

# EHRp13

## Integrated Problem List

### Tips and Tricks

CDR Susan Pierce-Richards, MSN, ARNP, FNP-BC, ANP-BC  
Federal Lead – EHR, Clinical Reminders, PCC

IHS-Office of Information Technology  
EHR Program

# IPL TIPS

# IPL Tips – Converting ICD Problems

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

The screenshot shows the main IPL display with the following table:

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

The ICD 9 To SNOMED CT Lookup dialog box shows the following table:

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

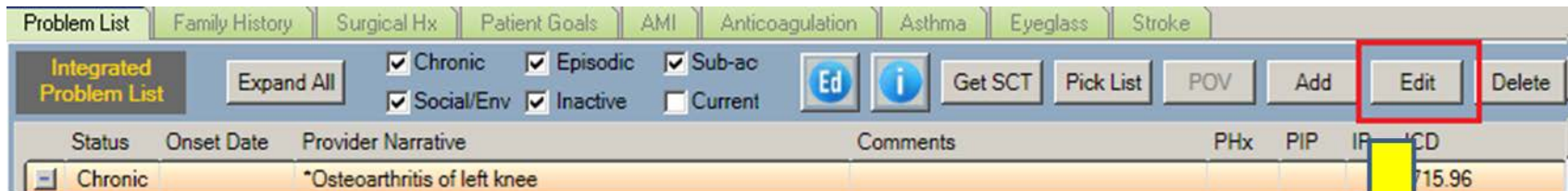
The screenshot shows the main IPL display after conversion with the following table:

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

# IPL Tips – Converting ICD Problems (cont.)

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

- You will be returned to the Edit problem dialog and you can add relevant provider text.



# IPL Tips – Converting ICD Problems

- Click **Get SCT**.

Integrated Problem Maintenance - Edit Problem

Problem ID **DB-1**  Use as POV

\* SNOMED CT   **Get SCT**

\* Required Field

Provider Text

- Highlight choice and click **Select**.

ICD 9 To SNOMED CT Lookup

Search Date: 09/05/2014

ICD 9 value: 715.96

SNOMED Concept	ICD 9
Osteoarthritis of knee	715.96

# IPL Tips – Converting ICD Problems

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

Integrated Problem Maintenance - Edit Problem

Problem ID **DB-1** Priority   Use as POV

\* SNOMED CT

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

\* Required Field

Provider Text  Chars left: 56

Osteoarthritis of knee | left 715.96

Integrated Problem List   Chronic  Episodic  Sub-ac  Social/Env  Inactive  Current

Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD
<input type="checkbox"/> Chronic		Osteoarthritis of knee   left					715.96

# IPL Tips – Converting ICD Problems

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

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

# IPL Tips – Adding Problems

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

- From IPL Main screen – you may select one or more NEW terms and when you save your selections you may add any info and/or click POV box
- From Add/Edit Problem – you may select one term for the problem



# IPL Tips – How Specific Should I Be?

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

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

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

Original problem	Evolves to/refined to
Osteoarthritis of knee   <i>left</i>	Osteoarthritis of knee   <i>bilateral</i>
Asthma	Moderate persistent asthma
Breast mass   <i>left upper outer quadrant</i>	Malignant neoplasm of the breast upper outer quadrant   <i>left</i>

# IPL Tips – How Specific Should I Be?

## Chronic problems

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

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

# IPL Tips – How Specific Should I Be?

## Subacute problems

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

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

# IPL Optional Info

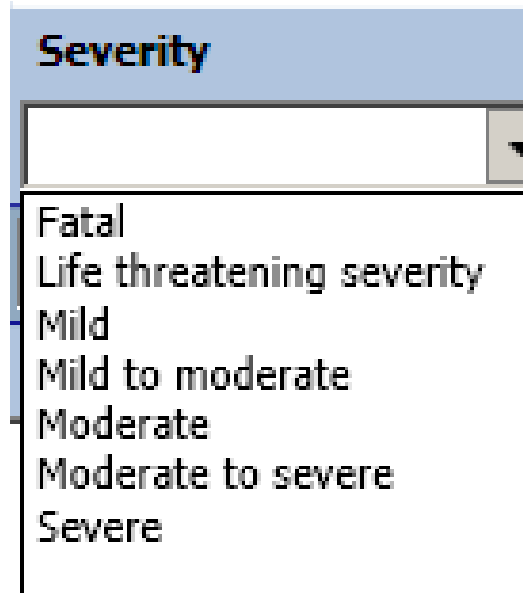
## – Don't Get Lost in the Weeds!

