SNOMED CT® and the Integrated Problem List (IPL)

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Opening Thought

“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”

― Socrates
Topics

- Overview of SNOMED CT®
- Getting started with IPL – tips for a smooth transition
- Overview of the IPL functionality
- Rolling out IPL functionality
- Care Plan
Approach as Opportunity for Improvement

• Software provides tools
• Just because a process has existed for along time does not mean it is the optimal process
• New tools provide opportunities to review clinical and business processes and leverage what will improve these processes
• Longitudinal problem documentation is not a new concept. Our tools did not well support this. The new tools better support longitudinal problem documentation and care planning.
• Documentation improvement is needed with ICD-9 and even more for ICD-10
• More data can now be exchanged and more data is transparent to patients
Benefits Meaningful Use 2014 Adoption

- Increased Health information exchange
  - Health information exchange infrastructure
  - More data encoded with controlled vocabularies supports health information exchange (SNOMED CT®, LOINC, RxNORM, UNII)
- Longitudinal problem data collection and aggregation
  - Changes to problem data are logged and viewable
  - Care planning documentation available
  - Data aggregation of care provided for problems
- Increased transparency to patients
  - CCDA clinical summaries and PHR that include care planning
- Increased data security
  - Auditing
- Transition to ICD-10
  - Meaningful Use 2014 introduces a new process for documenting problems and encounter diagnoses that incorporates SNOMED CT® and maps to ICD.
  - Providers will already be accustomed to the new Integrated Problem List making ICD-10 transition relatively transparent.
What is SNOMED CT®?

Systematized NOmenclature of MEDicine Clinical Terms (SNOMED CT®) is a comprehensive, multilingual clinical terminology that provides clinical content and expressivity for clinical documentation.

Clinician friendly language to document clinical impressions, findings, and diagnoses.
What is SNOMED CT®?

SNOMED CT® is a “controlled vocabulary”

- Each SNOMED CT® term is carefully defined by an international team of terminologists. The term is placed by the terminologist in a specific hierarchy with specific relationships.

- This is where the power of SNOMED CT® lies. Because the content is organized based on its clinical meaning, the information can be utilized more accurately and more thoroughly.

- ICD is also organized hierarchically, but its purpose is billing and utilization so the information cannot be extracted and grouped the same way.
Why the Change to SNOMED CT®?

*Interoperability and information exchange* are the primary driving forces in requiring a standard clinical vocabulary (rather than using ICD, a vocabulary designed for billing and utilization) for documenting problems.
Why Change to the Integrated Problem List (IPL)?

There were several required changes due to Meaningful Use 2014 incorporated into the EHR:

• SNOMED CT® for problem list
• Longitudinal problem-focused documentation including goals, care plans, and visit instructions
• Support for multidisciplinary problem documentation
• SNOMED CT® for much of the data used in Clinical Quality Measures
• Supports transition to ICD-10 for encounters
More About SNOMED CT®

• Extremely large set of concepts and descriptions representing many standard terminologies
• Scalable for a variety of uses
• Owned and maintained by the International Health Terminology Standards Development Organisation (IHTSDO) in Denmark
• Released in the U.S. by the National Library of Medicine (NLM)

Source: IHTSDO, www.snomed.org
Clinical Expressions

Concept – the computer readable “code”

Example:
8227206 (concept for the disorder of the Common Cold)

Descriptions – explain concepts in a human readable expression

Example:
Common cold (disorder) – fully specified name which is unique
Common cold – preferred term
Cold – synonym
Head cold – synonym

Relationships – define the type of association between two related concepts

Example:
Common Cold (disorder) “is a” viral upper respiratory tract infection (disorder)
SNOMED CT®
Reduces Ambiguity
SNOMED CT ® Definitions (cont.)

Scalability and Mapping

**Subsets** - reference sets, value sets - a collection of SNOMED CT® concepts used for a particular purpose

  **Example:** Pick list, sub-search, drop down selection in EHR

**Extensions** - incorporate concepts, descriptions and terms unique to a particular region or country

  **Example:** U.S. and U.K. have their own extensions

**Cross maps** - explicit links to health-related classifications and coding schemes such as ICD-9-CM and ICD-10

  **Example:** SNOMED to ICD-9 map
SNOMED CT® in the RPMS EHR

Where will you see SNOMED CT®?

• You will select SNOMED CT® terms instead of ICD-9 or ICD-10 codes for diagnoses and conditions on the problem list, and clinical indications when ordering labs, medications, and consults.

• SNOMED CT® codes will also be stored in the background in other areas of the EHR.
What does this mean for the clinical user?

- The most significant change is a redesigned and redefined problem list.
- The way problems are entered and managed and how POVs are selected has been changed.
What Is the Single Most Important Thing I Can Do Now to Prepare?

Clean up existing problem lists.

  • Remove redundant entries.
  • Remove inappropriate entries.
  • Inactivate resolved problems.
  • Move lengthy provider narratives to “Notes”.
  • Focus on cleaning up active problems; if time allows, clean up inactive problems.
  • Ensure problem entries are coded when possible.
    - When updating, search and select coded entry.
    - Data entry can run a list of un-coded problems and assist with coding *(do not ask coders to do this until the clinical staff has removed redundant and inappropriate entries).*
SNOMED CT® to ICD Maps

Mappings are an integral part of the design of the Integrated Problem List and how SNOMED CT® will assist IHS with the transition to ICD-10.

These mappings automate, only when appropriate, assignment of ICD codes.

Mappings are transparent to the user. They are visible when selecting a SNOMED, on the problem list, visit diagnosis, and clinical indications.
SNOMED CT® Related Maps Used in RPMS

ICD-9 to SNOMED CT® reverse map developed by Centers for Medicare and Medicaid Services (CMS) and released by the NLM

• **Use in EHR** - assist in the transition of problem lists to SNOMED
SNOMED CT® Related Maps Used in RPMS (cont.)

