EHRp13
Integrated Problem List
Tips and Tricks

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IPL TIPS

IPL Tips – Converting ICD Problems

Tip #1: If you are converting a simple narrative to SNOMED, use ***Get SCT from Main IPL display.***

IPL Tips – Converting ICD Problems (cont.)

Tip #2: If you are converting a narrative that you know requires added provider text or entering info into "comments", then use ***Edit then Get SCT.***

• You will be returned to the Edit problem dialog and you can add relevant provider text.
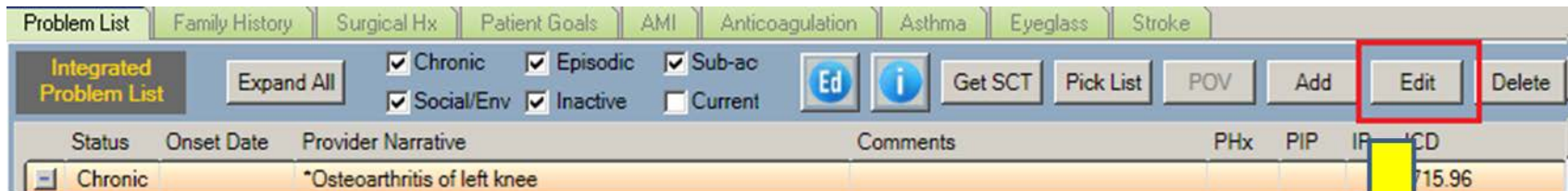
IPL Tips – Converting ICD Problems

- Click **Get SCT**.

- Highlight choice and click **Select**.

IPL Tips – Converting ICD Problems

- Type **left** in provider text then click **SAVE**.

IPL Tips – Converting ICD Problems

Tip #3: You can use Pick List from the Edit dialog when converting problems.

- From IPL Main screen – highlight and click Edit
- From Edit Problem – you may select one term for the problem

IPL Tips – Adding Problems

Tip #4: If you use pick list to select problem, your CAC can default the status.

- From IPL Main screen – you may select one or more NEW terms and when you save your selections you may add any info and/or click POV box

- From Add/Edit Problem – you may select one term for the problem

IPL Tips – How Specific Should I Be?

Tip #5: Select the level of specificity that best allows you to manage the problem.

- Focus on describing problem
- The problem will not be edited/changed often, **only when the problem has evolved** or the diagnosis has been refined but would not be every visit

*** **Document status of follow up using POV Provider Text** ***

Original problem	Evolves to/refined to
Osteoarthritis of knee|*left*	Osteoarthritis of knee|*bilateral*
Asthma	Moderate persistent asthma
Breast mass|*left upper outer quadrant*	Mallignant neoplasm of the breast upper outer quadrant|*left*

IPL Tips – How Specific Should I Be?

Chronic problems

- SNOMED and provider text will not change frequently
- May be a little bit more generic with or without provider text clarification (seen right of "|")
  - Diabetes type 2 with renal manifestations
  - Hypertension
  - Osteoarthritis of knee|left
  - Moderate persistent asthma
  - Endometriosis|bowels, peritoneum, ovaries

*** Document status of follow up using POV Provider Text ***

IPL Tips – How Specific Should I Be?

Subacute problems
- Working diagnoses many be more generic
  - Fatigue
  - Breast Mass| left upper outer quadrant
  - Joint pain| knees, proximal interphalangeal joints bilaterally
- Short term issues requiring follow up may be quite specific
  - Lyme arthritis
  - Closed bimalleolar fracture| left, fall off bike at home

