

EHR v 1.1 p13 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

The screenshot displays the Integrated Problem List (IPL) interface. At the top, there are filters for problem status: Chronic, Episodic, Sub-acute, Social/Env, Inactive, and Current/Most recent Inpatient. Below the filters is a table with columns for Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains four rows of data, with the last row highlighted in orange. Below the table, there is a detailed view of the selected problem, showing Goal Notes, Patient Instructions/Care Plan, Visit Instructions, and Care Plan Activities. The detailed view includes text such as 'Pain resolution, restore full ROM and strength...' and 'Physical therapy for 3 months...'. The interface also includes a 'Latest' tab and an 'All Active' tab.

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic		Hyperlipidemia	This is a test note .				272.4
Chronic		Diabetes mellitus type 2					250.00
Episodic		Pelvic pain I muscle pain, exquisitely tender left obturator internus					789.09
Sub-acute		Nontraumatic rotator cuff tear I 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 .				727.61

Approach as Opportunity for Improvement

- Software provides tools
- Just because a process has existed for a long 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 **NO**menclature of **MED**icine **C**linical **T**erms (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

SNOMED CT® Definitions

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.

SNOMED CT[®] in the RPMS EHR (cont.)

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.

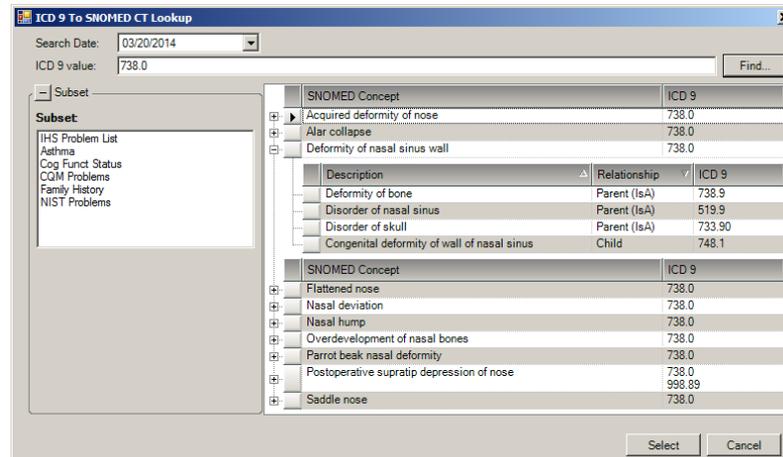
These mappings automate, only when appropriate, assignment of ICD codes.

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

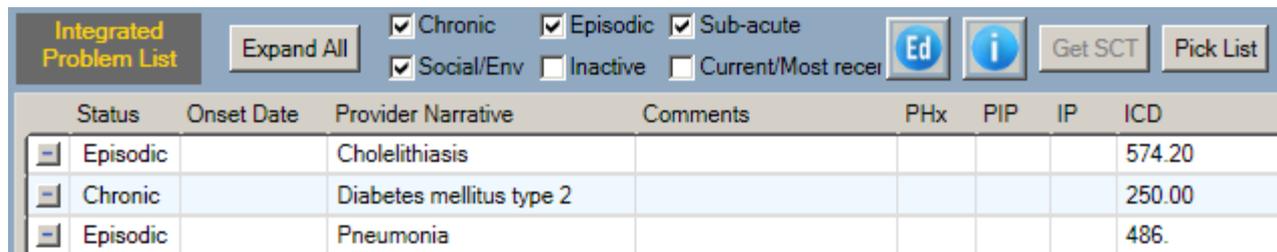
- **Use in EHR** - assist in the transition of problem lists to SNOMED



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



Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
[-] Episodic		Cholelithiasis					574.20
[-] Chronic		Diabetes mellitus type 2					250.00
[-] Episodic		Pneumonia					486.

SNOMED to ICD-9 Mapping Examples

SNOMED Term	ICD-9	Storage of Mapped Codes
Sunburn of second degree	Sunburn of second degree 692.76	1:1 This is a 1:1 match so will store in the POV when selected.
Diabetic Nephropathy	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	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.
Ganglion of the wrist	Ganglion of joint 727.41	Narrow to Broad: Closest ICD-9 code is less specific than the SNOMED. This will store in POV when selected.

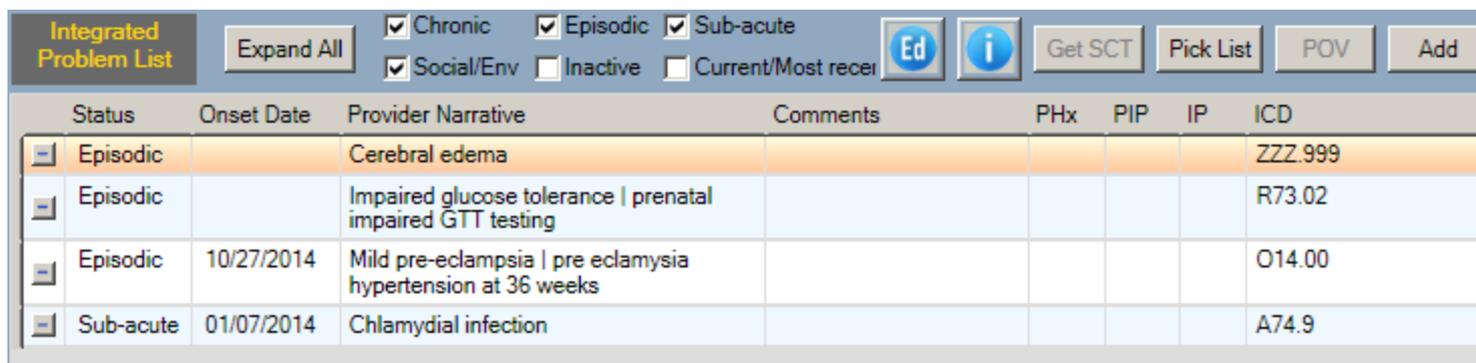
When there is no mapping available OR when the closest ICD-9 code is more specific than the SNOMED, then the system will assign .9999 un-coded. The code assigned by coders will depend on the SNOMED term selected and the remainder of the visit documentation.

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



Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Episodic		Cerebral edema					ZZZ.999
Episodic		Impaired glucose tolerance prenatal impaired GTT testing					R73.02
Episodic	10/27/2014	Mild pre-eclampsia pre eclamysia hypertension at 36 weeks					O14.00
Sub-acute	01/07/2014	Chlamydial infection					A74.9

SNOMED to ICD-10 Mapping Examples

SNOMED Term	ICD-10	Comment
Essential Hypertension	Essential hypertension I10	“Always true” rule: This is 1:1 match. Will store in POV when selected.
Type II diabetes mellitus uncontrolled	Type 2 diabetes mellitus with hyperglycemia E11.65	“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)”
Cerebral Edema	Cannot be automatically mapped	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.

“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

SNOMED	ICD
Better clinical coverage <ul style="list-style-type: none"> • 100,000 terms in clinical findings hierarchy 	Statistical focus, less common diseases lumped together <ul style="list-style-type: none"> • ICD-9-CM 14,000 terms • ICD-10-CM 68,000 terms
Used directly by clinicians during process of care	Used by coding professionals after episode of care
More clinician friendly language	Not all terms are clinician friendly and some have little clinical relevance
Terms reflecting any level of granularity appropriate for situation	<ul style="list-style-type: none"> • Can include awkward terminology due to embedded coding guidelines • Presumes knowledge of coding rules • Dictates level of granularity (NOS, NEC)
Flexible data retrieval organized in multiple hierarchies	

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

Examples

Condition	ICD-9	ICD-10	SNOMED CT®
Asperger's Disorder	Other specified pervasive developmental disorders 299.8	Asperger's disorder F84.5	Asperger's Disorder 23560001
Apert Syndrome	Acrocephalosyndactyly 755.55	Congenital malformation syndromes predominantly affecting facial appearance Q87.0	Apert Syndrome 205258009
Metabolic acidosis	Acidosis 276.2	Acidosis E87.2	Metabolic acidosis 59455009

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 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

Integrated Problem List

Expand All

Chronic
 Episodic
 Sub-acute
 Social/Env
 Inactive
 Current/Most recent Inpatient

Ed i Get SCT Pick List POV Add Edit Delete

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic		Hyperlipidemia	This is a test note :				272.4
Chronic		Diabetes mellitus type 2					250.00
Episodic		Pelvic pain muscle pain, exquisitely tender left obturator internus					789.09
Sub-acute		Nontraumatic rotator cuff tear 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. :				727.61

Latest | All Active

PRVs

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 worsened 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

Episodic		Well woman health examination					.9999
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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

Status	Onset Date	Priority	Provider Narrative
<input type="checkbox"/> Episodic			Decubitus ulcer of sacrum Stage 3
<input type="checkbox"/> Episodic			Osteoarthritis of knee right

Display Changes: Provider Narratives (cont.)

