients	Patient Name	DOB	Last 4 SSN	Gender	Assigned Date	Direct Care Provider
<input type="checkbox"/>	ApatientLast1, AZpatientFirst1 PatientMiddle1	12/31/1949	XXX-XX-0001	Female	10/15/2012 13:44	Terry Achey
<input type="checkbox"/>	JpatientLast270, JApatientFirst270 PatientMiddle270	6/17/1967	XXX-XX-0270	Male	9/24/2012 15:23	Monica Dawson
<input type="checkbox"/>	KpatientLast271, KApatientFirst271 PatientMiddle271	7/18/1968	XXX-XX-0271	Female	9/24/2012 15:53	Monica Dawson
<input type="checkbox"/>	LpatientLast272, LApatientFirst272 PatientMiddle272	8/19/1969	XXX-XX-0272	Male	9/24/2012 15:34	Monica Dawson
<input type="checkbox"/>	MpatientLast273, MApatientFirst273 PatientMiddle273	9/20/1970	XXX-XX-0273	Female	9/24/2012 15:48	Monica Dawson
<input type="checkbox"/>	OpatientLast275, OApatientFirst275 PatientMiddle275	11/22/1951	XXX-XX-0275	Female	9/24/2012 16:09	Monica Dawson

First Previous 1 Next Last

Perform Batch Operations

Perform Batch Action screen:

Launch Batch Operations on Patients

Team Profile:

Name: 2_APS_TEST **Care Type:** PRIMARY CARE **Focus:** Primary Care Only **Status:** Active as of 9/24/2012 3:01 PM **Assignments:** Open

Confirm the Patient selections below and launch the batch operation :

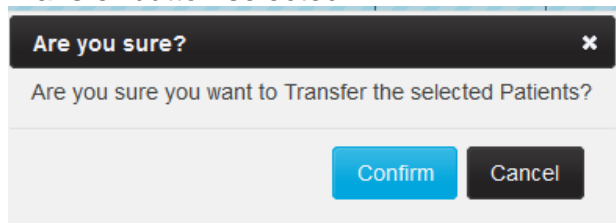
Display 25 Records

Select All Patients	Patient Name	DOB	Last 4 SSN	Gender	Date of Death
<input checked="" type="checkbox"/>	OPpatientFirst275 PatientMiddle275 OpatientLast275	11/22/1951	XXX-XX-0275	Female	
<input checked="" type="checkbox"/>	QApatientFirst277 PatientMiddle277 OpatientLast277	01/24/1953	XXX-XX-0277	Female	

First Previous 1 Next Last

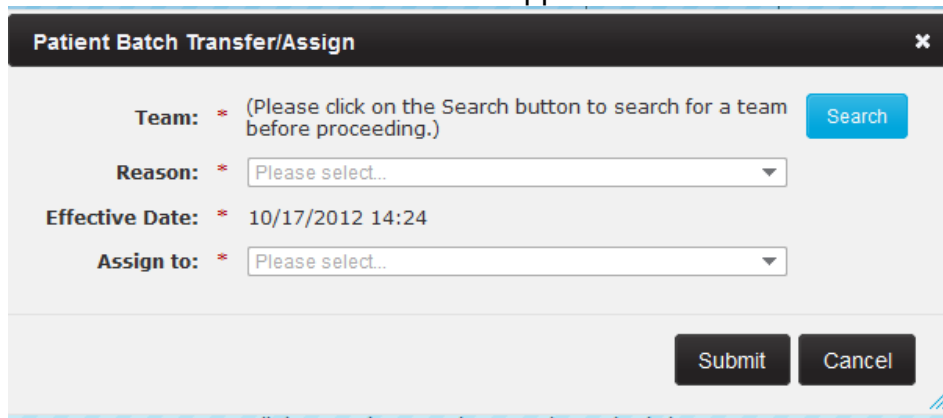
Unassign Transfer Cancel

Transfer button selected:



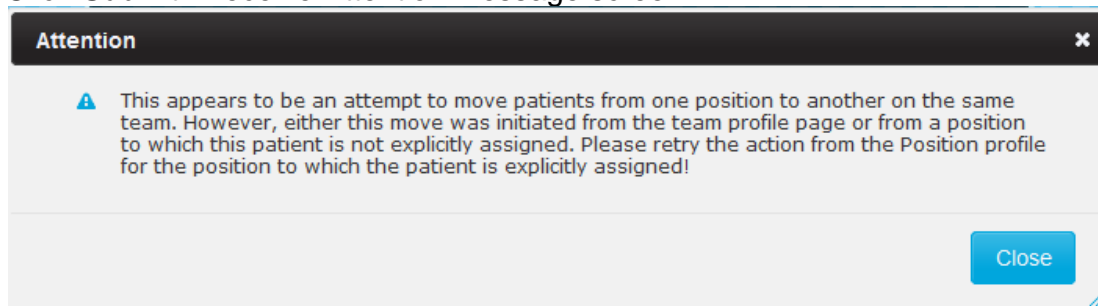
A confirmation dialog box with a dark header bar containing the text "Are you sure?" and a close button (X). The main body of the dialog contains the text "Are you sure you want to Transfer the selected Patients?". At the bottom, there are two buttons: "Confirm" (blue) and "Cancel" (dark grey).

Selected Confirm – Transfer screen appears:



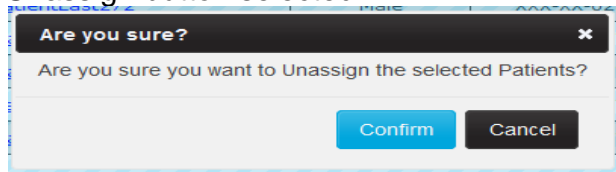
A form titled "Patient Batch Transfer/Assign" with a dark header bar and a close button (X). The form contains several fields: "Team:" with a text input and a "Search" button; "Reason:" with a dropdown menu; "Effective Date:" with a text input showing "10/17/2012 14:24"; and "Assign to:" with a dropdown menu. At the bottom right, there are "Submit" and "Cancel" buttons.

Click Submit – receive Attention message screen:



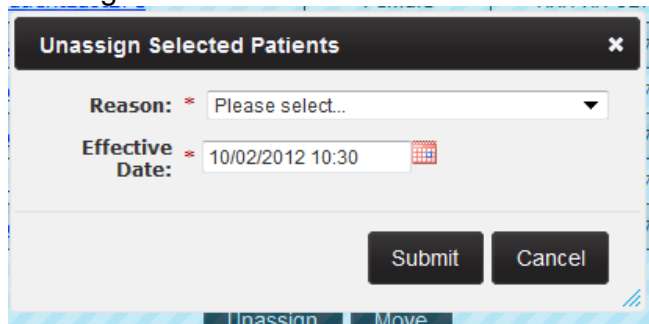
An "Attention" message screen with a dark header bar and a close button (X). The main body contains a warning icon (triangle with exclamation mark) and a message: "This appears to be an attempt to move patients from one position to another on the same team. However, either this move was initiated from the team profile page or from a position to which this patient is not explicitly assigned. Please retry the action from the Position profile for the position to which the patient is explicitly assigned!". At the bottom right, there is a "Close" button.

Unassign button selected:



A confirmation dialog box with a dark header bar containing the text "Are you sure?" and a close button (X). The main body of the dialog contains the text "Are you sure you want to Unassign the selected Patients?". At the bottom, there are two buttons: "Confirm" (blue) and "Cancel" (dark grey).

Unassign Confirm selected:



A form titled "Unassign Selected Patients" with a dark header bar and a close button (X). The form contains two fields: "Reason:" with a dropdown menu and "Effective Date:" with a text input showing "10/02/2012 10:30" and a calendar icon. At the bottom, there are "Submit" and "Cancel" buttons. Below the form, there are two tabs: "Unassign" and "Move".

Transfer/Unassign Reason list:

Please select...
Missing/unknown
No longer Needed
PACT Change
Patient Relocated
Requested by Patient

Transfer/Unassign date and time selection:

Unassign Selected Patients

Reason: *
Please select...

Effective Date: *
10/02/2012 10:30

October 2012

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Time
10:30

Hour
Minute

Now
Done

Transfer/Unassign - Select Submit:

Status of the Batch Operation Requested on the Patients

The batch operation was launched successfully. Please check your alerts to view the completion status of the job.

Your request to perform a batch operation was submitted for the following patients:

Showing 1 to 1 of 1 entries

Filters:				
Name	Gender	SSN	Date of Birth :	Date of Death :
QApatientFirst277 PatientMiddle277 QpatientLast277	Female	XXX-XX-0277	01/24/1953	

First
Previous
1
Next
Last

Display 25
Records

Conversation Points:

- No new permissions are needed. If the user has “Assign Patient” permission, he will also be able to perform the batch process for moving multiple patients at once from the Team and the Team Position levels.
- This functionality will apply to both PC teams and non-PC teams and will allow mass patients to be transferred to another team/team position or unassigned from a team/team position. (B-02662)

3. The authorized user will be allowed to “Transfer/Unassign” mass patients from the Team/Team Position Profile screen’s “View Patient Assignments” subsection by indicating the need to “Perform Batch Operations.”
4. The “View Patient Assignments” table display will allow the authorized user to select to view both the “Current Assignments” and the “Historical Assignments” individually. They will be able to switch between “Current Assignments” and “Historical Assignments” to view their selected information. (See “*Batch Historical Assign Mass Patients*” user story for details on performing batch operations from historical table.)
5. This user story adds a new “Perform Batch Operations” function in the “View Patient Assignments” subsection of the Team/Team Position Profile screens that allow the authorized user to select one or many patients to transfer/unassign to a team or a team position by selecting individual checkboxes by the patient’s name or have an option to select all patients at once. Once the patients are selected, this function opens a “Launch Batch Operations on Patients” screen.
6. The “View Patient Assignments” table will display the following information for the authorized user to view. The authorized user will be allowed to modify the selection of the patients while in this screen, if needed.
 - Select All Patients (Checkboxes)
 - Patient Name
 - Patient Details
 - DOB (Date of Birth)
 - Last 4 SSN (Social Security Number)
 - Gender
 - Status
 - Start
 - Auto Inactivation
 - Last Encounter
 - Direct Care Provider
7. An authorized user will be able to navigate within the “Launch Batch Operations on Patients” screen.
8. When selecting “Select All Patients” checkbox, all patients will be selected in the list and moved into the batch process “Launch Batch Operations on Patients” screen.
9. The “Launch Batch Operations on Patients” screen will contain the following fields for the authorized user to view. The patients “Name” will be hyperlinked to allow the user to view the patient’s profile screen for more details, if needed. The authorized user will be allowed to modify the selection of the patients while in this screen, if needed.
 - Select All Patients
 - Patient Name
 - Gender
 - SSN (Social Security Number)

- DOB (Date of Birth)
 - Date of Death
10. The “Patient Name” will be listed in the following order of Last Name, First Name, and Middle Name and listed in alphabetical order by Last Name in ascending order.
 11. The “Launch Batch Operations on Patients” screen will display the following message to assist the authorized user in selecting the appropriate patients:
 “Confirm the Patient selections below and launch the batch operation:”
 12. The authorized user will be allowed to select “Transfer” or “Unassign” to move the selected patients at one time through a batch process and assign them to the selected team and/or team position. (See “*BatchJobExecutionResults*” user story for details on the batch process)
 13. The “Transfer” function will allow the authorized user to move the selected patient’s to the following:
 - The same active team but a different active position (See Step 14)
 - The same active position but a different active team
 - Active Team to another active Team
 14. When transferring mass patients from one active position on a team to another active position on the same team, the authorized user will only be able to do this from the Position Profile screen and from the position to which the patients are explicitly assigned.
 - The team assignment information (e.g. encounter date/team assignment status/Multi-PACT information) will not change since the team remains the same. [B-02773]
 15. When selecting to “Transfer” patients, once the “Transfer” function has been selected, a confirmation message will appear as follows with the options to “Confirm” or “Cancel”:
 “Are you sure you want to Transfer the selected Patients?”
 16. When the authorized user selects “Confirm” the Transfer, a “Patient Batch Transfer/Assign” prompt will appear asking the user for the following information. All of these fields are required.
 - Search for a team (See “*Search Team by Name*” user story for details)
 - Reason (See Step 27)
 - Effective Date
 - Assign to
 17. The “Search for a Team” field will display the following “hint” to prompt the authorized user to perform a search for a team.
 “Please click on the Search button to search for a team before proceeding.”

18. The system will automatically populate the “Effective Date” and default to the current date and time.
19. When selecting “Assign to” to transfer, the authorized user will be given a list to select from that will include Entire Team and/or Associate Provider. If there is no AP assigned to this team and/or team position, then default to the “Entire Team.”
20. When transferring a patient from one active team to another active team, the Multi-PACT Status and Multi-PACT Reference from the old assignment will be copied over to the new assignment so that it can be used for determination of the new assignment’s status, if needed. [B-02773]
- The first encounter date will not be copied over so the new assignment will be Pending if there is no new First encounter date found at the time the assignment to the new team is made.
 - However, if the teamlet members on the old team and the new team are staffed by exactly the same members, the first encounter date is copied over to the new team assignment.
21. Error message will appear when transferring a patient from one position on an active team to another position on the same team from the Team Profile screen or from a position to which patients are not explicitly assignment. The authorized user will receive the following error message directing them to the appropriate Team Position Profile screen to perform the transfer allowing the authorized user to “Close” the prompt once read and return to the “Patient Batch Transfer/Assign screen.
- “This appears to be an attempt to move patients from one position to another on the same team. However, either this move was initiated from the team profile page or from a position to which this patient is not explicitly assigned. Please retry the action from the Position profile for the position to which the patient is explicitly assigned!”*
22. Once the “Patient Batch Transfer/Assign” prompt is completed and submitted, the “Status of the Batch Operation on the Patients” screen will appear. This screen will display a table that lists the Patient Name, Gender, SSN, DOB and DOD for the authorized user to view.
23. When the “Status of the Batch Operation on the Patients” screen appears, a confirmation message will appear to direct the authorized user to the alerts section in order to review the completion status of the batch process.
- “A batch operation has been launched. Check your Alerts to view the completion status of the batch job.”*
24. The “Unassign” function will remove the selected patients from the indicated team/team position. This implies that to unassign patient’s from a team or a team position, then the team or team position must be active. A confirmation message will appear when unassign completes successfully.

25. The “Effective Date” of the unassignment (ie. the Unassigned Date) must be entered. You cannot unassign someone from the team before he was assigned to the team. If he has been assigned and unassigned more than one time, you cannot unassign before his last unassignment date.
- This date will default to the current date and may be overridden.
 - If overridden, this date must be after the date/time the patient was last assigned to the team.
26. When selecting to “Unassign” patients, once the “unassign” function has been selected, a confirmation message will appear as follows with the options to “Confirm” or “Cancel”:
“Are you sure you want to Unassign the selected Patients?”
27. When performing Transfer/Unassign patients from one team to another team, the authorized user will be required to select from the following list for the “Reason:”
- Please Select...
 - Discharged from Care
 - Error
 - Missing/unknown
 - No longer Needed
 - Provider Change
 - Patient Relocated
 - Requested by Patient
28. If transferring patients from one position to another position on the same team, no REASON is needed.
29. When Unassigning patients, when the authorized user selects to “Submit” the Reason and Date for the unassign, a “Status of the Batch Operation on the Patients” screen will appear. This screen will display a table that lists the Patient Name, Gender, SSN, DOB and DOD for the authorized user to view.
30. When Unassigning patients, once batch operation has been submitted and the “Status of the Batch Operation on the Patients” screen appears, a confirmation message will appear to direct the authorized user to the alerts section in order to review the completion status of the batch process.
- A batch operation has been launched. Check your alerts to view the completion status of the batch job.**
31. The authorized user will press “Cancel” if they do not want to Transfer or unassign the selected patients and nothing will be saved to the database.
32. The authorized user will be allowed to select to “Transfer” or “Unassign” the patients to/from a team/team position and to save the changes to the database.

33. All defaults established for valid values, field lengths and additional database information will be followed.
34. In order to transfer a patient, the patient must not have a Date of Death associated with him. If he does have a Date of Death, he will not be allowed to be transferred. He will receive an error message "Patient has Date Of Death on File - Assignment not allowed" in the results of the job notifying him that this patient cannot be assigned due to a date of death being recorded. [B-01408]

2.6.3.4.3. B-02335 Assign Patient to a Team and Position

Refer to Section 2.6.1.2.1. for user story details.

2.6.3.5. BN6 Requirements

2.6.3.5.1. B-02335 Assign Patient to a Team and Position

Refer to Section 2.6.1.2.1. for user story details.

2.6.3.6. NEED1038 Requirements

2.6.3.6.1. B-01984 Patient Profile: Edit Panel Placement Request

Refer to Section 2.6.2.9.1. for user story details.

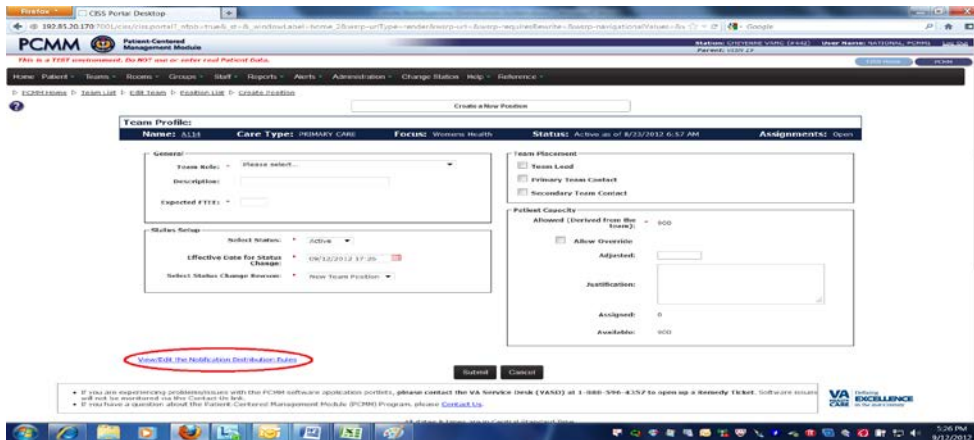
2.6.3.7. NEED1041 Requirements

2.6.3.7.1. B-02335 Mailman Messages: Create Notifications Distribution Section

This user story allows an authorized PCMM2 User (PCMM Coordinator) to create notifications distribution information to allow the user to view the origination and settings for the notifications needed. Associated VersionOne Backlog ID for this user stories are B-01368, B-02002 and B-02609.

Wireframe: The wireframes are examples and will differ from the final PCMM/R design.

1. Position Profile Page:



2. Position Profile screen:

[Hide the Notification Distribution Rules](#)

Showing 1 to 4 of 4 entries

Filters:		
Notification Type	Originator	Settings
Death	CPRS	Do Not Send: <input type="checkbox"/> Send Notifications regarding : <input checked="" type="radio"/> All Team Patients <input type="radio"/> Only Patients assigned to this Position
Inpatient	CPRS	Do Not Send: <input checked="" type="checkbox"/>
Automatic Inactivation	PCMM	Do Not Send: <input type="checkbox"/> Send Notifications regarding : <input type="radio"/> All Team Patients <input checked="" type="radio"/> Only Patients assigned to this Position
Team	PCMM	Do Not Send: <input checked="" type="checkbox"/>

First Previous **1** Next Last

Display 25 Records

Submit Cancel

Conversation Points:

1. Notifications are:

- CPRS messages under the Notification list that a CPRS user gets upon logging into CPRS. They are visible independent of selection a patient.
- Vista Alerts accessed via Vista View Alerts option. These messages are the same as seen in CPRS Notifications.
- Messages are also received via Vista MailMan. The PCMM messages are handled via Vista MailMan and not visible on CPRS.

Currently no alerts, notifications or Vista MailMan messages are visible via any option in PCMM legacy.

2. No new permissions are needed. If the user has “Update a Team” permission, he will also be able to update the Notifications Distribution at the Team Position levels.

3. This user story adds a new “Notification Distribution” section that allows the authorized user to view notifications information. This section may be accessed via the “Team Position Profile” screen.

4. An authorized user will be able to navigate within the Team Position Profile screen to the Notification Distribution section.
5. The Notification Distribution section will contain a table with the following fields on the Team Position Profile screen for the authorized user to select from. This will distinguish between which system the notification was generated from. Also, the user will be able to set which notifications should be available to be sent out to the Clinical and/or Administrative POC on the team.

Team Position Profile Screen:

- Notification Type
 - Death
 - Inpatient
 - Automatic Inactivation
 - Team
 - Originator
 - CPRS (ie. Death)
 - CPRS (ie. Inpatient)
 - PCMM (ie. Automatic Inactivation)
 - PCMM (ie. Team)
 - Settings (See Step 5)
6. On the Team Position Profile screen, the Notifications Distribution information will include additional Settings for the Notification Type that the authorized user will select from. This information will contain the following Settings fields: (Note: See Wireframe: Team Position Profile Screen shot below for details)
 - **All Team Patients:** If the particular category of notification (i.e. Death) is set to All Team Patients then all roles/positions on the team that are set to All Team Patients will receive the notifications for all patients who are assigned to the team. If a notification for the patient John Doe is triggered because a Date of Death was entered in VistA then all team members with the “All Team Patients” designation will get the notification.
 - **Position Patients:** If the particular category of notification (i.e. Death) is set to Position Patients then that role/position will receive notifications for those patients who are explicitly assigned to that role/position. For example: A dietitian role – Nancy Jones has patients assigned to her then the notifications triggered for those patients would be sent to her.
 - **Do Not Send:** If the particular category of notification (i.e. Death) is set to Do Not Send then the roles/positions on the team that are set to Do Not Send will not receive the notifications for all patients who are assigned to the role/position. (Default)
 - **Preceptor:** If the particular category of notification (i.e. Death) is set to Preceptor then all notifications that are sent to the Preceptee for the patients assigned are also sent to the Preceptor.
 7. The Preceptor selection can be combined with All Team Patients and All Position Patients.

8. Preceptor Selection is only available for the following roles/positions and for other roles/positions it will be disabled:
 - a. Resident (Physician)
 - b. Nurse Practitioner
 - c. Physician Assistant
9. For the Team, at least one of the following required Roles must have “All Team Patients” selected to receive the notifications:
 - a. Primary Care Provider
 - b. Care Manager
 - c. Clinical Associate
 - d. Administrative Associate (MAS/PSA)
10. An error message will be displayed to the user if the user removes the All Team Patients Selection from all of the required roles on the Team.
11. The Notification Distribution list can be narrowed by applying filter values for the indicated field of “Originator.”
12. The user will exit the Team Position Profile screen when pressing “Cancel” if they do not want to update the notification information and nothing will be saved to the database.
13. Once the user selects to “Submit” the notification distribution information from the Team Position Profile screen, it will save to the database.