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

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

# Additional Prompts on IPL

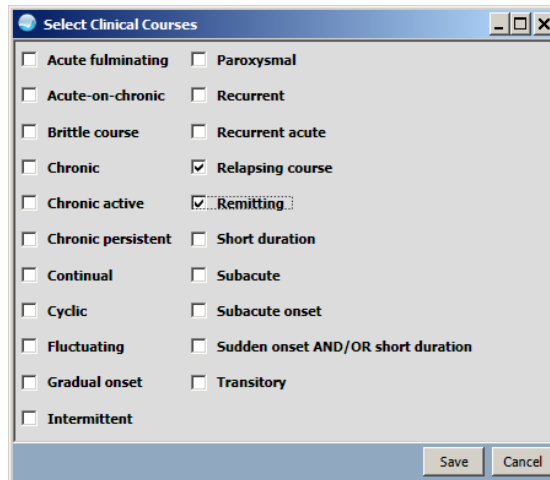
- Severity
  - Caveat, I would not use for asthma, use asthma classification instead)



The image shows a screenshot of a web form. At the top, there is a blue header box with the word "Severity" in white text. Below this is a white input field with a small downward-pointing arrow on the right side. A dropdown menu is open, showing a list of seven options: "Fatal", "Life threatening severity", "Mild", "Mild to moderate", "Moderate", "Moderate to severe", and "Severe".

# Additional Prompts on IPL

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



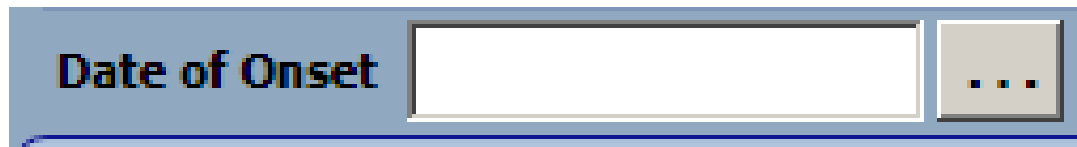
The image shows a dialog box titled "Select Clinical Courses" with a list of checkboxes. The following table represents the content of the dialog box:

Clinical Course	Selected
Acute fulminating	<input type="checkbox"/>
Acute-on-chronic	<input type="checkbox"/>
Brittle course	<input type="checkbox"/>
Chronic	<input type="checkbox"/>
Chronic active	<input type="checkbox"/>
Chronic persistent	<input type="checkbox"/>
Continual	<input type="checkbox"/>
Cyclic	<input type="checkbox"/>
Fluctuating	<input type="checkbox"/>
Gradual onset	<input type="checkbox"/>
Intermittent	<input type="checkbox"/>
Paroxysmal	<input type="checkbox"/>
Recurrent	<input type="checkbox"/>
Recurrent acute	<input type="checkbox"/>
Relapsing course	<input checked="" type="checkbox"/>
Remitting	<input checked="" type="checkbox"/>
Short duration	<input type="checkbox"/>
Subacute	<input type="checkbox"/>
Subacute onset	<input type="checkbox"/>
Sudden onset AND/OR short duration	<input type="checkbox"/>
Transitory	<input type="checkbox"/>

Buttons: Save, Cancel

# Additional Prompts on IPL

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



A screenshot of a form field. The label "Date of Onset" is displayed in a blue box on the left. To its right is a white text input field. Further right is a small grey square icon containing three colored dots (red, yellow, blue), which typically represents a calendar or date picker.