Format: SNOMED CT term | provider text
 Standard Term *Clinician Free Text*

Example: Hyperlipidemia | uncontrolled

Status	Onset Date	Provider Narrative
<input type="checkbox"/> Chronic		Hyperlipidemia uncontrolled

Problem Statuses

Current (EHRp12)	Migrate to (EHRp13)	Examples
Active	Chronic	Diabetes, Hypertension, Asthma, Migraine, Allergies
Personal History	Inactive, flagged as personal history	Inactive problem of Chicken Pox
Inactive	Inactive	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

New Statuses	Examples
Sub-acute	Breast mass, ankle injury – something you are working up or that needs short-term follow up
Episodic	Cold, female UTI – disposition straightforward “follow up PRN or if not improving”
Social/Environmental	Homeless, lack of running water, alcoholic in home

IPL Main Screen

Problem list prior to conversion to SNOMED

The screenshot displays the 'Integrated Problem List' interface. At the top, there are navigation tabs for various medical categories: IPL, Family Hx, Surgical Hx, Pt Goals, Anticoag, Eyeglass, AMI, and Stroke. Below these tabs is a filter bar with checkboxes for 'Chronic', 'Episodic', 'Sub-acute', 'Social/Env', 'Inactive', and 'Current/Most recent Inpatient'. To the right of the filter bar are buttons for 'Expand All', 'Ed', 'i', 'Get SCT', 'PL Pick List', 'POV', 'Add', 'Edit', and 'Delete'.

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic		*FLAT FEET					734.
Chronic	08/16/2005	*Abnormal EKG	Pediatric cardiologist suggest repeat EKG 2 yrs and fax to them for reading : normal ekg with Asheville Cards 8/07 : extreme right axis deviation, incomplete RBBB; ? RVH : Refer to cards if palpitations, feels faint, near syncope :				794.31
Chronic	07/06/2006	*Exercise induced asthma					.9999
Chronic		*seborrhea occipital scalp					690.11

Annotations on the screenshot:

- A blue box highlights the leading asterisk (*) in the Provider Narrative column for the first three rows. A blue arrow points from this box to the text: "Note the leading * which identifies the problems that require conversion to SNOMED".
- A blue box highlights the Provider Narrative for the second row: "*Abnormal EKG". A blue arrow points from this box to the text: "This was renamed from 'notes'".
- A blue box highlights the ICD code for the second row: "794.31". A blue arrow points from this box to the text: "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

Integrated Problem List		Expand All			<input checked="" type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Episodic	<input checked="" type="checkbox"/> Sub-acute	Ed	i	Get SCT	Pick List	POV	Add	Edit	Delete
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD								
<input type="checkbox"/> Chronic		Asthma					493.90								
<input type="checkbox"/> Episodic		URI - Upper respiratory infection					465.9								
<input type="checkbox"/> Social/Environmental		Transportation barrier impedes ability to use community resources					.9999								
<input type="checkbox"/> Sub-acute		Breast lump left upper outer quadrant, tender					611.72								

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.

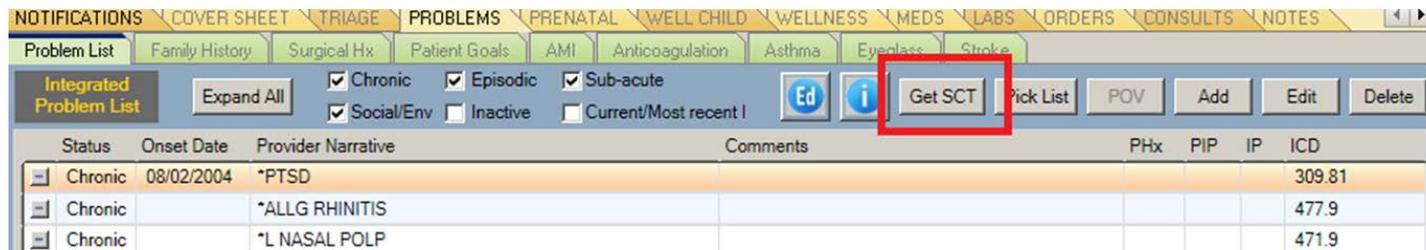
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	*PTSD					309.81
Chronic		*ALLG RHINITIS					477.9
Chronic		*L NASAL POLP					471.9
Chronic		*H PYLORI POSITIVE					041.86
Chronic		*IRREGULAR MENSES					626.4
Chronic		*LOOSE STOOLS W/ URGENCY POSS LACTOSE OR GLUTEN INTOL R/O INFECTION					558.9
Chronic		*NOCTURIA					788.43
Chronic		*HIGH FAM H/O DM (PATERNAL ONLY)					V18.0

Step 1:

Update Problems to Address Today

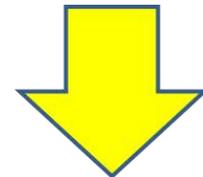
1. Highlight problem for update. If you want to convert provider narrative, click **Get SCT** or click **Edit** and use Get SCT, pick list, or search.

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



The screenshot shows a software interface with a menu bar at the top containing: NOTIFICATIONS, COVER SHEET, TRIAGE, PROBLEMS, PRENATAL, WELL CHILD, WELLNESS, MEDS, LABS, ORDERS, CONSULTS, NOTES. Below the menu bar are several tabs: Problem List, Family History, Surgical Hx, Patient Goals, AMI, Anticoagulation, Asthma, Eye/Class, Stroke. The 'Problem List' tab is active. Below the tabs is a control bar with an 'Integrated Problem List' label, an 'Expand All' button, and several checkboxes: Chronic (checked), Episodic (checked), Sub-acute (checked), Social/Env (checked), Inactive (unchecked), and Current/Most recent (unchecked). To the right of the checkboxes are buttons: Ed, i, Get SCT (highlighted with a red box), Pick List, POV, Add, Edit, and Delete. Below the control bar is a table with columns: Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains three rows of data:

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	*PTSD					309.81
Chronic		*ALLG RHINITIS					477.9
Chronic		*L NASAL POLP					471.9



*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:

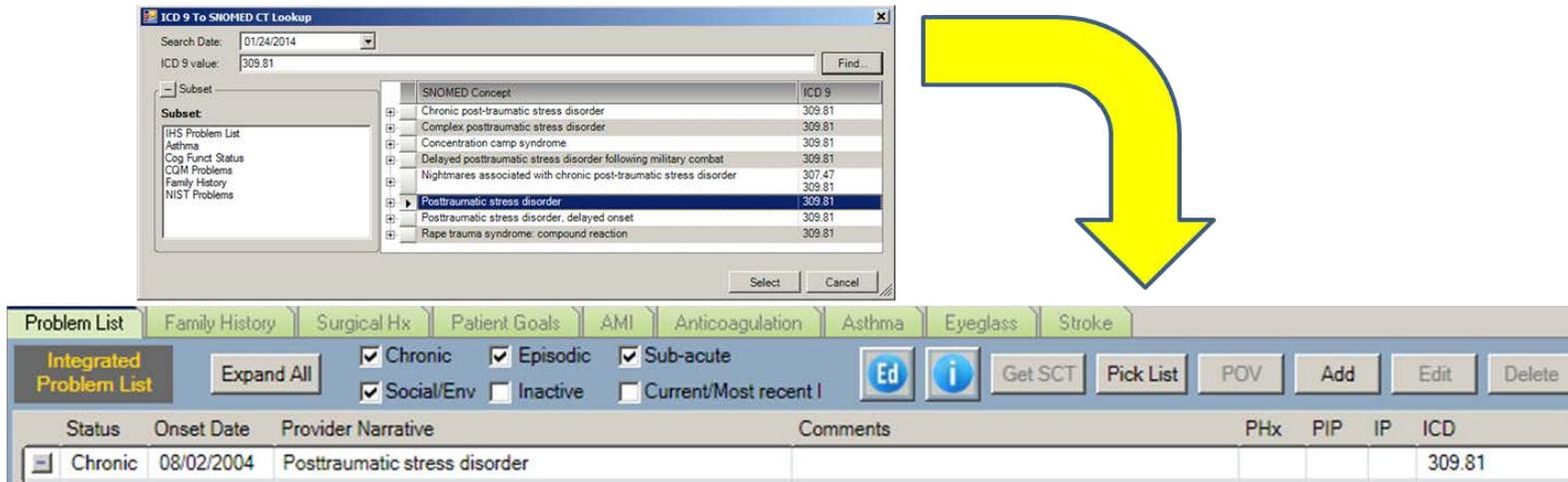
- Best used for problems that you wish to add provider text or move some of the data to comments.
- From **Edit**, you may select **Get SCT** or prick lists, or search for a SNOMED CT® to update the problem.

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.



The screenshot shows the 'ICD 9 To SNOMED CT Lookup' dialog box. The search date is 01/24/2014 and the ICD 9 value is 309.81. The 'SNOMED Concept' list includes:

SNOMED Concept	ICD 9
Chronic post-traumatic stress disorder	309.81
Complex posttraumatic stress disorder	309.81
Concentration camp syndrome	309.81
Delayed posttraumatic stress disorder following military combat	309.81
Nightmares associated with chronic post-traumatic stress disorder	307.47
Posttraumatic stress disorder	309.81
Posttraumatic stress disorder, delayed onset	309.81
Rape trauma syndrome: compound reaction	309.81

The main problem list interface shows the following table:

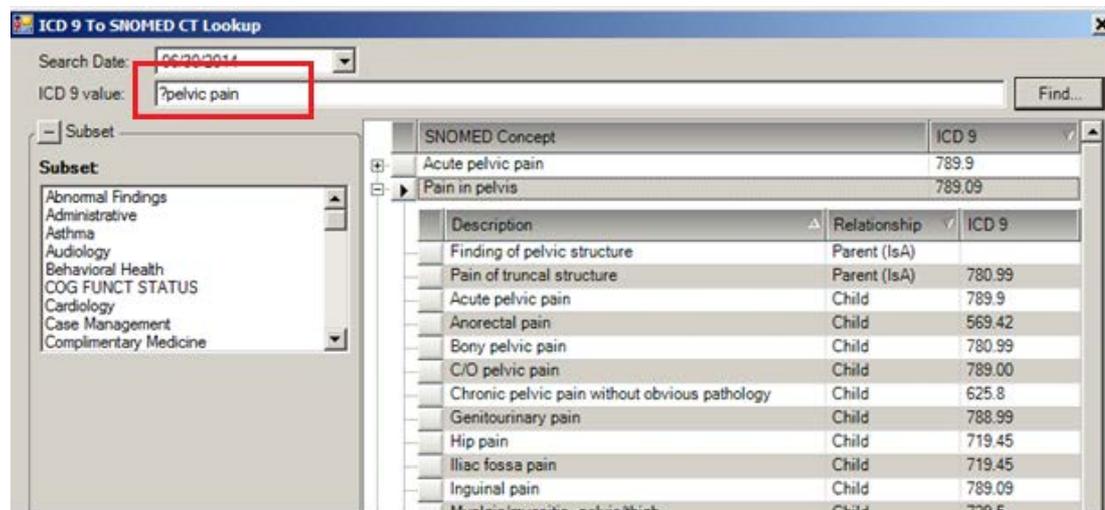
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	Posttraumatic stress disorder					309.81

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**.