2.6.3.7.2. B-02335 Manage Notification Distribution

This user story allows an authorized PCMM to set up the distribution of notifications to the appropriate Team members and positions so that the staff assigned to the Teams and Positions will receive the Notifications for patients that are assigned to teams/positions independent of where the notification for the patient is triggered. (Dr Stark example – patient on PACT in NY goes to FL and gets admitted. Team/positions in NY will get notification of the admission that took place in FL.

Wireframe:

Team Position Profile

Firefox - CISS Portal Desktop

PCMM Patient-Centered Management Module

This is a TEST environment. Do NOT use or enter real Patient Data.

Station: CHEYENNE VAMC (6442) User Name: ANA3 ANA3 LOG OUT
Parent: VISA 19

Home Patient Teams Rooms Groups Staff Reports Alerts Change Station Help Reference

PCMM Home Edit Team Position List

Team Position List

Team Profile:

Name: Zebra One Care Type: PRIMARY CARE Focus: Primary Care Only Status: Active as of 6/6/2012 1:03 PM Assignments: Open

Create a Team Position Reconcile with Models

Showing 1 to 4 of 4 entries

Team Role	Description	Staff Role	Staff Name	Preceptor	Preceptee	Status	Expected FTEE	Actual FTEE	Actions
ASSOCIATE PROVIDER	test ap role		Not Assigned			Active	1.00		
DESIGNATED WOMENS HEALTH PROVIDER			Not Assigned			Active	1.00		
NURSE PRACTITIONER			Not Assigned			Active	0.50		
PHYSICIAN-PRIMARY CARE	test role		Not Assigned			Active	1.00		

Filters: First Previous 1 Next Last Display: 25 Records

[View the Model linked to the Team](#)

• If you are experiencing problems/issues with the PCMM software application portals, please contact the VA Service Desk (VASD) at 1-888-596-4357 to open up a Remedy Ticket. Software issues will not be monitored via the Contact Us link.
 • If you have a question about the Patient-Centered Management Module (PCMM) Program, please [Contact Us](#).

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

All dates & times are in Eastern Standard Time.
CISS Version: 1.4.3.28.DevX | PCMM Version: 1.0_1542

Position Profile:

Team Profile:

Name: LS*Green*Team Care Type: PRIMARY CARE Focus: PRIMARY CARE ONLY Status: Active as of 2/11/2014 09:44 Assignments: Open

General

Team Role: ADMINISTRATIVE ASSOCIATE (MAS/PSA)

Description:

Expected FTEE: 1.00

Current Staff Assignment

Staff Name: HULAND, KIMBERLEY L

Staff Role: ADMINISTRATIVE ASSOCIATE Manage Staff

Actual FTEE: 0.20

For future and past assignments, see staff timeline below.

Team Placement

☐ Team Lead
☒ Point of Contact - Administrative
☐ Point of Contact - Clinical

Patient Capacity

Allowed (Derived from the team): 1140

☐ Allow Override
 Adjusted:
 Justification:
 Assigned: 4
 Available: 1136

[View/Edit the Notification Distribution Rules](#)

Submit Cancel

[View Position Attribute Change History](#)

Expand Link for Notifications:

[Hide the Notification Distribution Rules](#)

Showing 1 to 4 of 4 entries

Filters: ▼		
Notification Type ▲	Originator ▲	Settings
Death	CPRS	Do Not Send: <input type="checkbox"/> Send Notifications regarding : <input checked="" type="radio"/> All Team Patients <input type="radio"/> Only Patients assigned to this Position
Inpatient	CPRS	Do Not Send: <input checked="" type="checkbox"/>
Automatic Inactivation	PCMM	Do Not Send: <input checked="" type="checkbox"/>
Team	PCMM	Do Not Send: <input checked="" type="checkbox"/>

First Previous 1 Next Last

Display 25 Records

Submit

Cancel

Conversation Points:

1. Notifications are:

- CPRS messages under the Notification list that a CPRS user gets upon logging into CPRS. They are visible independent of selection a patient.
- VistA Alerts accessed via VistA View Alerts option. These messages are the same as seen in CPRS Notifications.
- Messages are also received via VistA MailMan. The PCMM messages are handled via VistA MailMan and not visible on CPRS.

Currently no alerts, notifications or VistA MailMan messages are visible via any option in PCMM legacy.

2. Two new permissions will be added:

- Create Notification Distribution – this allows the PCMM Coordinator the ability to perform the initial set up of the Notification distribution for the teams.
- Update Notification Distribution – this allows authorized users who have this permission to update the existing settings for the team.

3. The valid roles and permissions are documented in the “*PCMM CRUD Matrix*”.

4. The PCMM Coordinator Role will perform the notification distribution set up. After the notification distribution set up is completed users with the Update Notification Distribution permission can update the information.

5. The user will log into the system and select a station then a team to perform the set up of notifications for the selected team.

6. The action of setting up notifications will be done via the Team Position Profile screen.

7. A link will be available on the Team Position Profile screen for the user to select in order to create/update the notification distribution. Checkboxes will allow the user to turn on or off specific notification types for that specific position.

8. Once the user selects a position and the Notifications link, the Categories of Notifications they will see are:

- Death

- b. Inpatient
 - c. Automatic Inactivation
 - d. Team
9. The user must select a role/position within the team and then set the particular notification setting. For each of the Categories of Notifications the user will select from:
- a. **All Team Patients:** If the particular category of notification (ie Death) is set to All Team Patients then all roles/positions on the team that are set to All Team Patients will receive the notifications for all patients who are assigned to the team. If a notification for the patient John Doe is triggered because a Date of Death was entered in VistA then all team members will get the notification.
 - b. **Position Patients:** If the particular category of notification (ie. Death) is set to Position Patients then that role/position will receive notifications for those patients who are assigned to that role/position. For example: A dietician role – Nancy Jones has patients assigned to her then the notifications triggered for those patients would be sent to her.
 - c. **Do Not Send:** If the particular category of notification (ie Death) is set to Do Not Send then the roles/positions on the team that are set to Do Not Send will not receive the notifications for all patients who are assigned to the role/position.
 - d. **Preceptor:** If the particular category of notification (i.e. Death) is set to Preceptor then all notifications that are sent to the Preceptee for the patients assigned are also sent to the Preceptor.
10. The Preceptor selection can be combined with All Team Patients and Position Patients. (See the *Create Notifications Distribution Section* user story for details on selecting this section and the rules associated with it.)
11. For the Team, at least one of the following required Roles must have “All Team Patients” selected to receive the notifications:
- a. Primary Care Provider
 - b. Care Manager
 - c. Clinical Associate
 - d. Administrative Associate (MAS/ PSA)
12. An error message will be displayed to the user if the user removes the All Team Patients Selection from all of the required roles on the Team.

2.6.3.8. NEED1045 Requirements

2.6.3.8.1. B-01867 Position Profile: Allow Modeled Capacity to be overridden at position level

Refer to Section 2.6.1.1.5. for user story details.

2.6.3.9. NEED1048 Requirements

2.6.3.9.1. B-02704 Batch Job Execution Results

This user story allows an authorized PCMM2 User to submit potential long running tasks to batch so that work may continue while it is running in the background. Associated VersionOne Backlog ID for this user story is B-01897.

Wireframes:

Example - Batch alert:

Open Alerts List							
View Alert Summary							
Showing 1 to 1 of 1 entries (filtered from 91 total entries)							
Type	Description	Team	Patient	Creation Date/Time	Recipient(s)	Sender	Actions
Informational	A Batch process to move patients between positions was completed	CG "PACT" 442 with 2 APs		9/19/2012 4:17 PM	User ANA3, ANA3 ANA3	System	
First Previous 1 Next Last							
Display 25 Records							

Example - Batch Job Execution Results (shown after clicking on the detail for the alert):

You are currently working on fulfilling alert: A Batch process to move patients between positions was completed							
Save for Later Mark as Complete							
Result of Batch Job Execution							
Showing 1 to 2 of 2 entries							
Initiated By	Status	Patient	Position	Team	Result Details	Completion Time	
ANA3, ANA3 ANA3	Failed		ASSOCIATE PROVIDER		Position ASSOCIATE PROVIDER Inactivation failed due to :The item could not be created because the position would become inactive as of "9/19/2012 4:16 PM", but the staff member "Lily Pond" is assigned to it between "8/23/2012 8:52 PM" and "(unspecified)".	9/19/2012 4:17 PM	
ANA3, ANA3 ANA3	Success	AApatientFirst131 PatientMiddle131 ApatientLast131	ASSOCIATE PROVIDER		Patient AApatientFirst131 PatientMiddle131 ApatientLast131 was moved out from the team position ASSOCIATE PROVIDER onto team position PRIMARY CARE PROVIDER	9/19/2012 4:17 PM	
First Previous 1 Next Last							
Display 25 Records							

Example – Batch Job Execution Results for CPRS Header Sync

This jobs that are logged here include:

- CPRS Header Sync
- Vista Sync
- Staff Update
- Patient Auto-Inactivation
- CPRS Header Sync Monitor
- Patient Bulk Transfer
- Station Level Modeled Capacity Calculations

Station	Type	Start Time	End Time	Initiator	Details
CHEYENNE VAMC (#442)	Vista Sync	5/20/2014 14:50	5/20/2014 14:51	Comsa, Radu	
CHEYENNE VAMC (#442)	Vista Sync	5/20/2014 14:49	5/20/2014 14:50	Comsa, Radu	
	Vista Sync	5/20/2014 14:47		Gawronski, Cindi	
	CPRS Header Sync	5/20/2014 14:46	5/20/2014 14:47	System	
	CPRS Header Sync	5/20/2014 14:46	5/20/2014 14:46	System	

Example – Detail view of CPRS Header Sync log entry

Result of Batch Job Execution

Batch Job initiated on the request of: System

Showing 1 to 1 of 1 entries

Filters:

Patient	Position	Team	Status	Result Details		Completion Time
			Success	Header text for	station 442 updated to "CHEYENNE VAMC PACT: Click for Remote PACT*"	

First

Previous

1

Next

Last

Display25Records

Conversation Points:

1. No new permissions will be created. The permissions will be controlled by the pre-requisite user story that is executed.
2. This user story describes how the user will access the results of a process that has been submitted to batch.
3. This user story adds a CPRS Header Sync log entry for any changes to the assignments of a patient or provider that impacts the CPRS Header display. The batch process periodically picks up the changes and recalculates the headers for each patient at all the Vista sites they are known and displays the status of the items written out in the batch log entry. [B-02704]
4. Once a process is submitted to batch, the user who submitted the process will be notified that the batch job is complete. When that alert is viewed and the user indicates he wishes to see the details for that alert, he will be shown the Batch Execution Results screen.
5. This user story adds the ability for the user to view the results of each process that he has submitted to batch. These results will include:
 - a. The Last Name, First Name, Middle Name of the user that initiated the batch process.
 - b. The status (ie. Successful/Failed) of each request that was processed.
 - c. The Patient Name of each request that was processed.
 - d. The Team Position name of each request that was processed.
 - e. The Team Name of each request that was processed.
 - f. The Detail Result of each request that was processed.

- g. The Completion Date/Time of each request that was processed.

2.6.3.9.2. B-02335 Update a Team Position Profile

Refer to Section 2.6.1.2.2. for user story details.

2.6.3.9.3. B-02335 Batch Auto Inactivation

This user story allows the PCMM automated system to interrogate the encounters a patient has with his providers and have a notice sent out at 120 days before a patient is at risk to be unassigned due to inactivity within pre-defined periods of time or a Date of Death entry being recorded from any teams/positions to which he is currently assigned so that the teams have availability to treat active patients. Associated VersionOne Backlog ID for this user story are B-01866, B-02065, B-02100, B-02101, B-02102, B-02104, B-02109, B-02074 and B-02294.

No Wireframes

Conversation Points:

Post-requisite User Stories:

1. PCMM/R will “flip” any Pending assignments to Active as long as the activation requirements defined in the *Assign Patient to a Team and Position* user story are fulfilled.
2. Date Scheduled for Inactivation, Date Unassigned, Unassignment Reason and the Last Encounter Date with the team can be viewed on the View Team Assignments section of the Patient Profile page. See the *View Patient Profile* user story for additional details.
3. Date Scheduled for Inactivation, Date Unassigned, Unassignment Reason and the Last Encounter Date with the team can be viewed on the View Patient Assignments section of the Team Profile page. See the *View Patients Assigned to a Team* and the *View Patients Assigned to a Position* user stories for additional details.

Conversation Points:

The PCMM system will execute the PCMM Auto-Inactivation job regularly in a scheduled batch mode. This function retrieves the first and last encounter dates for each current patient assignment as well as any Date of Deaths that have been recorded and performs the Auto Inactivation tasks specified in this user story.

ENCOUNTER DATE

1. For each patient with an Active or Pending assignment to a Team (as of the run date/time) with a type of “Primary Care” (note: Inactive or Canceled assignments will not be processed):
 - a. The latest Encounter for the Patient that has occurred with any of the team positions with a Teamlet Flag of 1 (PCP, Nurse Care Manager, Clinical Coord, AP if patient is assigned to AP. Admin Coord does not count since they cannot enter encounters) associated with each of his assignments will be retrieved and interrogated.
 - i. The Latest Encounter Date for the assignment will be updated with the Latest Encounter Date retrieved. See the *Search for Patient Encounters* user story for additional details.

- ii. If the assignment is in Pending status and a First Encounter Date has not yet been recorded, the First Encounter Date and the Start Date will be set to the Latest Encounter Date. This will cause the Status to “flip” to Active when it is displayed on the UI.
 - iii. If the patient has a Scheduled Automatic Inactivation Date; this date will be removed since the encounter indicates that the Auto Inactivation clock is to reset. This assignment is now no longer scheduled for Auto Inactivation since an encounter occurred before the Scheduled Auto Inactivation date. This job will remove the Extend Auto Inactivation reason if one is present on the PCMM Patient Team Assignment file. This job will remove any PCMM alert issued stating the Patient was Scheduled to be Automatically Inactivated. See the “Scheduled Auto Inactivation” alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.
- 2. For each patient with an Active assignment to a Team (as of the run date/time) with a type of “Mental Health” (note: Inactive assignments will not be processed):
 - a. The latest Encounter for the Patient that has occurred with any of the team members to which he is explicitly assigned will be retrieved and interrogated.
 - i. The Latest Encounter Date for the assignment will be updated with the Latest Encounter Date retrieved. See the *Search for Patient Encounters* user story for additional details.
 - b. If the first encounter date has never been set for the assignment, this date will be captured and stored for future reporting.

DATE SCHEDULED FOR INACTIVATION

- 3. For each patient with an “Active” or “Pending” assignment to a Team (as of the run date/time) with a type of “Primary Care” (note: “Inactive” or “Cancelled” assignments will not be processed) that DOES NOT ALREADY HAVE a SCHEDULED AUTO INACTIVATION DATE on file:
 - a. If the patient has never had an encounter with any member of his PACT teamlet within 8 months (ie. 120 days before 12 months) from his requested start date to the team OR if he has had at least one previous encounter but has not had another within 20 months (ie. 120 days before 24 months) of the most recent encounter; the system will schedule the patient for automatic inactivation in 120 days, unless he has an encounter with a member of the PACT teamlet before that date or is extended by a PCMM user. The Scheduled Inactivation Date will be “rounded up” to either the 15th of the month (if the date falls between the 1st and 14th of the month), or to the last day of the month otherwise. It will be recorded and displayed in PCMM/R along with the Patient Assignment details.
 - b. A PCMM alert indicating the Patient Is Scheduled for Auto-Inactivation will be generated for each patient team assignment that is flagged for inactivation. See the “Scheduled Auto Inactivation” alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.

DATE SCHEDULED FOR INACTIVATION ARRIVES-INACTIVATION OCCURS

4. For each patient with an “Active” or “Pending” assignment to a Team with a type of “Primary Care” that HAS a SCHEDULED AUTO INACTIVATION DATE on file:
 - a. All team assignments with a Scheduled Inactivation Date on or before the run date will be automatically inactivated. The end date of the patient->team assignment will be populated with the auto-inactivation date, and the unassignment reason will be populated with “Inactivated due to Inactivity”. The Scheduled Auto Inactivation date will be cleared. The Patient assignment status will become “Cancelled” if it was previously “Pending”. The Status will become “Inactive” if the assignment was previously “Active”. The VistA Sync process will populate the Status with “IU” for Inactivity Unassignment, and the discharge date with the auto-inactivation date on the Patient Team Assignment (404.42) file. It will populate the Position Unassigned Date with the auto-inactivation date and the Status with “NA” for Inactivity Unassignment for each position related to the Team Assignment on the Patient Team Position Assignment (404.43) file. See the “Pre-Requisite User Stories” section above for additional details.

DATE OF DEATH is ENTERED: INACTIVATION OCCURS

5. If a Date of Death is recorded for a patient in VistA and that patient is also known in PCMMR:
 - A. The Date of Death will be written to the Patient Events file (404.54) in PCMMR. It will be displayed on the patient Profile.
 - B. If the Patient has “Active” or “Pending” assignments to any Team regardless of Care Type in PCMMR; all team assignments will be Automatically Inactivated with:
 - i. The end date of the team assignment will be populated with the actual date of death received if the assignment start date is prior to the date of death. If the assignment start date is after the date of death; the end date will be populated with the start date.
 - ii. The end date of the provider assignment will be populated with the actual date of death received if the assignment start date is prior to the date of death. If the patient position assignment is start date is after the date of death; that patient position assignment is removed from the database.
 - iii. The unassignment reason will be populated with “Automatically Unassigned due to Death Entry”
 - iv. The Scheduled Auto Inactivation date will be cleared.
 - v. The Automatic Inactivation Extension Reason will be cleared.
 - vi. The Status will be “Cancelled” if the assignment was “Pending”. The Status will be “Inactive” if the assignment was “Active”.
 - vii. The VistA Sync process will populate the Status with “IU” for Inactivity Unassignment, and the discharge date with the run date on the Patient Team Assignment (404.42) file. See the “*Pre-Requisite User Stories*” section above for additional details.
 - viii. The VistA Sync process will populate the Position Unassigned Date with the run date and the Status with “NA” for Inactivity Unassignment for each position related to the Team Assignment on the Patient Team Position Assignment

(404.43) file. See the “*Pre-Requisite User Stories*” section above for additional details.

6. If a Date of Death is updated after it has been recorded for a patient in VistA; PCMMR will be updated with the new DOD. No other information will be updated. The Unassignment Date will remain as initially set.

DATE OF DEATH is REMOVED

7. If a Date of Death is removed for a patient in VistA for a patient and that patient is known in PCMMR:
 - A. The Date of Death will be removed from the Patient Profile.
 - B. If the patient has assignments that were Automatically inactivated with a reason of “Automatically Unassigned due to Death Entry”; will be automatically re-inactivated.
 - a. The End Date will be removed.
 - b. The Unassignment Reason will be removed.
 - c. The Status will be “Pending” or “Active” depending on the criteria.
 - d. The VistA Sync process will remove the Status and the discharge date from the Patient Team Assignment (404.42) file. See the “*Pre-Requisite User Stories*” section above for additional details.
 - e. The VistA Sync process will remove the Position Unassigned Date and the Status for each position related to the Team Assignment on the Patient Team Position Assignment (404.43) file. See the “*Pre-Requisite User Stories*” section above for additional details.

2.6.3.9.4. B-01540 Assign Patient to a Team: Set status to Pending until encounter

Refer to Section 2.6.1.2.1. for user story details.

2.6.3.9.5. B-01669 and B-02762 View Patient Assigned to a Team and Position

Refer to Sections 2.6.1.2.10. and 2.6.1.2.11. for user story details.

2.6.3.9.6. B-02762 PCMM/R to Legacy PCMM Data Exchange

This user story allows the authorized PCMM2 System to send the teams and assignments entered into PCMM/R to PCMM so they will be available for VistA applications including CPRS. Associated VersionOne Backlog ID for this user story is B-02037 and B-02137.

Conversation Points:

1. No new permissions will be created.
2. This user story describes the “VistA sync” background process that takes the data written to the PCMM/R database and writes it to the legacy VistA PCMM files. See the *Legacy PCMM Data Elements Mapping* document for additional details on each field that is stored in PCMMR and updated in VistA. The processes described below are framed in the context of a single team; however, multiple teams may be processed in parallel for efficiency.

3. When a new team is created or when any changes are made to any part of a team, the `VALIDATION_NEEDED_IND` will be set to Y on the PCMM Team table to indicate this team needs to be validated and potentially updated in VistA. The “Team Validation” background process runs every 60 seconds and performs validations for all teams having this flag set within PCMMR.
 - a. Once all validation edits for a team have been passed; the `VALIDATION_NEEDED_IND` flag is set to N and the “Legacy PCMM Synchronization” background process will be executed to update all the information related to the team in Legacy PCMM. Note: It was decided to only sync up data with Vista in the event that teams pass all our validation tests. If a team fails validation, we do not want to write the data back for this team because it is in an inconsistent state for downstream consumers, and also may allow the business to ignore problems with the team.
 - b. If any validations fail, the error will be stored on the team and will be shown the next time any user pulls up that team via the Team Profile page in PCMMR.
4. Once all validations for a team pass, ; The “Legacy PCMM Synchronization” background process attempts to “synchronize” that team’s PCMMR data to the legacy VistA files. The steps are as follows:
 - a. Retrieves the legacy PCMM VistA files by using "DDR GETS ENTRY DATA" (for single items like a Position) or "DDR LISTER" (for multiple items like the status timeline entries associated with a Position) VistA RPCs.
 - b. Compares each field in the returned Vista item with our new item to save
 - c. If any fields differ (or if the existing item does not exist); call "DDR FILER" RPC in VistA to save/update it. If there were errors saving it, throw an exception and kill the entire VistaSync process for that team (and write error to background job log).
 - d. If the entity was saved for the first time, update the PCMMR database with the IEN that Vista just assigned it.
 - e. If the entity was either saved or updated, add a new background job log entry for it.
5. The files that are updated in VistA include the following. Updates are applied in this order:
 - a. Team (404.51): new team gets ien; update team sends ien
 - b. Team History (404.58): add/update existing timeline events for team
 - c. Team Position (404.57): add/update existing team positions
 - d. PatientTeamAssignment(404.42) : add/update existing ACTIVE patient team assignments (Pending Teams will not be written to the Legacy PCMM files)
 - e. Team Position History (404.59): add/update existing timeline events for team positions
 - f. Position Assignment History (404.52): add/update existing staff position assignments (timeline events)
 - g. Patient Team Position Assignment (404.43): add/update existing patient team position assignments

- h. Preceptor Assignment History (404.53): add/update existing preceptor assignments
 - i. Preceptor Assignment History (404.53): delete any unnecessary preceptor assignments
 - j. Position Assignment History (404.52): delete any unnecessary staff position assignments
 - k. Patient Team Position Assignment (404.43): delete any unnecessary patient position assignments
 - l. PatientTeamAssignment(404.42) : delete any unnecessary patient- team assignments
 - m. Team Position History (404.59): delete any unnecessary position history
 - n. Team Position (404.57): delete any unnecessary positions
 - o. Team History (404.58): delete any unnecessary team history
6. After the VistA files have been updated for a specific team, the LAST_VISTA_SYNC_DATE for that team will be set to the current date/time on the PCMM Team Table. If any errors occur during the synchronization; they will be available in the WebLogic log on the server and will appear in the Background Job Log with a type of “Vista Sync” (available in the PCMMR Reports menu).
 7. The “VistA sync date” will be displayed on the Team Profile screen to let the user know that data has been updated successfully in Legacy PCMM for that team.
 8. Once a user extends the scheduled auto inactivation date for a patient’s assignment to a team, the revised scheduled auto inactivation date will be written back to the legacy PCMM Patient Team Position Assignment file (EXTEND AUTOMATIC INACTIVATION, EXTENSION COMMENT, EXTENDED BY). See the *View Patients Assignment History* user story for additional details. [B-02137]

2.6.3.9.7. B-02040 OBSOLETE - Legacy PCMM to PCMM/R Data Exchange

This user story allows the authorized PCMM2 System to interrogate the results of the nightly PCMM batch Auto Inactivation job and write the results back to PCMM/R.

