

EHR v 1.1 p13 SNOMED CT[®] and the Integrated Problem List (IPL)

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Topics

- Overview of SNOMED CT®
- Getting started with IPL – tips for a smooth transition
- Overview of the IPL functionality
- Rolling out IPL functionality

The screenshot displays the 'Integrated Problem List' interface. At the top, there are filters for 'Chronic', 'Episodic', 'Sub-acute', 'Social/Env', 'Inactive', and 'Current/Most recent Inpatient'. A toolbar includes buttons for 'Ed', 'i', 'Get SCT', 'Pick List', 'POV', 'Add', 'Edit', and 'Delete'. 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 yellow. Below the table, there is a detailed view for the selected problem, showing 'Goal Notes', 'Patient Instructions/Care Plan', 'Visit Info', and 'Care Plan Activities'. The 'Goal Notes' section contains text about pain resolution and ROM, modified by RICHARDS,SUSAN P on 03/12/2014. The 'Patient Instructions/Care Plan' section contains text about physical therapy for 3 months, also modified by RICHARDS,SUSAN P on 03/12/2014. The 'Visit Info' section contains text about referral to PT and follow-up in 2 weeks, modified by RICHARDS,SUSAN P on 03/12/2014. The 'Care Plan Activities' section is currently empty.

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 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

Episodic | Well woman health examination | 9999

What is SNOMED CT[®]?

Systematized **N**omenclature of **M**EDicine **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.

Why the Change to SNOMED CT®?

- 2014 Certified EHR requires:
 - SNOMED CT® for problem list
 - Longitudinal problem-focused documentation including goals, care plans, and visit instructions
 - SNOMED CT® for much of the data used in Clinical Quality Measures
- Transition to ICD-10 - our goals are to:
 - Stabilize the user interface in advance of ICD-10 changes
 - Improve clinical documentation of problems and encounter diagnoses to support ICD-10 coding

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: 823660015 (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

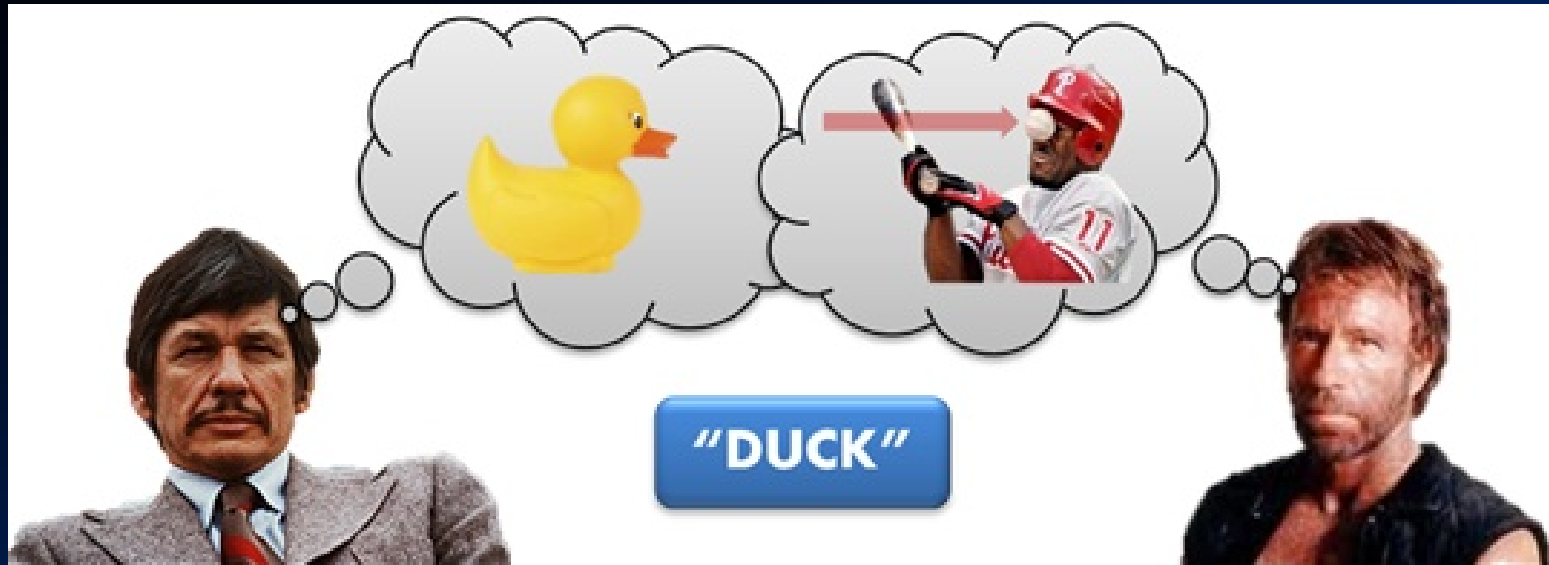
Head cold – synonym

Relationships – define the type of association between two related concepts

Example: Common Cold (disorder), 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

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.
- 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***).