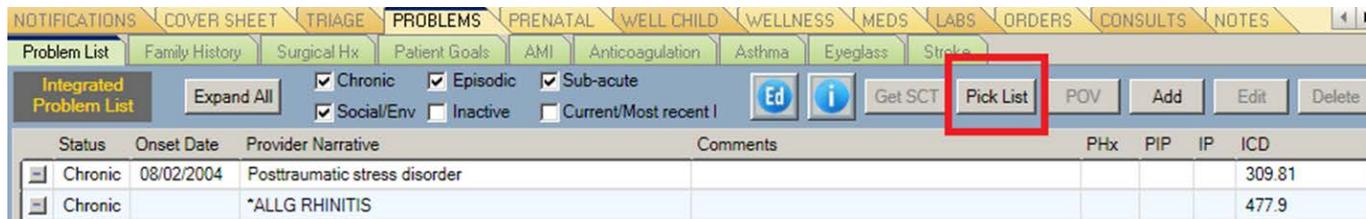


Tip: If you have un-coded entries or codes that do not reverse map, you may also use Pick-List or SNOMED search to update the problem.

Step 2:

Add Any New Problems Addressed Today

3. Click **Pick List**.



The screenshot shows a medical software interface with a navigation bar at the top containing tabs for NOTIFICATIONS, COVER SHEET, TRIAGE, PROBLEMS, PRENATAL, WELL CHILD, WELLNESS, MEDS, LABS, ORDERS, CONSULTS, and NOTES. The 'PROBLEMS' tab is active, and a sub-menu is open showing options like Problem List, Family History, Surgical Hx, Patient Goals, AMI, Anticoagulation, Asthma, Eyeglass, and Stroke. Below this, there are filter checkboxes for Chronic, Episodic, Sub-acute, Social/Env, Inactive, and Current/Most recent. A 'Pick List' button is highlighted with a red box. Other buttons include Ed, i, Get SCT, POV, Add, Edit, and Delete. Below the buttons is a table with columns for Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains two rows: one for 'Posttraumatic stress disorder' with ICD code 309.81, and another for '*ALLG RHINITIS' with ICD code 477.9.

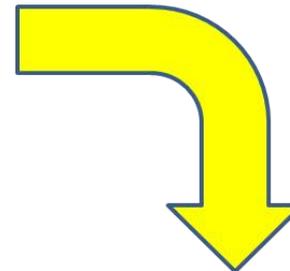
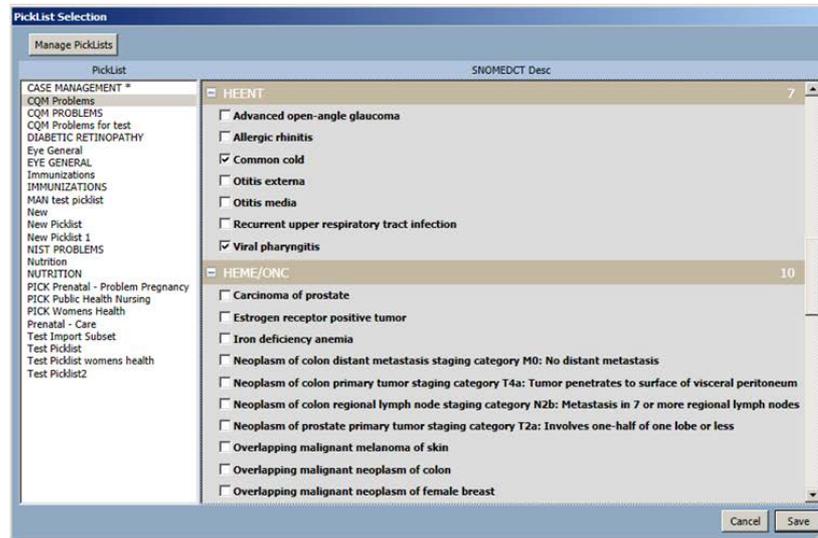
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	Posttraumatic stress disorder					309.81
Chronic		*ALLG RHINITIS					477.9

*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**.



The screenshot shows the main application window with the 'PROBLEMS' tab selected. The 'Integrated Problem List' is displayed with a table of problems. The 'Pick List' button is highlighted in the toolbar.

Status	Onset Date	Provider Narrative	Comments	Phx	PIP	IP	ICD
Episodic		Viral pharyngitis					462.
Episodic		Common cold					460.
Chronic	08/02/2004	Posttraumatic stress disorder					309.81
Chronic		*ALLG RHINITIS					477.9

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:

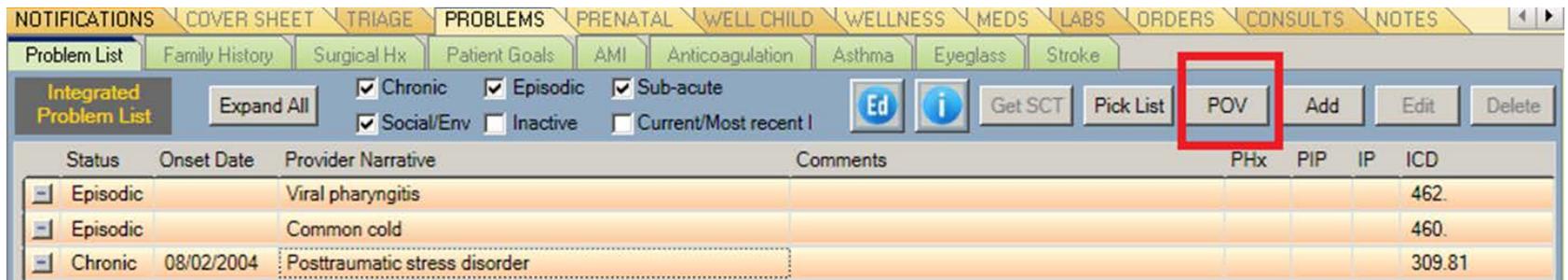
- *For providers working up a symptom.*
- *For nurses triage labs such as fever, dysuria.*
- *Document your final diagnosis on the problem list. For nurse only visits, this may be a sign or symptom.*

The screenshot displays two overlapping windows from a medical information system. The 'Order a Lab Test' window is in the foreground, showing a list of available lab tests on the left, including 'HGB', 'HGB ATC', 'HGB ELECTROPHORESIS', 'HGH', 'HIV', 'HIV 1 RNA, QUANTITATIVE', 'HIV GENOTYPE', and 'HIV-1 RNA, QUANTITATIVE'. The 'HGB' test is selected. The 'Collect Sample' dropdown is set to 'BLOOD (LAVE)', 'Specimen' is 'BLOOD', and 'Urgency' is 'ROUTINE'. There is a text field for 'Enter order comment:'. Below the test list, there are fields for 'Collection Type' (Send Patient to Lab), 'Collection Date/Time' (TODAY), 'How Often?' (ONCE), and 'How Long?'. The 'Clinical Indication' dropdown is currently empty, and the 'Other...' option is highlighted with a red box. The 'MED CT Lookup' window is in the background, showing a search for 'dysuria' on the date '05/21/2014'. The search results table is as follows:

Problem	is a relationship	Mapped ICD
Dysuria	is a Abdominal pain (finding) is a Genitourinary pain (finding) is a Lower urinary tract finding (finding)	788.1
Dysuria-frequency syndrome	is a Disorder of urinary tract proper (disorder)	599.9
Psychogenic dysuria	is a Psychogenic genitourinary tract symptoms (finding)	306.53

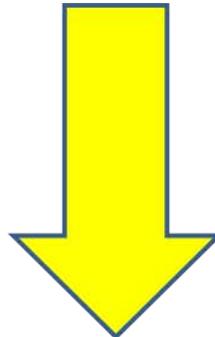
Step 3: Select POV

5. Highlight the problems you managed today.
6. Click the **POV** button.



The screenshot shows a medical software interface with a navigation bar at the top containing tabs for NOTIFICATIONS, COVER SHEET, TRIAGE, PROBLEMS, PRENATAL, WELL CHILD, WELLNESS, MEDS, LABS, ORDERS, CONSULTS, and NOTES. Below this is a sub-menu with tabs for Problem List, Family History, Surgical Hx, Patient Goals, AMI, Anticoagulation, Asthma, Eyeglass, and Stroke. The main area features a filter bar with checkboxes for Chronic, Episodic, Sub-acute, Social/Env, Inactive, and Current/Most recent. To the right of the filter bar are buttons for Ed, i, Get SCT, Pick List, and a red-bordered button labeled 'POV'. Further right are buttons for Add, Edit, and Delete. Below the filter bar is a table with columns for Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains three rows of data.