SNOMED CT® to ICD-9 – *provided by CMS and delivered by NLM*

- **Use in EHR** – for SNOMED problems and problems selected as POVs prior to ICD-10 transition

![Integrated Problem List](image)
## SNOMED to ICD-9 Mapping Examples

<table>
<thead>
<tr>
<th>SNOMED Term</th>
<th>ICD-9</th>
<th>Storage of Mapped Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunburn of second degree</td>
<td>Sunburn of second degree 692.76</td>
<td>1:1 This is a 1:1 match so will store in the POV when selected.</td>
</tr>
<tr>
<td>Diabetic Nephropathy</td>
<td>Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled 250.00 Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere 583.81</td>
<td>1:1: This is a 1:1 match so will store both ICD-9 codes. When problem is selected as POV, 2 POVs will store.</td>
</tr>
<tr>
<td>Ganglion of the wrist</td>
<td>Ganglion of joint 727.41</td>
<td>Narrow to Broad: Closest ICD-9 code is less specific than the SNOMED. This will store in POV when selected.</td>
</tr>
</tbody>
</table>

*When there is no mapping available OR when the closest ICD-9 code is more specific than the SNOMED, then the system will assign .9999 un-coded. The code assigned by coders will depend on the SNOMED term selected and the remainder of the visit documentation.*
SNOMED CT® Related Maps Used in RPMS (more)

SNOMED CT® to ICD-10 – *Rule-based map developed and maintained by IHTSDO with WHO, validated by AHIMA and released in U.S. by NLM*

- *Use in EHR* – for SNOMED problems and POVs on or after the ICD-10 compliance date
## SNOMED to ICD-10 Mapping Examples

<table>
<thead>
<tr>
<th>SNOMED Term</th>
<th>ICD-10</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Hypertension</td>
<td>Essential hypertension I10</td>
<td>“Always true” rule: This is 1:1 match. Will store in POV when selected.</td>
</tr>
<tr>
<td>Type II diabetes mellitus uncontrolled</td>
<td>Type 2 diabetes mellitus with hyperglycemia E11.65</td>
<td>“Always true” rule: This is 1:1 match. Will store in POV when selected. Also contains the following map advice which coders can see – “Use additional code to identify any insulin use (Z79.4)”</td>
</tr>
<tr>
<td>Cerebral Edema</td>
<td>Cannot be automatically mapped</td>
<td>This requires more information to code. Passes map advice which can be seen by coders as hover on problem list, and in PCC data entry.</td>
</tr>
</tbody>
</table>

“Always true” map rule is 1:n mapping. SNOMEDs assigned any other map rules require additional data to determine codes and the system will assign ZZZ.999 un-coded diagnosis.

All other map rule types store ZZZ.999 “uncoded” diagnoses; however, may contain map advice.

Any “map advice” from the SNOMED to assist coders in selecting ICD-10 code is passed for viewing in EHR and PCC data entry.
Map Advice

• Part of the SNOMED to ICD-10 mapping tool released by NLM
• Advice is specific for selected SNOMED code and part of the information retrieved from the SNOMED database
• Provides coders with a target code (and secondary codes when applicable) and tips to help them assign ICD-10 based on the encounter documentation
• Visible via hover on the IPL in the EHR and in PCC Data Entry for each SNOMED concept
• Can help coding staff educate providers about required documentation for ICD-10
Example of Map Advice for SNOMED

Term “Cerebral Edema”

**ICD: ZZZ.999**

Rule #1  Target Code: G93.6
ALWAYS G93.6

Rule #2  Target Code: P11.0
IF CEREBRAL EDEMA DUE TO BIRTH INJURY CHOOSE P11.0
MAP OF SOURCE CONCEPT IS CONTEXT DEPENDENT

Rule #3  Target Code: S01.80X?
IF TRAUMATIC CEREBRAL EDEMA WITH OPEN INTRACRANIAL WOUND CHOOSE S01.80X?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
MAP OF SOURCE CONCEPT IS CONTEXT DEPENDENT

Rule #4  Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA CHOOSE S06.1X0?
CONSIDER ADDITIONAL CODE TO IDENTIFY SPECIFIC CONDITION OR DISEASE
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
MAP OF SOURCE CONCEPT IS CONTEXT DEPENDENT

Rule #5  Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA WITH OPEN INTRACRANIAL WOUND CHOOSE S06.1X0?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
MAP OF SOURCE CONCEPT IS CONTEXT DEPENDENT

Rule #6  Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA WITHOUT OPEN INTRACRANIAL WOUND CHOOSE S06.1X0?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
MAP OF SOURCE CONCEPT IS CONTEXT DEPENDENT
No mapping advice available
## SNOMED CT® vs. ICD
For Clinician Documentation

<table>
<thead>
<tr>
<th>SNOMED</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better clinical coverage</td>
<td>Statistical focus, less common diseases lumped together</td>
</tr>
<tr>
<td>• 100,000 terms in clinical findings hierarchy</td>
<td>• ICD-9-CM 14,000 terms</td>
</tr>
<tr>
<td></td>
<td>• ICD-10-CM 68,000 terms</td>
</tr>
<tr>
<td>Used directly by clinicians during process of care</td>
<td>Used by coding professionals after episode of care</td>
</tr>
<tr>
<td>More clinician friendly language</td>
<td>Not all terms are clinician friendly and some have little clinical relevance</td>
</tr>
<tr>
<td>Terms reflecting any level of granularity appropriate for situation</td>
<td>• Can include awkward terminology due to embedded coding guidelines</td>
</tr>
<tr>
<td></td>
<td>• Presumes knowledge of coding rules</td>
</tr>
<tr>
<td></td>
<td>• Dictates level of granularity (NOS, NEC)</td>
</tr>
<tr>
<td>Flexible data retrieval organized in multiple hierarchies</td>
<td></td>
</tr>
</tbody>
</table>

Fung, KW. NLM, NIH. 2010. How SNOMED CT can help in the ICD-10-CM transition. AHIMA.
## Examples

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9</th>
<th>ICD-10</th>
<th>SNOMED CT®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asperger’s Disorder</td>
<td>Other specified pervasive developmental disorders 299.8</td>
<td>Asperger’s disorder F84.5</td>
<td>Asperger’s Disorder 23560001</td>
</tr>
<tr>
<td>Apert Syndrome</td>
<td>Acrocephalosyndactyly 755.55</td>
<td>Congenital malformation syndromes predominantly affecting facial appearance Q87.0</td>
<td>Apert Syndrome 205258009</td>
</tr>
<tr>
<td>Metabolic acidosis</td>
<td>Acidosis 276.2</td>
<td>Acidosis E87.2</td>
<td>Metabolic acidosis 59455009</td>
</tr>
</tbody>
</table>

Source: AHIMA
INTEGRATED PROBLEM LIST - TIPS FOR A SMOOTH TRANSITION
What is a Problem List?