Conversation Points:

1. No new permissions will be created.
2. This is a process which runs every few minutes (which may be moved to run after the nightly legacy Batch Auto Inactivation job runs). It runs for every configured VistaLink and that tells us which VistA sites are configured for PCMM/R. Since Vista does not have TIME just DATE and to account for time zone differences, we will run this job using a parm 24 hours prior to current date/time. If the Auto Inactivation Date is equal to the parm date, the record will be processed according to the details in this user story.

3. This user story describes a batch job that will interrogate the results of the Batch Auto Inactivation job. It will take the data written to the legacy PCMM files write it to PCMM/R.
 - a. This job will return 3 fields on the Patient Team Assignment (404.42) file:
 - i. Auto Inactivation Event
 - ii. Auto Inactivation Date
 - iii. Last Encounter Date
4. The Auto Inactivation Events include:
 - a. 'FL' (ie. Flagged for Inactivation) indicates that this patient's assignment to this team/position has been scheduled for Inactivation within the next 120 days if an encounter with any member of the PC teamlet members does not occur. The Auto Inactivation Date will be the date the inactivation will occur. This job will take the legacy Auto Inactivation Date and write it to the PCMM/R Auto Inactivation Date on the Team Patient Assign table for this specified patient assignment. This job will generate and send out a PCMM alert indicating the Patient Is Scheduled for Auto-Inactivation. See the "Scheduled Auto Inactivation" alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.
 - b. 'AD' (ie. DEATH UNASSIGNMENT) indicates that this patient had a Date of Death recorded and that all his team/position assignments have been unassigned. The Auto Inactivation date will contain the legacy TEAM DISCHARGE DATE. This job will take the legacy Auto Inactivation Date and use it to unassign all the patients assignments to any/all Primary Care teams/positions for this VistA station (ie all stations with same first 3 digits of station number) using the date that was passed as the unassignment date and an unassignment reason of "Automatically Unassigned due to Death". This job will generate and send out a PCMM alert indicating the Patient was Automatically Inactivated Due to Death entry being recorded. See the "Auto Inactivation Due to Death" alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.
 - c. 'AI' (ie. INACTIVITY UNASSIGNMENT) indicates that this patient had their team and positions assignments unassigned due to not having an encounter with any member of their PC teamlet within the specified time limits. The Auto Inactivation date will contain the legacy TEAM DISCHARGE DATE. This job will take the legacy Auto Inactivation Date and use it to unassign all the patients assignments for the specified team and any explicit position assignments using an unassignment reason of "Automatically Unassigned due to Inactivity". This job will generate and send out a PCMM alert indicating the Patient was Automatically Inactivated Due to Inactivity being recorded. See the "Auto Inactivation Due to Inactivity" alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.
 - d. 'AR' (ie. REASSIGNED AFTER DATE OF DEATH REMOVED) indicates that this patient had their team and positions assignments re-assigned after their Date of Death was removed. The Auto Inactivation date will contain spaces. This job will re-assign all the patients assignments to any/all teams/positions he was

assigned to at this VistA station (ie all stations with same first 3 digits of station number) at the time the “DU” was recorded. The original assignment dates will be used for the re-assignment. The “Automatically Inactivated due to Death entry” reason will be removed at this time also. This job will generate and send out a PCMM alert indicating the Patient was Automatically Reassigned Due to Death Entry removal being recorded. See the “Auto Reassign Due to Death Removal” alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.

- e. 'UF' (ie. Unflagged due to Encounter) indicates that there was a Scheduled Inactivation Date recorded and in a later run. The Auto Inactivation date will contain the date the encounter was detected. This job will remove the Scheduled Inactivation Date, Extend Auto Inactivation reason, Extension Comments and Status. This job will remove any PCMM alert issued stating the Patient was Scheduled to be Automatically Inactivated. See the “Scheduled Auto Inactivation” alert in the *Alert rules* document for additional information on alerts and their recipients. Refer to the *Manage Alerts* user story for additional details on alerts.
- f. For the ‘UF’, the Last Encounter Date will be populated.
- g. For all active team assignment records that are not flagged with the events above; their Last Encounter Date will be populated along with an “ED” (ie. Last Encounter Date Update w/o status change). PCMM/R will update PCMM/R Last Encounter date on the Patient Team Assign file.

2.6.3.9.8. B-01696 VistA Interface: Retrieve last encounter date a patient had with an assigned team

This user story allows the PCMM automated system to have a notice sent out at 120 days before a patient is at risk to be unassigned due to inactivity within pre-defined periods of time or a Date of Death entry being recorded from any Primary Care teams/positions to which he is currently assigned so that the teams have availability to treat active patients.

Conversation Points:

The VistA PCMM system will execute the SCMC PCMM NIGHTLY TASK nightly in a scheduled batch mode. This function performs the Auto Inactivation tasks [SCMC PENDING UNASSIGN] specified in this user story.

1. For Automatic Inactivation due to Inactivity:

For each patient that has an active team assignment with a Care Type = “Primary Care”, the system will check when the patient had his last encounter with any member of the PACT teamlet (ie the Primary Care Provider, Associate Provider, Nurse Care Manager, Clinical Associate, Administrative Associate) and will use that last encounter date as follows:

- a. If the patient has never had an encounter with any member of his PACT team within 8 months (ie. 120 days before 12 months) from assignment to the team OR if he has had at least one previous encounter but has not had another within 20 months (ie. 120 days before 24 months) from assignment to the

team; the system will schedule the patient for automatic inactivation and send the **“Patients Scheduled for Inactivation from Primary Care Panel”** notification (ie Mailman Message”) stating that the Patient will be automatically inactivated in 120 days unless he has an encounter with a member of the PACT team or is extended by a PCMM user. This batch process will write the Scheduled Inactivation Event of “FL” along with the “Scheduled Inactivation Date” in the Auto Inactivation Event Date field of the Legacy Patient Team Assignment (404.42) file. PCMM/R will retrieve this data and populate the “Scheduled Inactivation Date” on the PCMM/R Patient Team Assign file via the “Process SCMC Updates” batch job that PCMM/R schedules and executes. The Scheduled Inactivation Date will be recorded and displayed in PCMM/R. See the “Post-Requisite User Stories” section above for additional details.

- b. Once the “Scheduled Inactivation Date” on the PCMM/R Patient Team Assign file has been recorded. If the “Scheduled Inactivation Date” is within 120 days of the current date, PCMM/R will send the “Patient Scheduled for Inactivation” alert) stating that the Patient will be automatically be inactivated in 120 days unless he has an encounter with a member of the PACT team or is extended by a PCMM user.
- c. If the patient is not extended or does not have an encounter with a member of the PACT teamlet ; when the date he is scheduled for inactivation arrives he will be automatically unassigned from his current PC team and position assignments with a status of “Automatically unassigned due to Inactivity”. The system will send the **“Patients Automated Inactivations from Primary Care Panels”** notification (ie Mailman Message and PCMM “Automatically Inactivated Inactivity” alert) stating that the Patient has been automatically unassigned from his PC teams and positions. This batch process will write the Scheduled Inactivation Event of “AI” along with the “Team Discharge Date” in the Auto Inactivation Event Date of the Legacy Patient Team Assignment (404.42) file. PCMM/R will retrieve this data and populate the “Position and Team Unassignment Date” on the PCMM/R Patient Team and Patient Provider Relationship (if applicable) file along with the Unassignment Reason of “Automatically unassigned due to Inactivity”. The date the patient was unassigned from the team along with the status reason will be recorded and displayed in PCMM/R. See the “Post-Requisite User Stories” section above for additional details.
- d. If Date Flagged for Inactivation had been previously recorded and a subsequent visit occurred before the position and the team were unassigned; the Date Flagged for Inactivation, Scheduled Inactivation Date, Extend Auto Inactivation reason and Status will be removed. This batch job will write the Scheduled Inactivation Event of “UF” along with the spaces in the Auto Inactivation Event Date in the Patient Team Assignment (404.42) file. PCMM/R will retrieve this data and remove the “Date Flagged for

Inactivation” on the PCMM/R Patient Team Assign file and will remove any PCMM “Scheduled Inactivation” alerts that exist via a nightly batch job. This will cause the Scheduled Auto Inactivation date for the team to no longer be displayed in PCMM/R. See the “Post-Requisite User Stories” section above for additional details.

2. For Automatic Inactivation due to Date of Death recorded for a patient:
 - a. When a Date of Death is recorded for a patient; he will be automatically unassigned from his current PC team and position assignments with a status of “Automatically unassigned due to death”. The system will send the **“Patients Automated Inactivations from Primary Care Panels”** notification (ie Mailman Message and PCMM “Automatically Inactivated Death” alert) stating that the Patient has been automatically inactivated. This batch job will write the Scheduled Inactivation Event of “AD” along with the “Team Discharge Date” in the Auto Inactivation Event Date in the Patient Team Assignment (404.42) file. PCMM/R will retrieve this data and populate the “Position and Team Unassignment Date” and the reason of “Automatically Unassigned due to Death” on the PCMM/R Patient Team Assignment file and the Patient Provider Relationship (if needed) file”. The date the patient was unassigned from the team along with the status reason will be recorded and displayed in PCMM/R. See the “Post-Requisite User Stories” section above for additional details.
3. The system will interrogate when each patient had its last encounter with any of its active teams and will retrieve and store the last encounter date on records as follows:
 - a. The last encounter date the patient had on record with any of the team positions with a Teamlet Flag of 1 will be recorded regardless of if the Team Care Type is “Primary Care” or not. If there are no other Schedule Inactivation Events recorded for this patient Team assignment during this run, this batch job will write the Scheduled Inactivation Event of “EN” along with the Last Encounter Date on the Patient Team Assignment (404.42) file. The “Last Encounter Date” will always be populated with the latest Last Encounter Date on file for any teamlet member on this team. If any teamlet position had an encounter with this patient that is > then the Last Encounter Date on file; The Last Encounter Date will be updated. PCMM/R will retrieve this data and populate the “Last Encounter Date” on the PCMM/R Patient Team Assignment file. The Last Encounter Date will be displayed in PCMM/R. See the “Post-Requisite User Stories” section above for additional details.

4. The PCMM alerts will be generated and sent to each recipient according to the Alert Rules. See the “Patient Scheduled for Inactivation”, the “Patient Automatically Inactivated due to Death Entry”, the “Patient Automatically Inactivated due to Inactivity” and the “Patient Automatically Reactivated due to Death Entry Revocation” alerts in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts.
5. *The Legacy PCMM process to extend the auto inactivation date is [SC PCMM Extend Patients PC Inactivation].*

Vista Processing Logic:

Patient Unassignment due to Inactivity :

This process reads through all the Patient Team Position Assignment records and determines:

- a. If position assigned date is in future; skip this record
- b. If status = 'DU' FOR DEATH INACTIVATION or 'NA' FOR NO APPT INACTIVATION or 'DD' FOR REASSIGNED AFTER DATE OF DEATH REMOVED; skip this record (why would we skip if DD – he could have it re-entered??)
- c. If position is already unassigned; skip this record (is this date or status??)
- d. Check If position is not PC (ie PC Role = 0); if not; skip this record. Change to: If position is not part of Teamlet; skip this record
- e. If encounter has been recorded in last 24 months; skip this record Can we use new Last Encounter Date field for this??
- f. Check position to see how long assigned; if < 12 months; its considered NEW else its considered ESTABLISHED
- g. Get practitioner for position (it gets AP and PCP currently?)
- h. Compare practitioner on position to practitioner on visits to see if provider on visit = provider on position.
- i. If no visits found within 8 months for a NEW assignment and 20 months for an ESTABLISHED assignment for patient who were seen previously; all positions will be flagged for unassignment (ie DATE FLAGGED FOR INACTIVATION or is it SCHEDULED INACTIVATION DATE?? will be populated).
- j. If no visits found within 12 months for a NEW and 24 month for an ESTABLISHED assignment for patient who were seen previously; unassign all positions by populating the position unassigned date with the current date and the unassignment reason of “IU” and unassign the team by populating the TEAM DISCHARGE DATE and the UNASSIGNMENT REASON of “IU”. Does this happen every night or just 1st and 15th??

- k. If visit found; remove Date Flagged for Inactivation and/or Schedule Inactivation date??, Extend Auto Inactivation reason and Status.
- l. If visit found; update DATE LAST ENCOUNTER if this date is after any previously recorded dates

Patient Unassignment due to Date of Death recorded :

If Date of Death recorded; set TEAM DISCHARGE Date on Team file and set Position Unassigned Date for all positions. Set status to “DU”.
If patient is on Waitlist; remove him.

Patient Unassignment due to Date of Death being rescinded : - is this what the code is doing I could not find anywhere that it was doing this but I may have missed it??

If Date of Death recorded; remove TEAM DISCHARGE Date on Team file and remove
Unassigned Date for all positions. Set status to “DD ”.
If patient was on Waitlist; add him back.

Check FTEE on PC positions : Do we want to remove this check? PCMMR handles this in client

If position is not active; skip this record
If position is not PC; skip this record
Check to make sure FTEE is not > 1.0

2.6.3.9.9. B-02335 View Patients Assignment History

Refer to Section 2.6.2.3.1. for user story details.

2.6.3.10. BN1 Requirements

2.6.3.10.1. B-02761 Manage New User

This user story allows an authorized PCMMR user to create/update/inactivate/unlock a system user so that they can access PCMM/R and perform their authorized functions. Associated VersionOne Backlog ID for this user story is B-01106, B-01114, B-02335 and B-02516.

Wireframes:

PCMM Menus – Search, Menu (Functionality), References



Menu Selection from PCMM home page - Administration



Manage System User – New and Modify existing – Administration → Manage System User



User Search Criteria Screen



2 Please enter one of the following to search for the user: User ID, or user's full Last Name, or user's full Last Name and full or partial First Name.

User ID:

Last Name:

First Name:

Search Menu Reference

Select Existing User to Modify



This is a TEST environment. Do NOT use or enter real Patient Data.

2 user(s) match entered criteria.

User ID	User Name	Title	Department	Office	Phone Number
				Washington OPD	301-292-9279
				Louis Stokes CIV Medical Center	330-792-2600 Ext

Search Menu Reference

Existing User Information



User Name:

User ID:

Available Roles

- DOB Test Support
- Drugget
- PA Testing Person
- PA Tester
- Immunization Pharmacist
- Immunization RB
- Infection Control

Assigned Roles

- On Provider
- Safety ID

Available Functional Stations

- V10R 1
- V10R 2
- V10R 3
- V10R 4
- V10R 5
- V10R 6

Search

Locked: ☐

Inactivate: ☒

Inactivate Date:

Inactivate Reason:

Time Zone:

Search Menu Reference

New User Information Screen

This is a TEST environment. Do NOT use or enter real Patient Data.

User Name: [Redacted]
User Id: [Redacted]

Available Rules

- Site Test Support
- Druggist
- As Testing Person
- As Tester
- Immunization (Pharmacist)
- Immunization AS
- Infection Control

Assigned Rules

Locked: ☐
Inactive: ☐
Time Zone: Select

Buttons: Add > < Remove

Buttons: Submit Reset Cancel

New User Screen to add Station

User Name: [Redacted]
User Id: [Redacted]

Available Rules

- On Nursing Asst Health Technician Student
- On Practical Nurse
- On Practical Nurse Student
- On Provider Resident
- On RN
- On RN Student

Assigned Rules

On Provider

Available Functional Stations

- VSD 1
- VSD 2
- VSD 3
- VSD 4
- VSD 5
- VSD 6
- VSD 7

Assigned Functional Stations

VSD 8

Buttons: Add > < Remove

Buttons: Submit Reset Cancel

Using Search to find Facility

User Name: Zak, Alexandre C
User Id: VNAZSPEAKA

Available Rules

- On Practical Nurse Student
- On Provider Resident
- On RN
- On RN Student
- OnRN_LDOCHL_ADMIN
- OnRN_RESIDUAL_ADMIN
- Pharmacy Support

Assigned Rules

On Provider
OnRN_RESIDUAL_ADMIN

Available Functional Stations

- VSD 8
- RAY PONS DOMICILIARY (45186)
- RAY PONS NURSING HOME (45186A)
- RAY PONS VA HCS (4518)

Assigned Functional Stations

Buttons: Add > < Remove

Buttons: Submit Reset Cancel

Trying to add without all Mandatory fields

This is a TEST environment. Do NOT use or enter real Patient Data.

Error Message(s):
 • Functional Station is required

User Name: [Redacted]
 User ID: [Redacted]

Available Rules:

- On Practical Nurse Student
- On Provider Resident
- On RN
- On RN Student
- OWS_LOCAL_ADMN
- OWS_REGIONAL_ADMN
- Pharmacy Support

Available Functional Stations:

- VDR 8
- RAY PMS DOMICILIARY (PTCMB)
- RAY PMS NURSING HOME (PTCMB)
- RAY PMS VA MCE (PTCMB)

Assigned Rules:

- On Provider
- OWS_REGIONAL_ADMN

Assigned Functional Stations:

-

Key: [Redacted] Search: [Redacted]
 Locked: [Redacted]

Cancel without submitting information

This is a TEST environment. Do NOT use or enter real Patient Data.

Error Message(s):
 • Functional Station is required

User Name: [Redacted]
 User ID: [Redacted]

Available Rules:

- On Test Support
- On Training Person
- On Teacher
- Information Pharmacol
- Information RN
- Information Control

Available Functional Stations:

- VDR 1
- VDR 2
- VDR 3
- VDR 4
- VDR 5
- VDR 6

Assigned Rules:

- On Provider
- OWS_LOCAL_ADMN

Assigned Functional Stations:

- VDR 1
- VDR 2
- VDR 3
- VDR 4
- VDR 5
- VDR 6

Key: [Redacted] Search: [Redacted]
 Locked: [Redacted]
 Description: [Redacted]
 Description Reason: [Redacted]
 Time Zone: [Redacted]

Cancel Message System User

All the entered data will be lost. Do you still want to cancel?

Yes No

Saving information for new user

This is a TEST environment. Do NOT use or enter real Patient Data.

Information Message(s):
 • User updated successfully. Any changes made will be effective the next time the user logs into the system.

Please enter one of the following to search for the user: User ID, or user's full Last Name, or user's full Last Name and full or partial First Name.

User ID: [Redacted]
 OR
 Last Name: [Redacted]
 First Name: [Redacted]

Search: [Redacted] Cancel: [Redacted] Cancel: [Redacted]

Conversation Points:

1. This user story adds a new User Management Icon to the system portal screen.
2. This user story will add an new “Users” item that will allow access to “Manage Users” submenu.
3. The authorized user will be allowed to add new system users by selecting “Manage Users” from the User submenu on the system portal screen.
4. The authorized user will be allowed to select to enter the new users identifying attributes to identify the new user for the search including:
 - a. VHA Userid,
 - b. Full last name
 - c. Full last name and a wild card character in the first name area
 - d. Full last name and a wild card character in the first name area and at least 3 consecutive letters of the first name.
5. The system will search internally to see if the user has been previously established to use PCMM or not. If the system gets an exact match, the user will be presented with the previously established data. If there is more than one user, the user will be presented with a user results list where they will need to pick a user containing the following information:
 - a. VHA User ID
 - b. User Name
 - c. Title
 - d. Department
 - e. Office
 - f. Phone Number
6. The authorized user will be allowed to select a user if information available to use functionality. If the information is to be modified then the authorized user will be allowed to make changes to the following data fields:
 - a. Role (the role the user will have when using the system. These are defined on the Role list. A user may have multiple roles. The authorized user will be allowed to move a selected a role from the Available area to the Assigned area for the new user.) The user must be assigned at least 1 role. [B-02516]
 - b. Available Functional Stations (multiple stations will be allowed for each new user) The user must be assigned at least 1 station. [B-02516]
 - i. Authorized user will be allowed to expand a VISN to show individual stations within a VISN
 - ii. Authorized user will be allowed to enter a station number in a search area to find a specific station to be selected. The identified station will be available on the Available area for the authorized user to select.
 - iii. Authorized user will be allowed to move a selected station from the Available area to the Assigned area for the new user

- c. Search (identifies specific facility within a VISN to be searched for and selected. The authorized user can identify a facility in the designated search criteria area and select to search. The facility will be showed connected to the VISN it is included in the Available area if it exists. If the facility cannot be found using the criteria, a message will display that the facility cannot be found.) Locked indicator (Not available for a new user, the Administrator would use this to lock a user out of the system when the user information is modified in the future.)
 - d. Lock (Is indicated if a user has 3 unsuccessful login attempts or is locked out by a National Coordinator. If the lock is indicated, the user will be unable to log into the CISS system and an error message is displayed stating the user is locked and unable to login. A Coordinator must unlock the locked user.)
 - e. Inactivate indicator (A user would be Active initially but can be changed by selecting this field. If the Inactivate indicator is shown, the user will be unable to log into the PCMM system and an error message is displayed stating the user is Inactivated and unable to login. This Inactivation will not affect other systems within CISS. Not available for a new user.)
 - f. Inactivate Date (this indicates when a user is changed to inactivate. This is calendar selectable. The date should not be prior to the date new user information is created. Not available for a new user. The Inactivation Date for an existing user can be in the future and in the past but cannot be before the user is created as a PCMM user. This field is not shown unless the Activation Indicator is selected.)
 - g. Inactivate Reason (this provides a list of reasons a person would be inactivated. This field is not shown unless the Activation Indicator is selected. Not available for a new user.)
 - h. Time Zone (selected from a list of zones around the world.)
7. For the requested new user, the system will display the new user information screen and the authorized user will be allowed to add information about the new user into the following fields:
- a. Roles (Multiple roles can be moved from the Available area to the “Assigned area.”) The user must be assigned at least 1 role. [B-02516]
 - b. Available Functional Stations (Multiple stations can be moved from the Available area to the “Assigned area.”) The user must be assigned at least 1 station. [B-02516]
 - c. Search (identifies specific facility within a VISN to be searched for and selected. The facility will be showed connected to the VISN it is included in the Available area if it exists.)
 - d. Time Zone (Selected from drop down list.)
8. TVC Role - When a user logs into PCMM Web, the system will verify that if the user’s assigned roles are either TVC and/or Backup TVC, the user has the correct personclass. [B-02761]
- If the user has the personclass of Registered Nurse, Physician Assistant or Licensed Independent Practitioner (LIP), the user will be allowed in.