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Episodic		Viral pharyngitis					462.
Episodic		Common cold					460.
Chronic	08/02/2004	Posttraumatic stress disorder					309.81



Step 3: Select POV (cont.)

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

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pl Ed	Tx/Regimen/ FU	Tx/Regimen/FU display only
1377	Episodic	Viral pharyngitis	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> MED <input type="checkbox"/> EX <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P	Treatment/ Regimen	
1377	Episodic	Common cold	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> MED <input type="checkbox"/> EX <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P	Treatment/ Regimen	
6936	Chronic	Posttraumatic stress disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> MED <input type="checkbox"/> EX <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P	Treatment/ Regimen	

Primary POV
Viral pharyngitis

SNOMED CT	Provider Narrative	Provider Text	ICD	Priority
Viral pharyngitis	Viral pharyngitis		462.	Primary
Common cold	Common cold		460.	Secondary
Posttraumatic stress disorder	Posttraumatic stress disorder		309.81	Secondary

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 uncoded 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

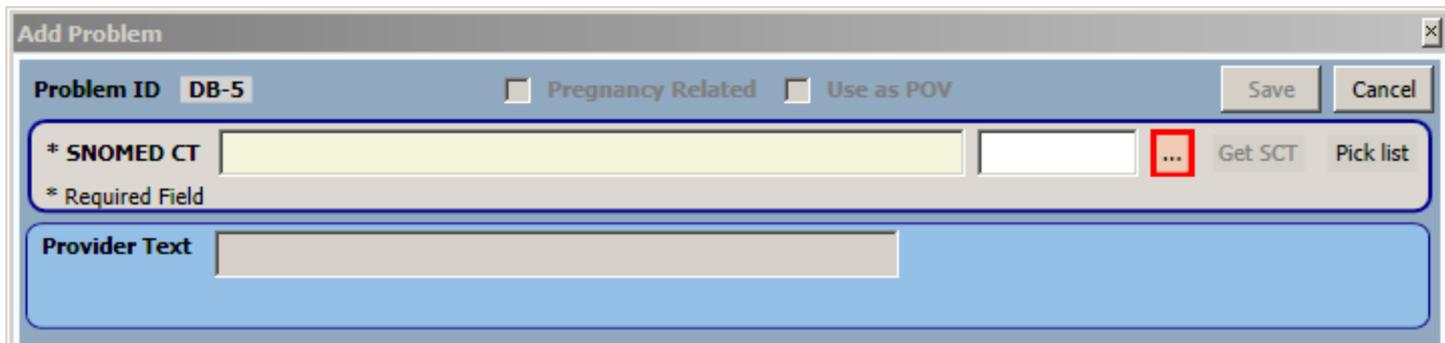
Only two fields are required to enter a problem:

- **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 (...).



The screenshot shows a software dialog box titled "Add Problem". At the top, it displays "Problem ID" as "DB-5" and two unchecked checkboxes: "Pregnancy Related" and "Use as POV". There are "Save" and "Cancel" buttons on the right. Below this, there is a section for SNOMED CT with a yellow-highlighted input field, a smaller white input field, and a red-bordered ellipsis button (...). To the right of these are "Get SCT" and "Pick list" buttons. A note "* Required Field" is positioned below the SNOMED CT input field. At the bottom, there is a "Provider Text" label and a large text input area.

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.

The screenshot shows a software window titled "Integrated Problem Maintenance - Edit Problem". At the top, it displays "Problem ID TST-26" and two checkboxes: "Pregnancy Related" and "Use as POV". There are "Save" and "Cancel" buttons on the right. Below this is a section for "* SNOMED CT" with a text input field, a "Get SCT" button, and a "Pick list" button. A note below this section says "* Required Field". The "Provider Text" section contains the text "*Cervical Spinal Stenosis 723.0". Three red arrows point from the text below to the "Get SCT" button, the "Provider Text" field, and the ICD-9 code "723.0".

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.

Integrated Problem Maintenance - Edit Problem

Problem ID **DB-1** Priority **0** Use as POV Save Cancel

* SNOMED CT **Endometriosis** Get SCT Pick list

* Status Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx

* Required Field

Provider Text **bowel, bladder, peironeum, ovaries, ureters**
Endometriosis | **bowel, bladder, peironeum, ovaries, ureters** 617.9

Qualifiers Severity: Clinical Course
Severity Clinical Course

Date of Onset

Comments Add Delete

Narrative	Date	Author
-----------	------	--------

Care Plan Info Add Visit Instruction / Care Plans / Goal Activities

Goal Notes	Care Plans	Visit Instructions	Care Planning Activities
------------	------------	--------------------	--------------------------

Add/Edit Problem – Optional Fields (cont.)

Integrated Problem Maintenance - Edit Problem

Problem ID DB-3 Priority 0 Use as POV Primary Save Cancel

* SNOMED CT Asthma ... Get SCT Pick list

* Status Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx

* Required Field

Provider Text
Asthma 493.90

Qualifiers Severity: Clinical Course

Severity Clinical Course Episodicities

Asthma Classification Control

Date of Onset ... Is Injury

Comments Add Delete

Narrative Date Author

Care Plan Info Add Visit Instruction / Care Plans / Goal Activities

Goal Notes Care Plans Visit Instructions Care Planning Activities

Optional, encounter related

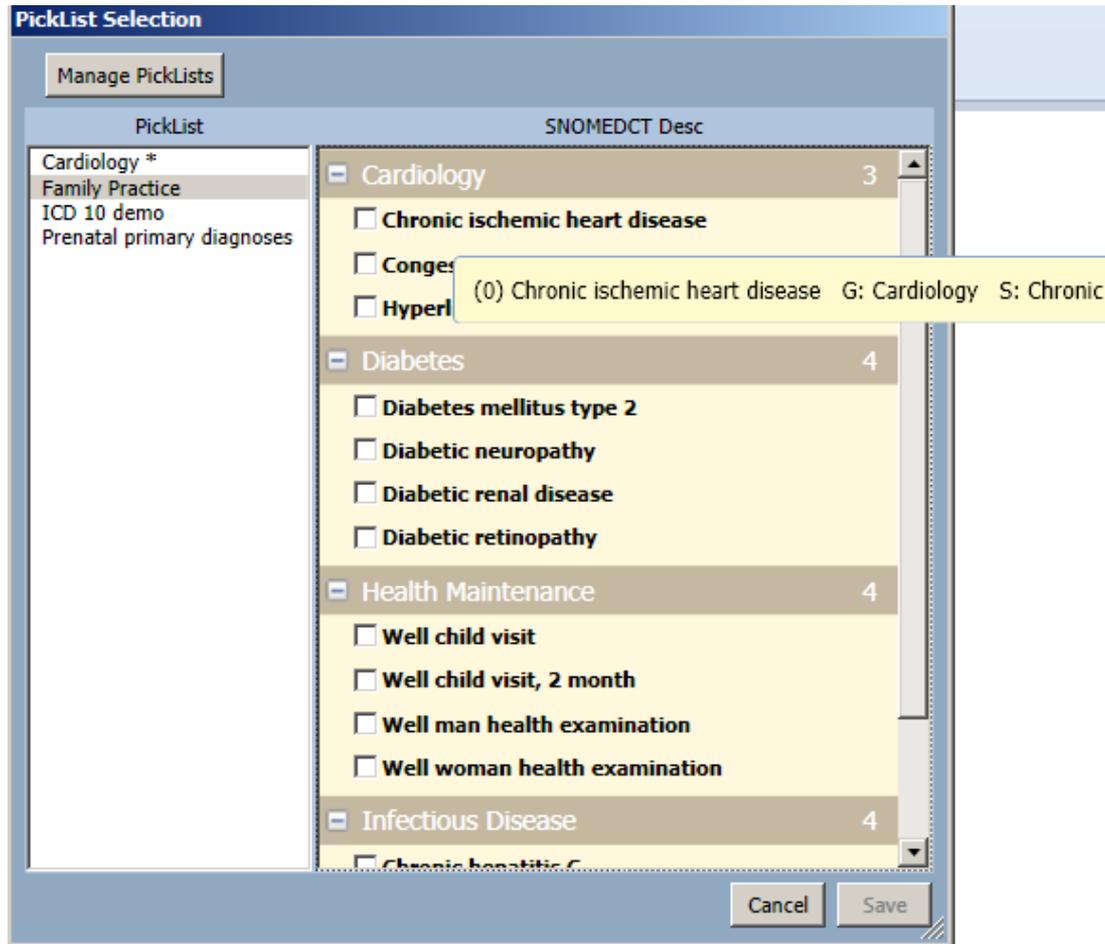
Asthma prompts only exposed for Asthma problems