# Additional Prompts on IPL

## Comment

- Example of a comment for a problem of Endometriosis

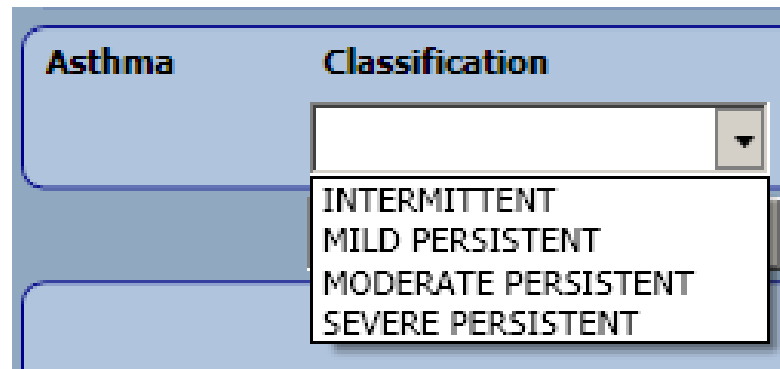
Comments			Add	Delete
Narrative	Date	Author		
Diagnosed by laparoscopy and pathological confirmation 6/1/12	09/10/2014	RICHARDS,SUSAN P		

Status	Onset Date	Provider Narrative	Comments
<input type="checkbox"/> Chronic		Endometriosis   bowels, peritoneum, ovaries	diagnosed by laparoscopy and pathological confirmation 6/1/12 :



# Additional Prompts on IPL

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



The image shows a screenshot of a software interface. On the left, there is a blue header bar with the word "Asthma" in white. To the right of this header, the word "Classification" is written in a bold, black font. Below "Classification" is a white dropdown menu with a small downward-pointing arrow on its right side. The dropdown menu is open, showing four options in black, uppercase text: "INTERMITTENT", "MILD PERSISTENT", "MODERATE PERSISTENT", and "SEVERE PERSISTENT".

# POV TIPS

# Documentation Tips for POVs

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

# POV Selection Tool – A Key Tool

- If a user enters “Provider Text” from POV selection tool, this stores **only** to the POV file as part of the Provider Narrative for this encounter.
  - Paints a clinical picture for continuity of care
  - Easy way to add encounter context to existing problem for POV
  - Provides coders with required documentation

# POV Selection Tool 1

***Problem entry – injury***  
(and POV for encounter)

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

***POV for injury follow up***

Closed bimalleolar  
fracture | left, edema  
resolved, normal healing

***Problem entry – chronic  
problem:***

Diabetes Mellitus Type 2 |

***POV for chronic problem  
follow up***

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

# POV Selection Tool 2

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

The screenshot displays the 'POV' (Problem of View) selection tool interface. It features a table with columns for ID, Status, Prov. Narrativ, POV, Episodicity, Prov. Text, and Goal Notes. Two rows are visible, both with ID 1378. The first row is highlighted in yellow and shows 'Sub-acute' status with the narrative 'Closed bimalleol. fracture | left, fall off fence, with edema'. The second row is blue and shows 'Chronic' status with the narrative 'Dyslipidemia | elevated tryglyceriedes'. A context menu is open over the 'Prov. Text' field of the second row, with 'Replace...' selected. A yellow arrow points from this menu to a 'Provider Text' dialog box. The dialog box has two text input fields: 'Text' containing 'left, fall off fence' and 'Replacing Text' containing 'left, edema resolved, normal healing'. 'OK' and 'Cancel' buttons are at the bottom.