IHS problem list historically reflected chronic problems. POVs reflected issues addressed during each encounter.

- No longitudinal record, more of “sticky note” – changes overwrote data and deletions removed from RPMS without change log
- No care planning

2014 certification shifted this approach. Problem List simply describes problems that have been documented for the patient. This includes essentially all diagnoses (chronic, episodic, and issues requiring follow-up).

- Requires longitudinal record that captures changes over time
- Requires care planning

As a result:
IPL will represent all problems that have been documented, including episodic and administrative, and also incorporates care planning documentation.
Integrated Problem List (IPL)

Longitudinal data collection and aggregation

• Changes in problem data are now stored and visible in the problem detail. This allows the user to view the evolution of the problem over time.
• Care planning is associated with problems.
• Some visit data is now associated with problems used as POVs:
  • Visit Instructions
  • Patient Education (when entered about a problem)
  • Treatment/Regimen
  • Referrals (when problem selected as reason for referral)
  • Consults (when problem selected as clinical indication)
Integrated Problem List (IPL): New Features

- Non-redundant SNOMED-based list
- POV selection from IPL:
  - Some automated mapping to ICD-9
- Used for ALL problems – chronic, episodic, sub-acute, social/environmental, inactive
- Used by ALL clinicians who document care
- Nationally vetted and released pick lists
- Care planning documentation
Integrated Problem List Display
Data Migration to IPL

All data will be retained when moving data from the Problem List to the new Integrated Problem List.

The following data will change/move:

• Notes will be retained but are now called “Comments”.
• Provider narratives will have leading * until the problem is updated with a SNOMED term.
• Once problems are updated, they will be displayed in SNOMED term|provider text format.
• Statuses will be migrated to new status (see following table).
Display Changes: Provider Narratives

The SNOMED terms are combined with any optional “provider text” to create the displayed Provider Narrative for problems, Purpose of Visits (POVs), clinical indications.

Previous provider narrative:

*Osteoarthritis right knee

New Provider narrative:

Format: SNOMED term| provider text

Example: Osteoarthritis of knee| right
Display Changes: Provider Narratives (cont.)

Format: SNOMED CT term | provider text

*Standard Term* | *Clinician Free Text*

Example: Hyperlipidemia | uncontrolled
## Problem Statuses

<table>
<thead>
<tr>
<th>Current (EHRp12)</th>
<th>Migrate to (EHRp13)</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Chronic</td>
<td>Diabetes, Hypertension, Asthma, Migraine, Allergies</td>
</tr>
<tr>
<td>Personal History</td>
<td>Inactive, flagged as personal history</td>
<td>Inactive problem of Chicken Pox</td>
</tr>
<tr>
<td>Inactive</td>
<td>Inactive</td>
<td>Resolved problems not likely to recur. Consider using for admin or routine problems like “lab test” or “dispensing medication” until EHRp15 introduces “Admin/Routine” status</td>
</tr>
</tbody>
</table>

### New Statuses

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast mass, ankle injury – something you are working up or that needs short-term follow up</td>
</tr>
<tr>
<td>Cold, female UTI – disposition straightforward “follow up PRN or if not improving”</td>
</tr>
<tr>
<td>Homeless, lack of running water, alcoholic in home</td>
</tr>
</tbody>
</table>
IPL Main Screen

Problem list prior to conversion to SNOMED

<table>
<thead>
<tr>
<th>Status</th>
<th>Onset Date</th>
<th>Provider Narrative</th>
<th>Comments</th>
<th>PHx</th>
<th>PIP</th>
<th>IP</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td>08/16/2005</td>
<td>&quot;FLAT FEET&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>734.1</td>
</tr>
<tr>
<td>Chronic</td>
<td>08/16/2005</td>
<td>&quot;Abnormal EKG&quot;</td>
<td>Pediatric cardiologist suggest repeat EKG 2 yrs after last one, normal ekg with normal axis deviation, incomplete RBBB. ? RBBB. Refer to cardiologist if questions.</td>
<td></td>
<td></td>
<td></td>
<td>784.31</td>
</tr>
<tr>
<td>Chronic</td>
<td>07/06/2008</td>
<td>&quot;Exercise induced asthma&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9999</td>
</tr>
<tr>
<td>Chronic</td>
<td>07/06/2008</td>
<td>&quot;Seborrhea occipital scalp&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>630.11</td>
</tr>
</tbody>
</table>

Note the leading * which identifies the problems that require conversion to SNOMED.

This was renamed from "notes".

Mappings to ICD, will map to .9999 if there is not an exact match or less granular mapping to ICD. Mapping from National Library of Medicine.
IPL Main Screen (cont.)

All problems after converting to SNOMED Terms

<table>
<thead>
<tr>
<th>Status</th>
<th>Onset Date</th>
<th>Provider Narrative</th>
<th>Comments</th>
<th>PHx</th>
<th>PIP</th>
<th>IP</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td></td>
<td>Asthma</td>
<td></td>
<td>493.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodic</td>
<td></td>
<td>URI - Upper respiratory infection</td>
<td></td>
<td>465.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Environmental</td>
<td></td>
<td>Transportation barrier impedes ability to use community resources</td>
<td></td>
<td>.9999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-acute</td>
<td></td>
<td>Breast lump</td>
<td>left upper outer quadrant, tender</td>
<td></td>
<td>611.72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Essentials for IPL

The IPL has a wide range of functionality. Most of the functionality is optional for clinicians, however, enabling staged implementation.

Required entry is not overwhelming, so we will begin with the three required steps essential in the early transition period.
Easing the Stress of the First Days

Scenario:
It is your first day of clinic after EHRp13 was installed. You have fewer patients scheduled in anticipation of the software changes.

*Your first patient is here for a follow-up and has a sore throat and cold symptoms.*
Update Problems

Update the problems you are addressing with the patient today.

• Note that any problem with leading * in provider narrative needs update to SNOMED prior to use.
Step 1: Update Problems to Address Today

1. Highlight problem for update. If you want to convert provider narrative, click Get SCT or click Edit and use Get SCT, pick list, or search.