Care planning now editable

Search Tools - Pick Lists

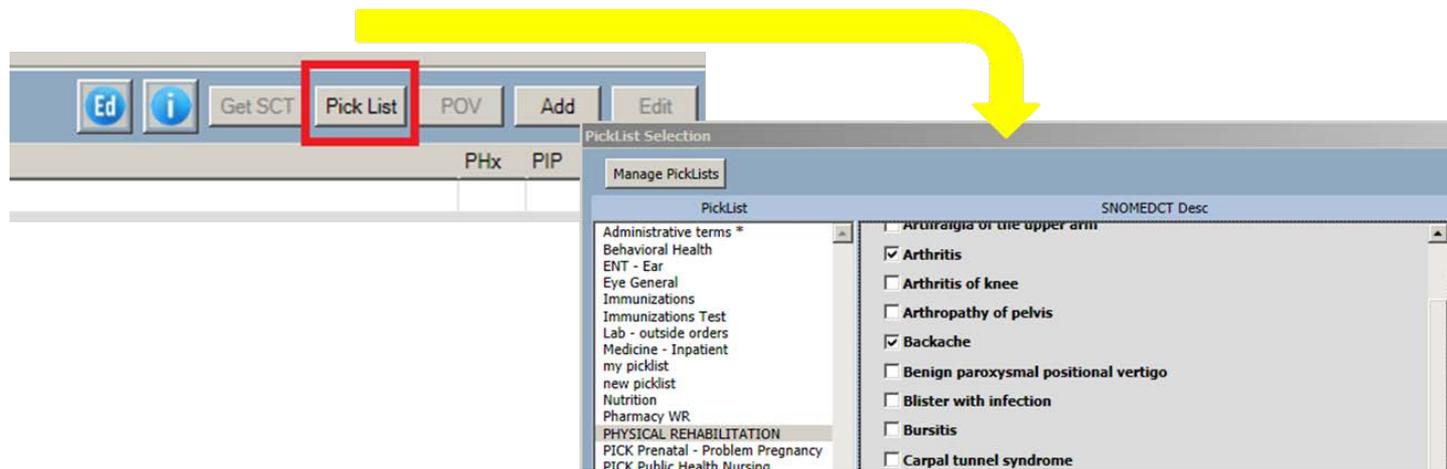
- Over 50 vetted SNOMED pick lists are available for import.
- Pick lists may be used as imported or customized by CAC.
- Available customizations:
 - Default status
 - Group similar pick list items together for display
 - Add/Delete terms

Pick List Example



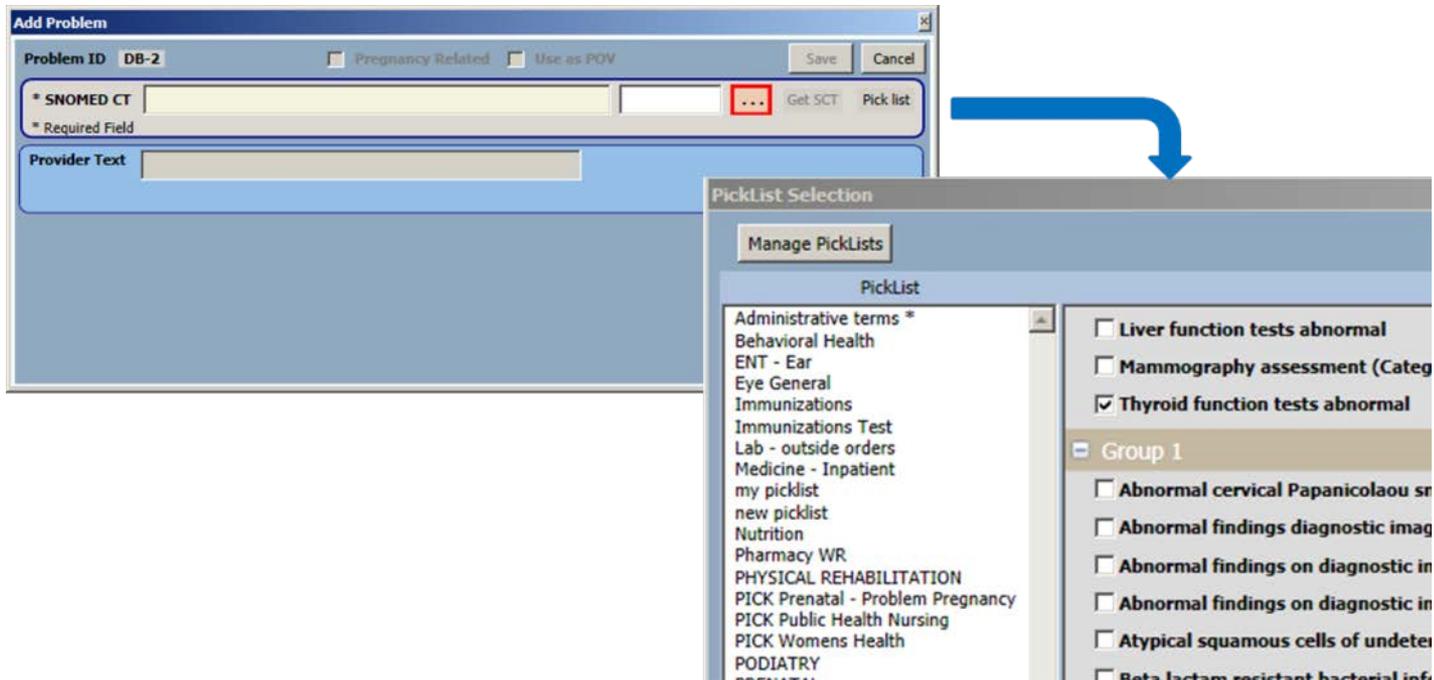
Add/Edit Using Pick List from Main Screen

- 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).

The screenshot shows the 'Add Problem' form with the following details:

- Problem ID: TST-13
- Priority: [dropdown]
- Use as POV:
- Save button
- * SNOMED CT: Dyslipidemia [dropdown] [red box around dropdown arrow]
- * Status: Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx
- * Required Field
- Provider Text: [text area]
- Integrated Problem List: Expand All
- Chronic: Episodic: Sub-acute: Social/Env: Inactive: Current/Most recent Inpatient:
- Table with columns: Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, ICD

A yellow arrow points from the 'Save' button to the 'ICD' column in the table below. The 'ICD' column contains the value '272.8'.

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Episodic		Dyslipidemia					272.8

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

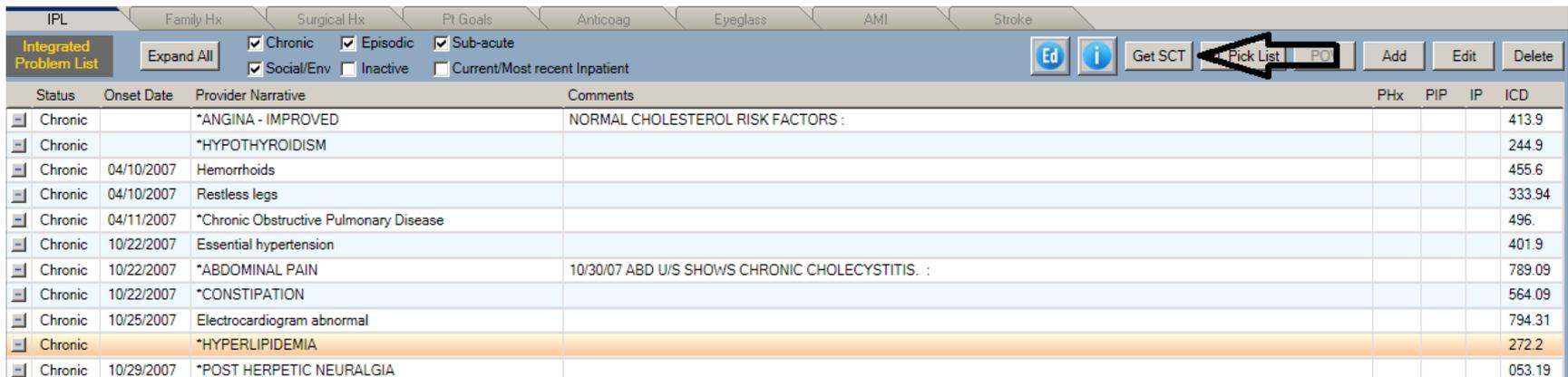
IHS SNOMED – the group of concepts that is initially searched. It is installed on the RPMS with the BSTS (terminology service) install and quickly returns searches.

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**.

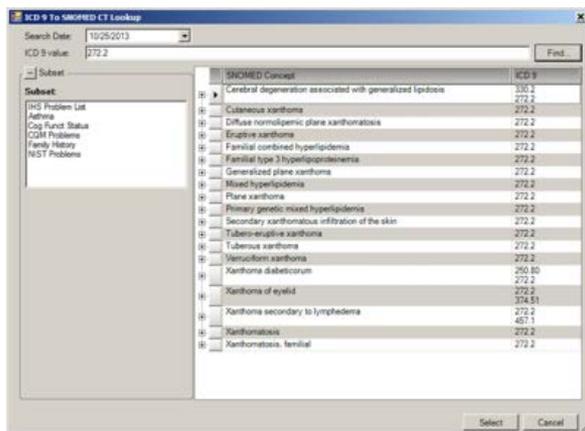


The screenshot shows a web-based interface for managing patient problems. At the top, there are tabs for different categories: IPL, Family Hx, Surgical Hx, Pt Goals, Anticoag, Eyeglass, AMI, and Stroke. Below the tabs is a filter bar with checkboxes for Chronic, Episodic, Sub-acute, Social/Env, Inactive, and Current/Most recent Inpatient. There are also buttons for 'Expand All', 'Ed', 'i', 'Get SCT', 'Pick List', 'PO', 'Add', 'Edit', and 'Delete'. The 'Get SCT' button is highlighted with a black arrow. Below the filter bar is a table with columns for Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains several rows of patient problems, with the row for '*HYPERLIPIDEMIA' highlighted in orange.