- If the user does not have the correct personclass, the user will be stopped from proceeding further. The system will remove the TVC and/or Backup TVC role for all stations and from the list of roles the user has been assigned.
 - A message will be displayed to the user indicating that (“xxx” does not have the correct person class of Registered Nurse, Physician Assistant or Licensed Independent Practitioner (LIP) to perform the TVC role. This role was removed from their PCMM Web access.) The system will log the user out after the user cancels the message dialog.
 - When the user logs back in, the user will not have the TVC or Backup TVC role in his list of assigned roles for all stations the user is assigned to and will not be able to approve/deny any pending Multi PACT requests.
- 9. The system will send an Informational alert (R27) to the PCMM Coordinator at the site where the revocation of TVC and/or Backup TVC role has occurred. (*See Alerts Rules spreadsheet for details*)
- 10. The authorized user will be allowed to save the information about the new user so that the user will be able to perform their job function. Once the authorized user selects to “submit” the new user information from the “Create New User” screen, it will save to the database.
- 11. The authorized user will exit the “Create New User” screen if “Cancel” is selected if the authorized user does not want to add the new user information. Nothing will be saved to the database when cancel is selected.
- 12. The system will update the new user or modified data and will make this available to the user when they next log into the system.
- 13. The authorized user is allowed to cancel out of the information screen and the system will display a message that the information will not be saved if action is canceled and the authorized user is allowed to accept the cancelation.

2.6.3.10.2. B-02761 Manage New User

Refer to Section 2.6.3.10.1. for user story details.

2.6.3.10.3. B-02025 Search for Patient

Refer to Section 2.6.1.1.3. for user story details.

2.6.3.10.4. B-02986 Search Staff

Refer to Section 2.6.1.1.9. for user story details.

2.6.3.11. NEED1039

2.6.3.11.1. B-02939 OBSOLETE - Assign Surrogate

This user story allows an authorized PCMM2 User (PCMM Coordinator) to assign someone else to receive my PCMM/R notifications from the notification distribution list while I am away during stated times. A surrogate is the person assigned to receive notifications for a specified position of a team during a specified date range that can act upon the notification accordingly. Associated VersionOne Backlog ID for this user story is B-01970, B-01777, B-02024, B-02097, B-01966, B-02597 and B-02609.

Wireframes:

Patient profile surrogate section

The screenshot shows a web application interface for the "Patient profile surrogate section". The browser address bar displays the URL: <http://vaww-sqa-s.ciss.cc.med.va.gov/ciss/ciss.portal?nfpb=true&st=>. The page content includes a message box at the top stating "For future and past assignments, see staff timeline below." Below this is a "Justification:" field with a text area and a dropdown arrow. To the right of the justification field are two labels: "Assigned: 5" and "Available: 1015". Below these fields is a link "View/Edit the Notification Distribution Rules". Further down are two buttons, "Submit" and "Cancel", followed by a link "View Position Attribute Change History". A "Status Change Timeline:" section contains a text box stating "Currently the position status is Active with a reason of New Team Position since 2/19/2014 09:33." and a link "View/Edit Complete Timeline". At the bottom, there are five expandable sections, each with a plus icon and a label: "View Surrogate Staff Assignments", "View Patient Assignments", "Staff Assignment Timeline", and "Preceptor Assignment Timeline". The Windows taskbar at the bottom shows various application icons and the system clock indicating 10:41 AM on 2/20/2014.

Assignment of a surrogate

[View/Edit the Notification Distribution Rules](#)

[View Position Attribute Change History](#)

Status Change Timeline:

Currently the position status is **Active** with a reason of **New Team Position** since **2/19/2014 09:33**.

[View/Edit Complete Timeline](#)

View Surrogate Staff Assignments

Staff Names	Start Date/Time	End Date/Time	Action
There are no surrogate staff assignments to display.			

Create surrogate

[Hide the Notification Distribution Rules](#)

View Surrogate Staff Assignments

Staff Names
Al Fresco

Showing 1 to 5 of 5 entries

Filters:

Notification Type	Originator
Death	CPRS
Hospital Admission	CPRS
Hospital Discharge	CPRS
Automatic Inactivation	PCMM
Team	PCMM

First Previous 1 Next Last

Create Surrogate Staff Assignment

Surrogate Information

Staff Name:

Start Date/Time:

End Date/Time:

End Date/Time	Action
1/11/2013 00:00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Display: 25 Records

Edit Surrogate

[Hide the Notification Distribution Rules](#)

View Surrogate Staff Assignments

Staff Names
Al Fresco

Showing 1 to 5 of 5 entries

Filters:

Notification Type	Originator
Death	CPRS
Hospital Admission	CPRS
Hospital Discharge	CPRS
Automatic Inactivation	PCMM
Team	PCMM

First Previous 1 Next Last

Edit Surrogate Staff Assignment

Surrogate Information

Staff Name:

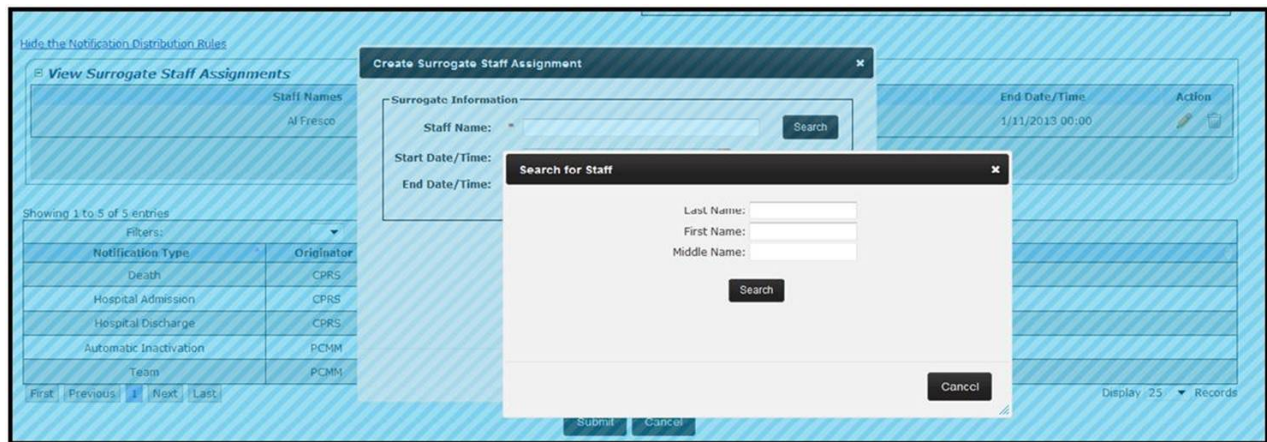
Start Date/Time:

End Date/Time:

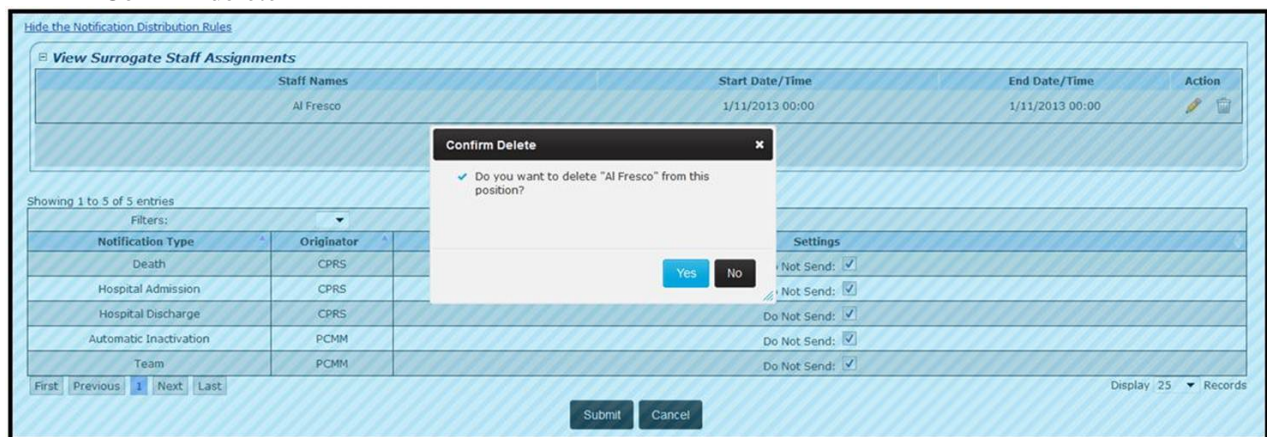
End Date/Time	Action
1/11/2013 00:00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Display: 25 Records

Search for Staff



Confirm delete



Conversation Points:

1. No new permissions are needed. If the user has “Update a Team” permission, he will also be able to assign a surrogate to receive the notifications setup in the Notifications Distribution Rules section. (B-02609)
2. This user story adds a new “View Surrogate Staff Assignments” section that allows the authorized user to add another person to receive the PCMM/R notifications information during stated timeframes. (B-02609)
3. An authorized user will be able to navigate within the “Position Profile” screen to enter the Surrogate information.
4. All positions of a team will be allowed to assign a surrogate to receive PCMM/R notifications and the authorized user will be able to assign one surrogate per position at a time. The individual already assigned to a position cannot assign themselves as a surrogate. (B-02597)
5. On the Position Profile screen, the assigned surrogate will be displayed to designate a “surrogate is in effect.”

6. The Assign Surrogate section will contain the following fields for the authorized user to enter:
 - Start Date/Time (Calendar selectable)
 - End Date/Time (Calendar selectable)
 - Staff Name (See “*View Staff Profile*” Step 3 for the modified search criteria for the “*Search Staff by Name*” user story.)
 - Actions
7. The time will automatically default to 12:00 am and will allow the authorized user to change as needed.
8. The Start and End dates can be selected or manually entered and can be future dated. The Start and End dates cannot be backdated.
9. The Actions will allow the authorized user to perform functions such as Edit, Unassign and Delete.
 - The user will be able to Edit a surrogate at anytime and during the Start and End date ranges established to receive alerts. Only dates can be changed during this edit. To change the name of the surrogate, a new surrogate entry will need to be performed.
 - The Unassign will allow the user to stop the alerts being received by the currently active surrogate within the current Start and End dates. Once unassigned, the End date for the selected surrogate will change to today’s date and be displayed as the new End date in the table.
 - The Delete will allow the user to permanently remove the surrogate entry from the table at anytime and stop any alerts being received by that surrogate. The user will be prompted to confirm the deletion.
10. Once the specified date range has expired, then the assigned surrogate will stop receiving alerts.
11. The surrogate date range must be applied to a currently staffed position. The Position must be currently staffed before allowing a surrogate to be assigned.
12. The authorized user will press “Cancel” if they do not want to update the surrogate information and nothing will be saved to the database.
13. When the user selects to “Submit” the surrogate information to save it to the database, a confirmation message will appear. The confirmation message will be a standard confirmation statement used within the application.

2.6.3.12. NEED1047

2.6.3.12.1. B-02335 Batch Auto Inactivation

Refer to Section 2.6.3.9.3. for user story details.

2.6.4. PCMM PMAS Increment 4

In preparing PCMMR for the Initial Operating Capability (IOC) deployment at the four pilot facilities, PCMMR will interface with CPRS and Master Veteran Index (MVI). The following requirements are traceable to the business needs (BN) in the form of Agile user stories. All associated user stories for PMAS Increment 4 are posted on the [PCMM Re-host/Reengineering SharePoint site](#).

2.6.4.1. BN1 Requirements

2.6.4.1.1. B-02335 Patient Updates from MVI

This user story allows the ability to receive and process update messages for each patient that PCMMR has registered for interest in that are received from MVI so PCMMR can keep current with MVI and other applications. Associated VersionOne Backlog ID for this user story is B-02251, B-02521 and B-02885.

Conversation Points:

1. This story documents the background process where HL7v2 messages are sent from MVI to PCMMR for each patient that PCMMR has notified MVI that it wishes to register interest in. This message is triggered each time MVI updates the Patient data stored in MVI. PCMMR will receive an HL7v2 message called “ADT-A31 Update Person Information “ aka A31.
 - i. PCMMR will send an acknowledgement msg “ACK_COMMIT” to MVI letting them know the A31 was received.
 - ii. PCMMR will look up the patient by the ICN.
 1. If the ICN is found; PCMMR will process the PID segment of the A31 which updates the following fields on the PCMM Patient table:
 - a. Last Name, First Name, Middle Name Suffix Prefix
 - b. Date of Birth
 - c. Gender
 - d. Date of Death
 - e. SSN updated if SSN verification status = 4;otherwise null.
 - f. Phone Number
 - g. City, ST
 - h. Home Station set to CMOR
 2. If the PID is not sent – no data will be updated for that PID. Empty PID does not mean No Data – the PID will be sent with NULL to indicate the value needs to be nullified. [B-02885]
 3. If the ICN is not found; PCMMR will issue an Application Error stating “ICN Not Found”.

NOTE: The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *PCMMR MVI Detailed Design Document* for additional technical details.

2. MVI will send an “ACK_31_ACK” to tell PCMMR that they received our “ACK_COMMIT”.
3. PCMMR will send an “ACK_COMMIT” to tell MVI we received their “ACK_31_ACK”.
4. Note: If a Date of Death is entered in VistA, it will still go to the MVI but only stored at the correlation level. If BOSS/AMAS provides the date of death, it will go into the Primary View. PCMMR will only see DOD updates if they have the 200BOSS correlation.

2.6.4.1.2. B-02335 Query Patient and Register Interest in MVI

This user story allows the ability to search MVI for a patient in the background so it can validate the patient is known to MVI, register PCMMR to receive updates, receive the list of treating facilities for the patient and receive the most current patient demographic information for display in PCMMR. Associated VersionOne Backlog ID for this user story is B-02471 and B-02533.

Post-requisite User Stories:

3. Once a User selects a patient that is not known to PCMMR; a query will be sent to MVI in real-time to retrieve the Patient’s Primary View, the List of Treating Facilities for the patient and tell MVI that PCMMR would like to receive an updates made to that patient.

Conversation Points:

1. This story documents the background process that occurs in real-time when PCMMR is retrieving and storing Patient information for the first time or the first time the patient has been retrieved using the local station OR when it is picked up via the batch MVI Synchronization process. [B-02533]

The first time a new patient is searched for from the Search Patient screen using the Find in VistA search and is selected for display; the patient information appears on the Patient Detail window and when the user selects the patient OR when a patient association record needs to be sent via the batch process; PCMMR will execute an HL7v3 message called “SEARCH PERSON (PATIENT REGISTRY FIND CANDIDATES QUERY – 1305/1306) “ aka 1305 using the station number and the patient’s VistA ID (ie the DFN). This message execution will:

- i. Query MVI to see if the patient is known to MVI (In PCMMR VistA Patient table – the MVI Registration flag will be N if patient has not been registered with MVI at the site)
- ii. Retrieve the active Integration Control Number (ie. ICN; the MVI id for the patient) and the latest identity traits for the patient from MVI. MVI refers to these traits as the “Primary View”. The Primary View (PV) is considered to be the enterprise “gold copy” of a person’s identity record. The PV is the best collection of

traits known about an Identity among all the sites at the VA where that the person has been seen. The PV Profile is referenced in VA information systems by an associated ICN.

- iii. Retrieve a list of all Treating Facilities (ie Stations) the patient has a presence at (including applications such as MHV). MVI refers to this list as the “Corresponding IDs”).
- iv. Register for MVI to send updates in the background via HL7 messages to PCMMR when the patient identity traits or ICN are updated in MVI. MVI calls this “registering PCMMR for interest”.

NOTE: The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *PCMMR MVI Detailed Design Document* for additional technical details.

2. Before PCMMR sends the 1305 we execute a VAAFI Handshake to MVI.
 - i. If this is not successful; then we’ll mark patient with MVI Registration Flag of “F” and have batch job to re-send
 - ii. If VAAFI is down; then we’ll mark patient with MVI Registration Flag of “F” and have batch job to re-send
3. The 1305 is sent to MVI using the station number the PCMMR user is working in along with the internal Vista Identifier (ie internal patient identifier that VistA sometimes calls DFN and is stored in the PCMM Vista Patient table) for the patient the user selected via the Patient Search screen.
4. MVI returns an acknowledgement that the 1305 was received and then a 1306 message returning the response details to PCMMR. The 1306 tells PCMMR if the 1305 message was able to be processed and if the Patient was found or not when the lookup was performed. If found, it gives PCMMR the patient details available on the message response.

PCMMR will then:

 - i. If the patient was found in MVI:
 1. The Primary View traits are returned from MVI to PCMMR on the 1306 response and are updated on its Patient table. These traits include:
 - Patient’s Last Name, First Name, Middle Name, Suffix
 - DOB: If the Date of Birth is a partial DOB – PCMMR will not update the Date of Birth.
 - Gender
 - Only if Assigning Authority on the “NI” record = “USVHA”; ICN is updated
 - Address City
 - Address State
 - Phone Number
 - SSN
 2. The MVI Registration Flag for the local station/DFN the 1305 was sent for will be set to Y on the PCMMR VistA Patient Table.

3. The Patient's known stations/applications and their corresponding Patient ID used for that station/application (ie their DFN) will be updated in the PCMMR Vista Patient table. We will then register for interest at each of the known stations.
 - ii. If the patient was not found; PCMMR will set the MVI Registration Flag to "F". In theory, MVI creates a stub and then will send us an A24 at some point.
5. PCMMR will return an acknowledgement to let MVI know that the 1306 was received successfully.
6. If 1306 is not received: PCMMR will re-try 3 times and if still not received, we set the MVI Registration Flag to F in the VistA patient table to indicate that the 1305 needs to be resent.

2.6.4.1.3. B-02335 View a Patient Profile

Refer to Section 2.6.1.1.4. for user story details.

2.6.4.1.4. B-02335 Patient Move from MVI

This user story allows the user to receive and process update messages that are received from MVI for each patient that PCMMR has registered for interest in so PCMMR can keep current with MVI and other applications. This includes notification when one patient is moved from one ICN to another. MVI refers to this as ICN mismatch. Associated VersionOne Backlog ID for this user story is B-02262.

Conversation Points:

This story documents the background process that occurs when the Healthcare Identity Management team resolves a situation in MVI where a correlation (ie a patient identified by a station/dfn) is associated with the wrong ICN. This process will move the single correlation from the **DEPRECATED** ICN to the **SURVIVING ICN** within a single vistA station for a single patient represented in VistA by a station number/dfn and will generate an HL7v2 message from MVI to PCMMR for each patient that PCMMR had a registered interest in (ie PCMMR has a correlation with). PCMMR will receive an HL7v2 message called "ADT-A43 Move Person Information " aka A43. NOTE: The **SURVIVING ICN** could be a known ICN or a new ICN.

1. PCMMR will send an acknowledgement msg "COMMIT_ACK" to MVI letting them know the A43 was received.
2. PCMMR will look up the Patient by the Station/ DFN received on the A43.
 - A. If the DFN/Station # *is not* found; PCMMR will respond with "Patient For DFN/Station Could Not be Found" AR on the "APPLICATION_ACK" to let MVI know that we could not find a patient with that Station/DFN. NOTE: PCMMR should always have a patient record for the Station/DFN sent on the A43.
 - B. If the DFN/Station # *is* found;
 - i. If the ICN on the patient record *does not* contain the DEPRECATED ICN, PCMMR will respond with "Patient For DFN/Station/ICN Could Not be

- Found” Application Rejected (AR) on the “APPLICATION_ACK” that is sent back to MVI. NOTE: the DEPRECATED ICN should always be found.
- ii. If the ICN on the patient record *does contain* the DEPRECATED ICN: PCMMR will look to see if the SURVIVING ICN is found in PCMMR:
 - a. If SURVIVING ICN *is not* found;
 - 1. No changes need to happen in VistA since the Station #/DFN is not changing and VistA should have already updated the ICN.
 - 2. PCMMR will create a new patient record with the SURVIVING ICN. The record will only be a “shell” containing the SURVIVING ICN. We will associate the patient with the station/dfn received on the A43 message and will set the MVI REGISTRATION flag for the Station/DFN on the Vista Patient table to N so the retrieve Primary View by Query for MVI patient will be executed in the batch MVI Synch process. When the 1306 is received, we will update the Primary View. Refer to the *Query and Register Patient in MVI* user story for additional details.
 - 3. All of the following records associated with the sending station ((or its substations) for the patient record containing the DEPRECATED ICN will remain with the DEPRECATED ICN:
 - i. All non-va providers
 - 4. All of the following records associated with the sending station ((or its substations) for the patient record containing the DEPRECATED ICN will be moved so they are associated with the patient record containing the NEW ICN. None of the data within these files will change. The only thing that will change is the patient they are associated with. This includes:
 - i. All VistA station associations
 - ii. All patient team assignments
 - iii. All patient team assignment history
 - iv. All patient team position assignments
 - v. All patient team position assignment history
 - vi. All alerts (except Multi-PCP alerts for the deprecated patient and station).
 - vii. All Multi-PCP requests (except Multi-PCP alerts for the deprecated patient and station).
 - viii. All panel placement requests
 - 5. The following records associated with the sending station ((or its substations) for the patient record containing the DEPRECATED ICN will be deleted since they will no longer be valid due to the patient identity changing:
 - i. All alerts for Multi-PCP Requests for the deprecated patient and station
 - ii. All Multi-PCP requests for the deprecated patient and station. All Multi PCP requests for

the deprecated patient and station will be invalidated by the move SO they will be CANCELLED with a reason of “invalid due to MVI Move” and an alert will be sent stating “PATIENT MOVED. Please check all team assignments to see if a new Multi PCP request needs to be issued”.