   This searches the ICD-9 to SNOMED reverse mapping too.

Tip: If you know you want to add provider text or add comments, then click Edit, then click Get SCT.
Step 1:
Update Problems to Address Today

Get SCT from Main Screen:
- Best used for problems that are straightforward with simple narrative and ICD code.
- These may be updated quickly by highlighting the problem and clicking **Get SCT**. Select the term you want to use and store.
- This replaces the existing provider narrative and encode the problem in SNOMED CT®.

Edit:
- Best used for problems that you wish to add provider text or move some of the data to comments.
- From **Edit**, you may select **Get SCT** or prick lists, or search for a SNOMED CT® to update the problem.
Step 1:
Update Problems to Address Today (cont.)

For most of your ICD coded problems, this will return a selection of SNOMED terms to choose.

2. Highlight choice and click **Select** to update the entry.

Tip: If you have un-coded entries or codes do not reverse map, you may use Pick List or search using ?text – as seen on next slide.
Step 1: Update Problems to Address Today (cont.)

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.

Tip: If you have un-coded entries or codes that do not reverse map, you may also use Pick-List or SNOMED search to update the problem.
Step 2: Add Any New Problems Addressed Today

3. Click **Pick List.**

*Tip: You may also click **Add** and either select from one item pick list or search for SNOMED term.*
Step 2:  
Add Any New Problems Addressed Today (cont.)

4. Select problem(s) and click **Save**.
Enter Orders

You may select clinical indication from SNOMED problems or you click Other... and search for SNOMED term.

Tip: Select “Other” and search for SNOMED for the following to decrease clutter on IPL:

- For providers working up a symptom.
- For nurses triage labs such as fever, dysuria.
- Document your final diagnosis on the problem list. For nurse only visits, this may be a sign or symptom.
Step 3:
Select POV

5. Highlight the problems you managed today.
6. Click the **POV** button.
Step 3: Select POV (cont.)

7. Click **Save** to set as POVs.

Tip: If you want to add or replace provider text for this encounter only, right click over provider text box and add before saving.

Example: Patient has problem “Type 2 Diabetes Mellitus” and user wants to enter “uncontrolled” in provider text for this encounter
Additional Tips

• If you know you need to add provider text, highlight unconverted problem and click **Edit**.
  • You may still use Get SCT or Pick List but can then easily add text to Provider Text or Comments.

• If you have a very long old provider narrative you do not want to re-type.
  • Launch a small health summary from the toolbar (recommend CAC place). Highlight and copy the text you want to save.
  • Highlight problem and Edit. Select SNOMED. When returned to Edit dialog, paste the content into new Comment.
Review of the Few Required Steps

For each existing problem you will address today:

1. Highlight problem for update and click Get SCT. If un-coded or if does not return a SNOMED choice, you may use a Pick List or Search for a SNOMED term.

2. Highlight choice and click Select to update entry.

For each new issue you will address today:

3. Click Pick List (or search SNOMED)

4. Select problem(s) and save.

Enter Orders if needed. Use problems OR search for SNOMED for clinical indication.

Select POVs.

5. Highlight the problems you managed today.

6. Click the POV button.

7. Save.
Variation for Nurse: Patient Seeing Provider Also

For each existing problem you will address today:

1. Highlight problem for update and click Get SCT. If un-coded or if does not return a SNOMED choice, you may use a Pick List or Search for a SNOMED term.

2. Highlight choice and click Select to update entry.

Enter Standing Orders if needed:

1. Select SNOMED problem for Clinical Indication if applicable (existing problems such as DM or HTN).

2. If Symptom (patient presents for “dysuria” and you are ordering triage standing order), then select other in clinical indication and search for SNOMED term.
Variation for Nurse: Nurse Only Visit

For each existing problem you will address today:

1. Highlight problem for update and click **Get SCT**. If un-coded or if does not return a SNOMED choice, you may use a Pick List or Search for a SNOMED term.

2. Highlight choice and click **Select** to update entry.

For each new issue you will address today (this **should not be common** for nurse only visits):

3. Click **Pick List**.

4. Select problem(s) and save.

Enter Orders if needed.

Select POVs.

5. Highlight the problems you managed today.

6. Click the **POV** button.

7. Save.
DEMO “SURVIVAL STEPS”
Add Problem

Adding a problem

Only two fields are required to enter a problem:

- **SNOMED CT**
- **Status** – defaults to “episodic” unless it is defaulted differently in pick list

*All other fields are optional.*
Add Problem (cont.)

- You may select from pick list by clicking **Pick list**.
- You may search for SNOMED by entering text and clicking ellipsis (...).
Edit Problem

Edit prompts user for SNOMED if the problem has not yet been updated.

- You have additional option of using “Get SCT” option if the problem has an ICD-9 code.

You will see the existing Provider Narrative and ICD9. Search SNOMED ICD-9 to SNOMED reverse mapping tool
Add/Edit Problem – Optional Fields

Only SNOMED Term and Status are required fields.

These optional fields may be used to add information.

Care planning is only editable if selected as POV.
Add/Edit Problem – Optional Fields (cont.)

Optional, encounter related
Asthma prompts only exposed for Asthma problems

Care planning now editable
Search Tools - Pick Lists

• Over 50 vetted SNOMED pick lists are available for import.

• Pick lists may be used as imported or customized by CAC.

• Available customizations:
  • Default status
  • Group similar pick list items together for display
  • Add/Delete terms
Pick List Example
Add/Edit Using Pick List from Main Screen

- Add one or more NEW problems from main screen using Pick List button.
- Click on selections then save.
- You will then be presented with the Add Problem dialog for each. You may just save OR add any data including POV before saving.
Add/Edit Using Pick List from Add/Edit dialog

From Add or Edit, user may use the Pick List to select a SNOMED term.
Pick List Selection

Pick Lists store the SNOMED term.

- The system does not pick up the Mapped ICD code until you SAVE the problem selection.
- You will see the SNOMED term text and .9999 after selection. Then after storing the problem, you will see the actual mapped ICD code on the problem display and V POV (if you checked POV box).
SNOMED Search - Definitions

**Fully Specified Name** – the unique name for a concept, includes the hierarchy.

**Preferred Term** – the most commonly used synonym for the FSN.

**Synonym** – optional terms

**IHS SNOMED** – the group of concepts that is initially searched. It is installed on the RPMS with the BSTS (terminology service) install and quickly returns searches.