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic		*ANGINA - IMPROVED	NORMAL CHOLESTEROL RISK FACTORS :				413.9
Chronic		*HYPOTHYROIDISM					244.9
Chronic	04/10/2007	Hemorrhoids					455.6
Chronic	04/10/2007	Restless legs					333.94
Chronic	04/11/2007	*Chronic Obstructive Pulmonary Disease					496.
Chronic	10/22/2007	Essential hypertension					401.9
Chronic	10/22/2007	*ABDOMINAL PAIN	10/30/07 ABD U/S SHOWS CHRONIC CHOLECYSTITIS. :				789.09
Chronic	10/22/2007	*CONSTIPATION					564.09
Chronic	10/25/2007	Electrocardiogram abnormal					794.31
Chronic		*HYPERLIPIDEMIA					272.2
Chronic	10/29/2007	*POST HERPETIC NEURALGIA					053.19

Return of “Get SCT”

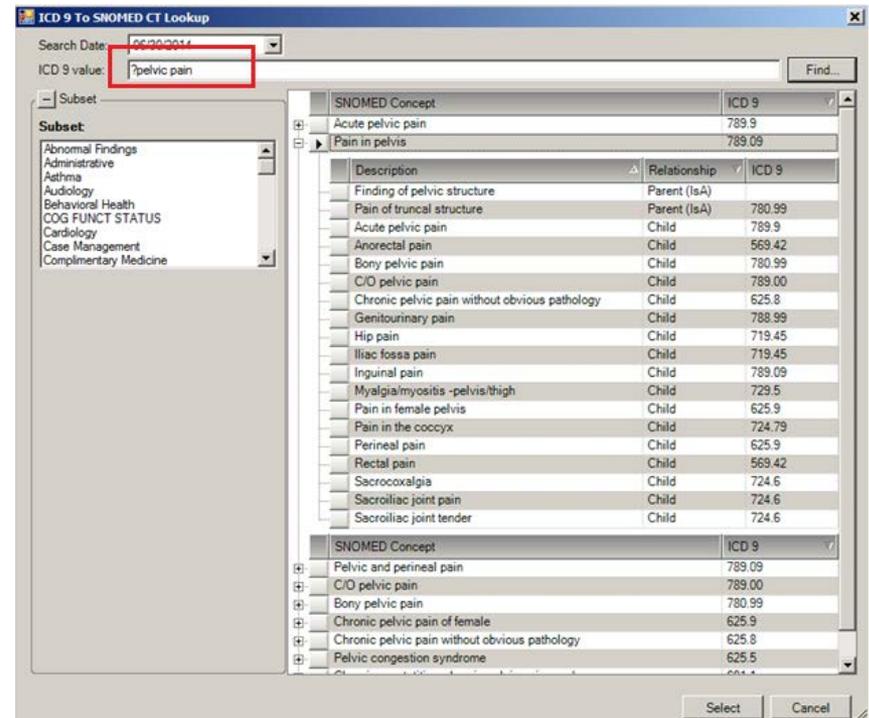
Returns ICD9 to SNOMED matches. Also returns the parent (less granular) and children (more granular) of the matches from which clinicians can choose.



+	Generalized plane xanthoma	272.2	
-	Mixed hyperlipidemia	272.2	
	Description	Relationsh_	ICD 9
	Hyperlipidemia	Parent (IsA)	272.4
	Primary combined hyperlipidemia	Child	272.4
	Secondary combined hyperlipidemia	Child	272.4
	SNOMED Concept	ICD 9	
+	Plane xanthoma	272.2	

“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?

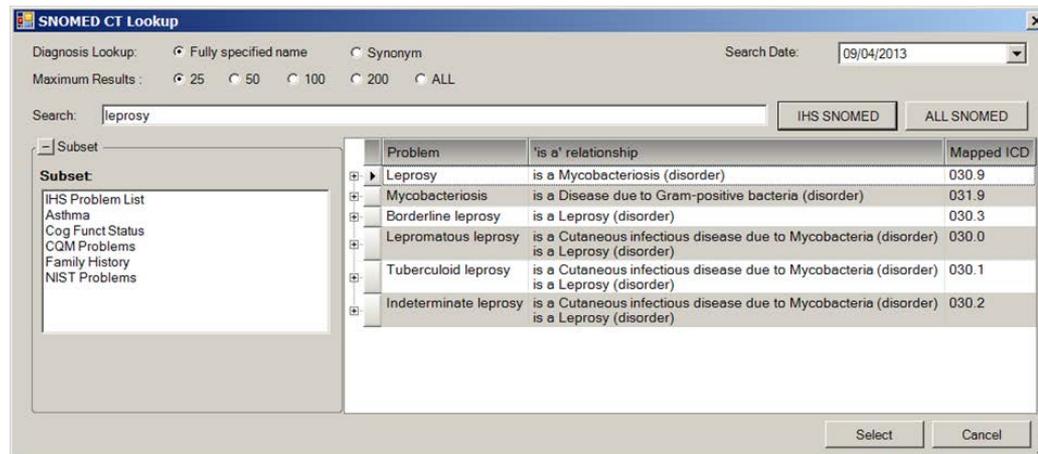
Click on one or more ***Subset(s)*** on the left to narrow search. This filters the existing display. So if you selected max results of 25, it will filter those 25. If you selected all results it will filter those. ***Subset does not affect the search, only the display.***

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**.

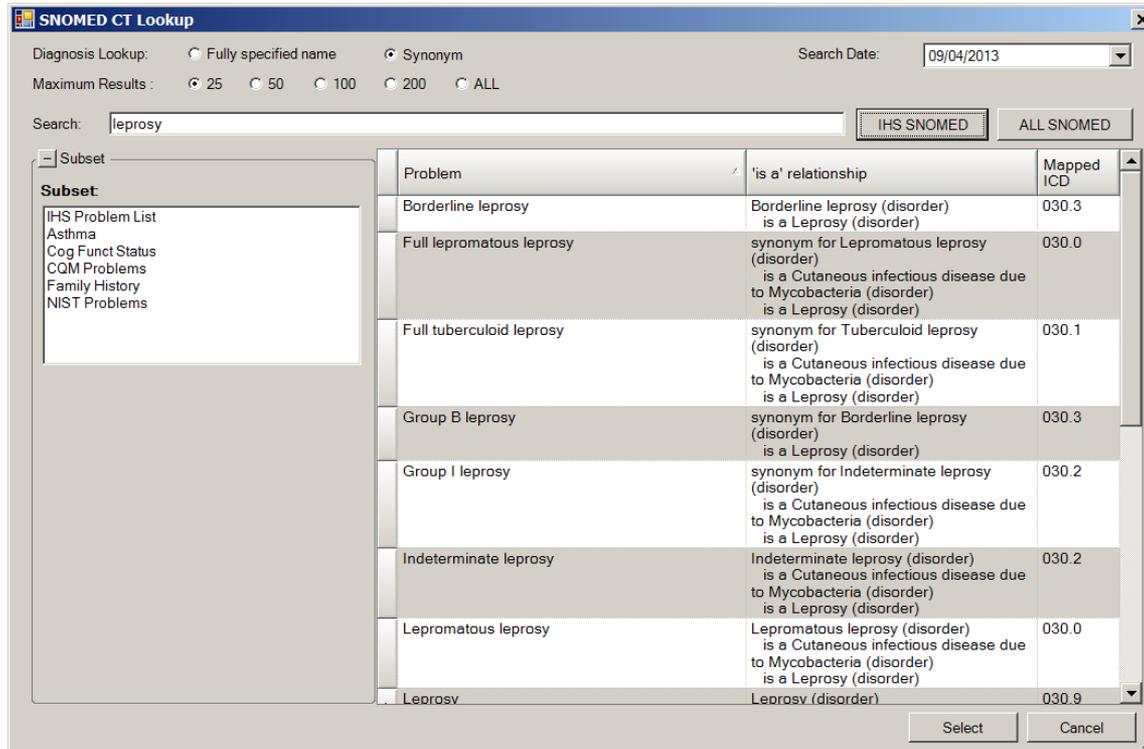
SNOMED Lookup by Fully Specified Name

- 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.



▶ Leprosy	is a Mycobacteriosis (disorder)	030.9
▶ Leprosy		Preferred
▶ Leprosy, NOS		Synonym
▶ Hansen's disease		Synonym
▶ Infection due to Mycobacterium leprae		Synonym
▶ Mycobacterium leprae infection		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.

Status	Onset Date	Provider Narrative
<input type="checkbox"/> Sub-acute	03/01/2014	Pelvic pain muscle pain, exquisitely tender left obturator internis

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.

SNOMED Help (more)

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.

The image shows two screenshots of a medical software interface. The top screenshot displays a 'Problem List' with columns for Status, Onset Date, Provider Narrative, Comments, PIP, IP, and ICD. A red box highlights the 'POV' button in the top right corner, with a yellow arrow pointing down to the second screenshot. The second screenshot shows a detailed view of the POV selection process for a specific problem. It includes a table with columns for ID, Status, Prev. Narrativ, POV, Episodicity, Prev. Text, Goal Notes, Care Plans, Visit Instructions, Pt Ed, Tx/Regimen/PU, and Tx/Regimen/PU display only. The 'POV' column contains a dropdown menu with 'Wood asthma' selected. Below the table, there is a 'Primary POV' section with a dropdown menu also showing 'Wood asthma'. A red box highlights the 'Save' button at the bottom right of the interface.