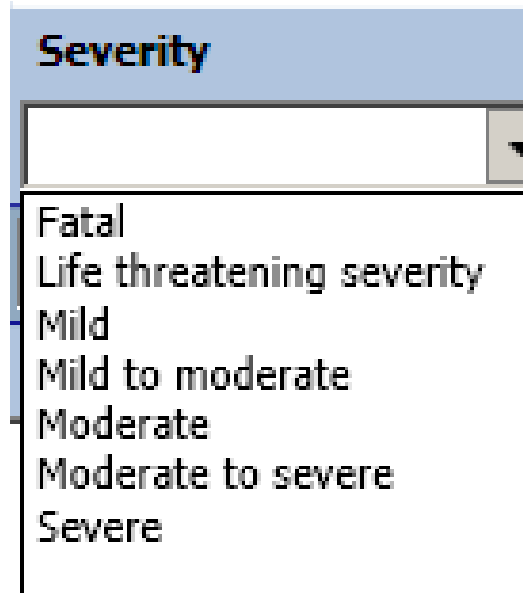*** *Document status of follow up using POV Provider Text* ***

IPL Optional Info
– Don't Get Lost in the Weeds!

Tip #6 – Focus on selecting appropriate SNOMED CT® for problem, setting status and adding provider text if needed to clarify problem.

- The IPL allows for optional documentation of information.
    - Do not feel compelled to populate it just because it is there.
    - May be used to clarify problem when it is appropriate but use judiciously.
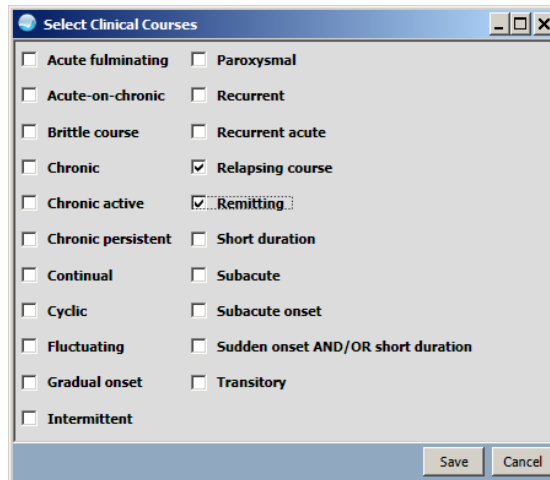
Additional Prompts on IPL

- Severity
  - Caveat, I would not use for asthma, use asthma classification instead)

Severity

Fatal
Life threatening severity
Mild
Mild to moderate
Moderate
Moderate to severe
Severe

Additional Prompts on IPL

- Clinical Course
  - Example: For a problem of Multiple Sclerosis a user may enter "relapsing course, remitting"

Additional Prompts on IPL

- Date of onset
  - Enter if known, imprecise dates allowed

Date of Onset		...

Additional Prompts on IPL

Comment

- Example of a comment for a problem of Endometriosis
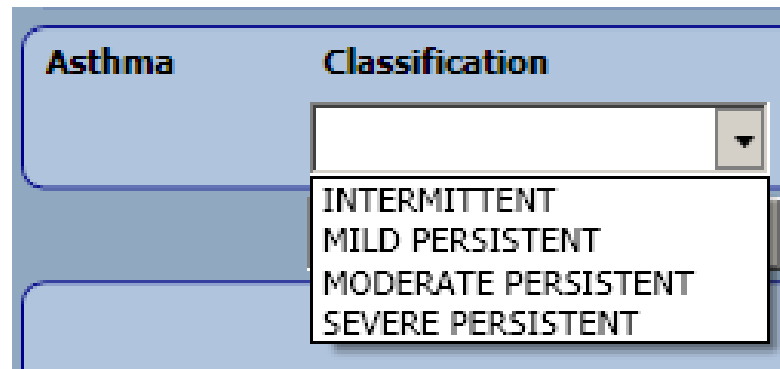
Comments			Add	Delete
Narrative			Date	Author
Diagnosed by laparoscopy and patholgical confirmation 6/1/12			09/10/2014	RICHARDS,SUSAN P

Status	Onset Date	Provider Narrative	Comments
Chronic		Endometriosis | bowels, peritoneum, ovaries	diagnosed by laparoscopy and pathological confirmation 6/1/12 :