Mappings to ICD

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

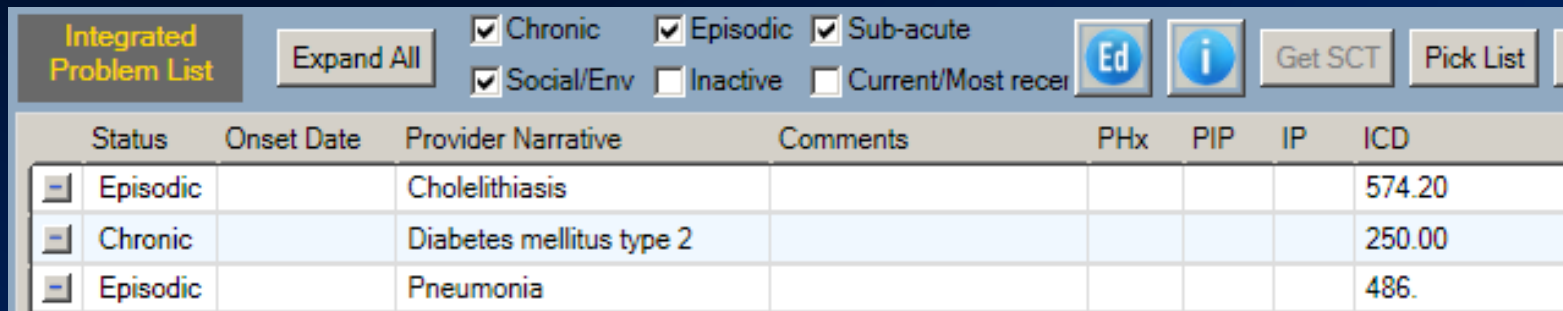
The screenshot shows a software window titled "ICD 9 To SNOMED CT Lookup". At the top, there is a "Search Date:" dropdown menu set to "03/20/2014" and an "ICD 9 value:" text box containing "738.0". A "Find..." button is located to the right of the text box. Below the search area, there is a "Subset" section with a list of categories: "IHS Problem List", "Asthma", "Cog Funct Status", "CQM Problems", "Family History", and "NIST Problems". The main area of the window displays a table of SNOMED Concepts and their corresponding ICD 9 codes. The table is organized into two sections. The first section lists SNOMED Concepts with expandable arrows: "Acquired deformity of nose" (738.0), "Alar collapse" (738.0), and "Deformity of nasal sinus wall" (738.0). Below this, a detailed view shows a table with columns for "Description", "Relationship", and "ICD 9". The rows are: "Deformity of bone" (Parent (IsA) 738.9), "Disorder of nasal sinus" (Parent (IsA) 519.9), "Disorder of skull" (Parent (IsA) 733.90), and "Congenital deformity of wall of nasal sinus" (Child 748.1). The second section of the table lists more SNOMED Concepts: "Flattened nose" (738.0), "Nasal deviation" (738.0), "Nasal hump" (738.0), "Overdevelopment of nasal bones" (738.0), "Parrot beak nasal deformity" (738.0), "Postoperative supratip depression of nose" (738.0 and 998.89), and "Saddle nose" (738.0). At the bottom right of the window, there are "Select" and "Cancel" buttons.

SNOMED Concept	ICD 9
Acquired deformity of nose	738.0
Alar collapse	738.0
Deformity of nasal sinus wall	738.0
Detailed View:	
Description	Relationship ICD 9
Deformity of bone	Parent (IsA) 738.9
Disorder of nasal sinus	Parent (IsA) 519.9
Disorder of skull	Parent (IsA) 733.90
Congenital deformity of wall of nasal sinus	Child 748.1
Additional SNOMED Concepts:	
Flattened nose	738.0
Nasal deviation	738.0
Nasal hump	738.0
Overdevelopment of nasal bones	738.0
Parrot beak nasal deformity	738.0
Postoperative supratip depression of nose	738.0, 998.89
Saddle nose	738.0

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



The screenshot shows a software interface for an "Integrated Problem List". At the top, there are several filter checkboxes: "Chronic" (checked), "Episodic" (checked), "Sub-acute" (checked), "Social/Env" (checked), "Inactive" (unchecked), and "Current/Most recent" (unchecked). To the right of these filters are two circular icons labeled "Ed" and "i", and two buttons labeled "Get SCT" and "Pick List". Below the filters is a table with the following 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
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.

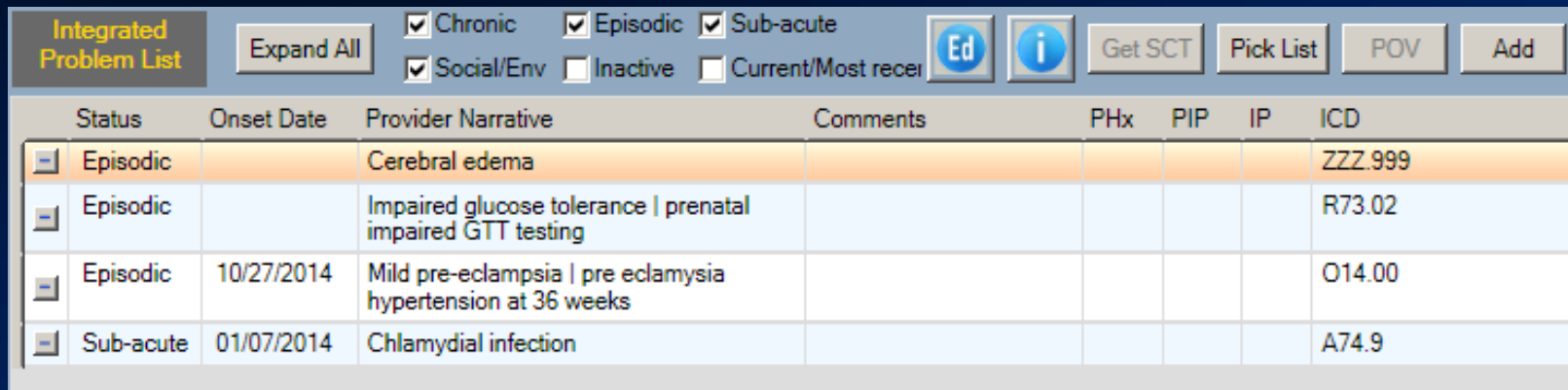
When there is no mapping available OR when the closest ICD-9 code is more specific than the SNOMED, then the system will assign .9999 un-coded. The code assigned by coders will depend on the SNOMED term selected and the remainder of the visit documentation.

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



The screenshot shows a software interface for an "Integrated Problem List". At the top, there are several filters: "Expand All", "Chronic" (checked), "Episodic" (checked), "Sub-acute" (checked), "Social/Env" (checked), "Inactive" (unchecked), and "Current/Most recent" (unchecked). There are also icons for "Ed" and "i", and buttons for "Get SCT", "Pick List", "POV", and "Add". Below the filters is a table with the following columns: Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The table contains four rows of data:

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 276.2	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.

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).