ID	Status	Prev. Narrativ	POV	Episodicity	Prev. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/PU	Tx/Regimen/PU display only
1376	Sub-acute	Wood asthma		<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> EX <input type="checkbox"/> LA	<input type="checkbox"/> MED <input type="checkbox"/> N <input type="checkbox"/> P	Treatment/Regimen
1376	Social/Env	Medical records review TESTING TT1566		<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> EX <input type="checkbox"/> LA	<input type="checkbox"/> MED <input type="checkbox"/> N <input type="checkbox"/> P	Treatment/Regimen
1375	Chronic	Chronic mixed headache syndrome testing Get SCT		<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> EX <input type="checkbox"/> LA	<input type="checkbox"/> MED <input type="checkbox"/> N <input type="checkbox"/> P	Treatment/Regimen
1374	Chronic	Extrinsic asthma with asthma attack Edited text		<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> EX <input type="checkbox"/> LA	<input type="checkbox"/> MED <input type="checkbox"/> N <input type="checkbox"/> P	Treatment/Regimen

Primary POV
Wood asthma

Save Cancel

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”.

The screenshot displays a medical software interface. At the top, there are tabs for 'Problem List', 'Family History', 'Surgical Hx', 'Patient Goals', 'AMI', and 'Anticoagulation'. Below these is an 'Integrated Problem List' section with an 'Expand All' button and several checkboxes: 'Chronic' (checked), 'Episodic' (checked), 'Sub-acute' (checked), 'Social/Env' (checked), 'Inactive' (unchecked), and 'Current/Most recent Inpa' (unchecked). Below this is a table with columns for 'Status', 'Onset Date', 'Provider Narrative', and 'Cor'. The table contains two rows: one for 'Sub-acute' with a narrative of 'Closed fracture of lateral malleolus | left, playing basketball, with contusions and edema', and one for 'Chronic' with a narrative of 'Essential hypertension'. In the foreground, a 'Visit Diagnosis' dialog box is open, featuring a red cross icon and 'Ed' and 'I' buttons. It has two columns: 'SNOMED CT' and 'Provider Narrative'. The first row shows 'Closed fracture of lateral malleolus' in the SNOMED CT column and its corresponding narrative in the Provider Narrative column. The second row shows 'Essential hypertension' in the SNOMED CT column and its corresponding narrative in the Provider Narrative column.

Status	Onset Date	Provider Narrative	Cor
Sub-acute		Closed fracture of lateral malleolus left, playing basketball, with contusions and edema	
Chronic		Essential hypertension	

SNOMED CT	Provider Narrative
Closed fracture of lateral malleolus	Closed fracture of lateral malleolus left, playing basketball, with contusions and edema
Essential hypertension	Essential hypertension

Documentation Example: Follow up visit for Ankle Fx and HTN (cont.)

Scenario: Patient presents for follow up. Ankle contusions and edema have resolved, xrays 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.

The screenshot displays a medical software interface with a table of problems, a dialog box for adding provider text, and a window for visit diagnosis.

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed
1377	Episodic	Essential hypertension	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> EX <input type="checkbox"/> LA <input type="checkbox"/> MED <input type="checkbox"/> P
1377	Episodic	Closed fracture of lateral malleolus left, playing basketball, with contusions and edema	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	left, playing basketball, with contusions and edema				<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> EX <input type="checkbox"/> LA <input type="checkbox"/> MED <input type="checkbox"/> P

Primary POV
Essential hypertension

Provider Text dialog box:
Text: left, playing basketball, with contusions and edema
Replacing Text: left, contusions and edema resolved, normal healing

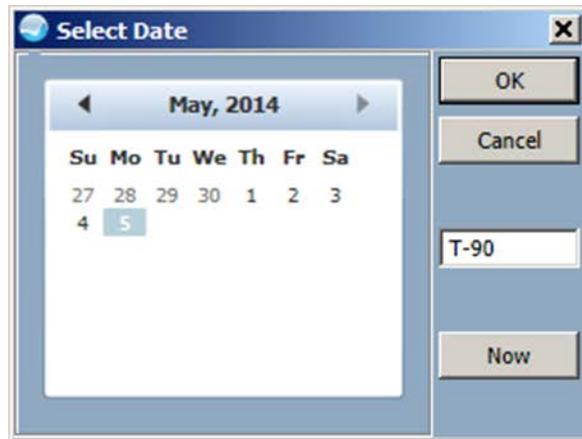
Visit Diagnosis window:

SNOMED CT	Provider Narrative
Closed fracture of lateral malleolus	Closed fracture of lateral malleolus left, contusion and edema resolved, normal healing
Essential hypertension	Essential hypertension controlled, continue current therapy

New Calendar Controls

If you want to set the date in the past:

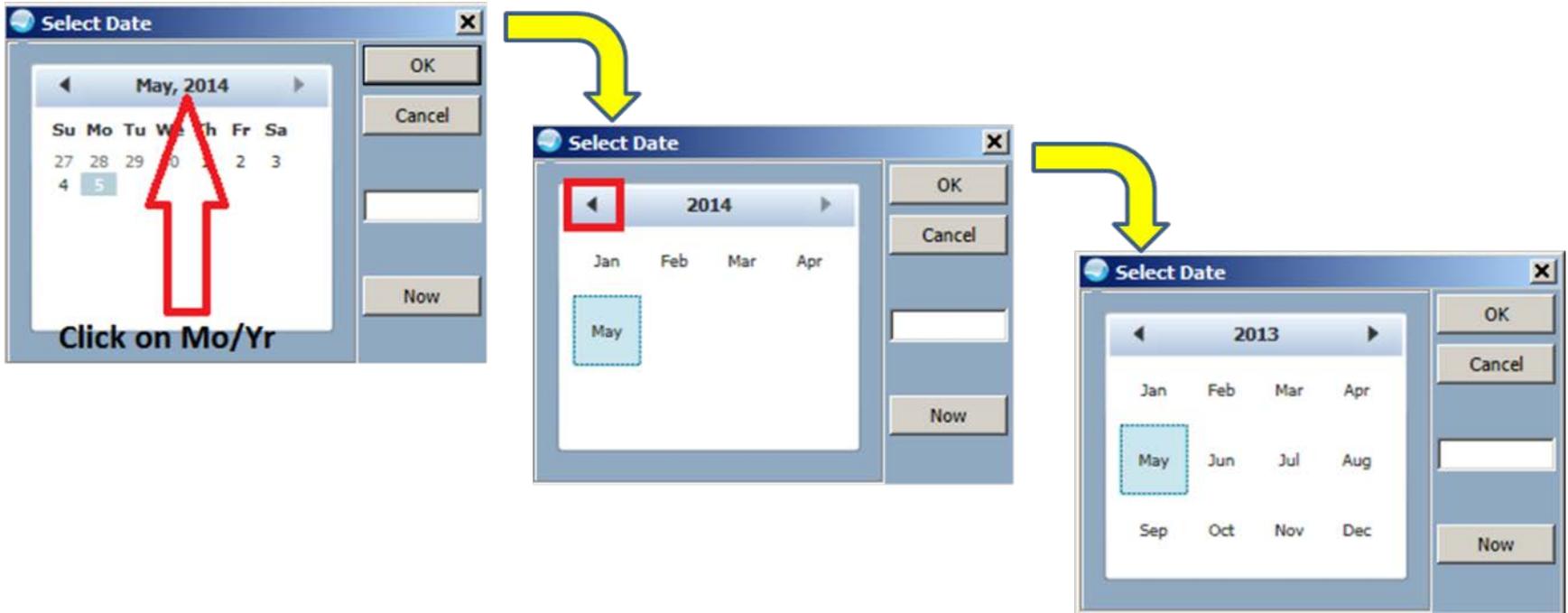
1. In the field above Now, you can enter T-XX days.
2. Scroll back one month at a time using left arrow.



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)

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

Care Planning

Field	Common Usage
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: <ul style="list-style-type: none"><li data-bbox="838 791 1209 829">• Disease Process<li data-bbox="838 848 1058 886">• Exercise<li data-bbox="838 905 1286 943">• Lifestyle Adaptation<li data-bbox="838 962 1141 1001">• Medications<li data-bbox="838 1019 1078 1058">• Nutrition<li data-bbox="838 1076 1112 1115">• Prevention

Care Planning: From Add/Edit Dialog

Integrated Problem Maintenance - Edit Problem

Problem ID: DB-1 Priority: 0 Use as POV Primary Save Cancel

* SNOMED CT: Endometriosis Get SCT Pick list

* Status: Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx

* Required Field

Provider Text: bowel, bladder, peironeum, ovaries, ureters
Endometriosis | bowel, bladder, peironeum, ovaries, ureters 617.9

Qualifiers: Severity: Clinical Course
Severity: Clinical Course Episodicities

Date of Onset: is 10/11

Comments: Add
Narrative: Date Author

Care Plan Info: Add Visit Instruction / Care Plans / Goal Activi

Goal Notes: Care Plans: Visit Instructions: Care Planning Activities:

Add Visit Instructions / Care Plans / Goal Notes / Care Planning Activities

Visit Instructions

Date	Status	
09/04/2013	<input type="radio"/> Signed <input checked="" type="radio"/> Unsigned	Most visits will have visit instructions.

Goal Notes

Date	Status	
09/04/2013	<input type="radio"/> Active <input checked="" type="radio"/> Unsigned	Goals will be less common, mostly for chronic problems at diagnosis and at points of change.

Patient Instructions/Care Plan

Date	Status	
09/04/2013	<input type="radio"/> Active <input checked="" type="radio"/> Unsigned	Care plan will be less common, mostly for chronic problems at diagnosis and at points of change.