6. An alert will be sent to the PCMM Coord of the sending site notifying them of the Patient Move of the SURVIVING patient. Refer to the *PCMMR Alert Rules* for additional information.
 7. An alert will be sent to the PCMM Coord of the sending site notifying them of the Patient Move of the DEPRECATED patient. Refer to the *PCMMR Alert Rules* for additional information.
- b. If SURVIVING ICN is found;
PCMMR will interrogate the DFN and Stations associated with the Patient record containing the SURVIVING ICN:
- i. If the patient is already known at the sending station; no updates will occur. PCMMR will log a “Patient has 2 ICNs for same station. Please check the data.” error message. NOTE: this situation should not occur during the move since this ICN is changing for the same station.
 - ii. If the patient is not known at the sending station/dfn; we move all the assignments, etc as defined in 3 and 4 above and will associate the sending DFN/station to the patient with the SURVIVING ICN and register interest for that station.

NOTE: The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *PCMMR MVI Detailed Design Document* for additional technical details.

- iii. MVI will send an “ACK_43_ACK” with Application Accepted (AA) to tell PCMMR that they received our “ACK_COMMIT”.
- iv. PCMMR will send an “ACK_COMMIT” to tell MVI we received their “ACK_43_ACK”.

2.6.4.1.5. B-02335 Patient Merge from MVI

This user story allows the user to receive and process update messages for each patient that PCMMR has registered for interest in that are received from MVI so PCMMR can keep current with MVI and other applications. This includes notification when the ICN is first assigned to a patient, an ICN is updated for a patient for a station/dfn, or when a VistA record merge occurs and PCMMR has registered interest that is not the primary source ID. This is known to MVI as Resolve Duplicate – Merge and these are sent to

PCMMR on an A24 transaction. NOTE: There may be 2 different patient records with the same ICN for a period of time while these txns are running. Associated VersionOne Backlog ID for this user story is B-02130.

Conversation Points:

1. This story documents the background process where HL7v2 messages are sent from MVI to PCMMR for each patient that PCMMR has notified MVI that it wishes to register interest in. When Healthcare Identity Management (HC IdM) processes a situation where the same identity is represented by two different ICNs and merges the two identities into 1 via the IdM Toolkit or when a VistA system initiates the resolution of duplicate records identified. Master Veteran Index (MVI) processes the request and moves all the correlations from the deactivated ICN to the TO ICN. This message is triggered each time MVI updates two different Patient records stored in MVI with 2 different ICNs are merged into one ICN. PCMMR will receive an HL7v2 message called “ADT-A24 Link/Unlink Person Information” aka A24. PID1 will always contain the SURVIVNG ICN. PID2 will always contain the DEPRECATED ICN.
2. PCMMR will send an acknowledgement msg “ACK_COMMIT” to MVI letting them know the A24 was received.
3. PCMMR will interrogate the message to determine the changes needed. The possibilities include:
 - a. SURVIVING PID (PID1) and DEPRECATED PID (PID2) have different ICN. DFN/Station is same for both PIDs. The Triggering Station on the message is the Station the update is from. We will receive one A24 for each station associated with the Patient record in MVI. PCMMR will interrogate whether or not it has one or both ICNs and the DFN/Station associated on its file and process as described below.
 - b. SURVIVING PID1 and DEPRECATED PID2 have different ICN. DFN is different for SURVIVING PID1 and DEPRECATED PID2. The Triggering Station on the message is the Station the update is from. We will receive an A24 for each station associated with the Patient record in MVI. PCMMR will interrogate whether or not it has one or both ICNs and the DFN/Station associated on file and process as described below.
 - c. SURVIVING PID1 and DEPRECATED PID2 both have the same ICN. In this case; the ICN was not found the first time we tried to register the DFN/station. The ICN has since been associated to the DFN/station and we can now register for interest.
4. PCMMR will validate that it has the DEPRECATED PID2 Patient on file by performing a lookup on the PCMMR_Patient file using the DFN/Station received on DEPRECATED PID2. PCMMR should always have a patient record for the Station/DFN and ICN sent on the A24 for the DEPRECATED PID2.
 - A. If the DFN/Station *does not exist* in PCMMR; PCMMR will respond with “Patient For DFN/Station Could Not be Found for PID2” Application Reject (AR) on the “ACK^A24^ACK” application acknowledgement sent to let MVI know that we could not find a patient with that Station/DFN and this patient in PCMMR could not be updated.
 - B. If the DFN/Station *exists* in PCMMR;

- i. If the ICN on the PCMMR patient record matches the DEPRECATED PID ICN; CHECK SURVIVING PID as defined below.
- ii. If the ICN on the PCMMR patient record is not blank and *does not* contain the DEPRECATED PID2 ICN:
 - a. IF SURVIVING PID1 and DEPRECATED PID2 DFN/Station/ICN are same; PCMMR will CHECK SURVIVING PID as defined below.
 - b. If SURVIVING PID1 and DEPRECATED PID2 DFN/Station/ICN are not the same, PCMMR will respond with “Patient For DFN/Station/ICN Could Not be Found” Application Rejected (AR) on the Application Acknowledgement that is sent back to MVI to let them know that we could not find a patient with that Station/DFN/ICN and this patient in PCMMR could not be updated.

5. CHECK SURVIVING PID:

- a. If the DFN/Station is the same on SURVIVING PID1 and DEPRECATED PID2;
 - i. If SURVIVING PID1 and DEPRECATED PID2 ICN’s are different; PCMMR will check to see if it has the SURVIVING Patient on file by performing a lookup on its PCMMR_Patient file by the ICN received on SURVIVING PID1. The SURVIVING ICN may or may not be found.
 - a. If the SURVIVING ICN is already in PCMMR; PCMMR will execute a MERGE as described in the MERGE RULES below.
 - b. If the SURVIVING ICN is not already in PCMMR; PCMMR will execute a MOVE as described in the MOVE RULES below.
 - ii. If the SURVIVING PID1 and DEPRECATED PID2 ICN’s are same; no changes are needed in PCMMR. PCMMR will execute the MVI REGISTER INTEREST rules as described below.
- b. If the DFN/Station is different on PID1 and PID2; PCMMR will check to see if it has the SURVIVING Patient on file by performing a lookup on its PCMMR_Patient file by the SURVIVING ICN received on PID1. The SURVIVING ICN may or may not be found.
 - 1. If the SURVIVING ICN *exists on PCMMR*:

PCMMR will check the DFN/Station on the patient record:

 - i. If the DFN/Station matches; PCMMR will execute the MVI REGISTER INTEREST rules.
 - ii. If the DFN/Station does not match; PCMMR needs to merge the data from the 2 patient records into the surviving patient record. See MERGE RULES below.
 - 2. If the ICN does not exist in PCMMR. It is assumed that this patient is not in PCMMR and should be; PCMMR will create a new Patient record for the SURVIVING ICN and execute a MOVE to move any existing data from the patient associated with the DEPRECATED ICN to the new patient it just created for the SURVIVING ICN. See MOVE RULES below.

- 6. MOVE RULES: PCMMR will create a new Patient record for the SURVIVING ICN and execute a MOVE to move any existing data from the patient associated with the

DEPRECATED ICN to the new patient it just created for the SURVIVING ICN. It will then execute the MERGE RULES listed below.

- a. PCMMR will create a new patient record using all the information from the current patient record containing the DFN/Station in PID2. The SURVIVING PID1 ICN will be placed on the new patient record.
- b. All the data that is on the current patient record will be moved over to the new patient record. See the MERGE RULES below.
- c. The DFN/Station will be removed from the current patient record.
- d. The MVI REGISTER INTEREST RULES will be executed as below.

7. MERGE RULES: PCMMR will follow these rules when the patient records are to be merged:

- A. All of the following records associated with the sending station ((or its substations) for the patient record containing the DEPRECATED PID2 ICN/DFN/Station will be moved so they are associated with the patient record containing the SURVIVING PID1 ICN/DFN/Station. None of the data within these files will change. The only thing that will change is the patient they are associated with. This includes:
 - i. All VistA station associations (note: We do not need to register interest for that dfn/station). No changes need to happen in VistA since the Station #/DFN is not changing and VistA should have already updated the ICN.)
 - ii. All patient team assignments
 - iii. All patient team assignment history
 - iv. All patient team position assignments
 - v. All patient team position assignment history
 - vi. All alerts (except Multi-PCP alerts for the deprecated patient and station).
 - vii. All Multi-PCP requests (except Multi-PCP alerts for the deprecated patient and station).
 - viii. All panel placement requests
- B. All the following stay with the deprecated patient:
 - i. All non-va providers
- C. The following records associated with the sending station ((or its substations) for the patient record containing the DEPRECATED ICN will be deleted since they will no longer be valid due to the patient identity changing:
 - a. All alerts for Multi-PCP Requests for the deprecated patient and station
 - b. All Multi-PCP requests for the deprecated patient and station. All Multi PCP requests for the deprecated patient and station will be invalidated by the move SO they will be deleted and an alert will be sent stating "PATIENT MERGED. Please check all team assignments to see if a new Multi PCP request needs to be issued".
- D. The patient record containing the DEPRECATED ICN will have its ICN removed as well as all its VistA Patient records.
- E. The REGISTER INTEREST RULES will be executed.
- F. An alert will be sent to the PCMM Coord of the sending site notifying them of the Patient Merged for the SURVIVING patient. Refer to the *PCMMR Alert Rules* for additional information.

- G. An alert will be sent to the PCMM Coord of the sending site notifying them of the Patient Deprecated for the DEPRECATED patient. Refer to the *PCMMR Alert Rules* for additional information.
8. MVI REGISTER INTEREST RULES:
- PCMMR will add the SURVIVING DFN/station # to its VistA Patient if needed.
 - PCMMR will set the MVI REGISTRATION IND to N on its VistA Patient file to register interest for the patient with MVI if needed
9. PCMMR will send back an “ACK^A24^ACK” Application Acknowledgement to let them know if we processed the message successfully or not. It will contain an “Application Error” as noted above or a “Success”.
10. MVI will send an “ACK_24_ACK” to tell PCMMR that they received our “ACK_COMMIT”.
11. PCMMR will send an “ACK_COMMIT” to tell MVI we received their “ACK_24_ACK”.
- NOTE: The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *PCMMR MVI Detailed Design Document* for additional technical details.

2.6.4.1.6. B-02735 Search for Patient

Refer to Section 2.6.1.1.3. for user story details.

2.6.4.1.7. B-02762 View Patients Assignments to a Team

Refer to Section 2.6.1.2.11. for user story details.

2.6.4.1.8. B-02335 Manage Alerts

Refer to Section 2.6.2.6.1. for user story details.

2.6.4.1.9. B-01669 View Patients Assignments to a Position

Refer to Section 2.6.1.2.10. for user story details.

2.6.4.1.10. B-02667 Restrict Access for Employee Viewing Own Data

This user story allows the system to restrict an employee from viewing his own records so that all VA requirements are fulfilled.

Conversation Points:

1. No new permissions are needed.
2. This story adds a new feature which will not allow an Employee to view his own Records. This is implemented as follows:
 - a. PCMMR user must enter his VistA credentials (ie his access/verify code the first time he logs into each station in PCMMR).

- b. PCMMR will validate the user has an SSN on the New Person file in VistA for the station the user is logged into.
 - i. If the user has an SSN on file; the user's SSN will be saved in the PCMMR user database as the VistA ID associated with the user for that station.
 - ii. If the user does not have an SSN on file; the user will receive an error notifying them that they will not be able to see any patient profiles in PCMMR.
- c. Each time a PCMMR user accesses a patient; the system will check to see if the SSN for the patient requested is equal to the SSN on file for the user. If it is, the user will receive an error message notifying the user that he cannot see his own profile.

2.6.4.2. BN2 Requirements

2.6.4.2.1. B-02335 CPRS Primary Care Window

This user story allows a display of the patient's assigned Care Teams with contact information in the window accessed via the Primary Care (PC) area of the CPRS Patient Chart so that this information can be utilized by the clinicians serving the patient. Associated VersionOne Backlog ID for this user story is B-02427, B-02474, B-02519, B-02569 and B-02862.

Wireframe:

PRIMARY CARE

LOCAL – Station Name (#)

{ Inpatient Attending: [Name]||PHONE: [Phone #]||PAGER: [Pager]
Inpatient Provider: [Name]||PHONE: [Phone #]||PAGER: [Pager] }

PACT: {PENDING:} [Primary Care Team Name]

Primary Care Provider: [PCP Name]||PHONE: [PCP Phone]||PAGER: [Pager]}

Associate Provider: [AP Name]||PHONE: [AP Phone]||PAGER: [Pager]

Administrative POC: [Team Role]||[Admin POC Name]||PHONE: [Admin POC Phone]||PAGER: [Pager]

Clinical POC: [Team Role]||[Clinical POC Name]||PHONE: [Clinical POC Phone]||PAGER: [Pager]

{LOCAL or REMOTE – Station Name (#)}

MH: MH Treatment Team Name]

(MHTC) [MH Treatment Role Name]||[MH Treatment Coordinator Name]||PHONE: [Phone]||PAGER: [Pager]

{LOCAL or REMOTE – Station Name (#)}

OEF/OIF/OND: [OEF/OIF/OND Team Name]

LEAD COORDINATOR: [Lead Coordinator Name]||PHONE: [Phone]||PAGER: [Pager]

{LOCAL or REMOTE – Station Name (#)}

SP: [Specialty Team Name]

[Team Role Name]||[Team Member XXX Name]||PHONE: [Phone]||PAGER: [Pager]

Non-VA: [Non-VA Role||Specialty Name]||[Provider Name]||PHONE: [Phone]||[City], [ST]

Conversation Points:

1. The team assignments displayed in the CPRS PC Window will have the following headers that will designate whether the team assignments are at the LOCAL station and/or at REMOTE station(s). The LOCAL and REMOTE headers will be followed by the local and remote Station Name and the Station Number with the Station Number in parenthesis as follows. Then proceed with the team assignment(s) as outlined in this user story.

Examples:

LOCAL – CHEYENNE (442)

Team assignment information

REMOTE – DC VAMC (999)

Team assignment information

2. Inpatient Section

A. If the patient is an INPATIENT in the local station, the following data will be displayed at the top of the Primary Care window:

- Inpatient Attending: [Name]||PHONE: [Phone #]||{PAGER: [Pager]}
- Inpatient Provider: [Name]||PHONE: [Phone #]||{PAGER: [Pager]}

B. If the patient is not an INPATIENT; the Inpatient information will not appear. Note: This is existing CPRS v29 functionality.

3. All active team assignments for the patient regardless of station will be displayed in the Primary Care window.

A. All of the local station's team assignments will be listed first followed by any remote assignments. The remote assignments will be listed alphabetically by Station Name.

B. Each Team's Contact information identified below will be displayed with that team's name.

C. If contact numbers are populated in PCMMR, they will be displayed. If the numbers are blank, they will not be displayed.

D. The following team tags will be displayed as an indicator for each kind of team assignment. Each of these tags will appear in front of each team name listed as follows:

- PACT: – for Primary Care
- MH: – for Mental Health
- OEF/OIF/OND: – for OEF/OIF/OND
- SP: – for Specialty Team
- Non-VA: – for Non-VA Provider

E. Remote is determined by Station Number. Any station that does not begin with the first 3 digits of the station you are working in is considered REMOTE. When displaying REMOTE and/or multiple team assignments in the PC Window, the Station name of each REMOTE and/or multiple team assignment will be listed in alphabetical order. The REMOTE and/or multiple team assignments will still be displayed after the Inpatient section, and the local PACT, MH, OEF/OIF/OND and Specialty team sections. This will not affect the display of the local station team assignments.

Example of Station name listing:

REMOTE - Gulfport (111)

(Team information)

REMOTE - Iron Mountain (999)

(Team information)

REMOTE - Seattle (345)

(Team information)

- F. Items that are in { } are optional. {LOCAL or REMOTE – Station Name (#)} will display the station name followed by the station number in parenthesis and will appear as a header for each station that the patient has active team assignments. {PENDING} will only appear if the assignment is “Pending” for Primary Care. The team tags listed in Step 3.D will only display if there is an assignment to that type of team.
 - G. Team member names will be displayed in current CPRS v29 format. Last name comma first name with no spaces in between followed by space middle initial space suffix, if used.
Ex: Fogg,Rain L Jr
 - Contact information is retrieved from VistA and will appear in CPRS PC Window the same way it does in VistA.
 - H. The Non-VA Provider section will be listed last in the PC Window. It will be listed below all other team assignment sections and all other station(s) listings.
 - I. The user can print the report if needed by selecting the print option or close the window. Note: This is existing CPRS v29 functionality.
3. The first team assignments to be displayed in the Primary Care window for an OUTPATIENT or after the INPATIENT information will be the Primary Care teams.
 - A. If the patient does not have an active PACT team assignment at the local station: we will display “PACT: No Local PACT Assigned.”
 - B. If the patient does not have an active PACT team assignment at any station; we will display “No PACT assigned at any VA location.” **NOTE: This statement is being implemented prior to Increment 7 work in order to prevent the possibility of an additional patch needing to be implemented during Increment 7.**
 - C. If the patient has an active PACT team assignment with an assignment to the Entire Team at any station, the PACT Team Name will be followed by the Administrative Point of Contact, the Clinical Point of Contact and the Primary Care Provider and will display each position’s contact information as depicted below.
Example format:
LOCAL or REMOTE – Station Name (#)
PACT: {PENDING;} [Primary Care Team Name]
Primary Care Provider: [PCP Name]||PHONE: [PCP Phone]||PAGER: [Pager]
Administrative POC: [Team Role]||[Admin POC Name]||PHONE: [Admin POC Phone]||PAGER: [Pager]
Clinical POC: [Team Role]||[Clinical POC Name]||PHONE: [Clinical POC Phone]||PAGER: [Pager]
 - D. If the patient has an active PACT team assignment with an assignment to the Associate Provider (AP) at any station, The Primary Care information listed above will be displayed and the position information for the AP will be displayed below the PCP information as follows:
Example format:
Associate Provider: [AP Name]||PHONE: [AP Phone]||PAGER: [Pager]

Note: If the patient is assigned to the entire PACT team, the AP position information will not display.

- E. If the patient has not yet had an encounter with any member of the PACT teamlet, the PACT team name will be prefixed with “PENDING:” to indicate this is a Pending assignment. If the patient has had an encounter with the PACT teamlet, the PENDING tag will not be displayed.
 - F. If the Administrative and/or Clinical POC (Point of Contact) is not identified on the team, then “Vacant” will be displayed for the Team Role.
 - G. If any position is not staffed then “Vacant” will be displayed for the Staff Name.
 - H. The team role assigned to the Administrative POC and Clinical POC will prefix the name of the POC. (See *Create a Team Profile Position* user story for details.)
4. If one of the following sections does not have an active team assignment at any station, then that section will not be displayed in the PC window.
5. The second set of team assignments to be displayed in the Primary Care window for an OUTPATIENT or after the Primary Care information will be the Mental Health teams. The Mental Health Section will display after the Primary Care section as follows:
- A. If the patient does not have any active assignments to a MH team with a MH Treatment Coordinator (MHTC); this section will not be displayed.
 - B. If the patient has an active assignment to a MH team with a MH Treatment Coordinator; the Mental Health Section will display as follows:
{LOCAL or REMOTE – Station Name (#)}
MH: [MH Treatment Team Name]
(MHTC) [MH Treatment Role Name]||[MH Treatment Coordinator Name]||PHONE: [Phone]||PAGER: [Pager]
(Note: Any additional Mental Health teams will be displayed here.)
6. The third set of team assignments to be displayed in the Primary Care window for an OUTPATIENT or after the Mental Health information will be the OEF/OIF/OND teams. The OEF/OIF/OND Section will display after the Mental Health section as follows:
- A. If the patient does not have any active assignments to an OEF/OIF/OND Lead Coordinator; this section will not be displayed.
 - B. If the patient has an active assignment to an OEF/OIF/OND team role of Lead Coordinator; the OEF/OIF/OND Section will display as follows:
{LOCAL or REMOTE – Station Name (#)}
OEF/OIF/OND: [OEF/OIF/OND Team Name]
LEAD COORDINATOR: [Lead Coordinator Name]||PHONE: [LC Phone]||PAGER: [Pager]
(Note: Any additional OEF/OIF/OND teams will be displayed here.)
7. The fourth set of team assignments to be displayed in the Primary Care window for an OUTPATIENT or after the OEF/OIF/OND information will be the Specialty teams. The Specialty Teams Section will display after the OEF/OIF/OND section as follows:
- A. If the patient does not have any active assignments to a Specialty team; this section will not be displayed.

- B. Patients will be assigned to individual positions on the Specialty teams and only the position that the patient has been explicitly assigned to will be displayed with the “Team Role Name” and “Team Member XXX Name.”
 - C. If the patient has an active assignment to any specialty team(s); the Specialty Teams Section will display as follows:
 {LOCAL or REMOTE – Station Name (#)}
 SP: [Specialty Team Name]
 [Team Role Name]||[Team Member XXX Name]||PHONE: [Phone]||PAGER:
 [Pager]
 (**Note:** Any additional Specialty teams will be displayed here)
8. The last set of assignments to be displayed in the Primary Care window for an OUTPATIENT or after the Specialty Team information will be the Non-VA Providers. The Non-VA Provider Section will display after the Specialty Teams section as follows:
- A. If the patient does not have any active associations to a Non-VA Provider; this section will not be displayed.
 - B. If the patient has an active association to a Non-VA provider; the Non-VA provider Section will display as follows:
 Non-VA: [Non-VA Role]||[Specialty Name]||[Non-VA Provider Name]||PHONE:
 [Phone]||[City], [ST]
 (**Note:** Any additional Non-VA Providers will be displayed here)
9. The system will display the following message at the top of the PC Window to alert the user that the PCMM system is unavailable and not able to display the most current assignment information. This cache of information is a snap shot of the patient’s last displayed assignment information. The cache will be updated each time the patient’s assignment information is displayed in the PC Window.
 Example: *“ATTENTION: PCMM is unavailable, data is current as of:6/4/14@15:52:05”*
- If a patient’s information has never been displayed and cached, the following message will display in the PC Window:
 Example: *“PCMM is unavailable”*

2.6.4.2.2. B-02335 CPRS Primary Care Header

This user story allows the display of the Primary Care area of the CPRS header to indicate if a patient is assigned to a Primary Care Team at more than one facility (dual); if a patient’s assignment to a Primary Care Team is pending; or if a patient’s assignment to a Primary Care Team is at the local facility or a remote facility so that this information can be utilized by the clinicians serving the patient. Also displays at a glance if the patient is an Inpatient and/or assigned to a Mental Health team. Associated VersionOne Backlog ID for this user story are B-02475, B-02544, B-02663, B-02686 and B-02786.

