

6. The Clinicom Report

- **CLINICOM'S reports** can be accessed by clicking the report chart icon or View Report button.
- **CLINICOM** also offers a "Report Narrative Summary". What the summary (narrative) does, is collects the important symptoms from the conditions that the report suggests for review by the clinician and automatically generates a narrative that is written to reflect specifically the patient's symptoms and condition. The clinician can then use the narrative to include it in the History of Present Illness of the H&P and/or to include findings in a letter to a referral source. Please make sure you edit the summary after you copy and paste it.
- **Many clinicians** use the CLINICOM Report to share with the patient/family the reason why they are coming to certain diagnostic conclusions. The CLINICOM Report can also be used as a great educational tool which allows the clinician to "*show how and why*" diagnostic decisions are being made and institute the appropriate level of care and treatment planning.
- **"Why am I bipolar"?** Now you can bring the user's answers into play to respond to this and many similar questions utilizing the CLINICOM Report.
- **"Why are you going to treat me with that medication"? or "I did not know I had OCD, don't they have to wash their hands a lot"?** These are going to be questions that will culminate with very appropriate answers that have concrete evidence as long as you feel that the user is reliable.
- You can use the report to also educate the patient or guardian about **what symptoms can she or he expect to get better** and mark them on the CLINICOM report.

SEVERITY HEATMAP W/EDITING CAPABILITIES

MAJOR DEPRESSION AND SUICIDALITY
RESULT: MAJOR DEPRESSIVE DISORDER, RECURRENT 6 OUT OF 7

Has been depressed	9	
Depression has been present for two weeks or more at any time	Yes	
Has experienced depressive episodes in the past	Yes	
Feelings of hopelessness	3	
Recurrent thoughts of death	2	
Shows less interest or enjoyment in activities	3	
Significant weight change	0	
Weight lost or gained	ThisIsATextBox	
Significant change in his or her sleep pattern	9	
Psychomotor retardation	4	
Often fatigued or tired for no apparent reason	3	
Often feels worthless or guilty	1	
Lessened ability to concentrate	10	

Diagnosis Add Diagnosis

Accepted/Added

Major Depressive Disorder, Recurrent - 7

Enter Notes: Edit Severity: Status:

7. Update the CLINICOM Report

- Once the patient has been seen by the clinician, the report and information contained within should be carefully validated by:
 - Accepting Diagnoses
 - Adding Diagnoses
 - Ruling Out Diagnoses
 - Rejecting Diagnoses
 - Accepting Severity Scale
 - Changing Severity Scale
 - Updating Current Medications with the new treatment plan if any
 - Utilizing the TEXT BOX to make comments reflecting
 - Your formulation
 - User's reliability
 - Diagnostic challenges
 - Further testing needed
 - Treatment recommendations
 - Referrals
- Storing the Clinicom Report
 - Printing a Final Report to hand to your patient (without the diagnoses page) or send to your referral source.

- Clinicom reports are printed to PDFs for security purposes and can be stored as PDFs within EMRs/EHRs. Clinicom can be integrated with some EHR platforms via APIs. Contact Support@clinicom.com for more info and ask about our EMR/HER integrations.
- **It is imperative that clinicians Accept or Reject Diagnosis in the system prior to printing or filing the final Clinicom Report. Reports will denote if the clinician took the time to accept, reject, or rule out a Diagnosis. If a Clinician is uncertain of the diagnosis the clinician is recommended to label the diagnosis as “Rule Out”.** This not only helps improve the systems accuracy over time but also ensures that patients are not misdiagnosed.

