

## **SNOMED CT® and the New Integrated Problem List**

**Mary Toledo:** (4/10/2014 13:17) PLEASE USE THIS CHAT WINDOW TO ASK QUESTIONS TO THE PRESENTER OR TO CONTRIBUTE TO THE DISCUSSION AND CONVERSATION. PARTICIPATION IS ENCOURAGED. THANK YOU.

**Chris Fore (OIT) 2:** (13:17) TMWIHC: Is there a plan or date set to demo SNOMED. Seeing how its going to work would be great when presenting this to providers.

**Tanana Chiefs Conference Team:** (13:18) How will this function for pharmacy orders which require an ICD-10 code?

**Susan Richards (OIT):** (13:18) We (EHR project/OIT) will be having some "Office Hours" presentations where we will spend more time demonstrating the software and providing folks with a chance to ask lots of questions.

**Susan Richards (OIT):** (13:20) The mapped (more info coming) passes to the Clinical Indication. Which SNOMED terms map automatically is transparent to the clinical user.

**Susan Richards (OIT):** (13:20) Mapped ICD codes pass to Clinical Indication.

**Todd Baughman:** (13:21) Are V-codes appropriate for the problem list?

**Jennifer McAlister:** (13:22) How much can data entry clean up problem list and how much does the clinician need to do

**Susan Richards (OIT):** (13:22) Some V coded diagnoses/conditions are appropriate for the problem list.

**Jamie McReynolds MD:** (13:22) Consequences of not getting problem list cleaned up? theoretically makes good sense but realistically won't happen for all

**Susan Richards (OIT):** (13:23) Clinicians should at least remove duplicates and inactivate resolved issues and remove entries that are not appropriate as these take judgment. Then coding can assist in coding.

**Susan Richards (OIT):** (13:23) You will see in a minute why getting the problem lists cleaned up will help.

**Colville Service Unit:** (13:24) Will this allow us to enter diabetes with retinopathy, neuropathy, and nephropathy as one problem instead of 3 different ICDs?

**Jamie McReynolds MD:** (13:25) we have found that due to past years' policies and processes, many problem lists have literally 30 plus things that were free text with .9999 attached. Clean up of ONE chart can be a 15 minute process.

**TMWIHC:** (13:25) Can i get a transcript of the chat session? Lots of good questions and answers.

**Chris Fore (OIT):** (13:26) Yes, we can email you the text log of this chat window.

**Susan Richards (OIT):** (13:26) For the example for documenting diabetes - you can pick Diabetes type 2 with retinopathy and diabetes type 2 with nephropathy OR you could select Diabetes Type 2 and add provider text (which becomes part of the provider narrative) with retinopathy and nephropathy.

**Alaina George (ALB):** (13:26) Email [mary.toledo@ihs.gov](mailto:mary.toledo@ihs.gov) at the end of the session if you'd like a copy.

**Cherokee Nation- Lisa Lyon:** (13:26) By "clinicians", do you think that is appropriate for nurse /CACs to assist with clean up. Docs typically won't/don't take the time

**Susan Richards (OIT):** (13:27) Yes, nursing, pharmacy, other clinicians can participate in the clean-up. It is not appropriate for clerks or coders to make clinical decisions however. SO they coders can help with coding the existing problem lists after a clinician has cleaned them up a bit.

**amie McReynolds MD:** (13:29) Doctor input is essential for accuracy and that time is what is lacking. Just getting notes done is challenge in timely fashion. If each PL takes 10 min to clean up and there are 18 in one days, then that's 2 extra hours of someone's time. Challenge.

**Colville Service Unit:** (13:30) Will SNOMED include dental terms?

**scott hamstra:** (13:30) Type 2 DM "uncontrolled" is a clinical judgment - curious why it's not mapped to HgbA1c over 8 or 9 or 10 - or levels

**Susan Richards (OIT):** (13:31) Dental terms are included but dentrix is still ICD.

**Leslie Acosta: (13:31)** should a provider start with an entry of .9999 or let the system be the primary source for putting in a .9999?

**ANTHC - Alaska:** (13:31) If an episodic problem is listed in the current Active problem list, will the clinician be able to change the designation to Episodic during 'Get SCT'?

**Susan Richards (OIT):** (13:32) Often a problem that is generic like Type 2 Diabetes is best for the problem list. There is a tool when you select items for POV where you can add provider text just for the visit and specify "uncontrolled"

**Susan Richards (OIT):** (13:32) I am not sure i understand your question Leslie.

**Cherokee Nation- Lisa Lyon:** (13:32) Dr. McReynolds, I want to clarify...my comment "won't/don't" should have said....due to time constraints. That is why I asked about other clinical staff. Wanted to clear that up :-)

**Susan Richards (OIT):** (13:33) This section may answer many questions.

**Jamie McReynolds MD:** (13:35) thanks, and the issue of .9999- my response to the others who ask about it- it is a deep dark pit - don't go there!!!

**Susan Richards (OIT):** (13:35) The pick lists will be available for import (super simple to do) and can be edited by the CACs but you will start out with a set.