Additional Prompts on IPL

- Asthma Classification
  - Option enabled when Asthma term chosen
  - Currently enters into decision support logic (iCare tags, Best Practice Prompts, Clinical Reminders)

Asthma	Classification
	▼
	INTERMITTENT
	MILD PERSISTENT
	MODERATE PERSISTENT
	SEVERE PERSISTENT

POV TIPS

Documentation Tips for POVs

1. Convert problems, do not just add new SNOMED and leave old ICD entry
2. Select POVs from existing problems when possible
   - This is particularly important for nursing and pharmacy visits
3. Leverage POV selection tool
   - Select 1 or more problems at once
   - Provider text here is to **specific to encounter (V POV)** and is not stored back to problem
   - This is particularly helpful for follow up visits and chronic problems
4. If you are entering or editing a problem you have the option to click **POV** at that time

POV Selection Tool – A Key Tool

- If a user enters "Provider Text" from POV selection tool, this stores **only** to the POV file as part of the Provider Narrative for this encounter.

  - Paints a clinical picture for continuity of care

  - Easy way to add encounter context to existing problem for POV

  - Provides coders with required documentation

POV Selection Tool 1

Problem entry – injury (and POV for encounter)

Closed bimalleolar fracture| left, fall off fence, with edema

POV for injury follow up

Closed bimalleolar fracture| left, edema resolved, normal healing

Problem entry – chronic problem:

Diabetes Mellitus Type 2|

POV for chronic problem follow up

Diabetes Mellitus Type 2| controlled on oral agents and insulin therapy

POV Selection Tool 2

- The POV selection tool brings up the problems highlighted.
- The provider text will default to the existing text in the Problem.
- If the user wishes to change the text for the current encounter, right click over the Prov. Text field and click **Replace...** (or add if it is blank).

POV Selection Tool 3

- Once you save this, your provider text will be specific to the encounter.

POV Provider Text - Example

- Note the ability to review the clinical history easily

| Historical Diagnosis Ed i	
△ Visit Date	Provider Narrative
05/01/2014	Closed bimalleolar fracture | fall off ladder at home, left
06/01/2014	Closed bimalleolar fracture | fall off ladder at home, left - normal healing
07/01/2014	Closed bimalleolar fracture | fall off ladder at home, left, normal healing, changed to walking cast
08/01/2014	Closed bimalleolar fracture | fall off ladder at home, left, normal healing, cast removed, start PT

POV Optional Info
– Don't Get Lost in the Weeds!

Tip – Focus on selecting POVs and optimizing use of POV provider text when appropriate.
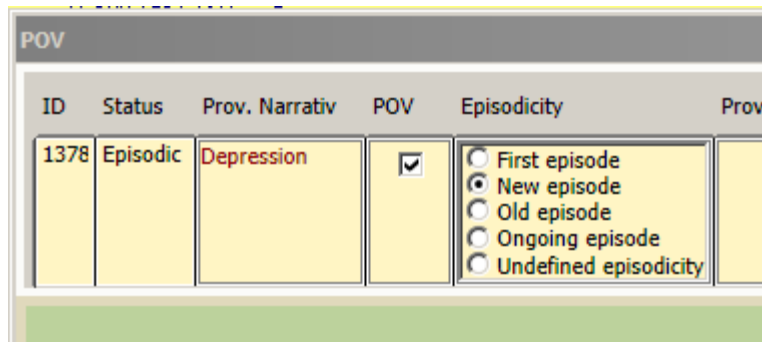
- The IPL and POV dialog allows for optional documentation of information.
    - Do not feel compelled to populate it just because it is there.
    - May be used to clarify POV when it is appropriate but use judiciously.