PATIENT SUMMARY W/ SUGGESTED DIAGNOSES

The screenshot displays the Clinicom Patient Summary interface for a patient named Danny Smith. The interface includes a header with patient details (First Name, DOB, Email, Last Name, Gender, Race, Mobile Phone) and a 'Get Report' button. Below this are sections for Medications (Current, Past, Allergies) and a Diagnosis section with a color-coded score bar (1-7) and a 'Print Report to Printer' button. A 'FOR REVIEW BY CLINICIAN' section is highlighted, showing two suggested diagnoses: 'Attention Deficit/Hyperactivity Disorder, Combined Presentation' and 'Overanxious/Generalized Anxiety Disorder'. Each diagnosis has a status of 'Accepted by Clinician' and a corresponding color-coded bar. A detailed description of the first diagnosis is provided. A separate inset shows a mobile device screen with a 'Review Diagnosis: Assessment (21172)' for 'POST-TRAUMATIC STRESS DISORDER' and a dropdown menu with options: 'Not Accepted by Clinician', 'Accepted by Clinician', 'Reject', and 'Rule Out'. A hand is shown selecting 'Accepted by Clinician'.

8. Sending a Follow up assessment

Diagnosis [Add Diagnosis](#)

Accepted/Added

Major Depressive Disorder, Recurrent = 7 out of 7		Status: Accepted by Clinician
Suicide Warning = 7 out of 7		Status: Accepted by Clinician

Suggested

Overanxious/Generalized Anxiety Disorder = 6 out of 7		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Substance Use Disorder = 5 out of 7		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attention-Deficit/Hyperactivity Disorder, Combined Presentation = 2 out of 7		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Assessment Results [Add Follow Up](#)

An important aspect of a good mental health treatment plan is accurate metric based follow up assessment using standardized tools to track and measure progress. Clinicom allows a clinician to create custom follow up assessment for each patient.

Simply click on the “Follow Up” link on the patient summary page and this will take you to the follow up generator page. You can select from suggested scales. These suggestions are autogenerated by the system based on the Accepted Diagnosis the clinician has chosen for that particular patient. The clinician can decide how comprehensive or “light” of a follow up to create based on the medical necessity. Clinicians can choose from any one or more of our Standardized Scales, DSM-5 based scales, or anyone one or more of our Informational Questionnaires.

Example 1.

If the clinician gave the patient a Clinicom Pro for the first Visit and found Depression to be an issue, the follow up assessment can be given to track depression using the HAMD. The system will automatically suggest this scale from the drop down and the clinician can add it or any other scale they wish to add as a follow up given at a schedule the clinician defines.

Example 2.

If the clinician gave the patient a Clinicom for the first visit because the patient did not have time to complete a Clinicom PRO that includes the informational questionnaires, during the follow up the clinician can add any of the informational questionnaires they wish to give to the patient at that time as a follow up.

- Self vs Third Person reporting

It is important to note that Clinicom assessments and follow ups can be given to a patient or to a third-party reporter such as a parent, grandparent, guardian, teacher etc. To maintain HIPPA compliance, all third-party assessments are still shared directly with the adult patient/guardian who can forward the “Third party link” to whomever the clinician would like to gain feedback from. This maintains the private health information

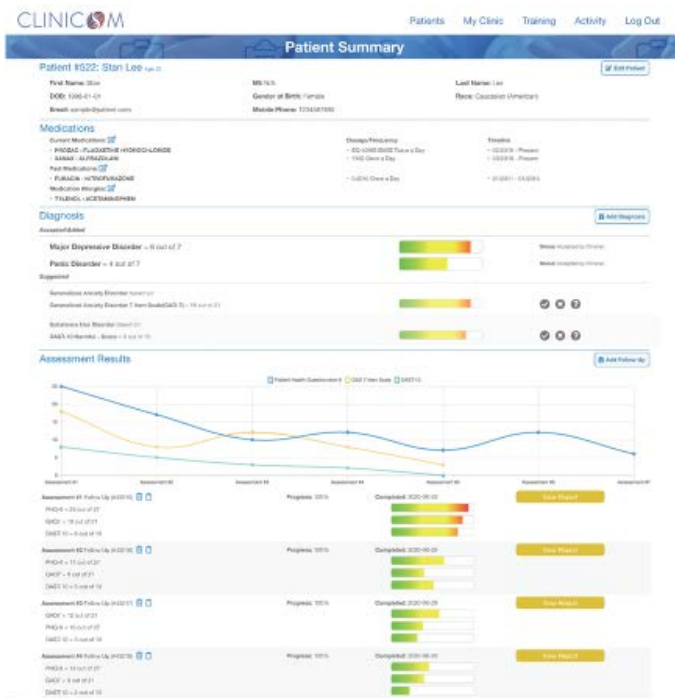
control with the patient/guardian. **Please be sure to communicate the need for the patient/guardian to forward this invite to whomever the third part is.** That is not done through our system as it would violate HIPAA, it is up to the patient/guardian to execute sharing the link with the third party.

