



# Updated 2016 ASaP Super Form - What's New at a Glance

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# Pap Testing



## Where: Chart Review Set Up Form

User functionality reflects updates to pap testing recommendations, which include the first DO NOT screen on the ASaP menu. For women 18-20 and 25-69 years of age a pop-up message is available to support the chart reviewer (see image below). **When conducting a chart review it's important to keep in mind that you are measuring whether the correct offer was made. The following table outlines the logic you will need to use for pap testing (and other Do Not screens in the future)**

Age range	Answer "Yes" in the chart review for pap if:	Answer "No" in the chart review for pap if:
women 18-20	Pap test NOT offered	Pap test offered
women 25-69	Pap test offered	Pap test NOT offered

NOTE: for women 21-24 years of age the Super Form will black out the pap testing field as screening is optional for this group (see image below)

	A	B	C	D	E	F
1	Chart Review for:					
2	Patient	1	2	3	4	5
3	Gender	Female	Female	Female		
4	Age	18	22	28		
5	Blood Pressure	Yes	Yes	Yes	Yes	Yes
6	Offered (1 year)					
10	Plasma Lipid profile	No	No	No	No	No
11	Offered (5 yrs)					
15	Diabetes Screen	No	No	No	No	No
16	Offered (5 yrs)					
20	Height	Yes	Yes	Yes	Yes	Yes
21	Offered (past age 18)					
25	Weight	Yes	Yes	Yes	Yes	Yes
26	Offered (3 yrs)					
30	Tobacco Use Assessment	Yes	Yes	Yes	Yes	Yes
31	Offered (1 year)					
35	Pap Test	Yes	No	Yes	No	No
36	Offered (3 yrs)					
40	Mammography	No	No	No	No	No
41	Offered (2 yrs)					
45	FOBT/FIT	No	No	No	No	No
46	Offered (2 yrs)					
50	Flex Sig	No	No	No	No	No
51	Offered (5 yrs)					
55	Colonoscopy	No	No	No	No	No
56	Offered (10 yrs)					

**Correct Offer?**  
 Answer "Yes" if Pap offered for ages 25+.  
 Answer "Yes" if NOT OFFERED for ages 18-20.  
 (For ages 18-20 Pap is a Do Not Do maneuver.)

## Lengthened Maneuver Intervals

### Where: Chart Review Form

The new intervals for Plasma Lipid Profile, Diabetes, Weight and Cardiovascular Risk have been updated as per the 2016 ASaP Maneuvers Menu.

	A	B	C	D	E	F
1	Chart Review for:					
2	Patient	1	2	3	4	5
3	Gender					
4	Age					
5	Blood Pressure	Yes	Yes	Yes	Yes	Yes
6	Offered (1 year)					
10	Plasma Lipid profile	No	No	No	No	No
11	Offered (5 yrs)					
15	Diabetes Screen	No	No	No	No	No
16	Offered (5 yrs)					
20	Height	Yes	Yes	Yes	Yes	Yes
21	Offered (past age 18)					
25	Weight	Yes	Yes	Yes	Yes	Yes
26	Offered (3 yrs)					
30	Tobacco Use Assessment	Yes	Yes	Yes	Yes	Yes
31	Offered (1 year)					
35	Pap Test	No	No	No	No	No
36	Offered (3 yrs)					
40	Mammography	No	No	No	No	No
41	Offered (2 yrs)					
45	FOBT/FIT	No	No	No	No	No
46	Offered (2 yrs)					
50	Flex Sig	No	No	No	No	No
51	Offered (5 yrs)					
55	Colonoscopy	No	No	No	No	No
56	Offered (10 yrs)					
60	CV Risk Calculation	No	No	No	No	No
61	Offered (5 yrs)					
65	Exercise	Yes	Yes	Yes	Yes	Yes
66	Offered (1 year)					
70	Flu Vaccination or Screen	Yes	Yes	Yes	Yes	Yes
71	Offered (1 year)					

# Alcohol Use Assessment Maneuver

## Where: Chart Review Set Up Form

Previously all maneuvers to be measured were defaulted to “yes”. Now, the Alcohol Use Assessment maneuver is defaulted to “No” as per the updated 2016 Maneuvers Menu which no longer recommends Alcohol Use Assessment.

This said, new participants have the option to measure it. If so, use the dropdown list to select “Yes”.

Existing participants also can continue to measure the Alcohol Use Assessment maneuver. Those who decide to stop can use the opt-out button (see below). This will remove the maneuver from chart reviews ongoing.