Additional Prompts on POV

- Episodicities
  - Available on Add/Edit dialog after selecting "use as POV" and on POV dialog
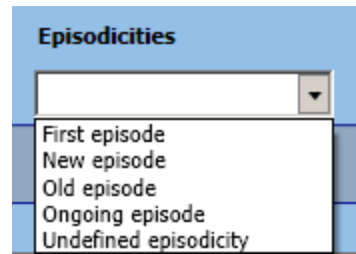
- Example: For problem of Depression, a user might enter "new episode" when the symptomatic patient presents after a period of remission

Additional Prompts on POV

- Injury data
  - May be entered when entering an injury. Recommend this is done when the problem is ADDED after clicking "use as POV dialog".
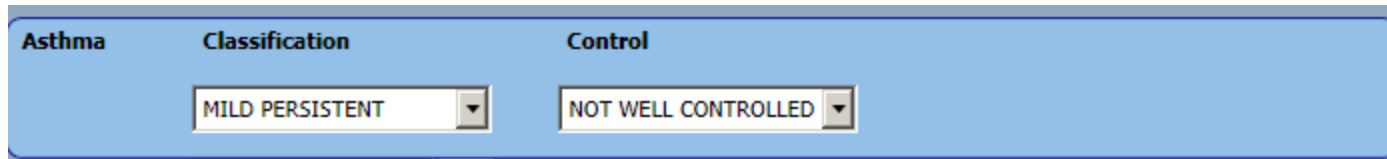 - Some providers may choose to type the relevant info in provider text instead.

Additional Prompts on POV

- Asthma control
  - Available when a problem of Asthma (one of a subset of terms) is added/edited and "use as POV" is checked
  - Should be done each asthma visit
  - May use Reminder Dialog instead (might be easier)
  - Plans to make this prompt available on POV dialog in EHRp15

Asthma	Classification	Control
	MILD PERSISTENT ▼	NOT WELL CONTROLLED ▼

SNOMED SEARCH TIPS

Get SCT Search Tips

Tip #1: If you do not return any term or a suitable term, you may perform a text search by entering a leading "?" in the search field. Example: "?pelvic pain".

Get SCT Search Tips

Tip #2: If you know you need to add provider text, use the Get SCT from Edit dialog.

- Highlight problem > Click **Edit**
- Click **Get SCT** and Select Term then enter Provider Text
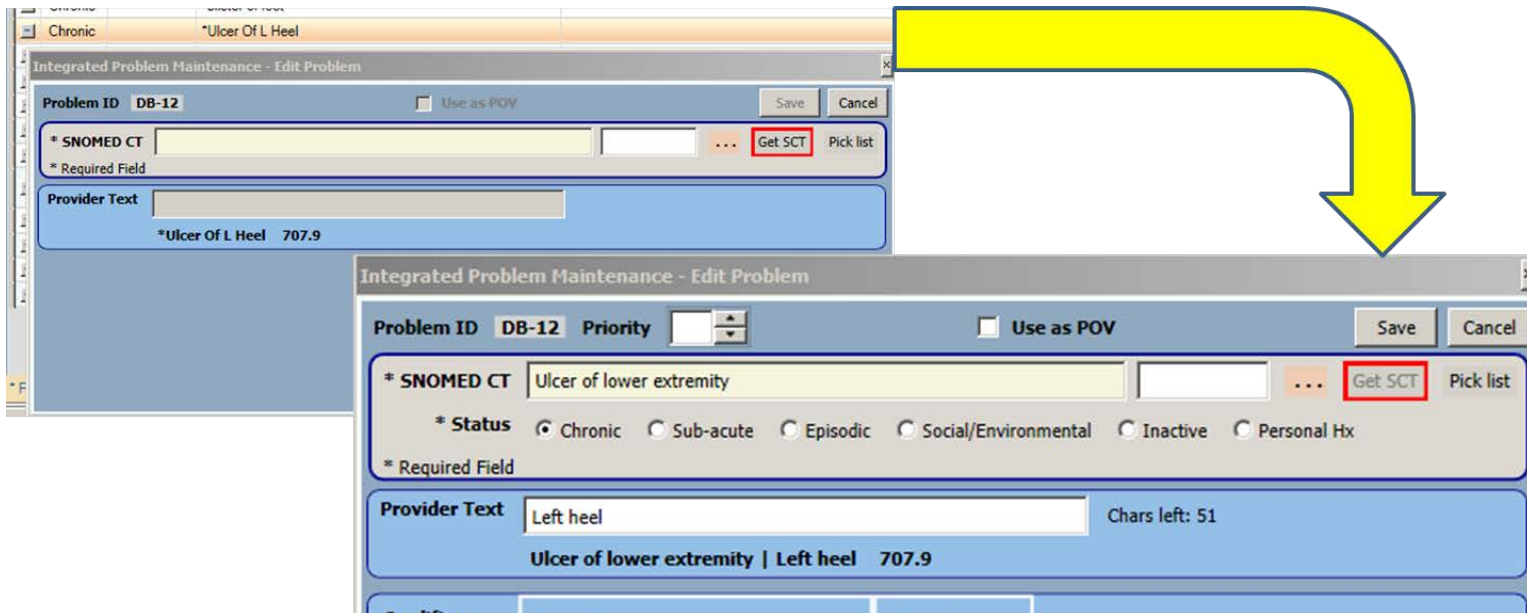
Get SCT Search Tips