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) – New Features

- Non-redundant SNOMED-based list
 - SNOMED maps to ICD or assigns un-coded in background
- POV selection from IPL
- Used for ALL problems – chronic, episodic, sub-acute, social/environmental
- 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 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

Episodic Well woman health examination .9999

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

**Hypertension*

**Osteoarthritis right knee*

- Once problems are updated, they will be displayed in SNOMED term | provider text format

Essential Hypertension |

Osteoarthritis of knee | right

Statuses will be migrated to new status (see following table)

Problem Statuses

Current (EHRp12)	Migrate to (EHRp13)	Examples
Active	Chronic	Diabetes, Hypertension, Asthma
Personal History	Inactive	Inactive problem of Chicken Pox
Inactive	Inactive	

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

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

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

All problems after converting to SNOMED terms

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		Asthma					493.90
Episodic		URI - Upper respiratory infection					465.9
Social/Environmental		Transportation barrier impedes ability to use community resources					.9999
Sub-acute		Breast lump left upper outer quadant, 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 updated to SNOMED prior to use.

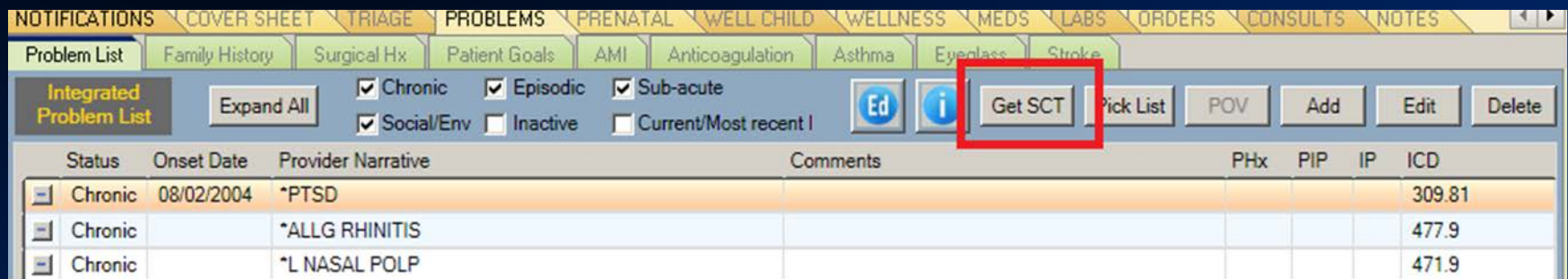
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	*PTSD					309.81
Chronic		*ALLG RHINITIS					477.9
Chronic		*L NASAL POLP					471.9
Chronic		*H PYLORI POSITIVE					041.86
Chronic		*IRREGULAR MENSES					626.4
Chronic		*LOOSE STOOLS W/ URGENCY POSS LACTOSE OR GLUTEN INTOL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

Step 1:

Update Problems to Address Today

This is why cleaning up problem lists and having data entry assist in coding un-coded problems is helpful.

1. Highlight problem for update and click “Get SCT.”



The screenshot shows a medical software interface with a navigation bar at the top containing tabs like 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, Eye/Class, and Stroke. The main area has a toolbar with buttons for Ed, i, Get SCT, Pick List, POV, Add, Edit, and Delete. The 'Get SCT' button is highlighted with a red box. Below the toolbar 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

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

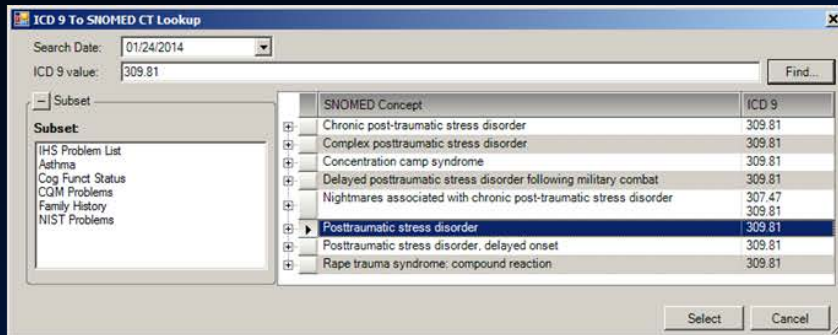


Step 1:

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.



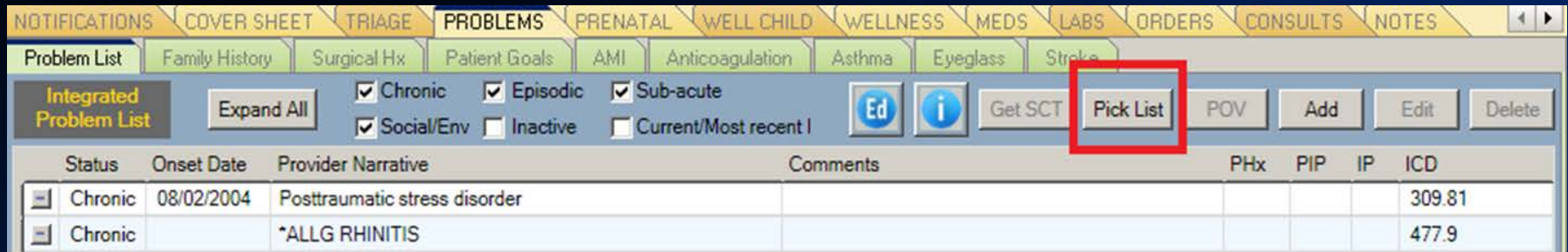
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Chronic	08/02/2004	Posttraumatic stress disorder					309.81

****If you have un-coded entries or codes do not reverse map, you may 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 the 'PROBLEMS' tab selected. The 'Pick List' button is highlighted with a red box. Below the screenshot, a large yellow arrow points downwards.

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

Step 2:

Add Any New Problems Addressed Today (cont.)