Patient Education provided

<input checked="" type="checkbox"/> Disease Process	<input type="checkbox"/> Nutrition
<input checked="" type="checkbox"/> Exercise	<input type="checkbox"/> Lifestyle Adaptation
<input checked="" type="checkbox"/> Medications	<input type="checkbox"/> Prevention

Comprehension Level: GOOD
Length: 6 (min)
Readiness to Learn: EAGER TO LEARN

Treatment/Regimen/Follow-up

Current Visit - Care Planning Activities

Treatment/Regimen/Follow-up

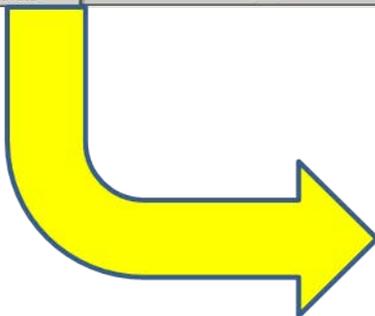
Education Provided

Comprehension Level: GOOD
Length: 6 mins
Readiness to Learn: EAGER TO LEARN

Disease Process
Exercise
Medications

OK Cancel

Care Planning: From Add/Edit Dialog (cont.)



The screenshot shows the 'Add Visit Instructions / Care Plans / Goal Notes / Care Planning Activities' dialog box. It has a blue header and a white body. The dialog is divided into several sections:

- Visit Instructions:** A text field with the date '12/23/2013' and a document icon.
- Goal Notes:** A text field with the date '12/23/2013' and the text 'Note the focus and cursor are in the Goals field'. A document icon is also present.
- Care Plans:** A text field with the date '12/23/2013' and a document icon.
- Patient Education provided:** A section with four checkboxes: Disease Process, Nutrition, Exercise, Lifestyle Adaptation, Medications, and Prevention.
- Treatment/Regimen/Follow-up:** A text field.
- Current Visit - Care Planning Activities:** A section with a text field for 'Education Provided' and a 'Length: 0 mins' label.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

Care Planning: From POV Dialog

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/FU	Tx/Regimen/FU display only
1376	Episodic	Asthma	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> MED <input type="checkbox"/> EX <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P	Treatment/Regimen	
1374	Episodic	Diabetes mellitus This is a test	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> MED <input type="checkbox"/> EX <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P	Treatment/Regimen	

Primary POV
Asthma

Save Cancel

Goal Note

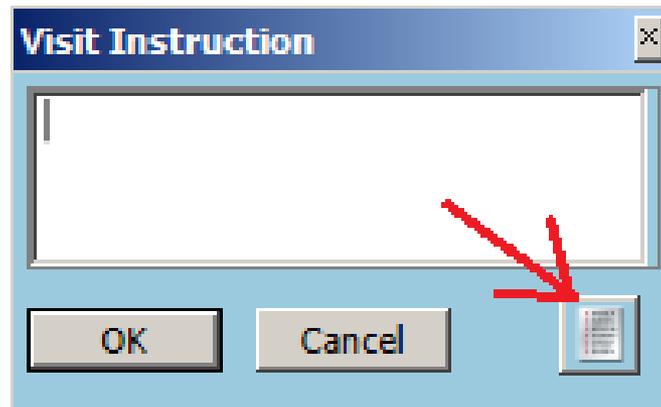
Note that the template icon is available in the right lower corner

OK Cancel

Click here for templates

Templates for Goals, Care Planning, and Visit Instructions

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



Template Option

IPL Visit Instructions DM Template

Nutrition:

- Diet rich in whole grains, fresh vegetables and fruits, lean meats, healthy fats from walnuts, salmon, avocado, olive oil, 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
 - DM Educator
 - Pharmacy case manager
 - Physical therapy
 - Podiatrist
 - Cardiology
 - Endocrinologist

8 Font Size All None * Indicates a Required Field Preview OK Cancel

Care Plan View

Integrated Problem List Expand All Chronic Episodic Sub-acute Social/Env Inactive Current/Most recent Inpatient Ed i Get SCT Pick List POV Add Edit Delete

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic		Hyperlipidemia	This is a test note :				272.4
Chronic		Diabetes mellitus type 2					250.00
Episodic		Pelvic pain muscle pain, exquisitely tender left obturator internis					789.09
Sub-acute		Nontraumatic rotator cuff tear 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. :				727.61

Latest All Active

PRVs

Problem Info	Visit Info
<p>Goal Notes</p> <p>Pain resolution, restore full ROM and strength. Patient's goal is to reach this without further, surgery or injections.</p> <p>Modified by: RICHARDS,SUSAN P 03/12/2014</p>	<p>Patient Instructions/Care Plan</p> <p>Physical therapy for 3 months. If not significantly improved OR if worsen patient agreed to additional imaging and other interventions.</p> <p>Modified by: RICHARDS,SUSAN P 03/12/2014</p>
<p>Visit Instructions</p> <p>Referral to PT. Follow up in 2 weeks.</p> <p>Modified by: RICHARDS,SUSAN P 03/12/2014</p>	<p>Care Plan Activities</p>

Episodic		Well woman health examination					.9999
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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

Review/Sign Changes fo

Signature will be applied to checked items

BEHIPLCare Plan Instruction

This is a test Care Plan

BEHIPLGoal Note

Note that the template icon is available in the right lower corner

BEHIPLVisit Instruction

This is a test Visit Instruction

Electronic Signature Code:

If processing Surescripts, signature will be applied after action selected.

Care Plan Info Add Visit Instruction / Care Plans / Goal Activities

Goal Notes **Care Plans** **Visit Instructions** **Care Planning Activities**

U Note that the template icon is available in the right lower corner

S This is a test Care Plan

S This is a test Visit Instruction

Given a Visit Instruction :: This is

POV

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans
1374	Episodic	Diabetes mellitus This is a test	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity			
1376	Episodic	Asthma	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity		Note that the template icon is available in the right lower corner	This is a test

Primary POV

Care Plan

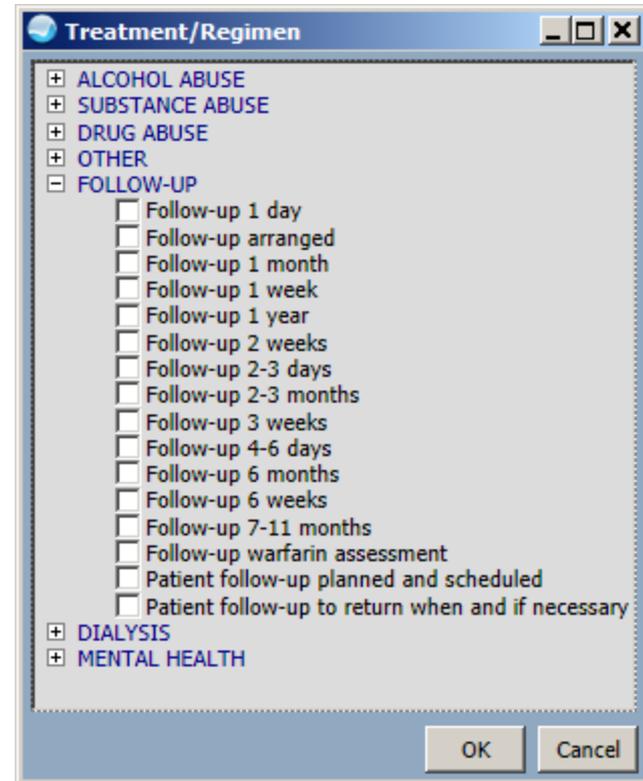
Right click options



Option	Action
Add	<ul style="list-style-type: none">• Add new note
Replace/Edit	<ul style="list-style-type: none">• This is to edit existing note.• If unsigned, changes existing text.• If signed, replaces existing text and stores old value for auditing (user cannot see).
Inactivate	<ul style="list-style-type: none">• This is to inactivate care plan note.• This is one you wish to remain visible to user if they choose to see inactive notes.
Delete	<ul style="list-style-type: none">• Deletes an entry (actually deletes unsigned, logically deletes signed entries by marking entered in error).
Sign	<ul style="list-style-type: none">• Signs unsigned entry.

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

Timeframe	Feature	Rationale
Phase 1 – transition and updating IPL	Get SCT reverse mapping and pick lists	Updating IPL
Phase 1 – transition and updating IPL	POV dialog	Quick way to add POVs

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.)

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

*** 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 its self 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.

The screenshot shows a software interface for adding a medical problem. The window title is "Add Problem". At the top, there are fields for "Problem ID" (DB-4), "Priority" (a dropdown menu), and a checkbox for "Use as POV". There are "Save" and "Cancel" buttons on the right. Below this is a section for "SNOMED CT" with a text input containing "Hypothyroidism" and a dropdown menu showing "hypothyroid". To the right of the dropdown is a red box containing three dots "...", followed by "Get SCT" and "Pick list" buttons. Below this is a "Status" section with radio buttons for "Chronic", "Sub-acute", "Episodic" (which is selected), "Social/Environmental", "Inactive", and "Personal Hx". A note "* Required Field" is present. The next section is "Provider Text" with a text input containing "Hypothyroidism 244.9". Below that is a "Qualifiers" section with two sub-sections: "Severity" with a dropdown menu and "Clinical Course" with a button containing three dots "...". The "Date of Onset" section has a text input and a button with three dots "...". The "Comments" section has a text input containing "dx by previous PCP in 2010".

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.

Chronic	Hypothyroidism	Dx by previous PCP in 2005 per patient :
Sub-acute	Pneumonia	Dx on 6/13/14 admission at TCH per DC summary :
Chronic	Asthma	per patient, dx by previous primary care provider :

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?



*It won't make EHR work any better, but if it makes you feel good
"GO FOR IT!"*

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Even good change is stressful...