**ALL SNOMED** – if you cannot locate the term you want, then the system searches the Distributed Terminology Services (DTS) “All SNOMED” for the term. This is a broader search but because it is external to RPMS, it is a little slower.
Search Tools - “Get SCT” Reverse Mapping Tool

Allows for quick conversion from ICD-9-encoded problem to SNOMED.

• Highlight problem and click Get SCT.
Return of “Get SCT”

Returns ICD9 to SNOMED matches. Also returns the parent (less granular) and children (more granular) of the matches from which clinicians can choose.
“Get SCT” Text Search

- If you do not return any term or a suitable term, you may perform a text search by entering a leading “?” and the search string so here I searched using “?pelvic pain”
SNOMED Look Up

• When you search for a diagnosis or condition, you will encounter the SNOMED search tool. How many items return and how the data is displayed is determined by the *Diagnosis Look up, Maximum Results, Search field*, and whether you press return (which searches IHS SNOMED) or click **ALL SNOMED**.
SNOMED Look Up (cont.)

Default search:
- Searches by Fully Specified Name
- Searches in IHS SNOMED
- Returns first 25 results

Need more results?
- Change *Maximum Results radio button* and click **Enter** to search IHS SNOMED again OR ALL SNOMED to search broader set of terms (takes a bit longer to return).
SNOMED Look Up (more)

Need fewer results?

Click on one or more *Subset(s)* on the left to narrow search. This filters the existing display. So if you selected max results of 25, it will filter those 25. If you selected all results it will filter those. *Subset does not affect the search, only the display.*

Want to search and return the list by synonym?

Change *Diagnosis Look up* to *Synonym*” and press <enter> to search IHS SNOMED or click *ALL SNOMED.*
SNOMED Lookup by Fully Specified Name

- If you select the **Fully Specified Name**, it will store the preferred term. Clicking the plus sign (+) allows the user to view and choose a synonym.
SNOMED Lookup by Synonym

Option to search/display by synonym – also displays the fully specified name and “is a” relationship.
SNOMED Help

Scenario:
I can’t find the exact SNOMED term I am looking for. I want to document pelvic floor myagia or dysfunction with spasm in left obturator internis. What should I do?

Solution:
Select something close. In this case you could select “Pelvic Pain” and document more detail in Provider Text.
SNOMED Help (cont.)

**Question:** But it is a term I use frequently. It is driving me nuts.

**Answer:** Submit a feedback request, select SNOMED (DTS) for application, and enter the clinical condition you are trying to find.

- Terminology team will try to find appropriate SNOMED.
- If one does not exist, we (OIT) will submit to NLM for a new SNOMED term. If accepted, this term would be in the next SNOMED release. SNOMED releases are every six months.
SNOMED Help (cont.)

**Question:** I can find the SNOMED term I want, but I always have to click the “ALL SNOMED” and search again.

**Answer:**
1. Submit a feedback request, select SNOMED (DTS) for application, and enter the term.
   - Terminology team will add to the IHS problem subset so that it will return in your initial search.
2. Ask your CAC to add this to one of your EHR Pick Lists.
Question: I am at a small site and we send all labs to a reference lab. If I enter a clinical indication that is not mapped to an ICD code, it comes back and I have to code it.

Answer:
1. The vast majority of the commonly encountered codes needed to support lab orders will be automatically mapped. You can see the ICD code when you are selecting clinical indication.

2. You always have the option to choose “other” and search for a SNOMED if your problems do not automatically map. The mappings to ICD are visible on the right column.
POV Selection Tool

- Allows for quick selection of one or more SNOMED encoded problems.
- Highlight >> **POV** button.
POV Selection Tool (cont.)

From this tool, you may simply click save and store items as POV or use any *optional fields*:

- **Enter provider text specific to this encounter**
  
  If user enters “Provider Text” from POV selection tool, this stores only to the V POV file as part of the Provider Narrative for this encounter. Excellent way to add context to POV.

  **Problem entry:**
  
  Fracture of distal end of radius | right from fall off bike with edema

  **POV for fracture follow up:**
  
  Fracture of distal end of radius | right, edema resolved, normal healing

- Episodicity
- Goal notes
- Care plan notes
- Visit instructions
- Patient education
- Treatment/regimen terms
- Change primary POV
- Last column is display only
Documentation Example: Initial Visit for Ankle Fx and HTN

**Scenario:** Patient presents for ankle fracture. The patient also has had a few blood pressure checks and the provider is now diagnosing patient with hypertension.

**Problem/POV documentation:** Add problems. Mark “use as POV” on Add Problem dialog. Note addition of fracture and accident detail placed in “provider text”.

![Example of problem list and visit diagnosis]

---

80
Scenario: Patient presents for follow up. Ankle contusions and edema have resolved, x-rays reveal normal expected healing. Blood pressure is controlled.

Problem/POV documentation: Highlight problems and click POV button.
• No Provider Text from Problem: Add “Provider Narrative” (optional). Replaced is used only for the current visit POV narrative.
• Provider Text from Problem: Replace “Provider Narrative” (optional). Replaced text is used only for current visit POV narrative.
New Calendar Controls

If you want to set the date in the past:
1. In the field above Now, you can enter 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
Changes for Data Entry/Coding Staff

• Much of process is unchanged
• No longer need to code un-coded problems
• Will still validate and assign appropriate POV ICD codes
• Provider narrative more consistent

Format: SNOMED term | provider text

Example: Essential Hypertension | uncontrolled
Changes for Coding and Billing

Why can’t Data Entry change the provider narrative for Problems and POVs entered in EHR?

SNOMED CT® is a controlled vocabulary. A team of international terminologists carefully define each and every term used. Editing any part of the SNOMED CT® term can change the meaning and relationships. Providers have the latitude to add “provider text” which is combined with the SNOMED CT® term and delimited by the “|”.

CARE PLANNING
Care Planning

Optional documentation:

• Goal notes
• Care plan notes
• Visit instructions
• Patient education
• Treatment/regimen/follow-up
Care Planning (cont.)