4. Select problem(s) and save.

PickList Selection

Manage PickLists

PickList SNOMEDCT Desc

CASE MANAGEMENT *
CQM Problems
CQM PROBLEMS
CQM Problems for test
DIABETIC RETINOPATHY
Eye General
EYE GENERAL
Immunizations
IMMUNIZATIONS
MAN test picklist
New
New Picklist
New Picklist 1
NIST PROBLEMS
Nutrition
NUTRITION
PICK Prenatal - Problem Pregnancy
PICK Public Health Nursing
PICK Womens Health
Prenatal - Care
Test Import Subset
Test Picklist
Test Picklist womens health
Test Picklist2

HEENT 7

- Advanced open-angle glaucoma
- Allergic rhinitis
- Common cold
- Otitis externa
- Otitis media
- Recurrent upper respiratory tract infection
- Viral pharyngitis

HEME/ONC 10

- Carcinoma of prostate
- Estrogen receptor positive tumor
- Iron deficiency anemia
- Neoplasm of colon distant metastasis staging category M0: No distant metastasis
- Neoplasm of colon primary tumor staging category T4a: Tumor penetrates to surface of visceral peritoneum
- Neoplasm of colon regional lymph node staging category N2b: Metastasis in 7 or more regional lymph nodes
- Neoplasm of prostate primary tumor staging category T2a: Involves one-half of one lobe or less
- Overlapping malignant melanoma of skin
- Overlapping malignant neoplasm of colon
- Overlapping malignant neoplasm of female breast

Cancel Save



NOTIFICATIONS COVER SHEET TRIAGE PROBLEMS PRENATAL WELL CHILD WELLNESS MEDS LABS ORDERS CONSULTS NOTES

Problem List Family History Surgical Hx Patient Goals AMI Anticoagulation Asthma Eyeglass Stroke

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

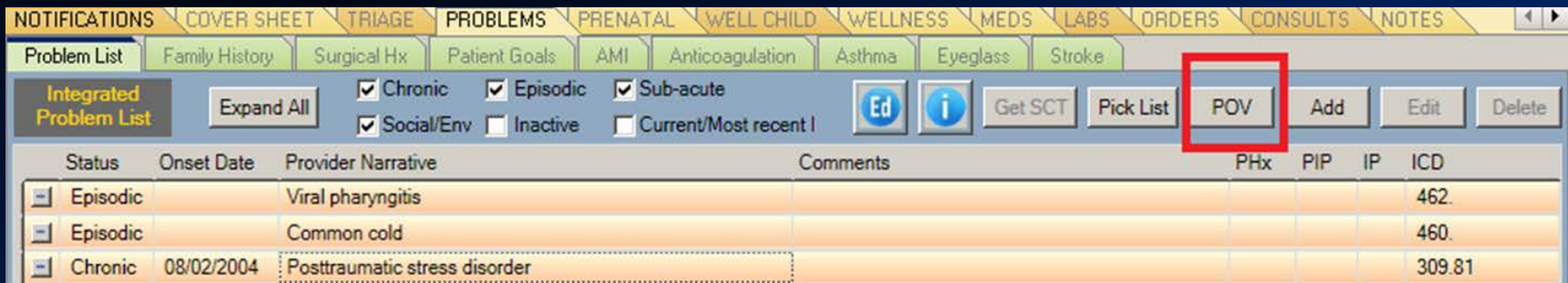
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
Episodic		Viral pharyngitis					462.
Episodic		Common cold					460.
Chronic	08/02/2004	Posttraumatic stress disorder					309.81
Chronic		*ALLG RHINITIS					477.9

At this point, the problems you need to select as POV and use for Clinical Indications when placing orders are updated.

Only problems that have been updated to SNOMED are selectable on the Clinical Indication dropdown.

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 like NOTIFICATIONS, COVER SHEET, TRIAGE, PROBLEMS, PRENATAL, WELL CHILD, WELLNESS, MEDS, LABS, ORDERS, CONSULTS, and NOTES. Below the navigation bar, there are several filter buttons: Problem List, Family History, Surgical Hx, Patient Goals, AMI, Anticoagulation, Asthma, Eyeglass, and Stroke. A toolbar contains buttons for 'Expand All', 'Chronic', 'Episodic', 'Sub-acute', 'Social/Env', 'Inactive', 'Current/Most recent', 'Ed', 'i', 'Get SCT', 'Pick List', 'POV', 'Add', 'Edit', and 'Delete'. The 'POV' button is highlighted with a red box. Below the toolbar 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
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.

POV

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/ FU	Tx/Regimen/FU display only
1377	Episodic	Viral pharyngitis	<input checked="" type="checkbox"/>	<input checked="" 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	
1377	Episodic	Common cold	<input checked="" type="checkbox"/>	<input checked="" 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	
6936	Chronic	Posttraumatic stress disorder	<input checked="" type="checkbox"/>	<input checked="" 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
Viral pharyngitis



Visit Diagnosis

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

Review of the Few Required Steps

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.

For each new issue you will address today:

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.

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 (...).

Add Problem

Problem ID **DB-5** Pregnancy Related Use as POV Save Cancel

* SNOMED CT ... Get SCT Pick list

* Required Field

Provider Text

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.

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**
First episode
New episode
Old episode
Ongoing episode
Undefined episodicity