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes
1378	Sub-acute	Closed bimalleol. fracture   left, fall off fence, with 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, fall off fence	
1378	Chronic	Dyslipidemia   elevated tryglyceriedes	<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		


Primary POV  
Dyslipidemia | elevated tryglyceriedes

# POV Selection Tool 3

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

**Integrated Problem List**   Chronic  Episodic  Sub-acute  
 Social/Env  Inactive  Current/Most recent




Status	Onset Date	Provider Narrative
<input type="checkbox"/> Sub-acute		Closed bimalleolar fracture   left, fall off fence, with edema

 **Visit Diagnosis**

SNOMED CT <input type="button" value="△"/>	Provider Narrative
Closed bimalleolar fracture	Closed bimalleolar fracture   left, edema resolved, normal healing

# POV Provider Text - Example

- Note the ability to review the clinical history easily

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



# POV Optional Info

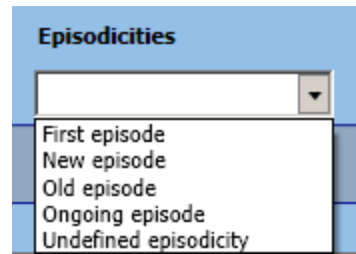
## – Don't Get Lost in the Weeds!

Tip – Focus on selecting POVs and optimizing use of POV provider text when appropriate.

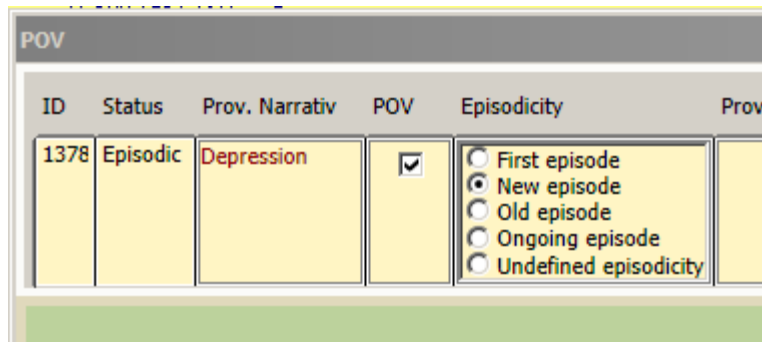
- The IPL and POV dialog allows for optional documentation of information.
  - Do not feel compelled to populate it just because it is there.
  - May be used to clarify POV when it is appropriate but use judiciously.

# Additional Prompts on POV

- Episodicities
  - Available on Add/Edit dialog after selecting “use as POV” and on POV dialog



- Example: For problem of Depression, a user might enter “new episode” when the symptomatic patient presents after a period of remission



A screenshot of a software interface showing a dialog box titled "POV". The dialog box contains a table with the following columns: ID, Status, Prov. Narrativ, POV, Episodicity, and Prov. The table has one row with the following data: ID 1378, Status Episodic, Prov. Narrativ Depression, POV checked, and Episodicity New episode. The "New episode" option is selected with a radio button.

ID	Status	Prov. Narrativ	POV	Episodicity	Prov.
1378	Episodic	Depression	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> New episode <input type="radio"/> First episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	

# Additional Prompts on POV

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

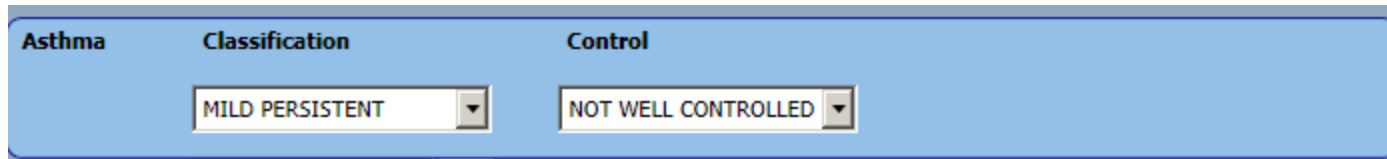


The image shows a screenshot of a software interface for entering injury data. The form is titled "Injury" and has a light blue background. It contains several fields and controls:

- Injury**: A label on the left side of the form.
- First Visit**: A radio button that is selected.
- Re-visit**: A radio button that is not selected.
- Injury Date**: A text input field containing "09/10/2014" and a small grey button with three dots to its right.
- Place**: A dropdown menu with "INDUSTRIAL PREMISES" selected.
- Associated with**: A dropdown menu with "EMPLOYMENT RELATED" selected.
- Caused by**: A text input field containing "STRUCK ACCIDENTALLY BY FALLING OBJECT" and a small grey button with three dots to its right.