Wireframes:

Current – Local assignment only

CHEYENNE VAMC PACT: LS*Yellow*Team / PCP Cernota,Trudy B / AP Luiz,Lorna /
MH Treatment Coordinator: Bisch,Marla A / Ls*mh Blue*team

Current – REMOTE Assignment(s)

REMOTE /

Current - No PACT Assignments Enterprise wide

No PACT assigned at any VA location /
MH Treatment Coordinator: Altobell,Abel L / Bap Mh

Current – Local PACT Assignment Pending

CHEY6 PACT: None /

Combination of status table:

<u>Local</u>	<u>Remote</u>	<u>Label</u>
None	None	No PACT assigned at any VA location
None	Pending	REMOTE
None	Active	REMOTE *Click for REMOTE PACT
Pending	Pending	<station> PACT: None
Pending	Active	<station> PACT: None *Click for REMOTE PACT*
Pending	None	<station> PACT: None
Active	Pending	<station> PACT: <team name> [/PCP: name] [/AP: name]
Active	Active	<station> PACT: <team name> [/PCP: name] [/AP: name] *Click for REMOTE PACT*
Active	None	<station> PACT: <team name> [/PCP: name] [/AP: name]

Conversation Points:

1. For PACT Team Assignments displayed on the first line of the PC header for both inpatients and outpatients:
 - A. The Station Name for ANY Active PACT team assignment within the same 3 digit station code will be displayed before the PACT team name information in the following format. This will include all substations of the parent 3-digit station code.
 - “CHEYENNE [PACT assignment information]” (This is station 442)
 - “FORT COLLINS [PACT assignment information]” (This is station 442GC)
 - “GREELEY CBOC [PACT assignment information]” (This is station 442GD)
 - B. The Station Name will be followed by a “PACT:” tag that will prefix the PACT team assignment information as follows:
 - “CHEYENNE PACT: [PACT assignment information]”

- C. When displaying the PCP name and the AP name for a PACT team assignment, the PCP name and/or AP name will be prefixed with a “PCP” and/or “AP” tag.
- D. The system will display the following statement “*Click for REMOTE PACT*” at the end of Line 1 after local team assignment information when the patient has an Active team assignment at another station or after the REMOTE tag when the patient only has an assignment at another station:
 - REMOTE *Click for REMOTE PACT*
 - CHEYENNE PACT: [PACT assignment information] *Click for REMOTE PACT*
- E. If the patient has an active local assignment to the entire PACT team; the name of the PACT team followed by the Primary Care Provider (PCP) name will be displayed in the following format: “PACT Team Name/ PCP [PCP Name]”. If there is not a PCP currently assigned to the team, the PCP Name will not appear. Note: This format is current functionality in CPRS v 29.
- F. If the patient has an active local assignment to a specific Associate Provider (AP) on the PACT team; the AP name will be displayed after the “PACT Team Name/ PCP [PCP Name]” in the following format: “PACT Team Name/ PCP [PCP Name]/ AP [AP Name]”. Note: This format is current functionality in CPRS v29.
- G. If the patient has a pending local assignment to a PACT team and has not had an encounter with that teamlet, “None” will be displayed after the PACT tag to indicate the patient does not have an Active team assignment yet.
 Example format:
 “CHEYENNE PACT: None”
 - If the patient has a “Pending” local PACT team assignment for the local station and an Active team assignment at another station, the local station team assignment information will only display “None” after the PACT: tag. The statement “*Click for REMOTE PACT*” will display after the PACT information to represent there is an Active REMOTE assignment. (See *CPRS Primary Care Window* user story for details on displaying REMOTE assignment information.)
 Example format:
 “CHEYENNE PACT: None *Click for REMOTE PACT*”
 - If the patient has a local Active PACT assignment and another station’s PACT assignment which is “Pending,” the *Click for REMOTE PACT* statement will not be displayed after the local team assignment information until the REMOTE assignment becomes Active.
 Example formats:
 “CHEYENNE PACT: PACT Team Name / PCP [PCP Name]”
 “CHEYENNE PACT: PACT Team Name / PCP [PCP Name] / AP [AP Name]”
 - The patient’s “Last Encounter Date” will be used to determine the pending status. (See *Assign Patient to a Team and Position* user story for details.)
 - Once the patient has an encounter with the assigned PACT teamlet, the assignment is no longer considered Pending and will be displayed appropriately.
 - If the patient does not have more than one active PACT team assignment and that assignment is to a local team, the “Click for REMOTE PACT* statement will not display.

- H. REMOTE assignments are determined by the 3-digit Station Number. Any station that does not begin with the first 3 digits of the station you are working in is considered REMOTE. If the patient does not have a pending or active PACT team assignment at the local station but the patient has an Active assignment to a PACT team at one or more different stations, the “REMOTE” tag will be displayed along with the *Click for REMOTE PACT* statement to prompt the user to click the header button for remote team information on line 1 as follows:

Example format:

“REMOTE *Click for REMOTE PACT*”

- If the patient has a pending REMOTE PACT team assignment, the display will be “REMOTE” on line 1 and the “PENDING” status will be displayed in the PC Window showing the remote team assignments. (See “CPRS Primary Care Window” user story for details.)

Example format:

“REMOTE”

- If the patient does not have a remote team assignment, the “REMOTE” tag will not display.
- I. If the patient does not currently have an active local or enterprise wide PACT team assignment; “No PACT assigned at any VA location” will be displayed on line 1.
NOTE: This statement is being implemented prior to Increment 7 work in order to prevent the possibility of an additional patch needing to be implemented during Increment 7.

2. The second line of the PC header will display the following information:

- If the patient is an Inpatient, the attending provider and inpatient provider will be displayed in the following format:

“Inpatient Attending: Attending Provider Name / Inpatient Provider: Inpatient Provider Name.”

Note: This is current functionality in CPRS v29.

- If the patient is not an INPATIENT and has an active local assignment to a Mental Health (MH) team with a MHTC assigned, the MH Treatment Coordinator’s name and MH Team name will appear on line 2 as follows:

Example format:

“MH Treatment Coordinator: MHTC Name / ls*MH*Test 1”

Note: Displaying the MH Treatment Coordinator: tag and name is current functionality in CPRS v29.

- If the patient does not have a local MH team assignment, nothing will be displayed.
- The MH teams will not utilize the functionality of displaying the REMOTE tag in the header for its MHTC assignments /MH team.

3. The third line of the PC Header area will be populated if the patient is an Inpatient and has an active Mental Health team assignment to a MHTC, the MHTC Coordinator’s Name will appear as defined above. The inpatient data will appear on line 2 followed by the MHTC information on line 3.

2.6.4.2.3. B-01743 Manage Reference Data for Selection List

Refer to Section 2.6.2.1.3. for user story details.

2.6.4.2.4. B-02335 Query Patient and Register Interest in MVI

Refer to Section 2.6.4.1.2. for user story details.

2.6.4.2.5. B-02335 Update Treatment Facility List from MVI

This user story allows the user to receive and process update treating facility list messages for each patient that PCMMR has registered for interest in from MVI so PCMMR can keep current with MVI on all treating facilities that patient has a presence at. The treating facility list is a list of systems that know a specific Integration Control Number (ICN). The list can contain systems that are not VAMC like FHIE or HDR. PCMMR will only update the Treating Facilities. Associated VersionOne Backlog ID for this user story is B-02303.

Conversation Points:

1. This story documents the background process where HL7v2 messages are sent from MVI to PCMMR for each patient that PCMMR has notified MVI that it wishes to register interest in. The Treating Facility List is built and updated as a result of the patient being added to MVI or the patient being merged in MVI. PCMMR will receive an HL7v2 message called “MFN-M05 Update Facility List” aka M05.
2. PCMMR will not process any records received without a DFN. We will send the acknowledgement back to MVI as defined below. [D-3537]
3. PCMMR will send an acknowledgement msg “ACK_COMMIT” to MVI letting them know the M05 was received.
4. PCMMR will validate that it knows the patient by performing a lookup on the PCMMR_Patient file using the ICN received on the message. PCMMR should always have a patient record for the ICN. If the ICN *does not exist* in PCMMR; PCMMR will respond with “Patient For ICN Could Not be Found” Application Reject (AR) on the “MFK^M05” application acknowledgement sent to let MVI know that we could not find a patient with that ICN and this patient in PCMMR could not be updated.
5. If the ICN *exists* in PCMMR for a single patient record; PCMMR will interrogate the message and determine if it already has the DFN/Station on file OR if it needs to add the correlation and register for interest. For all station numbers that do not start with “200”:
 - i. If the event code is Add correlation (MAD); PCMMR will check to see if it already has this DFN/Station correlation on file. If not, we will add it and Register Interest for the patient. If it is on our file and we have already registered for interest, no other action is needed. If it is on our file and we have not yet registered for interest, we will register for interest. PCMMR will check to see if it has this correlation on file.

- ii. If the event code is Deactivate/Merged correlation (MDC). PCMMR will ignore these since these changes will have already been made as a result of any move/merges that have already occurred.
6. PCMMR will process the ZET segment. It will update the ROI Flag for the patient if it is passed. Note: The ZET is triggered from MHV when an MHV correlation for a patient with the ROI and IPP populated is established.
 7. PCMMR will send back an “MFK^M05 “Application Acknowledgement to let them know if we processed the message successfully or not. It will contain an “Application Error” as noted above or a “Success”.
 8. MVI will send an “COMMIT_ACK” to tell PCMMR that they received our “ACK_COMMIT”.
- NOTE: The user will not see any evidence of these MVI interactions occurring since they are running behind the scenes. Refer to the *PCMMR MVI Detailed Design Document* for additional technical details.

2.6.4.2.6. B-02335 Multiple PCP Assignment Capture and Display

Refer to Section 2.6.1.2.9. for user story details.

2.6.4.2.7. B-02335 Multiple PCP Assignment Action

Refer to Section 2.6.2.1.2. for user story details.

2.6.4.2.8. B-02335 Manage Alerts

Refer to Section 2.6.2.6.1. for user story details.

2.6.4.2.9. B-02667 Search for Patient

Refer to Section 2.6.1.1.3. for user story details.

2.6.4.2.10. B-02335 View a Patient Profile

Refer to Section 2.6.1.1.4. for user story details.

2.6.4.2.11. B-01669 and B-02762 View Patient Assignment to Position and Team

Refer to Section 2.6.1.2.10. and 2.6.1.2.11. for user story details.

2.6.4.3. BN3 Requirements

2.6.4.3.1. B-02335 CPRS Primary Care Window

Refer to Section 2.6.4.2.1. for user story details.

2.6.4.3.2. B-02335 CPRS Primary Care Header

Refer to Section 2.6.4.2.2. for user story details.

2.6.4.3.3. B-02335 Query Patient and Register Interest in MVI

Refer to Section 2.6.4.1.2. for user story details.

2.6.4.3.4. B-02335 View a Patient Profile

Refer to Section 2.6.1.1.4. for user story details.

2.6.4.3.5. B-02904 Batch Staff Updates

This user story allows for PCMM's automated system to have up-to-date information on the providers captured in the PCMMR staff profile so that the correct information will display in PCMMR as well as CPRS. Associated VersionOne Backlog ID for this user story is B-02437.

Conversation Points:

The PCMMR system will execute the Staff Update scheduled job on a configurable Cron schedule (nightly in production) in batch mode. This function performs the tasks specified in this user story for each VistA Station that has the STAFF_UPDATE_PROCESS_ENABLED_IND flag in the PCMM_VistA_INSTANCE table set to 'Y'. Once the job has finished – the run date/time will be stored in the STAFF_UPDATE_PROCESS_LAST_EXECUTION_DATE field of the PCMM_VistA_INSTANCE table.

1. For each active staff member assigned to a PCMMR team; PCMMR will use the STAFF_IEN to interrogate the New Person file at the VistA site for that staff member and will update the following fields if they have been updated in VistA since the last time PCMMR pulled the information:
 - a. First Name
 - b. Last Name
 - c. Middle Name
 - d. SSN (no longer used)
 - e. Birth Date (no longer used)
 - f. Prefix ((no longer used)
 - g. Suffix (not available via the RPC used to retrieve name)
 - h. Title
 - i. Mail Code (no longer used)
 - j. Phone Number
 - k. Beeper Number
 - l. Email Address
 - m. Address Line 1
 - n. Address Line 2
 - o. Address Line 3
 - p. City
 - q. State
 - r. Zip
 - s. Person Class VA Code (if it is Expired – it will be blank)
 - t. Termination Date
2. For each Staff record updated, the PCMM.Staff table will have the RECORD_MODIFIED_BY = 'StaffUpdateJob' and RECORD_MODIFIED_DATE = run date/time and the RECORD_MODIFIED_COUNT will be incremented by 1.

3. A new background job log for “Staff Update” will be created with summary results showing if job was a success or failure and which staff members were updated. See *BatchJobExecutionResults* user story for additional details.
4. If the Termination Date is updated during the execution of this job; An Actionable Alert will be sent notifying the PCMM Coordinator that this staff member has been Separated and needs to be re-instated or removed from any position. See the “Staff was Terminated” alert in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-02904]
5. If the Person Class is updated during the execution of this job and it is no longer valid for the position; An Actionable Alert will be sent notifying the PCMM Coordinator that this staff member’s Person Class is no longer valid and needs to be re-instated or removed from any position. See the “Person Class for staff not valid for position” alert in the *Alert Rules* for additional information on alert types and who they are sent to. Refer to the *Manage Alerts* user story for additional details on alerts. [B-02904]

2.6.4.4. BN4 Requirements

2.6.4.4.1. B-02335 CPRS Primary Care Window

Refer to Section 2.6.4.2.1. for user story details.

2.6.4.5. NEED1040 Requirements

2.6.4.5.1. B-02335 Create a Team Profile

Refer to Section 2.6.1.1.2. for user story details.

2.6.4.5.2. B-02891 Create a Team Position Profile

Refer to Section 2.6.1.1.5. for user story details.

2.6.4.6. NEED1044 Requirements

2.6.4.6.1. B-02335 CPRS Primary Care Window

Refer to Section 2.6.4.2.1. for user story details.

2.6.4.6.2. B-02335 CPRS Primary Care Header

Refer to Section 2.6.4.2.2. for user story details.

2.6.4.7. NEED1048 Requirements

2.6.4.7.1. B-02762 PCMMR to Legacy PCMM Data Exchange

Refer to Section 2.6.3.9.6. for user story details.

2.6.4.7.2. B-01669 and B-02762 View Patient Assignment to Position and Team

Refer to Section 2.6.1.2.10. and 2.6.1.2.11. for user story details.

2.6.4.8. BN6 Requirements

2.6.4.8.1. B-02335 View a Patient Profile

Refer to Section 2.6.1.1.4. for user story details.

2.6.4.9. NEED1039 Requirements

2.6.4.9.1. B-02939 OBSOLETE - Assign Surrogate

Refer to Section 2.6.3.11.1. for user story details.

2.6.4.9.2. B-02335 Create Notifications Distribution Section

Refer to Section 2.6.3.7.1. for user story details.

2.6.4.10. BN5 Requirements Requirements

2.6.4.10.1. B-01408 Batch Transfer/Unassign Mass Patients

Refer to Section 2.6.3.4.2. for user story details.

2.6.4.10.2. B-01408 Batch Historical Assign Mass Patients

Refer to Section 2.6.3.4.1. for user story details.

2.6.4.10.3. B-02335 Multiple PCP Assignment Capture and Display

Refer to Section 2.6.1.2.9. for user story details.

2.6.4.10.4. B-02335 Multiple PCP Assignment Action

Refer to Section 2.6.2.1.2. for user story details.

2.6.4.10.5. B-02335 View a Patient Profile

Refer to Section 2.6.1.1.4. for user story details.

2.6.4.11. BN8 Requirements

2.6.4.11.1. B-02641 Reporting – Sensitive Patient Access Log

This user story allows a user to access the Sensitive Patient Access Log through the SQL Server Reporting Services (SSRS) to view who has been accessing sensitive patients.

Wireframes:

Sensitive Patient Access Report

Report Executed for Parameters:

Station Name : CHEYENNE VAMC (#442)

Station Number	Patient's First Name	Patient's Last Name	Record was accessed by (VA Network ID)	Record was accessed on (UTC timezone)
442				3/10/2014 11:04:33 PM
442				3/10/2014 11:03:42 PM
442				3/10/2014 11:02:34 PM

3/10/2014 6:04:54 PM

Conversation Points:

1. The user is able to indicate all records to be included on the report by entering the following criteria:
 - A. Required Parameters:
 - i. Station
 - B. Optional Parameters:
 - i. Patient (first name and/or last name)
 - ii. User who accessed the information
 - iii. Records accessed Before the date indicated
 - iv. Records accessed After the date indicated
2. The report will be structured as follows:
 - A. Title
 - B. Station Name (#)
 - C. Report Detail
 - i. Station Number
 - ii. Patient Last Name
 - iii. Patient First name
 - iv. VHA id of user who accessed
 - v. Date/Time record was accessed
 - D. Report Run Date/Time
3. If No Data is found for the criteria entered, a message “No Sensitive Patient Access Log Entries were found for the Parameters entered.” will be displayed for the Report Detail.

2.6.4.12. NEED1041 Requirements

2.6.4.12.1. B-02335 Manage Alerts

Refer to Section 2.6.2.6.1. for user story details.

2.6.4.13. NEED1042 Requirements

2.6.4.13.1. B-02641 Reporting – Sensitive Patient Access Log

Refer to Section 2.6.4.11.1. for user story details.

2.6.4.14. NEED1047 Requirements

2.6.4.14.1. B-02641 Reporting – Sensitive patient Access Log

Refer to Section 2.6.4.11.1. for user story details.

2.6.5. PCMM PMAS Increment 5

This increment shall field the PCMMR IOC at four VA facilities and implement the master training plan at these facilities. The increment shall also solicit feedback from the four VA facilities relevant to the PCMMR release and associated training. Feedback will be solicited virtually. Based on this feedback, the Contractor shall implement the final PCMMR software updates and yield a production version of PCMMR ready for national deployment.

2.6.5.1. BN1 Requirements

2.6.5.1.1. B-02335 Assign Patient to a Team and a Position

Refer to Section 2.6.1.2.1. for user story details.

2.6.5.1.2. B-02335 View Panel Placement

Refer to Section 2.6.2.9.1. for user story details.

2.6.5.1.3. B-02335 Multiple PCP Assignment Capture and Display

Refer to Section 2.6.1.2.9. for user story details.

2.6.5.1.4. B-02335 Create Non-VA Provider

Refer to Section 2.6.2.3.5. for user story details.

2.6.5.1.5. B-01408 Batch Historical Assign Mass Patients

Refer to Section 2.6.3.4.1. for user story details.

2.6.5.1.6. B-01408 Batch Transfer/Unassign Mass Patients

Refer to Section 2.6.3.4.2. for user story details.

2.6.5.1.7. B-02904 Batch Staff Updates

Refer to Section 2.6.4.3.5. for user story details.

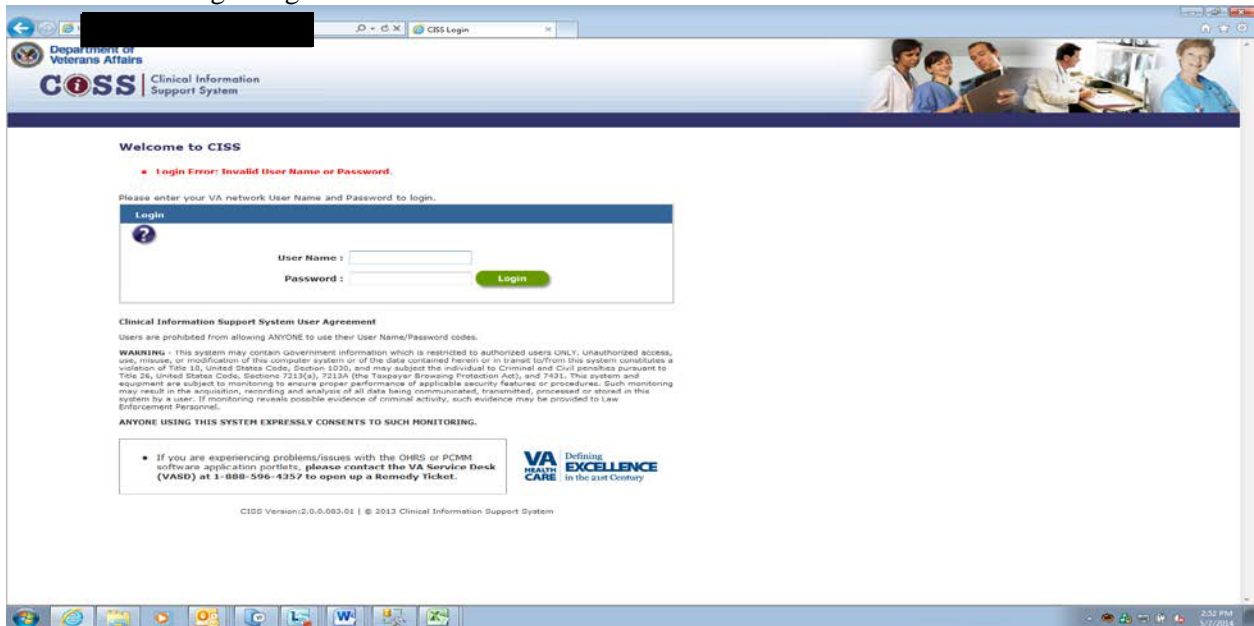
2.6.5.1.8. B-02934 Home Page and Main Menu

This user story allows a user to login to PCMM using the CISS portal to read announcements and perform my tasks. Also, once in PCMM, the ability to access the links provided from the Main

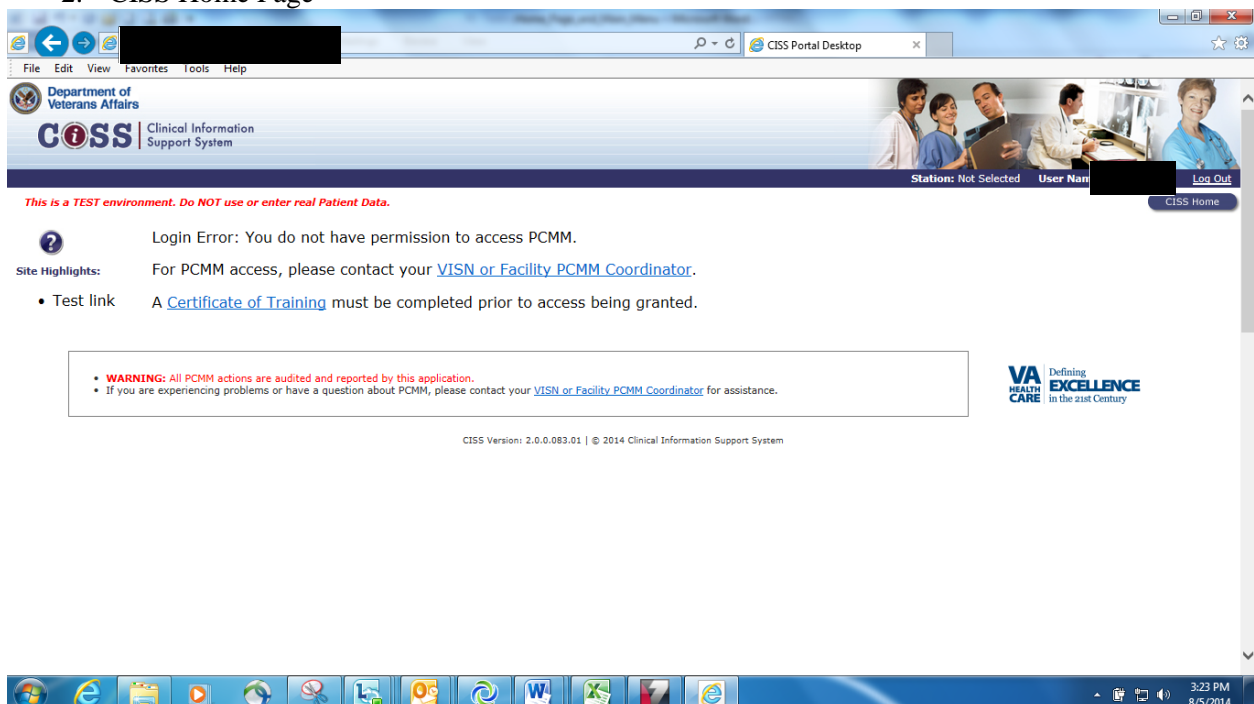
Menu 'Reference' tab is available to view policies/procedures and other publications. Associated VersionOne Backlog ID for this user story is B-02608, B-02650 and B-02655.