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

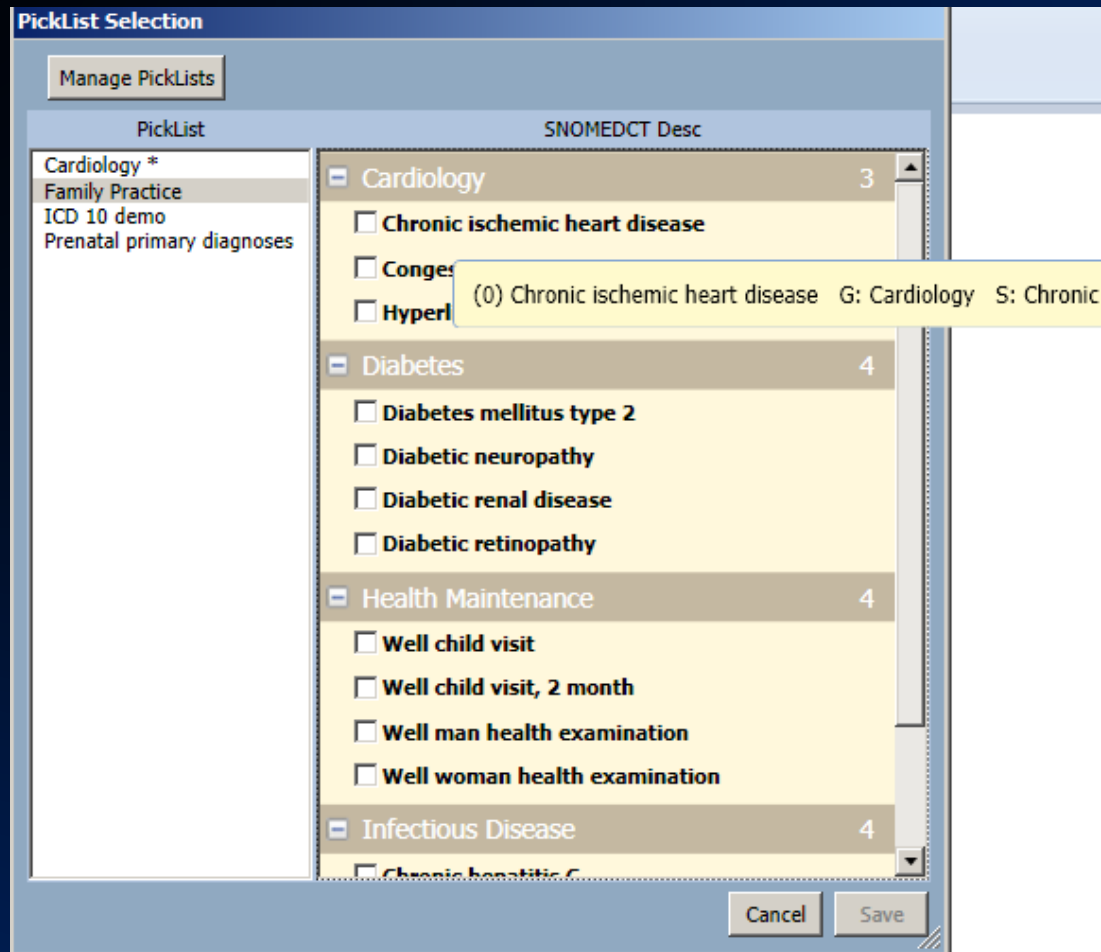
Asthma prompts only exposed for Asthma problems

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

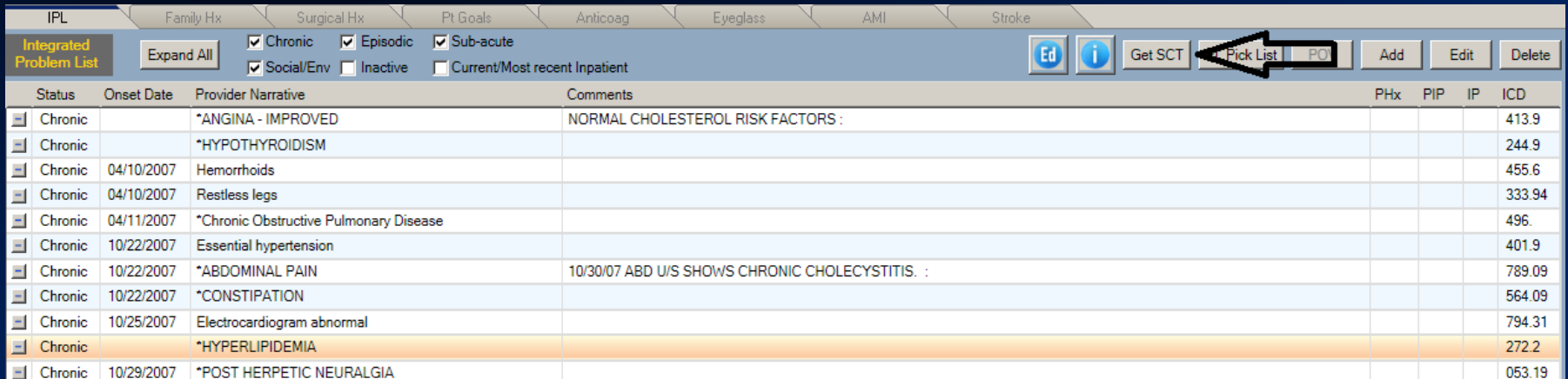
Pick List Example



Search Tools - “Get SCT” Reverse Mapping Tool

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

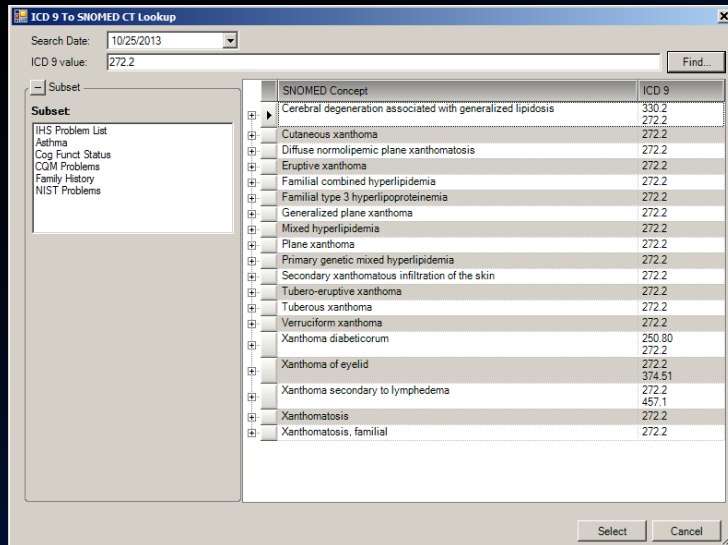
- Highlight problem and click “Get SCT”.



The screenshot displays the 'Get SCT' Reverse Mapping Tool interface. The top navigation bar includes tabs for 'IPL', 'Family Hx', 'Surgical Hx', 'Pt Goals', 'Anticoag', 'Eyeglass', 'AMI', and 'Stroke'. Below the navigation bar, there are filter options for 'Chronic', 'Episodic', 'Sub-acute', 'Social/Env', 'Inactive', and 'Current/Most recent Inpatient'. The main table lists medical problems with columns for Status, Onset Date, Provider Narrative, Comments, PHx, PIP, IP, and ICD. The row for '*HYPERLIPIDEMIA' is highlighted in orange. A black arrow points to the 'Get SCT' button in the top right corner of the interface.