May be accessed:
• From Add/Edit Problem dialog
• From POV selection dialog

Content populated by:
• Free text
• Site developed templates (like used in note)

Documentation can be dropped into your encounter notes using TIU objects.
## Care Planning (more)

<table>
<thead>
<tr>
<th>Field</th>
<th>Common Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Instructions</td>
<td>Used for any problems managed during visit. <strong>Example:</strong> A1C elevated. Increase metformin. Eliminate soda and juice, opt for water. Increase walks to 30 min/day. Refer to diabetic education.</td>
</tr>
<tr>
<td>Goal Note</td>
<td>Entered when diagnose chronic, subacute, or social/environmental problem and updated periodically. <strong>Example:</strong> A1C less than (&lt;) 7</td>
</tr>
<tr>
<td>Care Plan Note</td>
<td>Entered when diagnose chronic, subacute or social/environmental problem. <strong>Example:</strong> A1C every 3 months until reach goal, then every 6 months. Yearly dilated eye exam. Lipid, nephropathy screening yearly (etc.).</td>
</tr>
</tbody>
</table>
# Care Planning

<table>
<thead>
<tr>
<th>Field</th>
<th>Common Usage</th>
</tr>
</thead>
</table>
| Treatment/Regimen/ Follow up | Interventions, treatments, follow up that may be selected  
Examples: Follow up in 3 weeks, treatment adjusted per protocol     |
| Patient Education            | May store subtopics for problem:  
- Disease Process  
- Exercise  
- Lifestyle Adaptation  
- Medications  
- Nutrition  
- Prevention |
Care Planning: From Add/Edit Dialog
Care Planning: From Add/Edit Dialog (cont.)
Care Planning: From POV Dialog
Templates for Goals, Care Planning, and Visit Instructions

Note template icon in lower-right corner. Click to expose template option.
Template Option

- Nutrition:
  - Diet rich in whole grains, fresh vegetables and fruits, lean meats, healthy fats from walnuts, salmon, avocados, olive oils, avoidance of high sugar foods, refined grains, processed foods.
  - Avoid sugary drinks including fruit juices, avoid diet drinks. Opt for water, herbal teas, seltzer with a splash of fruit juice.

- Referrals/Consults:
  - Recommended patient see the following:
    - Nutritionist
    - DH Educator
    - Pharmacy case manager
    - Physical therapy
    - Podiatrist
    - Cardiology
    - Endocrinologist
Care Plan View

### Integrated Problem List

<table>
<thead>
<tr>
<th>Status</th>
<th>Onset Date</th>
<th>Provider Narrative</th>
<th>Comments</th>
<th>PHx</th>
<th>PIP</th>
<th>IP</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td></td>
<td>Hyperlipidemia</td>
<td>This is a test note.</td>
<td></td>
<td></td>
<td></td>
<td>272.4</td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
<td>Diabetes mellitus type 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>Episodic</td>
<td></td>
<td>Pelvic pain</td>
<td>Muscle pain, equinely tender left obturator internus</td>
<td></td>
<td></td>
<td></td>
<td>788.09</td>
</tr>
<tr>
<td>Sub-acute</td>
<td></td>
<td>Nontraumatic rotator cuff tear</td>
<td>right. Previous nontraumatic rotator cuff tear in 2011. Patient's pain was resolved, range of motion and strength restored with 6 months of physical therapy.</td>
<td></td>
<td></td>
<td></td>
<td>727.61</td>
</tr>
</tbody>
</table>

### Problem Info

- **Goal Notes**
  - Pain resolution, restore full ROM and strength. Patient's goal is to reach this without further surgery or injections.
  - Modified by: RICHARDS, SUSAN P 03/12/2014

- **Patient Instructions/Care Plan**
  - Physical therapy for 3 months. If not significantly improved OR if worsen patient agreed to additional imaging and other interventions.
  - Modified by: RICHARDS, SUSAN P 03/12/2014

### Visit Info

- **Visit Instructions**
  - Referral to PT. Follow up in 2 weeks
  - Modified by: RICHARDS, SUSAN P 03/12/2014

### Care Plan Activities

- Well woman health examination
Care Planning

• Care planning is signed and secure.
• Care planning notes are logically deleted, leaving an audit trail.
• Problems with care planning documentation cannot be deleted, only inactivated.
Care Plan: Signing Care Plans
# Care Plan

## Right click options

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>• Add new note</td>
</tr>
<tr>
<td>Replace/Edit</td>
<td>• This is to edit existing note.</td>
</tr>
<tr>
<td></td>
<td>• If unsigned, changes existing text.</td>
</tr>
<tr>
<td></td>
<td>• If signed, replaces existing text and stores old value for auditing</td>
</tr>
<tr>
<td></td>
<td>(user cannot see).</td>
</tr>
<tr>
<td>Inactivate</td>
<td>• This is to inactivate care plan note.</td>
</tr>
<tr>
<td></td>
<td>• This is one you wish to remain visible to user if they choose to</td>
</tr>
<tr>
<td></td>
<td>see inactive notes.</td>
</tr>
<tr>
<td>Delete</td>
<td>• Deletes an entry (actually deletes unsigned, logically deletes signed</td>
</tr>
<tr>
<td></td>
<td>entries by marking entered in error).</td>
</tr>
<tr>
<td>Sign</td>
<td>• Signs unsigned entry.</td>
</tr>
</tbody>
</table>
Treatment/Regimen

• Currently contains some data points for clinical quality measures
• Will be pared down for release
• Will welcome some field input through RPMS feedback for relevant additions
IPL – Care Planning Considerations

Use of goal notes, care plan notes, visit instructions enhanced by TIU templates
  • Consider local committee to work with CAC on development

Review tools and consider drafting guidance around care planning documentation.
  • Who should document?
  • Appropriateness of content
  • When to delete notes
  • When to inactivate notes
TIU objects

• There are numerous objects to display IPL data
• Most commonly used examples on next few slides
TIU “V POV Multi-Line” and “V POV”

These are the most commonly used POV object currently in use and it was updated to display the new narratives.