# Additional Prompts on POV

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



A screenshot of a blue-bordered form with three columns: 'Asthma', 'Classification', and 'Control'. Under 'Classification', there is a dropdown menu showing 'MILD PERSISTENT'. Under 'Control', there is a dropdown menu showing 'NOT WELL CONTROLLED'.

# **SNOMED SEARCH TIPS**

# Get SCT Search Tips

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

The screenshot shows the 'ICD 9 To SNOMED CT Lookup' application window. The 'Search Date' is set to '06/30/2014'. The 'ICD 9 value' field contains '?pelvic pain' and is highlighted with a red box. A 'Find...' button is visible to the right of the search field. On the left, there is a 'Subset' list with various categories like 'Abnormal Findings', 'Administrative', etc. The main area displays a table of results:

SNOMED Concept	ICD 9
Acute pelvic pain	789.9
Pain in pelvis	789.09

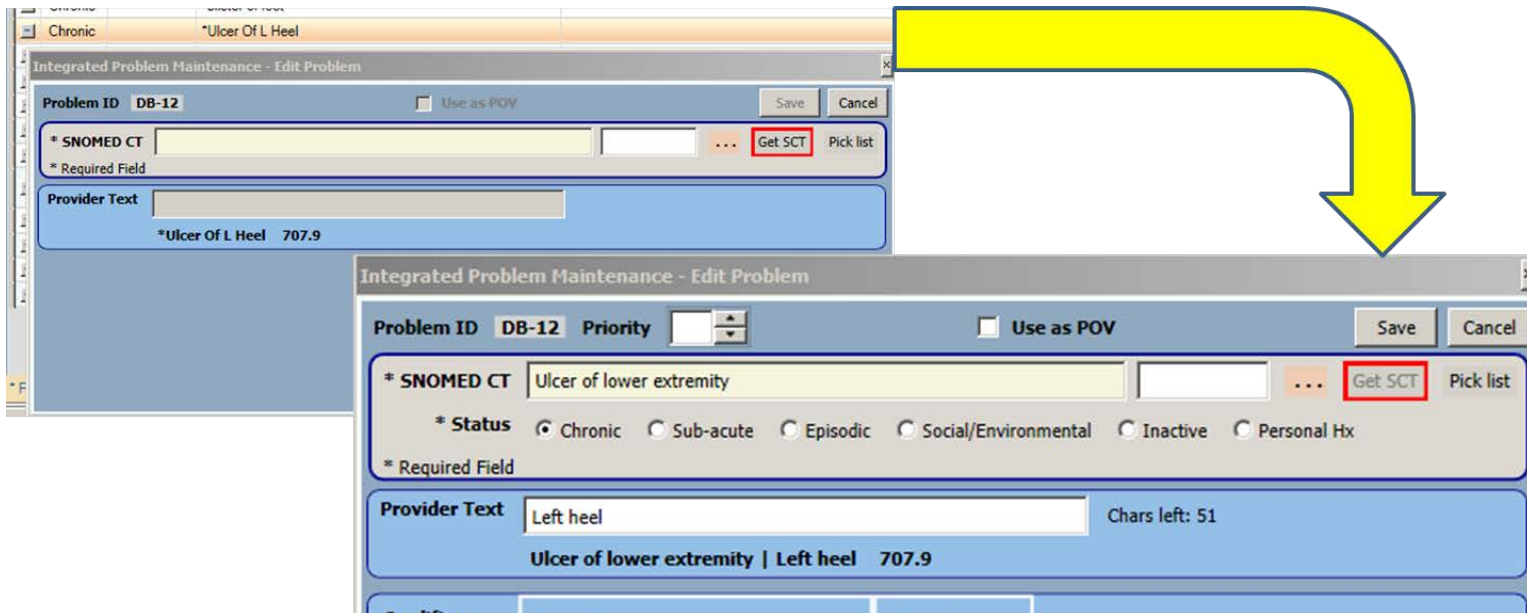
  

Description	Relationship	ICD 9
Finding of pelvic structure	Parent (IsA)	
Pain of truncal structure	Parent (IsA)	780.99
Acute pelvic pain	Child	789.9
Anorectal pain	Child	569.42
Bony pelvic pain	Child	780.99
C/O pelvic pain	Child	789.00
Chronic pelvic pain without obvious pathology	Child	625.8
Genitourinary pain	Child	788.99
Hip pain	Child	719.45
Iliac fossa pain	Child	719.45
Inguinal pain	Child	789.09
Musculoskeletal pelvic pain	Child	720.5

# Get SCT Search Tips

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

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



# Get SCT Search Tips

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

Parent = less specific term

Child = more specific term