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

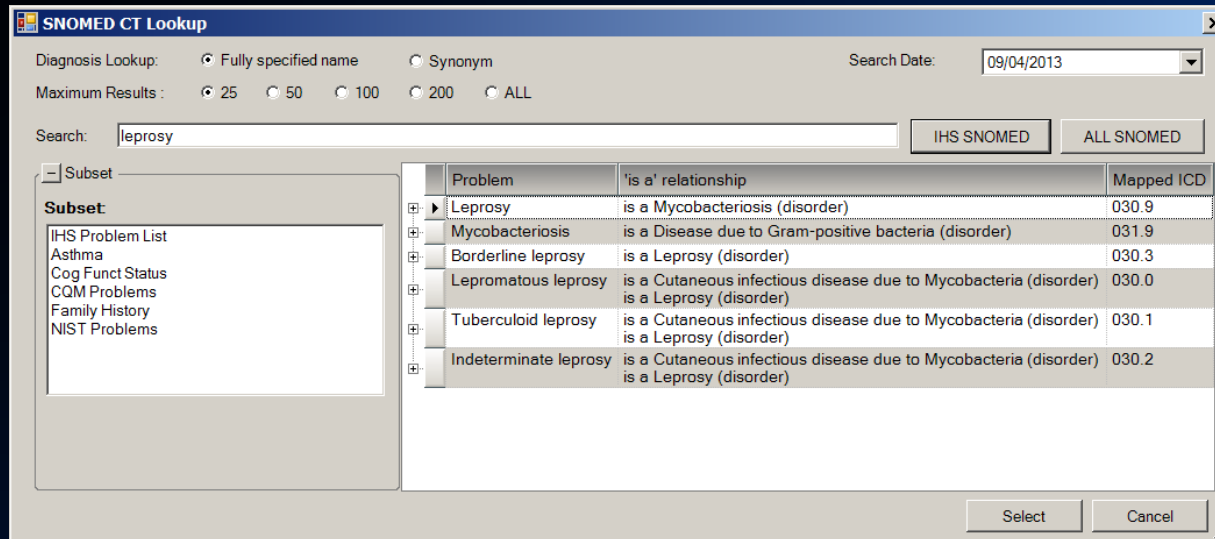
Return of “Get SCT”



Returns ICD9 to SNOMED matches. Also returns the parent (less granular) and children (more granular) of the matches from which clinicians can choose. ***This does not work for un-coded diagnoses, which is why problem list cleanup is so important . . .***

+	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

SNOMED Lookup



If you select the **Fully Specified Name**, it will store the preferred term. Clicking “+” allows the user to view synonyms from which to choose.

▶ 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

The screenshot shows the SNOMED CT Lookup application window. At the top, there are options for 'Diagnosis Lookup' (Fully specified name or Synonym) and a 'Search Date' dropdown set to '09/04/2013'. Below this, 'Maximum Results' is set to 25. The search term 'leprosy' is entered in the search box. On the left, a 'Subset' panel lists categories like 'IHS Problem List', 'Asthma', etc. The main table displays search results with columns for 'Problem', 'is a' relationship, and 'Mapped ICD'. The results list various leprosy-related terms and their relationships to 'Leprosy (disorder)'. Buttons for 'IHS SNOMED', 'ALL SNOMED', 'Select', and 'Cancel' are visible.

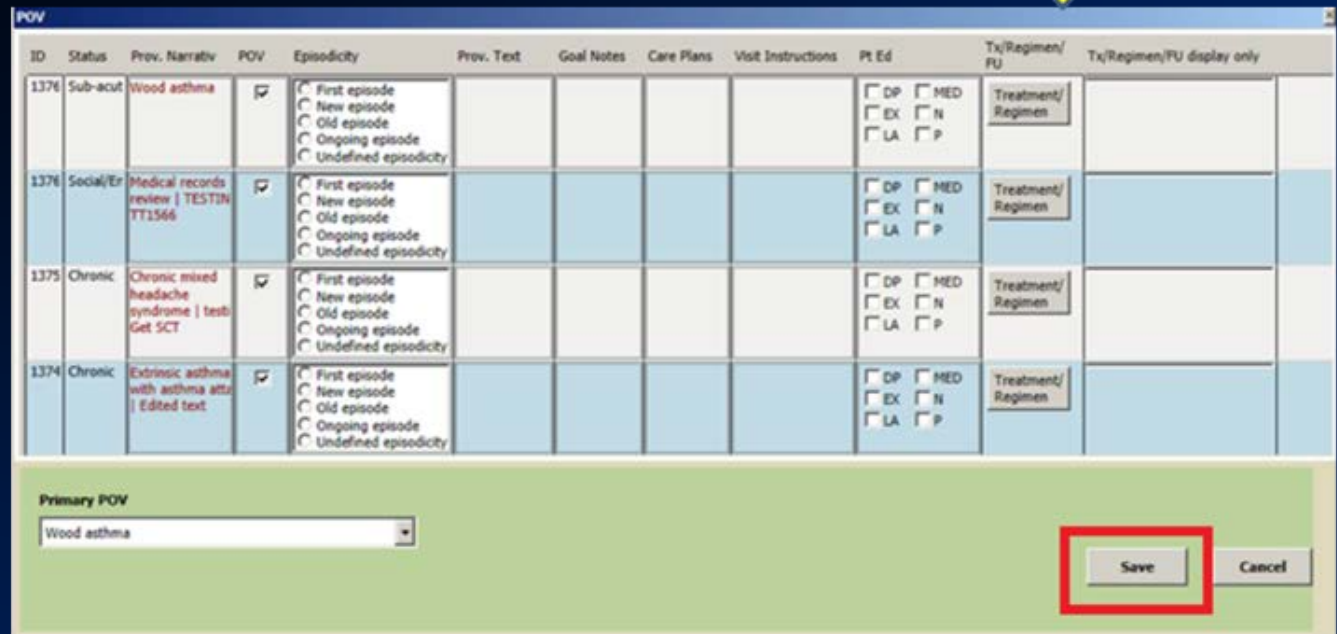
Problem	'is a' relationship	Mapped ICD
Borderline leprosy	Borderline leprosy (disorder) is a Leprosy (disorder)	030.3
Full lepromatous leprosy	synonym for Lepromatous leprosy (disorder) is a Cutaneous infectious disease due to Mycobacteria (disorder) is a Leprosy (disorder)	030.0
Full tuberculoid leprosy	synonym for Tuberculoid leprosy (disorder) is a Cutaneous infectious disease due to Mycobacteria (disorder) is a Leprosy (disorder)	030.1
Group B leprosy	synonym for Borderline leprosy (disorder) is a Leprosy (disorder)	030.3
Group I leprosy	synonym for Indeterminate leprosy (disorder) is a Cutaneous infectious disease due to Mycobacteria (disorder) is a Leprosy (disorder)	030.2
Indeterminate leprosy	Indeterminate leprosy (disorder) is a Cutaneous infectious disease due to Mycobacteria (disorder) is a Leprosy (disorder)	030.2
Lepromatous leprosy	Lepromatous leprosy (disorder) is a Cutaneous infectious disease due to Mycobacteria (disorder) is a Leprosy (disorder)	030.0
Leprosy	Leprosy (disorder)	030.9