1) Chronic sinusitis | [P]
2) Cough |
3) Cystitis |
4) Pain in pelvis | for 2 years, left adnexal with dysparunia

Chronic sinusitis | ; Cough | ; Cystitis | ; Pain in pelvis | for 2 years, left Adnexal with dysparunia
TIU Object “Active Problems w/o Dates”

This object was updated and will now display problems marked as “Chronic”

Chronic Problems:
1) Chronic sinusitis |
2) Diabetes mellitus type 2  |
3) Essential hypertension |
4) Pain in pelvis | for 2 years, left adnexal with dysparunia
TIU Object “V Prob with care plans”

Displays the problems selected as POV for current visit, active care plans and goal notes, visit instructions and education.

1) Chronic sinusitis |
   -GOALS:
     Reduce exacerbations to <1/year (7/2/0014 by RICHARDS, SUSAN P)
   -CARE PLANS:
     Allergy trigger management. Antihistamines, nasal steroids, nettie pot. Consider immunotherapy after allergy testing. Consider ENT surgical consult if not improving. (7/2/2014 by RICHARDS, SUSAN P)
   -INSTRUCTIONS:
     Referral for allergy testing. (7/2/2014 by RICHARDS, SUSAN P)
   -EDUCATION:
     Chronic sinusitis-EXERCISE

2) Cough |

3) Cystitis |
   -INSTRUCTIONS:
     Push fluids, start antibiotics. Will contact after receive culture and sensitivity result sif need different antibiotic. (7/2/2014 by RICHARDS, SUSAN P)
   -EDUCATION:
     Cystitis-EXERCISE

4) Pain in pelvis | for 2 years, left adnexal with dysparunia
TIU Object “V Prob w/o dates”

Displays the problems selected as POV for current visit, visit instructions and education.

1) Chronic sinusitis |
   -INSTRUCTIONS: 
     Referral for allergy testing. (7/2/2014 by RICHARDS, SUSAN P)
   -EDUCATION: 
     Chronic sinusitis-EXERCISE

2) Cough |

3) Cystitis |
   -INSTRUCTIONS: 
     Push fluids, start antibiotics. Will contact after receive culture and sensitivity results if need different antibiotic. (7/2/2014 by RICHARDS, SUSAN P)
   -EDUCATION: 
     Cystitis-EXERCISE

4) Pain in pelvis | for 2 years, left adnexal with dysparunia
IPL – Projected Progression of Usage

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Feature</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 – transition and updating IPL</td>
<td>Get SCT reverse mapping and pick lists</td>
<td>Updating IPL</td>
</tr>
<tr>
<td>Phase 1 – transition and updating IPL</td>
<td>POV dialog</td>
<td>Quick way to add POVs</td>
</tr>
</tbody>
</table>

Phase 1: “Surviving the tsunami of software”

- These quick tools allow clinicians to get through their clinical encounters with relative ease.
**IPL – Projected Progression of Usage (cont.)**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Feature</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2 – getting comfortable</td>
<td>Visit instructions on POV dialog</td>
<td>Quick way to add visit instructions. Enter once, display in PHR, print on CS, and drop into TIU note.</td>
</tr>
<tr>
<td>Phase 2 – getting comfortable</td>
<td>Patient education on POV dialog</td>
<td>Quick way to add Pt Ed</td>
</tr>
<tr>
<td>Phase 3 – optimizing documentation</td>
<td>Goal notes, care plan notes</td>
<td>Therapeutic goals and plans of care from various team members enhances communication. Displays on Clinical Summary, PHR.</td>
</tr>
<tr>
<td>Phase 3 – optimizing documentation</td>
<td>Treatment/regimen</td>
<td>Can enhance documentation of follow-up instructions, case management, protocol driven care, and nursing care</td>
</tr>
</tbody>
</table>

**Visit instructions, goals, and care planning notes display on the Clinical Summary and Transition of Care Summary and can drop into encounter documentation.**
Maintaining Uncluttered Problem List

Establish policies and procedures around problem management

• Converting ICD problems to SNOMED
• Updating and adding chronic/subacute problems
• Adding/ updating/ inactivating episodic problems
• Adding/ updating/ inactivating social/environmental problems
• Nurse only visits
Is Adding or Editing a Problem “Diagnosing”? 

Adding problems in itself is NOT making diagnoses. A nurse or pharmacist cannot make a diagnosis of hypertension or UTI; this is a medical diagnosis and out of their scope of practice.

• HOWEVER adding an existing problems from provider documentation, discharge summaries and from patient history are not “diagnosing a patient.”

• Providers routinely add existing problems to the problem list. Providers do not “re-diagnose” the patient who presents with pre-existing problems unless the diagnosis is in question.

• Providers should routinely review the problem list for accuracy—as should patients by reviewing their PHR and/or clinical summary.
Maintaining Uncluttered Problem List: Chronic/Sub-Acute Problems

**Former problem list** – chronic medical problem focused

**IPL equivalent** – Chronic and Sub-acute (marked as status)

**Recommendation** – Develop policies and procedure around management of the problem list.

- Include assisting in converting problems
  - Properly trained, there is no reason that educated clinical staff cannot assist in this process.

- Include who may add (by role) and what may be added to Chronic and Sub-acute and consider new problems from the following sources:
  - Patient history
  - Incoming clinical documents
  - Caregivers
  - And what else should be documented (add source of info to comments)
Maintaining Uncluttered Problem List: Chronic/Sub-Acute Problems (Example 1)

**Scenario:** New patient presents and has established problems: hyperlipidemia, type 2 diabetes, CAD.

Nurses populating the Chronic problems on IPL, documenting “per patient, Dx 2005 by former PCP” would save the provider significant time in discussing problems rather than entering data.
Maintaining Uncluttered Problem List: Chronic/Sub-Acute Problems (Example 2)

**Scenario**: Existing patient presents for routine exam. Reports new diagnoses from outside provider: Hypothyroid, started on Levothyroxine that she received from Happy Go Lucky pharmacy.

- Nurses adding the chronic problem to the IPL would save time for provider during encounter.
Maintaining Uncluttered Problem List: Chronic/Sub-Acute Problems (Example 3)

**Scenario:** Existing patient presents to pharmacy for discharge medications from inpatient stay for Pneumonia.

Pharmacist adding Sub-acute problem, perhaps with comment “dx on admission 6/1/14”, would alert the next provider to evaluate for needed follow up or document resolution.
Maintaining Uncluttered Problem List: Social/Environmental Problems

This status should be used by multiple disciplines identifying social and environmental issues important to the care for the patient.