Tip #2: Expanding SNOMED concepts will give you more content.

Parent = less specific term

Child = more specific term

SNOMED Search Tips

- Remember initial search is in IHS SNOMED
- Broader search > click **ALL SNOMED**
- Retrieve nothing?
  - **Check spelling**
  - Use fewer words in search terms
- Return too much?
  - Add words to search terms
  - Try Synonym search
  - Use subset filters
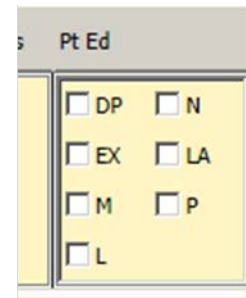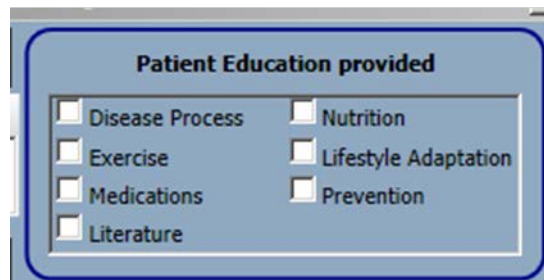 - Add max results
  - Sort alphabetically

CARE PLANNING
– GOALS, CARE PLANS, VISIT INSTRUCTIONS

Care Planning – Education Topics

BGO PROBLEM EDUCATION Parameter

- A set of most commonly used education codes to be attached to a problem DX is stored in this parameter. It is released with a System level setting.

- You may change the setting to change the choice of topics.

# Using Templates for Care Planning Documentation

- The templates are limited and do not function well until EHRp14.

- You can use single templates with text (no template fields or no dialogs with child templates) to quickly populate visit instructions.

- ***Strongly consider delaying deployment of anything more than single templates with canned text until EHRp14 and only for Visit Instructions***

CALENDAR CONTROLS

New Calendar Controls

If you want to set date in past:

1. In the field above **Now** you can type T-XX days.
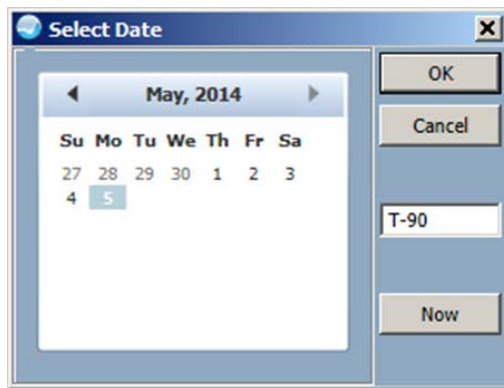
2. Scroll back one month at a time using left arrow.

New Calendar Controls (cont.)

If you want to set date in past (cont):

3. Click in Month/Year to scroll back by year