**Andy Miller:** (13:36) Concerned that the IPL will become so large as to be functionally much less useful.

**Susan Richards (OIT):** (13:36) this is why the problems can be segregated by status.

**Susan Richards (OIT):** (13:38) Also, CACs can also default terms in the pick lists to default to specific statuses for your site.

**ZSU-Melanie Romancito:** (13:47) Clarification: Every diagnosis that a patient is being seen for must first be entered in the problem list before it can be selected as a visit diagnosis?

**Susan Richards (OIT):** (13:48) Yes, over time the episodic problem list will be a kind of patient specific pick list. People come in commonly for things like coughs, colds, rashes, etc. SO over time, additions will be fewer.

**Susan Richards (OIT):** (13:49) There is a much more robust audit trail of data as well. So if you have a problem of "Upper respiratory infection" that is episodic, the system stores each time it is used as a POV.

**Diana Roberts:** (13:49) Why isn't DM type 1 on the Diabetes list?

**Susan Richards (OIT):** (13:50) On what list? This is a test database and test pick lists. The national DM pick list will include type 1 DM.

**Diana Roberts:** (13:50) Okay, thanks

**Alisha Ness:** (13:51) When we install EHR patch 13, will SNOMED and the IPL automatically be in there or will we have to add them as "objects" in design mode?

**Susan Richards (OIT):** (13:52) You will need to add them. WE plan to make available some of the EHR GUI templates we have used and folks are welcome to import those and edit from there.

**joseph salay:** (13:52) many problems on our current problem lists already have comments attached to them - will these comments be imported into the updated SNOWMED problems lists when conversion occurs?

**Joshua Robinson:** (13:53) Will selecting education in the sct menu, will the wellness tab education tab be populated?

**Leslie Acosta:** (13:53) do selections of patient education in the patient education section impact MU performance measures?

**ZSU-Melanie Romancito:** (13:54) When Coding DM with Manifestations with the 250.xx code and the additional codes be auto populated including the 5th digit which indicates controlled or uncontrolled or will the code default to controlled; therefore, correction of the ICD code can be corrected by the coder?

**Susan Richards (OIT):** (13:54) If you enter patient education on the POV dialog or in Add/Edit problem it does store in Pt ed AND it is associated with the problem. The site can select the top 6 topics they want available on the tools.

**Susan Richards (OIT):** (13:56) Coders will still need to code. SO a providers may select a highly specific problem but they also may enter less specific term (like type 2 DM) and put control and manifestations in provider text. The coder would use that info to update the POV to a more granular code. The problem list does not have to be coded by the coding staff. IT simply displays the mappings.

**Jennifer McAlister:** (13:56) IS there an actual release date for Patch 13

**Susan Richards (OIT):** (13:56) This will be a bit clearer on the next presentations.

**Michelle Barrows:** (13:56) How can our staff access the recorded session?

**Susan Richards (OIT):** (13:56) Release is summer - not firm date yet.

**ANTHC - Alaska:** (13:57) Are Qualifiers required in order to use a problem as a POV?

**Susan Richards (OIT):** (13:57) No qualifiers are optional.

**WHTIE EARTH:** (13:59) Our clinic also has a lot of notes added into the problem lists povs will those notes transfer over somehow into the integrated problem lists?? Seen this from another site also but didn't catch the answer

**ABQ Area - Wil Darwin:** (14:00) We understand TIU notes and how they work/function. In reference, IPL when documentations are written for Care Plans, Pt Ed and Goals, will these objects bleed into the TIU note or Health Summaries? How will these documentation fields be integrated into TIU notes?

**Bridgette Booker:** (14:01) The continuing Education is for tele-behavior health

**Robin Bartlett - Nashville Area:** (14:03) Do you think that pre-visit planning/chart reviews by providers may be a good way to try to stay ahead of the SNOWMED updates (if possible)?

**Susan Richards (OIT):** (14:03) this is UK version of SNOMED - gives you a flavor <http://www.snomedbrowser.com/>

**Bill Flood (Chinle):** (14:04) If a patient has a very long problem list how will we know that a problem has already been coded in SNOMED and can simply be selected, rather than entering it again?

**Susan Richards (OIT):** (14:04) Robin - for sites who have scheduled patients and a nurse can update the problems that will be addressed (if known) the day before, yes that could be one intervention to help convert these

**Laura Bates:** (14:05) When will this be in effect.

**Susan Richards (OIT):** (14:05) all problems that have not been converted to SNOMED will have leading \*, also if you try to edit one that is not SNOMED, it will ask you to convert it.

**Sonoma County Indian Health:** (14:07) Will the questions from the chat box be emailed later? (The box is so small on the big screen!)

**Jean Bringer:** (14:08) I would like to get the recorded session of this training

**TAYLOR:** (14:08) is the slide presentation available now?

**Sonoma County Indian Health:** (14:08) The slide presentation is a downloadable file in the bottom right corner.

**Chris Fore (OIT) 2:** (14:11) Click once on the name of the file and then click the download file button at the very bottom.

(14:14) **Peter Apathy (SEARHC):** Thanks everyone, this was great. Kudos for all the work the team has done on patch 13.

**Jean Bringer:** (14:20) When is the roll-out date for the implementation of SNOMED?

END