Wireframes:

1. CISS Login Page



2. CISS Home Page



3. PCMM Home Page –

PCMM Patient-Centered Management Module

Station: CHEYENNE VAMC (#442) User Name: [Redacted] Log Out

Parent: VISN 19

CISS Home PCMM User Admin

Home Patient Teams Rooms Groups Staff Reports Alerts Administration Change Station Help Reference

PCMM Home

Patient-Centered Management Module

This application is being incrementally developed to fully support a team based, patient-centric approach to healthcare delivery. It will allow a team to be formed and aligned around a patient, including providers across multiple VA sites and in non-VA settings to enable care coordination and communication. It will also support automated data collection for management metrics and analysis related to access, workload, and panel management.

VHAs model of team-based care is known as the PACT. The PCMM software application will evolve to identify all team members and specialists (VA and non-VA) involved in the care of the patient, and provide modalities to facilitate provider-to-provider communication.

- For PCMM permission changes, please contact your [VISN or Facility PCMM Coordinator](#).

Announcements:
PCMM will begin its initial operating capability in Memphis on August 22, 2014.

You have one or more active alerts. Please [click here](#) to view them.

WARNING: All PCMM actions are audited and reported by this application.
If you are experiencing problems or have a question about PCMM, please contact your [VISN or Facility PCMM Coordinator](#) for assistance.

All dates & times are in Central Standard Time.
CISS Version: 2.0.0.083.01 | PCMM Version: 1.0_4388 | Background Processes Running

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4. Main Menu – Reference tab for Links

PCMM Patient-Centered Management Module

Station: CHEYENNE VAMC (#442) User Name: [Redacted] Log Out

Parent: VISN 19

CISS Home PCMM User Admin

Home Patient Teams Rooms Groups Staff Reports Alerts Administration Change Station Help Reference

PCMM Home

Patient-Centered Management Module

This application is being incrementally developed to fully support a team based, patient-centric approach to healthcare delivery. It will allow a team to be formed and aligned around a patient, including providers across multiple VA sites and in non-VA settings to enable care coordination and communication. It will also support automated data collection for management metrics and analysis related to access, workload, and panel management.

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Primary Care Links
Mental Health sub menu
OEF/OIF/OND Links
PACT SharePoint
PCMM Training
VSSC PCMM Coordinator List

5. Official PCMM Logo:



Conversation Points:

CISS Portal:

1. This user story allows an authorized user to gain access to PCMM using the CISS Portal with his VA credentials.
 - All users must access the CISS portal before gaining access to PCMM.
 - If the user is authorized to access PCMM, he will be automatically directed to the PCMM Select Station/Home Page after login.
 - If the user is not authorized to access PCMM, he will be automatically directed to the CISS Home Page after login.
2. The following statement will be included in the contact information box to assist the user in getting the correct access to PCMM. This statement will be displayed on all pages throughout PCMM where it is currently displayed.

“If you are experiencing problems or access issues, please contact your VISN or Facility PCMM Coordinator. [Link](#) (Insert Coordinator Link).”

 - a. PCMM Coordinator Link –

CISS Home Page:

3. If the user is not allowed to access PCMM and is automatically directed to the CISS Home Page, he will be provided information on what he needs to do to get access to PCMM. The following error message will be displayed on the page:

“Login Error: You do not have permission to access PCMM”

4. The following statement will be displayed in the body of the screen to assist the user in getting the correct access to PCMM:

“For PCMM access, please contact your VISN or Facility PCMM Coordinator. [Link](#) (Insert Coordinator Link – See Step 2 for link). A Certificate of Training must be completed prior to access being granted.” [Link](#) (Insert Training Link)

- a. PCMM Training Link –

[h](#)

5. The following contact information/message will be displayed on the CISS and PCMM Home Pages to assist the authorized user with questions or concerns or experiencing problems with PCMM.

- “If you have questions or concerns about PCMM business rules or policy, please contact your VISN or Facility PCMM Coordinator.” [Link](#) (See Step 2 for Coordinator link)

PCMM Home Page:

6. If the user is allowed to access PCMM, he will be automatically directed to the PCMM Home Page where announcements and other information will be displayed regarding PCMM. The information area on the PCMM Home Page will allow custom announcements that are dynamic.

7. The system will display the following statements within the body of the screen for easy recognition.

- “For PCMM permission changes, please contact your VISN or Facility PCMM Coordinator.” [Link](#) (See Step 2 for Coordinator link)
- “WARNING: All actions are audited and reported by this application.”

8. The official PCMM logo will be displayed on the PCMM home page. (See Screen Shot below for official logo.)

Main Menu:

9. This user story adds the ability to add links to the Main Menu – Reference tab – Links section for Primary Care (PC), Mental Health (MH) and OEF/OIF/OND. This will provide easy access for the user to important links that PCMM will need.

- PC links:

- PACT SharePoint –

[b4E8C0E34%2d315B%2d4F28%2dB4CE%2dB052DEDBC523%7d](#)

- PCMM Training –

- VSSC PCMM Coordinator List –

- MH links:
 - MH-PCMM MHTC SharePoint

[https](#)

- BHIP Team Basics –

[h](#)

-

- Electronic Technical Manual:

- OEF/OIF/OND links:

2.6.5.1.9. B-02761 Manage New User

Refer to Section 2.6.3.10.1. for user story details.

2.6.5.2. BN2 Requirements

2.6.5.2.1. B-02763 Assign Patient to a Team and a Position

Refer to Section 2.6.1.2.1. for user story details.

2.6.5.2.2. B-02335 View Patient Assignment History

Refer to Section 2.6.2.3.1. for user story details.

2.6.5.2.3. B-02335 Multiple PCP Assignment Action

Refer to Section 2.6.2.1.2. for user story details.

2.6.5.2.4. B-02335 Multiple PCP Assignment Capture and Display

Refer to Section 2.6.1.2.9. for user story details.

2.6.5.2.5. B-02335 Batch Auto Inactivation

Refer to Section 2.6.3.9.3. for user story details.

2.6.5.3. BN5 Requirements

2.6.5.3.1. B-02335 Multiple PCP Assignment Action

Refer to Section 2.6.2.1.2. for user story details.

2.6.5.3.2. B-02335 Batch Transfer-Unassign Mass Patients

Refer to Section 2.6.3.4.2. for user story details.

2.6.5.4. NEED1044 Requirements

2.6.5.4.1. B-02335 CPRS Primary Care Header

Refer to Section 2.6.4.2.2. for user story details.

2.6.5.5. NEED1048 Requirements

2.6.5.5.1. B-02725 Search for Patient Encounters

This user story allows a user to search all the Patients Encounters that have occurred within the previous 30 days prior to the assignment date so that the encounter date can be used to flip the assignment if a Multi PCP request is approved or not needed or set the last encounter date for an assignment.

Conversation Points:

1. No new permissions will be created.
 - a. This user story describes the “VistA” RPC call that will retrieve all Encounters that have been recorded for a Patient within X number of days specified for the RPC(ie. the last 30 days or ALL if no value is specified).
2. The files that are interrogated in VistA include the following.
 - a. Outpatient Encounter
 - b. Visit
 - c. Visit Provider
3. These fields are returned by the RPC:
 - a. Patient DFN
 - b. Encounter DateTime
 - c. Staff IEN
 - d. Primary/Secondary Provider Flag (P for Primary Care; else anything)
 - e. Primary Stop Code
 - f. Encounter Type
 - 'P' FOR PRIMARY;
 - 'O' FOR OCCASION OF SERVICE;
 - 'S' FOR STOP CODE;
 - 'A' FOR ANCILLARY;
 - 'C' FOR CREDIT STOP;

- g. Checkout Completion Date and Time (The Encounter will have a status of “Checked Out” if this is populated. This is the time we use to find the encs entered since last time we checked)
 - h. Hospital Location Type (we will only include type = ‘C’ for CLINIC) [B-02725]
 - i. Hospital Location Non-Count (we will only include Non-Count = ‘N’) [B-02725]
 - j. VISIT Service Category (we will exclude those with ‘E’ for historical) [B-02725]
 - k. VISIT Patient Status (we will only include 0 for outpatient)
 - l. Encounter IEN
 - m. Encounter Parent IEN
 - n. Visit IEN
 - o. Visit Parent IEN
4. For Primary Care:
- a. The Providers who are teamlet members on the team will be matched the Primary Provider on the encounter.
 - b. The encounter must have one of the following Primary codes (which are stored in the PCMMR database for updates as needed) and ANYTHING in Secondary [B-02725]:
 - i. 170 (HBPC - Physician)
 - ii. 171 (HBPC – Nursing (RN or LPN))
 - iii. 172 (HBPC - Physician Extender (NP, CNS, PA))
 - iv. 173 (HBPC - Social Worker)
 - v. 174 (HBPC – Therapist)
 - vi. 175 (HBPC – Dietitian)
 - vii. 176 (HBPC - Clinical Pharmacist)
 - viii. 177 (HBPC – Other)
 - ix. 322 (Comprehensive Women's Primary Care Clinic)
 - x. 323 (Primary Care Medicine)
 - xi. 338 (Telephone Primary Care) [E0001]
 - xii. 348 (Primary Care Shared Appointment)
 - xiii. 350 (Geriatric Primary Care)
 - xiv. 534 (Mental Health Integrated Care – Individual)
 - xv. 539 (MH Integrated Care Group)

or ANYTHING in PRIMARY that is not on the list above and SECONDARY stop is:

- i. 179 (Real Time Clinical Video Telehealth to Home- Provider Site)
 - ii. 322 (Comprehensive Women's Primary Care Clinic)
 - iii. 323 (Primary Care Medicine)
 - iv. 350 (Geriatric Primary Care)
 - v. 534 (Mental Health Integrated Care – Individual)
5. For Mental Health, the encounter will be detected for ANY provider to which the patient has an Active Explicit Assignment and will use this criteria to determine if an encounter qualifies:
- a. Look back 30 days prior to the Assignment Date to the Provider
 - b. Do not include encounters that occurred before the team was Active

2.7. Usability Specifications

The following non-functional requirements were identified in the PWS and RED for PCMM PMAS Increments 1, 2 and 3.

NF-1 - Ensure that the application conforms to the common usability standards for PCMM and CPRS.

2.8. Graphical User Interface (GUI) Specifications

Refer to Section 2.6 for wireframes and/or screen shots associated with each user story.

2.9. Multi-Divisional Specifications

PCMM PMAS Increment 1 and 2: None

To be determined and implemented in PMAS Increment 3.

2.10. Performance Specifications

The following non-functional requirements were identified in the PWS and RED for PCMM PMAS Increment 1, 2 and 3.

NF-3 - Number of users supported by current PCMM system: At present we have 590 PCMM coordinators documented as listed users, responsible for making and managing patient assignments and setting up teams. This number does not represent the software users utilizing PCMM looking for dual enrollments and/or adding a new patient. A version of PCMM may also be utilized by the Help Desk to facilitate issues. There are 947 Primary Care locations supported during administrative hours of 8am-4:30pm, the existing system supports at least these 590 users simultaneously.

(Source-VSSC Output cube-count of divisions w/uniques. PCMM users listed in VSSC PCMM Coordinators list.)

NF-4 - Predicted user base for new system: Primary Care, Mental Health, OEF/OIF, CAC(clinical reminders), Spinal Cord Injury, Medicine, Surgical, and Emergency Department, Home Based Primary Care, etc. This does not include the Non VA facilities. All may need access to rehosted PCMM. Prediction is double the 2760, add 50 states and 5 territories (Philippines Is., Guam Samoa Puerto Rico Virgin Is.) non-VA facilities access.

NF-5 - Predicted growth of user base for new system: It is anticipated that PCMM functionality will be utilized to manage coordination of care between Primary Care, Specialty Services and special veteran populations, therefore we expect users at least quadruple to 2244 users simultaneously. (source: Specialty, MH, OEF, Referral Case Mgrs) Despite the PCMM software traffic going directly to a central database, response times will remain unchanged.

OM-5/NONF788 - Information pertaining to unscheduled outages and events that degrade system functionality and/or performance shall be disseminated to the user community in a timely manner.

2.11. Quality Attributes Specifications

The following non-functional requirements were identified in the PWS and RED for PCMM PMAS Increment 1, 2 and 3.

NONF1024 - PCMM shall maintain existing system functionality except where changes are identified by the detailed functional requirements.

NONF782 - PCMM shall have Austin National Database as the operational environment. (*Note: Initially, PCMM/R will be hosted in the Clinical Information Support System (CISS) production database. Currently the CISS/OHRS production system is housed at Falling Waters, Virginia.)*

NONF785 - PCMM shall ensure the new PCMM process supports both PC and non-PC teams.

NONF789 - PCMM shall ensure the primary care management system is supported by a documented continuity of operations plan (COOP) and disaster recovery plan (DRcP).

OM4/NONF787 - Required maintenance shall be scheduled during off peak hours, or in conjunction with CPRS.

OM6/NONF790 - A notification of scheduled maintenance periods that require the service to be offline or which may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.

NONF1025 - PCMM shall have the ability to broadcast notifications for all system changes nationally.

NF-6 - Individual transactions vary greatly depending upon what is involved with each one. Examples include set up team, assigning and unassigning a patient to a team and provider, activate/inactivate teams, assign/unassign (patient) to team, and assign/un-assign staff.

These activities can take seconds up to approximately two hours. Estimation that the system shall support a minimum of 1000 simultaneous users performing write and read transactions that each average 30 KB per, during the estimated peak usage hours of 8am – 11pm EST during weekdays.

NF-7 - The system shall respond to user actions within 3 seconds or less 95% of the time under normal user loads of 1000 simultaneous user requests, and within 5 seconds or less 90% of the time under peak loads.

NF-8 - The numbers of transactions are expected to grow as the new enhancement capabilities move through implementation.

2.12. Reliability Specifications

The following non-functional requirements were identified in the PWS and RED for PCMM PMAS Increment 1, 2 and 3.

NF-2 - To ensure the most efficient and effective operational status this system needs to be available at all times and should be designed to achieve fault tolerance.

2.13. Scope of Integration

PCMM PMAS Increment 1 and 2: None

To be determined and implemented in PMAS Increment 3.

2.14. Security Specifications

The following non-functional requirements were identified in the PWS and RED for PCMM PMAS Increments 1, 2 and 3. Security specifications with regard to role-based access are to be determined and implemented in PMAS Increments 2 and 3.

Users are granted roles. Roles are assigned permissions. Permissions are granted to roles as needed. Users are granted roles as needed to perform their work duties. Security is controlled within the application by a Security Administrator. New permissions are added as defined by the CRUD matrix that is posted on the [PCMM Re-host/Reengineering SharePoint site](#).

OM-1/NONF784 - User Access/Security Parameters - Provide a process for end user account management (i.e., create account, de-activate account, constrain access to local, VISN, and the VA enterprise level).

2.15. System Features

The following requirements include the Business Needs (NEED) and Business Owner (OWNR) Requirements from the PWS and RED identified for PCMM PMAS Increments 1, 2 and 3.

PCMM PMAS Increment 1:

BN1 – NEED1009: Adhere to the following Enterprise Level requirements

- 1.1 - ENTR69 – Security - The Security Category is the basis for determining the Certification and Accreditation (CandA) and other security requirements for the work effort. The Security Engineer (SE) assigned to the work effort will assist the stakeholders in the determination of the Security Categorization.

All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is High, as is the case for all VistA applications that process, store or transmit VA-sensitive data. However, if the resulting changes do not significantly affect the current accreditation boundaries, the level of effort for CandA may be reduced.

The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.

- 1.2 - ENTR68 – Privacy - All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
- 1.3 - ENTR64 – 508 Compliance - All Section 508 requirements will be adhered to.
- 1.4 - ENTR65 – Executive Order Requirements - All executive order requirements will be adhered to.

- 1.5 - ENTR67 – Identity Management - All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.
- 1.6 - NONF783 and 786 – Support of Training Program - Allow trainees in VA-assigned continuity clinics to meet accreditation standards requiring that the resident serves as the primary physician for a panel of patients, with responsibility for chronic disease management, management of acute health problems, and preventive health care for their patients.
- 1.7 - ENTR70 – Promote Patient Safety - Allow identification and contact information for all team members to ensure that, if the PCP is not readily available, another team member may address intercurrent issues that arise with patients – e.g., need to be seen or abnormal or ‘critical’ labs or other results that become available between scheduled appointments. The applications should also foster interprofessional care and training experiences.

BN2 – NEED1010: PCMM shall provide the ability to create and maintain a VHA enterprise level PCMM system (as opposed to 128 individual disconnected PC services).

- 2.1 - OWNR3801 – PCMM shall provide the ability to track and view all current and historical PCMM assignments for a patient to care teams at any location.
 - 2.1.2 - Insure that patients have only one PCP nationally unless specifically designated as approved for “dual care”
 - 2.1.3 - Provide the ability to enhance data sharing across facilities.
 - 2.1.4 - OWNR3804 – Provide the ability for information shared by all VHA facilities to be managed/edited at the local and National level.
 - 2.1.5 - OWNR3805 – Provide the ability to identify each VHA facility and any associated facility Community Based Outpatient Clinic (CBOC).
 - 2.1.6 - Provide the ability to view where PC and specialist physicians’ reside, to display in VistA Web and Remote Data Views.
 - 2.1.7 - OWNR3807 – Provide the ability to alleviate/reduce the amount of redundant data entry and the potential for data inconsistencies.

BN8 – NEED1017: PCMM shall provide a centralized database.

- 8.1 - OWNR3827 – PCMM shall provide the ability to electronically send all PCMM data to a CDW without affecting user response time.
 - 8.1.2 - OWNR3828 – PCMM shall provide the ability for users to run PCMM reports based on centralized database information in real time, from a reporting database within the re-engineered PCMM system. This will include the ability to report national and aggregate PCMM data across VHA facilities.
 - 8.1.3 - Provide the ability to report national PCMM work load to all VHA facilities.

PCMM PMAS Increment 2:

BN3 - NEED1011: PCMM shall provide the ability to track VHA and non-VHA PCP, Team and Team member information and have that information display in CPRS.

- 3.1 - Provide the ability to track total patient assignments to PCP, care team, etc.
 - 3.1.2 - Provide the ability to track dedicated Full-time Equivalents (FTEs) for each provider.

- 3.1.3 - OWNR3810 – PCMM shall provide the ability to track rooms and support staff, along with their FTEEs associated with each team (i.e., Provide the ability to track all administrative support information including FTEE for each team). Specifically for rooms, PCMM coordinators will have the ability to enter the details of each room: room type, room description, and availability (the availability of the room will be shown as a percentage of the time used for the PC).
- 3.1.4 - OWNR3811 – PCMM shall provide the ability for the system to perform calculations on PCMM Full Time Equivalent and panel data (currently calculated from data entered into VHA Support Service Center (VSSC)). PCMM shall pull the PC intensity score, calculate the staffing ratio, calculate the room ratio and use patient gender in order to calculate the modeled panel size. In addition, PCMM shall provide the ability to track dedicated FTEEs for each team and group position. PCMM shall perform the sum of current FTEE for an individual by adding up that individual's FTEE across positions in all groups so that it cannot exceed one (1.0).
- 3.1.5 - OWNR3812 – PCMM shall provide the ability to allow the display of the Associate Providers in CPRS with the same functionality that PCPs have. In addition, allow the display of the PCP's name to be configurable so the display in CPRS could be configured to display the name of the primary and associate provider according to the facility's preference.
- 3.1.6 - OWNR3813 – PCMM shall provide the ability for care team information to be pulled from PCMM and displayed in CPRS at any location and allow the display functionality to be generic enough for other designated specialists to also display.

OWNR3919 - PCMM shall have the ability to store and display historical team information (name, flag for PC or Non-PC, purpose, associated service, associated institution, maximum patients, team number and other team level data).

BN4 - NEED1012: PCMM shall provide the ability to record and display Non-VA care within PCMM.

- 4.1 - Provide the ability to view both PC and Non-PC specialty assignments (Including outside VA Providers).
- 4.1.2 - OWNR3815 – PCMM shall provide the ability for a team member to record and display Non-VA care information as well as specialty care provider information (including provider name/contact, caregiver, etc.) in CPRS.