Examples:

- Provider identifies “alcoholic in home”.
- Pharmacist identifies “difficulty opening and closing containers” driving need for non-safety cap bottles.
- PHN identifies “transport unavailable” and “inadequate social support” might help determine disposition of patient – home vs observation in hospital for infection.
Maintaining Uncluttered Problem List: Episodic Problems

This status is used for a variety of problems by multiple clinical disciplines.

Examples:

- Urgent care/sick visit problems
- Routine health maintenance, administrative codes, med refills

*Tip: This group will have its own status in EHRp15 – consider using Inactive if causing clutter.*

- Inpatient hospital issues (that are not existing chronic or sub-acute problems). P&P and provider practice would determine who would flag issues requiring follow up or new chronic issues – may be done by inpatient attending OR primary on discharge.

- Depending on P&P, nursing problems to monitor on inpatient stay
Maintaining Uncluttered Problem List: Inactive problems

This status is used for a variety of problems by multiple clinical disciplines.

Examples:

- Resolved issues
- May mark as personal history
- Consider marking routine and administrative terms as inactive until EHRp15
Tips for Reducing Clutter: Using Statuses

Using statuses:

• Search/Store problem defaults to “episodic” so user needs to pay attention and change status if entering chronic or sub-acute problem

• Pick Lists can default statuses which can assure stored problems are filtered correctly

• Change statuses when problems resolve or become chronic <<< consider writing guidance for inactivating episodic and social/environment problems and empower nursing to help clean problem lists when they prep patients for provider appointments
Tips for Reducing Clutter: Using Clinical Indication “Search”

Search for Clinical indication instead of adding problem when appropriate.

*Scenario*: Patient presents for “dysuria” and nurse orders triage standing order for UA before seeing provider.
Tips for Reducing Clutter:
Use Existing Problems When Possible

Use existing problems for POVs whenever possible. Think about why you are seeing the patient. This is very important for nursing visits.

**Scenario 1:** Patient presents for Depo-Provera injection. There is a problem on the problem list “Contraception” already. You are seeing the patient for surveillance of their contraception. You assess per protocol and document. That you administered the depo is captured in the CPT code.

- Use existing “contraception” problem as POV. You can add provider text when you click the POV button to note “depo provera given today” if you want.
- The CPT captures that you administered the depo provera (and of course it is documented in the note).
Tips for Reducing Clutter: Use Existing Problems When Possible (cont.)

Use existing problems for POVs whenever possible. Think about why you are seeing the patient. This is very important for nursing visits.

**Scenario 2:** Patient presents for pregnancy test. The patient has a problem of “Polycystic Ovarian Syndrome | trying to conceive” on the problem list. She confirms she is still trying to conceive

- Use existing “Polycystic Ovarian Syndrome | trying to conceive” problem as POV. You could add “pregnancy test neg” to the provider text after selecting and clicking POV.
- Avoid adding problem of “pregnancy test negative” – this is just clutter to the list. Coding can actually pick that up if needed in the coding queue.
Tips for Reducing Clutter: Exercise Restraint for Nurse Only Visits

Be judicious when adding problems for nursing visit.

**Scenario 1:** Patient presents for blood sugar check. She states she is just worried because there is a lot of diabetes in her family.

- Consider existing problems. Does she already have an indication for blood sugar screening (based on policies and procedures) such as obesity, PCOS, etc.? If so then use this as the POV and note “blood sugar screening performed” in the provider text or in your chart note.
- If not, then consider generic “diabetes screening” problem and use as POV.
Tips for Reducing Clutter: Edit Problems When Possible

Edit problems and update SNOMED when appropriate instead of inactivating and adding new problem /

• Patient has elevated blood pressure on a visit. This is entered on the problem list.
• After subsequent visits with elevated blood pressure a diagnosis of Hypertension is made.
• User may simply edit the problem and change the diagnosis to “hypertension”.
It Takes a Village to Migrate to IPL

Recommend leveraging *all clinicians* to participate as they encounter opportunities to update in their workflow:

- Nursing example: ordering standing order labs can update problems prior to selecting as Clinical Indication.
- Pharmacy example: update problems and select as POVs for medication refills.
It Takes a Village to Migrate to IPL (cont.)

Who will assist in Problem List migration?

- It is NOT appropriate to engage non-clinician staff (clerks, coders, medical records) in the migration of the problem lists from ICD-9 to SNOMED.
Problem Management - Summary

• Convert problems whenever possible, do not just add new SNOMED and leave the old ICD.
• Select POV’s from existing problems when possible.
• Edit problems and update SNOMED when appropriate instead of inactivating and adding new problem.
• Search for “clinical indication” for working diagnosis when appropriate instead of adding problem to problem list.
• Non provider staff (nurses, pharmacists, nutritionists, physical therapists) should exercise restraint in adding problems, particularly Chronic/Subacute.
Summary

- **Clean up problems now.**
- **Plan approach to problem list migration.**
- No data is lost in the migration to SNOMED.
- Problems can be updated and selected as POVs in three steps.
- Only two fields are mandatory for new problems.
- Transition tools: “Get SCT” reverse mapper and Pick Lists.
- SNOMED with mapping tools stabilizes front-end and eases the impact to clinicians with transition to ICD-10.
- Minimal change for coding; coders will have more controlled, cleaner narratives from which to code.
- Map advice will aid coders with the ICD-10 transition.
- New TIU objects allow data entered on IPL to drop into encounter notes [requires CAC configuration].
- Care Planning can be implemented over time
Resources

Care Planning information is at the end of the slide set for your review.

SNOMED issues – select “SNOMED (DTS) for application

http://www.ihs.gov/rpms/index.cfm?module=Feedback

Enhancement requests – select “Electronic Health Record (EHR)” for application

http://www.ihs.gov/rpms/index.cfm?module=Feedback

ICD 10 Documentation examples

http://www.crozerkeystone.org/healthcare-professionals/icd-10-update/icd-10-documentation/
Resources (cont.)

Clinical Applications Documentation repository

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
Questions?

Even good change is stressful...

*It won’t make EHR work any better; but if it makes you feel good
“GO FOR IT!”*

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