- Follow up Graphing.

It is important to point out that the graphing feature within Clinicom is automated and is only present once two or more of the same assessments are completed. For example, two HAMD assessments or Two PHQ9's. One needs two data points in order to graph a line, and so on all new patients with only one assessment/one data set the graph will not show until two or more follow up assessments are complete.

- Timing of Follow up Assessments through the Calendar Feature.

Once a follow up assessment has been designed by the clinician to fit the patient's needs, the clinician will answer when they would like to schedule the follow up assessment. This is a critical step in treatment planning that should be evaluated based on medical necessity. After the initial visit the clinician can schedule one or more follow ups (based on necessity). This will allow the clinician to have ample metric-based data to review for the next meeting with a patient.



Metric-Based Treatment Tracking

9. Gold Standard Assessments

CLINICOM includes many gold standard assessments commonly used in clinical practice to be used with custom assessments and follow-up assessments

Standardized Scales	
<p>Standardized Scales</p> <p>ADHD Rating Scale - Child</p> <p>Adult ADHD Self-Report Scale (ASRS-v1.1)</p> <p>Adverse Childhood Experiences International Questionnaire (ACE-IQ)</p> <p>Antidepressant Treatment Response Questionnaire (ATRQ)</p> <p>Applied Cognition-Abilities-Short Form Audit-C</p> <p>Brief Psychiatric Rating Scale - Positive (BPRS)</p> <p>Clinically Useful Anxiety Outcome Scale</p> <p>Clinically Useful Depression Outcome Scale</p> <p>Clinician Administered PTSD Scale - 5 (CAPS-5)</p> <p>Compassion Satisfaction and Compassion Fatigue (PROQOL)</p> <p>Dimensional Obsessive-Compulsive Scale (DOCS)</p> <p>Drug Abuse Screening Test (DAST-10)</p> <p>DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure</p> <p>Epworth Sleepiness Scale</p> <p>Frequency, Intensity, and Burden of Side Effects Ratings (FIBSER)</p> <p>Hamilton Anxiety Rating Scale (HAM-A)</p> <p>Hamilton Rating Scale for Depression (17-Items) (HAM-D)</p> <p>McGill Pain Questionnaire</p> <p>Montgomery-Asberg Depression Rating Scale (MADRS)</p>	<p>NICHQ Vanderbilt Assessment - Parent</p> <p>NICHQ Vanderbilt Assessment - Teacher</p> <p>NICHQ Vanderbilt Follow-up - Parent</p> <p>NICHQ Vanderbilt Follow-up - Teacher</p> <p>NIDA - Assist</p> <p>Patient Health Questionnaire-9 (PHQ-9)</p> <p>Pediatric Anxiety Rating Scale</p> <p>Pediatric Anxiety Rating Scale Symptoms Follow-Up</p> <p>PROMIS - Global Health Mental</p> <p>PROMIS - Pain Behavior</p> <p>PROMIS - Pain Intensity</p> <p>PROMIS - Pain Interference</p> <p>PROMIS - Self-Efficacy for Managing Emotions</p> <p>PROMIS - Sleep Disturbance</p> <p>Psychosis Symptom Severity</p> <p>PTSD Checklist for DSM-5 (PCL-5)</p> <p>Scale of Suicidal Ideation (SSI)</p> <p>Severity Measure for Social Anxiety Disorder</p> <p>Social Interaction Anxiety Scale (SIAS)</p> <p>The Generalized Anxiety Disorder 7 Item Scale (GAD-7)</p>

10. Literature

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