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 "09/10/2014" and an "ICD 9 value:" text input field containing "707.9". A "Find..." button is located to the right of the input field. Below the search area, there is a "Subset" section with a list of categories: Abnormal Findings, Administrative, Asthma, Audiology, Behavioral Health, COG FUNCT STATUS, Cardiology, Case Management, and Complimentary Medicine. The main area of the window displays a table of results. The top part of the table lists "SNOMED Concept" and "ICD 9" values. The bottom part of the table lists "Description", "Relationship", and "ICD 9" values.

SNOMED Concept	ICD 9
Ulcer	707.9
Infected ulcer of skin	707.9
Skin ulcer	707.9

Description	Relationship	ICD 9
Skin lesion	Parent (IsA)	709.9
Ulcer	Parent (IsA)	707.9
Chronic ulcer of skin	Child	707.9
Cratered ulcer	Child	707.9
Cutaneous ulceration due to cytotoxic therapy	Child	707.9
Diabetic skin ulcer	Child	250.80 707.9
Infected ulcer of skin	Child	707.9
Ischemic ulcer of toe	Child	707.15



# SNOMED Search Tips

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

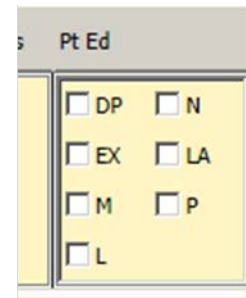
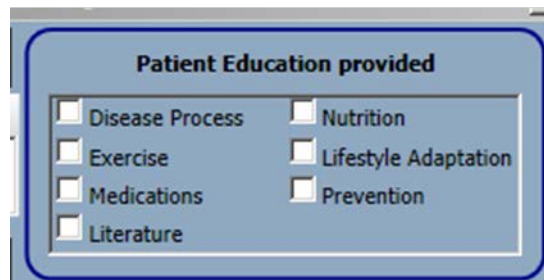
# **CARE PLANNING**

**– GOALS, CARE PLANS, VISIT INSTRUCTIONS**

# Care Planning – Education Topics

## BGO PROBLEM EDUCATION Parameter

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



# Using Templates for Care Planning Documentation

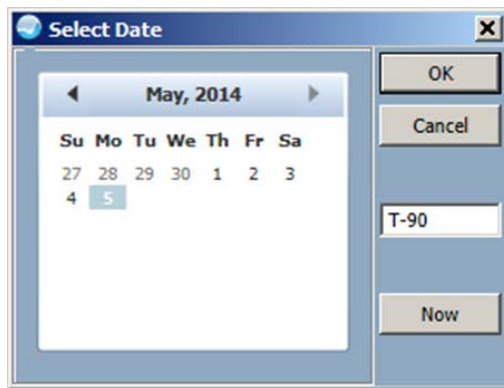
- The templates are limited and do not function well until EHRp14.
- You can use single templates with text (no template fields or no dialogs with child templates) to quickly populate visit instructions.
- ***Strongly consider delaying deployment of anything more than single templates with canned text until EHRp14 and only for Visit Instructions***

# CALENDAR CONTROLS

# New Calendar Controls

If you want to set date in past:

1. In the field above **Now** you can type T-XX days.



2. Scroll back one month at a time using left arrow.

# New Calendar Controls (cont.)

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

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