OWNR3920 – PCMM and My HealtheVet databases shall synchronize so that non-VA provider information is displayed in both systems.

BN5 - NEED1013: PCMM shall provide the ability to group teams in PCMM together. PCMM teams will be reorganized so that there is one PCP per PC Team and if this is done there is a need for a way to associate multiple Teams with the larger collaborative group (e.g., Blue Team) which represents a grouping of PCPs and Teams who work together.

- 5.1 - OWNR3821 – Provide the ability to identify and view patients' associated specialty care physicians.
- 5.1.2 - OWNR3817 – Provide the ability to interface with legacy Scheduling and Replacement Scheduling Application to utilize unique providers when scheduling patients.
- 5.1.3 - Allow a field to identify other care providers assigned to the patient.
- 5.1.4 - Allow a field to store name and contact of other VA PCPs.

5.2 - Ensure Team A and Team B function as the Blue Team and are both associated with Blue Team.

5.2.1 – Implementing this association should make it possible to see a view of patients and roles across the larger team as well as the smaller team

Example Blue Team

o Example (Blue) Team A

PC Provider .9 FTE

Care Manager .9 FTE

Health Technician .9 FTE

Case Manager .5 FTE

o Example (Blue) Team B

PC Provider .9 FTE

Care Manager .9 FTE

Health Technician .9 FTE

Case Manager .5 FTE

Clinical Pharmacist .25 FTE

5.2.2 – Allow a field to designate that the patient is approved for dual PC assignment and allow assignment to more than one PC team/provider for such patients.

5.2.3 – Continue system capability to move one or more patients at a time between teams with additional capability to move entire panels if needed.

5.3 – OWNR3824 – Create PCMM Individual PACT Teams: Convert Multiple Provider Teams to Single Provider Teams.

OWNR3820 – PCMM shall provide the functionality to associate multiple teams together under one large collaborative group and allow patient team information to be communicated and shared across the collaborative group. In addition, PCMM shall provide the ability to record and display the name/location(s)/contact information of the provider, team and Non-VA care information across the large collaborative group and the ability to add staff/FTEE/pt at the large collaborative group level.

OWNR3821 – PCMM shall make it possible to see a view of patients and roles across the larger collaborative group as well as the smaller team by implementing the association of multiple teams together under one larger collaborative group.

OWNR3823 – PCMM shall have the ability to remove the limitation on the number of patient reassignments at one time.

OWNR3915 – PCMM shall support the association of a team to a collaborative group name, institution, description and point of contact.

OWNR3927 – PCMM shall display the remaining unassigned FTEE for an individual occupying the position on a team.

PCMM PMAS Increment 3:

BN3 - NEED1011: PCMM shall provide the ability to track VHA and non-VHA PCP, Team and Team member information and have that information display in CPRS.

1.1 - Provide the ability to track total patient assignments to PCP, care team, etc.

3.1.2 - Provide the ability to track dedicated Full-time Equivalents (FTEs) for each provider.

- 3.1.3 - OWNR3810 – PCMM shall provide the ability to track rooms and support staff, along with their FTEEs associated with each team (i.e., Provide the ability to track all administrative support information including FTEE for each team). Specifically for rooms, PCMM coordinators will have the ability to enter the details of each room: room type, room description, and availability (the availability of the room will be shown as a percentage of the time used for the PC).
- 3.1.4 - OWNR3811 – PCMM shall provide the ability for the system to perform calculations on PCMM Full Time Equivalent and panel data (currently calculated from data entered into VHA Support Service Center (VSSC)). PCMM shall pull the PC intensity score, calculate the staffing ratio, calculate the room ratio and use patient gender in order to calculate the modeled panel size. In addition, PCMM shall provide the ability to track dedicated FTEEs for each team and group position. PCMM shall perform the sum of current FTEE for an individual by adding up that individual's FTEE across positions in all groups so that it cannot exceed one (1.0).
- 3.1.5 - OWNR3812 – PCMM shall provide the ability to allow the display of the Associate Providers in CPRS with the same functionality that PCPs have. In addition, allow the display of the PCP's name to be configurable so the display in CPRS could be configured to display the name of the primary and associate provider according to the facility's preference.
- 3.1.6 - OWNR3813 – PCMM shall provide the ability for care team information to be pulled from PCMM and displayed in CPRS at any location and allow the display functionality to be generic enough for other designated specialists to also display.

OWNR3919 - PCMM shall have the ability to store and display historical team information (name, flag for PC or Non-PC, purpose, associated service, associated institution, maximum patients, team number and other team level data).

BN4 - NEED1012: PCMM shall provide the ability to record and display Non-VA care within PCMM.

- 4.1 - Provide the ability to view both PC and Non-PC specialty assignments (Including outside VA Providers).
- 4.1.2 - OWNR3815 – PCMM shall provide the ability for a team member to record and display Non-VA care information as well as specialty care provider information (including provider name/contact, caregiver, etc.) in CPRS.

OWNR3920 – PCMM and My HealtheVet databases shall synchronize so that non-VA provider information is displayed in both systems.

BN5 - NEED1013: PCMM shall provide the ability to group teams in PCMM together. PCMM teams will be reorganized so that there is one PCP per PC Team and if this is done there is a need for a way to associate multiple Teams with the larger collaborative group (e.g., Blue Team) which represents a grouping of PCPs and Teams who work together.

- 5.1 - OWNR3821 – Provide the ability to identify and view patients' associated specialty care physicians.
- 5.1.2 - OWNR3817 – Provide the ability to interface with legacy Scheduling and Replacement Scheduling Application to utilize unique providers when scheduling patients.
- 5.1.3 - Allow a field to identify other care providers assigned to the patient.
- 5.1.4 - Allow a field to store name and contact of other VA PCPs.

5.2 - Ensure Team A and Team B function as the Blue Team and are both associated with Blue Team.

5.2.1 – Implementing this association should make it possible to see a view of patients and roles across the larger team as well as the smaller team

Example Blue Team

o Example (Blue) Team A

PC Provider .9 FTE

Care Manager .9 FTE

Health Technician .9 FTE

Case Manager .5 FTE

o Example (Blue) Team B

PC Provider .9 FTE

Care Manager .9 FTE

Health Technician .9 FTE

Case Manager .5 FTE

Clinical Pharmacist .25 FTE

5.2.2 – Allow a field to designate that the patient is approved for dual PC assignment and allow assignment to more than one PC team/provider for such patients.

5.2.3 – Continue system capability to move one or more patients at a time between teams with additional capability to move entire panels if needed.

5.3 – OWNR3824 – Create PCMM Individual PACT Teams: Convert Multiple Provider Teams to Single Provider Teams.

OWNR3820 – PCMM shall provide the functionality to associate multiple teams together under one large collaborative group and allow patient team information to be communicated and shared across the collaborative group. In addition, PCMM shall provide the ability to record and display the name/location(s)/contact information of the provider, team and Non-VA care information across the large collaborative group and the ability to add staff/FTEE/pt at the large collaborative group level.

OWNR3821 – PCMM shall make it possible to see a view of patients and roles across the larger collaborative group as well as the smaller team by implementing the association of multiple teams together under one larger collaborative group.

OWNR3823 - PCMM shall have the ability to remove the limitation on the number of patient reassignments at one time.

OWNR3915 – PCMM shall support the association of a team to a collaborative group name, institution, description and point of contact.

OWNR3927 – PCMM shall display the remaining unassigned FTEE for an individual occupying the position on a team.

3. Applicable Standards

No specific applicable standards have been identified and are to be determined.

4. Interfaces

4.1. Communications Interfaces

Communication interface specifications are to be determined.

4.2. Hardware Interfaces

Hardware interface specifications are to be determined.

4.3. Software Interfaces

Software interface specifications are to be determined.

4.4. User Interfaces

User interface specifications are to be determined.

5. Legal, Copyright, and Other Notices

A VA authorized user notice will be displayed at CISS login and at the bottom of each PCMM page.

6. Purchased Components

No components have been identified for purchase.

7. User Class Characteristics

User class characteristics and personas to be determined.

8. Estimation

The following PCMM User Story Function Point Estimates have been completed for Increment 1:

Function Point Estimate Monte Carlo Simulator
Historical Data File 8/2010

Project Name: Primary Care Management Module (PCMM) (1483) - Increment 1

Product ID: ES12-FPCW-039-01

Start Date: 3/15/2012

Project Size (FP): 248

Actual Hours Expended: 6,083

TeamPlay Data Date:

Project Size Based On:

- ☒ Inception Phase Document/IRA
- ☒ Elaboration Phase Document/SRS
- ☒ Released Live Application

On Hold Days: 0

Number of Days Worked: 0

Configuration Management

Start Date	End Date	Version	Description	Estimator
10/11/12	10/15/12	1.00	Initial Creation of the Estimate	Gary Huber
		1.01	First Estimate Revision (describe revisions)	
		1.02	Second Estimate Revision (describe revisions)	

The following PCMM User Story Function Point Estimates have been completed for Increment 2:

Function Point Estimate Monte Carlo Simulator
Historical Data File 8/2010

Project Name: Primary Care Management Module (PCMM) (1483) - Increment 2

Product ID: ES12-FPCW-038-01

Start Date: 10/1/2011

Project Size (FP): 262

Actual Hours Expended:

TeamPlay Data Date:

Project Size Based On:

- ☒ Inception Phase Document/IRA
- ☒ Elaboration Phase Document/SRS
- ☒ Released Live Application

On Hold Days: 0

Number of Days Worked: 0

Configuration Management

Start Date	End Date	Version	Description	Estimator
10/9/12	10/15/12	1.00	Initial Creation of the Estimate	Gary Huber
		1.01	First Estimate Revision (describe revisions)	
		1.02	Second Estimate Revision (describe revisions)	

The following PCMM User Story Function Point Estimates have been completed for Increment 3:

version 13.01

Function Point Estimate Monte Carlo Simulator
Historical Data File 8/2010

Project Name

Primary Care Management
Module Rehost_Reengineer
(PCMM) Increment 3 (1483)

Product ID

ES13-FPCW-009-01

Start Date

Project Size (FP)

188

Actual Hours Expended

TeamPlay Data Date

Project Size Based On:

☐ Inception Phase Document/IRA
☐ Elaboration Phase Document/SRS
☒ Released Live Application

On Hold Days

0

Number of Days Worked:

0

Configuration Management

Start Date	End Date	Version	Description	Estimator
2/5/13	2/8/13	1.00	Initial Creation of the Estimate	Gary Huber
		1.01	First Estimate Revision (describe revisions)	
		1.02	Second Estimate Revision (describe revisions)	

Appendix A: Requirements Traceability Matrix

The attached RTM contains the traceability between the business requirements from the PWS/RED and the user story requirements being developed for the PCMMR application.



PCMMR_RTM.xlsx

Appendix B: Project Allocation Report

The Veterans Affairs – Office of Information Technology – Product Development – Development Management – Product Assessment – Tools Management - Requirements Management (RM) Repository Program performed the *Requirements Allocation Process* for PCMM/R producing a Project Allocation Report (PAR). An initial PAR containing 297 cross-cutting requirements was provided on June 7, 2012. Based on mutual negotiations between our teams, a final PAR containing 167 cross-cutting requirements were allocated to PCMM/R, thereby concluding the allocation process.

The RM Repository team will archive the final PAR for this increment of PCMM/R in the ClearCase Version Control Repository. In addition, the RM Repository is now updated to reflect that 33 cross-cutting requirements were allocated to PCMM/R for implementation (Increment 1 and 2) – 134 remain to be allocated during Increment 3. As the other 130 requirements were determined to be not applicable to your project, they will not be included.

The following Enterprise requirements were retrieved from the PCMM Project Allocation Report PCMMR Inc2_FINAL received July 16, 2012, and separated into the 3 developmental increments.



Project Allocation
Report PCMMR_Inc2 F

Appendix C: IAM Approval

The following approved request from Identity and Access Management (IAM) for the Identity Services (IdS) SMEs to provide support/feedback for PCMM to ensure that PCMM is appropriately utilizing the existing IAM enterprise services and that the reengineered PCMM application remains compliant with the Enterprise Level IAM Requirements.



IAM_SR20120117 1
OIT PD PCMM.docx

Addendum per Debra Vance on March 2, 2012:

Recommendation:

PCMM request to QUERY the MVI for patient information including the list of treating facilities (TF) in which a patient has been seen, is not within Identity Service's current approved 2-year plan. This SR would require integration analysis and a full integration lifecycle (Integration design, Integration testing, and

The recommendation is to send to IAM IPT for approval for Ids MVI to do integration analysis and a full integration lifecycle integration with Primary Care Management Module (PCMM).

Requestor's Timeline: Production Go-Live date is January 2013

Level of Effort Required to Meet Requestor's Timeline: Significant

This is a significant effort requiring IdS integration analysis, Integration design, Integration testing, The IdS (MVI) team will determine the integration pattern for this request depending as a result of the integration analysis.

Per the approved IdS 2yr Increment Delivery Plan, the IdS team can begin the Integration Analysis and Design efforts in April 2012 continuing and finishing the full integration lifecycle in I8 (5/12/12 through 11/11/12), with no impact to the current IdS delivery plan.

Appendix D: Proposed Requirement Changes

The following requirements needed to be revised due to business or technical reasons. The Modified wording was orally approved by the Product Owner and VA PM.

Requirement	PWS/RED Existing	Suggested Modification	Reason
BN2 OWNR3914	PCMM shall allow the addition and editing of any standardized data list (e.g., Role names, services, etc.) at the national level.	PCMM shall allow the addition and editing of any standardized data list (e.g., Role names, services, etc.) at the national level. If the list data displays in VistA/CPRS, a VistA patch is needed to apply the corresponding changes to VistA/CPRS.	There are technical considerations to allow PCMMR and VistA to show the same list values.
BN3, 3.1.5 NEED1044 OWNR3812	PCMM shall provide the ability to allow the display of the Associate Providers in CPRS with the same functionality that PCPs have. In addition, allow the display of the PCP's name to be configurable so the display in CPRS could be configured to display the name of the primary and associate provider according to the facility's preference.	PCMM shall continue to have the ability to display the PC Team Name, the PCP and additionally, the Associate Provider if the patient is explicitly assigned to an Associate Provider, in CPRS	There are technical considerations to allow the display of the name to be configurable. CPRS v30 has it set where the PCP will be on the 1st line of the PC header along with the team name and the AP (if the patient is assigned to the AP) will follow the PCP name. CPRS staff will be trained to locate the AP name on the 1st line and it will be the same for all sites.
BN3, 3.1.6 NEED1044 OWNR3813	PCMM shall provide the ability for care team information to be pulled from PCMM and displayed in CPRS at any location and allow the display functionality to be generic enough for other designated specialists to also display.	PCMM shall continue to have the ability to display the PC Team Name, the PCP and additionally, the Associate Provider if the patient is explicitly assigned to an Associate Provider, in CPRS".	There are technical considerations to allow the display of the PC team information regardless of the source site. The ability to display the PC team information if it is available at the site has been preserved but it will take a VistA patch to be able to display the PC information if it is at site other than the one the CPRS user is working it. This has been requested and is known as CWG Request #1. PCMM/R has received approval from CPRS team to code and implement the changes on behalf of CPRS.

BN4, 4.1.2 NEED1044 OWNR3815	PCMM shall provide the ability for a team member to record and display Non-VA care information as well as specialty care provider information (including provider name/contact, caregiver, etc.) in CPRS.	PCMM shall provide the ability for a team member to record Non-VA care information as well as specialty care provider information in PCMM and display in CPRS”?	There are technical considerations to allow the display of team information that is not currently displayed (ie team info other than PC and MH) as well as team information regardless of the source site. It will take a VistA patch to be able to display any team information other than PC and MH at the source site and any team information for any site other than the one the CPRS user is working it. This has been requested and is known as CWG Request #2 and #3. PCMM/R has received approval from CPRS team to code and implement the changes on behalf of CPRS.
BN4 OWNR3920 (De-scope)	PCMM and My HealtheVet databases shall synchronize so that non-VA provider information is displayed in both systems.		There are business policies and processes that need to be modified due to Privacy and PII issues. The Vet must approve the release of the information to be shared btwn systems. This will need to be a MHV enhancement. Would like HSM office to lead this if possible.
BN5 5.1.2 OWNR3817	Provide the ability to interface with legacy Scheduling and Replacement Scheduling Application to utilize unique providers when scheduling patients.	PCMM shall continue to provide the current PCMM information so it will be available to the VistA Scheduling application.	We have preserved the ability to view the PCMM team assignments via Scheduling. PCMM will remove the ability for Scheduling to assign a team and/or provider. There are business processes that need to be revised to turn off the ability to assign and unassign patients from teams via VistA Appt Mgmt. There are technical changes that need to be made if this process change is not accepted. Per Dr Garcia and Dr Stark, the users should be using PCMMR for patient assignment/unassignment.
BN5 5.3 OWNR3824 (De-scope)	Create PCMM Individual PACT Teams: Convert Multiple Provider Teams to Single Provider Teams		We understand all teams have already been manually converted. This requirement can be removed if this is the case. If not, there are technical changes that need to be made

			to the data migration effort to convert these teams.
BN8 8.1 OWNR3827	PCMM shall provide the ability to electronically send all PCMM data to a CDW without affecting user response time.	PCMM shall provide the ability to allow CDW to electronically retrieve all PCMM data without affecting user response time.	There are technical considerations needed by CDW to allow them to prepare to receive the new data structures. They are aware of the new data structure and will be pulling the data when they are ready.
NEED1045 OWNR3923	PCMM shall allow a justification to be pulled from a standardized list when the modeled panel size does not equal the maximum panel size.	PCMM shall allow a justification to be entered and stored when the modeled panel size does not equal the maximum panel size.	Per business owner, we decided to make this a free format justification instead of a standardized list.
BN4 4.1.2 OWNR3815	Provide the ability to record and view a patient's non-VA providers and associated contact info (phone number, etc) in CPRS.	PCMM shall provide the ability to record a patient's non-VA provider and associated contact info (phone number, etc) in PCMM and view in CPRS?	There are technical considerations to allow the display of non-VA provider information that is not currently displayed in VistA. It will take a VistA patch to be able to display it. This has been requested and is known as CWG Request #2 and #3. PCMM/R has received approval from CPRS team to code and implement the changes on behalf of CPRS.
BN2 2.1.6	Provide the ability to view where PC and specialist physicians' reside, to display in VistA Web and Remote Data Views.	VistAWeb uses the same RPCs that VistA does to display the data.	There are technical considerations to allow the display of team information that is not currently displayed (ie team info other than PC and MH) as well as team information regardless of the source site. It will take a VistA patch to be able to display any team information other than PC and MH at the source site and any team information for any site other than the one the CPRS user is working it. This has been requested and is known as CWG Request #2 and #3. PCMM/R has received approval from CPRS team to code and implement the changes on behalf of CPRS.

BN5 5.1.2 OWNR3817	Provide the ability to interface with legacy Scheduling and Replacement Scheduling Application to utilize unique providers when scheduling patients.	PCMM shall continue to provide the current PCMM information so it will be available to the VistA Scheduling application.	We have preserved the ability to view the PCMM team assignments via Scheduling. PCMM will remove the ability for Scheduling to assign a team and/or provider. There are business processes that need to be revised to turn off the ability to assign and unassign patients from teams via VistA Appt Mgmt. There are technical changes that need to be made if this process change is not accepted. Per Dr Garcia and Dr Stark, the users should be using PCMMR for patient assignment/unassignment.
NONF782 (De-scope)	PCMM shall have Austin National Database as the operational environment.	PCMM/R will be hosted in the Clinical Information Support System (CISS) production database. Currently the CISS/OHRS production system is housed at Falling Waters, Virginia.) PCMM will be hosted in a virtual machine environment physically close to the CISS weblogic environment to ensure low network latency between itself and CISS. Its SQL Server database will also exist nearby on the network to the PCMM Weblogic server for performance reasons.	Since the PWS was written, it was decided that PCMM/R will fall under the CISS Portal. AITC is no longer needed.
NEED1044 (De-scope)	PCMM shall allow CPRS to display group information from PCMM.		SME/BO stated on Friday, Jan 31, during the Notifications Distribution Discussion call, that displaying Group information in the CPRS PC header and PC window was no longer needed. It will be more for geographic team association and reporting. OWNR3812, OWNR3813 and OWNR3815 which are associated with this NEED will not be affected and are actively being addressed.
NEED1014 BBR149 (De-scope)	The system shall allow patients in pending status to be counted towards the panel size.		SME/BO stated they did not want pending status to count towards the panel size as this may cause askewed counts on panel sizes.

NEED1011 - BN3 NEED1041 BBR153 (De-scope)	The System shall utilize a numerical series in the team naming convention to track the purposes of the team names (Records Management Approach).		PACT team naming convention for PCMM has been structured using the acronym "PACT" not numerical series by SME/BO. It was determined that rather relying on a numerical or hard coded naming convention – the type of team would be determined by the standardized list of care type/focus.
NEED1011 - BN3 NEED1041 BBR154 (De-scope)	The System shall allow the team purpose to drive the series for the unique identifier (numerical series).		Care Type (Team purpose) does not restrict the naming convention of team names but allows team names to be created using each Care Types own specifications. It was determined that rather relying on a numerical or hard coded naming convention – the type of team would be determined by the standardized list of care type/focus.
BN2 - OOWNR3912	PCMM shall allow patients to be assigned to PCMM panels without having to be registered at the local medical facility. In other words, any patient enrolled in the VA may be assigned to a team.	PCMM shall allow patients to be assigned to PCMM panels without having to be enrolled as long as they have a presence at the local medical facility. In other words, any patient registered in the VAMC may be assigned to a team as long as they are entered into the local VistA.	PCMMR is not the authoritative source for Patient data. It requires the Patient to be in VistA first and then the Patient can be pulled into PCMMR. Thru discussion with BO, the assumption was made that the patient will have already been registered at a VistA Site prior to him being placed on a PCMM team. They would not have had to go all the way through the Vista Site Registration process but they would have had to have been entered into the patient file at that VistA site.

Attachment A - Approval Signatures

This section is used to document the approval of the Requirements Specification Document and Requirements Traceability Matrix during the Formal Review. The review should be ideally conducted face to face where signatures can be obtained 'live' during the review however the following forms of approval are acceptable:

1. Digital signatures tied cryptographically to the signer (instructions for digital signature can be found in the Digital Signature Guide in ProPath [process/Library/digital signature guide.doc](#))
2. Physical signatures obtained face to face or via fax
3. /es/ in the signature block provided that a separate digitally signed e-mail indicating the signer's approval is provided and kept with the document

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, Information Technology (IT) Program Manager, and the Project Manager are required to sign. Please annotate signature blocks accordingly.