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

POV Selection Tool



Status	Onset Date	Provider Narrative	Comments	PFX	PIP	IP	ICD
Sub-acute		Wood asthma					495.8
Social/Environmental	10/30/2013	Medical records review TESTING TT1566					9999
Chronic	10/15/2013	Chronic mixed headache syndrome testing Get SCT					339.89
Chronic	09/25/2013	Extrinsic asthma with asthma attack Edited text	testing edit :				493.02
Episodic		Diabetes mellitus					784.99



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	Sub-acute	Wood 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	
1376	Social/Er	Medical records review TESTING TT1566	<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	
1375	Chronic	Chronic mixed headache syndrome test Get SCT	<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	Chronic	Extrinsic asthma with asthma attk Edited text	<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
Wood asthma

Save Cancel

Allows for quick selection of one or more SNOMED encoded problems

Highlight >> POV button

POV Selection Tool

- From this tool, you may simply click save and store items as POV or use any *optional fields*:
 - Add episodicity
 - Enter provider text specific to this encounter (does not store back to problem)
 - Goal notes
 - Care plan notes
 - Visit instructions
 - Patient education
 - Treatment/regimen terms
 - Change primary POV
 - Last column is display only

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

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

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.*

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.

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].

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>

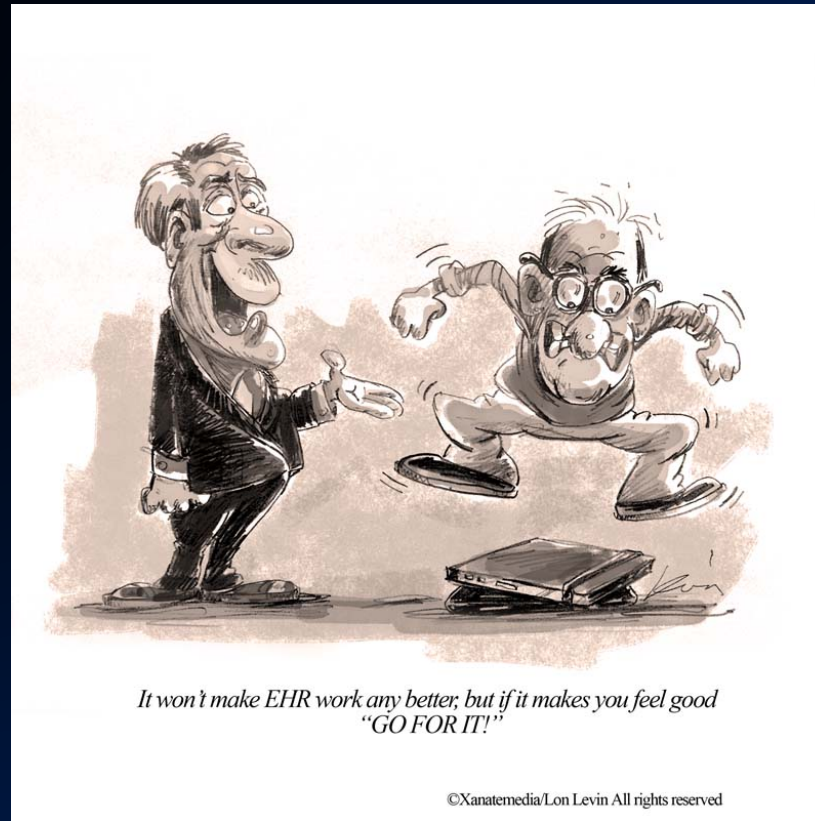
Enhancement requests – select “Electronic Health Record (EHR)” for application

<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/>

Questions?



Even good change is stressful...

SUPPLEMENTAL INFO ON 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 inju

Comments: Add

Narrative: Date Author

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

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 'Add Visit Instructions' dialog box is shown with the following fields and sections:

- Visit Instructions:** Date: 12/23/2013
- Goal Notes:** Date: 12/23/2013, Note: Note the focus and cursor are in the Goals field
- Care Plans:** Date: 12/23/2013
- Patient Education provided:** Disease Process, Nutrition, Exercise, Lifestyle Adaptation, Medications, Prevention
- Treatment/Regimen/Follow-up:** (Empty field)
- Current Visit - Care Planning Activities:** (Empty field)
- Treatment/Regimen/Follow-up:** (Empty field)
- Education Provided:** Length: 0 mins
- Buttons:** OK, Cancel