\* we highly recommend facilitators discuss the evidence behind why the Alcohol Use Assessment maneuver was removed from the maneuvers menu with teams to inform their decision to measure this maneuver or not.

### Chart Review Set Up and Maneuver Choices [Read Instructions](#)

This form customizes the information collected and reported through the baseline, follow-up, and sustain chart reviews. Responses to the options presented below will reflect agreement between the primary care provider and primary care organization on maneuvers selected, number of records reviewed, and any additional measures for this and subsequent chart reviews. Once selections are recorded press the "Set Up Complete Activate Pre-Charts" button to lock the customization and commence baseline chart review.

The Chart Reviews will be done for:

PCN	
Clinic	0
Provider	
Improvement Facilitator	

  

Choose the maneuvers to be reviewed in each Chart Review:		Required	Optional Measures			
			Offered	Logic	Value1	Value2
Blood Pressure	Yes	Yes	No	No	No	
Plasma Lipid profile	Yes	Yes	No	No	No	
Diabetes Screen	Yes	Yes	No	No	No	
Height	Yes	Yes	No	No	No	
Weight	Yes	Yes	No	No	No	
Tobacco Use Assessment	Yes	Yes	No	No	No	
Pap Test	Yes	Yes	No	No	No	
Mammography	Yes	Yes	No	No	No	
FOBT/FIT	Yes	Yes	No	No	No	
Flex Sig	Yes	Yes	No	No	No	
Colonoscopy	Yes	Yes	No	No	No	
CV Risk Calculation	Yes	Yes	No	No	No	
Exercise	Yes	Yes	No	No	No	
Flu Vaccination or Screen	Yes	Yes	No	No	No	
Alcohol Use Assessment	No <span style="font-size: x-small;">▼</span>	Yes	No	No	No	

  

**Definitions**

Offered - Is the maneuver tracked?

Logic - Do you want to track this maneuver? (optional measure)

Value1 - Do you want to track this maneuver with a specific value? (optional measure)

Value2 - Do you want to track this maneuver with a specific value? (optional measure)

**Sample Size**

Number of Charts to Review in all Chart Reviews?

20

  

**Whole Panel**

Using EMR to generate data on the entire panel?

No

  

Set Up Complete  
Activate Baseline  
Charts

  

Defaulted to "No" as the maneuver is no longer suggested by the program. It is still available as an optional measurement. A "Yes" means that Alcohol Use Assessment will be measured.

# New Field



## Where: Enrollment Form

A new field has been added. This said, it's not for ASaP participants. For this reason it's defaulted to "yes". The "no" measurement only option is to support PCNs with Schedule B reporting, as per the Screening Toolkit. Each PCN's strategy for Schedule B reporting will vary. Speak with your PCN leadership to learn more.

	A	B	C	D	E	F	G	H	I	J	K
1	<b>Primary Care Provider Enrollment</b>										
	Read Instructions										
2	The following information supplied by the primary care provider is gathered to support the delivery of the ASaP initiative. The primary care provider's responses will also be used by the Improvement Facilitator to understand current clinic practices.										
3	Are you participating fully in ASaP?								(Yes/No)	Yes	
4	Date Provider Letter of Consent signed								(dd-mmm-yy)		
5	Date Provider Enrollment Information collected								(dd-mmm-yy)		
6	Primary Care Organization (PCN, FCC, etc.)										
7	Provider's Clinic										
8	Clinic Name if above field is "Not in List"										
9											
10	<b>Provider Information</b>										
11	Prefix							(Dr. Miss Ms. Mrs. Mr.)			
12	First Name										
13	Last Name										
14	Personal Email										
15	Phone Number							(include area code)			
16	Gender							(Female, Male)			
17	Year of Birth							(yyyy)			
18	Provider Type							(Primary Care Provider, Specialist, Mental Health)	Primary Care Provider		
19	Provider Category							(Doctor, Nurse Practitioner)			
20	Year of Medical School Graduation							(yyyy)			
21	Year Practice Began at this clinic							(yyyy)			
22	Average # hrs/week in this clinic (estimate)										
23	Average number of patients seen per week (estimate)										
24	Provider notes										
25											
26											
27	<b>Quality Improvement Initiative Participation</b>										
28	Provider in workshops from ?	Yes/No	Notes (can type more than display space)								
29	- Alberta AIM										
30	- Institute for Healthcare Improvement (IHI)										
31	- TOP Program										
32	- Other Organizations										
33											
34											
35	<b>Clinic Information</b>										
36	Clinic Phone							(include area code)			
37	Clinic Street Address										
38	Clinic City, Clinic Postal Code										