Care Planning - From POV Dialog

POV

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

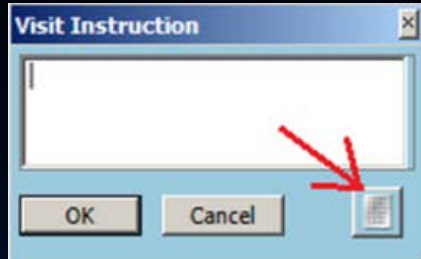
Goal Note

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

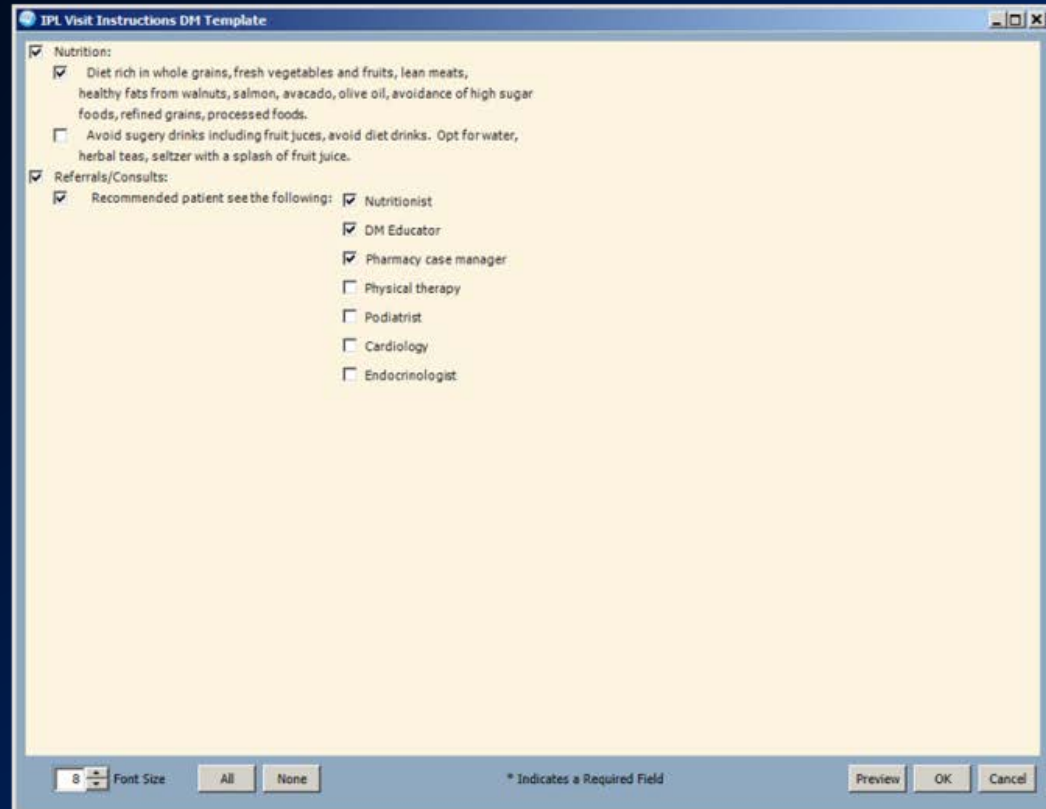
OK Cancel

Click here for templates

Templates for Goals, Care Planning, and Visit Instructions



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



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

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

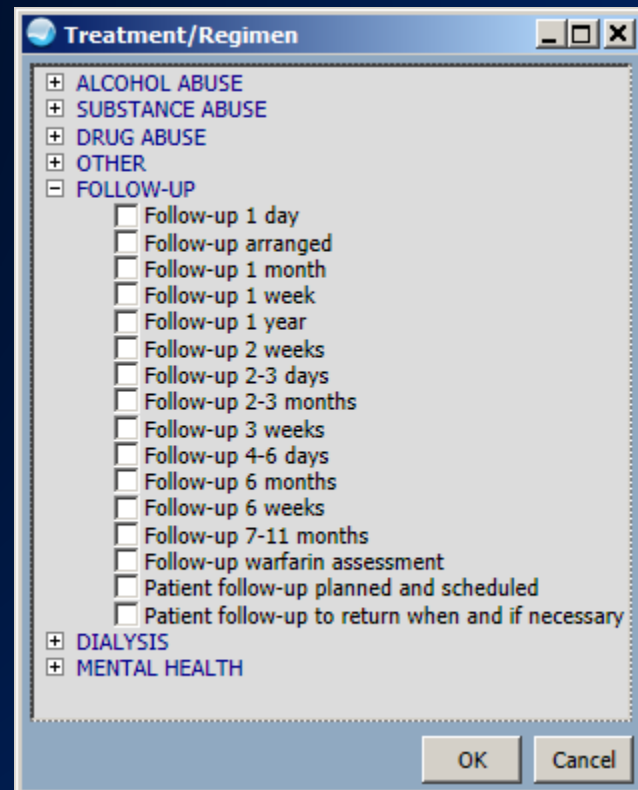
Episodic		Well woman health examination					.9999
----------	--	-------------------------------	--	--	--	--	-------

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.

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 Object “Active Problems w/o Dates”

Displays problems marked as chronic

```
Chronic Problems:  
Obesity | Can add clarification  
  
Chronic otitis externa | right  
  
Diabetes mellitus type 2 |  
  
Asthma |  
  
Lactocele | This is a test  
  
Abnormal findings diagnostic imaging heart+coronary circulat |  
  
Closed fracture of proximal ulna, comminuted | left, traumatic acute, swell  
ing and hematoma at site
```

TIU Object “V Problem List”

Displays problems selected as POV for current visit and visit instructions

```
Problem: PCOS - Polycystic ovarian syndrome |  
Mapped ICD:256.4 Status: CHRONIC  
-Instruction Date: 3/12/2014@12:51:21  
-Signed by:  
-INSTRUCTIONS:  
  Test instruction
```

```
Problem: Well woman health examination |  
Mapped ICD:.9999 Status: EPISODIC
```

```
Problem: Nontraumatic rotator cuff tear | right  
Mapped ICD:727.61 Status: SUB-ACUTE
```

```
Problem: Pelvic pain | muscle pain, exquisitely tender left obturator internis  
Mapped ICD:789.09 Status: EPISODIC  
-Instruction Date: 3/12/2014@17:53:40  
-Signed by: RICHARDS,SUSAN P  
-INSTRUCTIONS:  
  Referral to pelvic PT. Use vaginal muscle relaxers at night as needed.
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