Problem List Reconciliation The Tools Required to Facilitate the Maintenance of a Current, Valid and Complete Chronic Problem List in an EMR By James L. Holly, MD

Abstract:

This presentation describes a method for maintaining excellent medical records with Chronic Problem List reconciliation. The process of Chronic Problem List Reconciliation involves the following six steps:

- 1. The ability to select precise and accurate diagnoses from a robust electronic list.
- 2. The ability to re-order the Chronic Problem List with the most important diagnoses at the top.
- 3. The ability to highlight diagnoses in the Chronic Problem List which have not been assessed in a pre-determined period of time.
- 4. The ability to archive resolved or invalid diagnoses in a retrievable fashion electronically with the date on which the diagnosis was archived.
- 5. The ability to copy Chronic Problem List diagnoses into the Acute Assessment.
- 6. Following clear principles of Chronic Problem List creation and reconciliation.

Following these steps will enable complex care to be completed in an electronic medical record system maintaining an effective record for continuity and excellence of care.

Introduction

Medical Records are not an end in themselves, neither are they an exercise for the aggravation of healthcare providers. Medical Records are a method of communication between healthcare providers and patients for continuity, quality and consistency of care. In the outset, medical records were at best a silhouette of the patient's care. They showed the broad outlines of the patient but with very little granularity. In the 19th Century, health records, when they existed, were brief acknowledgements of treatment or prescriptions, often kept on 3" by 5" index cards. In the 20th Century medical records increased in granularity reaching their pinnacle with dictation and transcription of healthcare delivery records which had a great deal of content. Yet, those records had the same flaws as 19th Century records. They were geographically bound, i.e., they could only be in one place at a time and one part of the record could not interact with

another. Each episode of care was a separate record and the only continuity was when previous health information was included in the record of the current episode.

As the 21st Century approached with the explosion of medical information, all previous health record methods proved inadequate. After 1970, and more so in the first decade of the 21st Century health records became increasingly electronic. Electronic Medical Record (EMR) had the benefit of being accessible at many locations simultaneously. They were cumulative and documented patient care longitudinally. Increasingly, portraits of patient's health care began to emerge, replacing the outlines of care or silhouettes.

EMR offered solutions to some of the most difficult problems associated with medical records. However, EMR created as many problems as they solved. On page 24 below, there are links to thirty-five articles about EMR which SETMA has produced over the past fourteen years. Issues of security, confidentiality, content, interoperability, access, analytics and many more are addressed in these articles.

Perhaps the two most difficult issues in medical record keeping are the maintaining of:

- Valid and complete medication records and
- Valid and complete chronic problem lists.

Unfortunately, these two functions just happen to be the two most important parts of the record. Both issues are foundational to the fulfillment of the Triple Aim and to the achievement of patient safety. Because the chronic problem list is also critical for reimbursement, the sustainability of excellence in care, which is fundamentally an economic issue, the list is critical to quality outcomes. This is particularly related to HCC and RxHCC values (see http://www.jameslhollymd.com/epm-tools/Tutorial-HCC-RxHCC-Risk for a full explanation of this system) which are important not only in Medicare Advantage, but also in Accountable Care Organizations work with Fee-for-Service Medicare and in Patient-Centered Medical Home.

The critical issues with problem lists are:

- 1. The list must be produced from a robust ICD-9 and soon ICD-10 deployment from which diagnoses can be entered into the problem list, the assessment, disease management tools, referral templates and other parts of the EMR.
- 2. The typing in of diagnoses, which will not work with billing and coding, or with sharing of data and analytics, is lethal to maintaining an accurate problem list.
- 3. Upgrades to ICD-9 and certainly to ICD-10 include social codes such as "lives alone", "Military Recently Deployed," etc. There are also codes for such things as "Elevated CRP, etc, which allows you to maintain surveillance on conditions which are not presently under treatment but which need not to be forgotten and which need follow-up. While these upgrades allow for more granular documentation of the patient's condition, they may produce a problem of growing Chronic Problem List which becomes unwieldy.
- 4. Problem List Reconciliation require real time, routine review of the problem list with the ability to archive in a retrievable fashion diagnoses which are not currently active but which may become active in the future.

5. Without these capacities the maintenance of the Chronic Problem List will be increasingly problematical.

Problem List reconciliation is a team effort including the following:

- 1. Chart Maintenance this is part of ever visit and every review of the patient's chart.
 - a. When the patient is seen the provider needs to review the problem list, as she/he must review the medication list. It is as if you have a "reconciled" medication list and a "reconciled" problem list at each visit.
 - b. When data, information, tests, procedures, etc., are received on a patient from another provider or organization the clerk has to be given the authority to add diagnoses to the chronic problem list. Then when the patient is seen the provider reviews the diagnoses and determines whether it should remain in the list or not.
 - c. It is ideal if it is possible to reorganize the chronic problem list in order of priority. SETMA has designed a system where it is easy to do this in a matter of seconds even with 18 diagnoses. Thus, the most important diagnoses can appear at the top of the list such as Diabetes, Renal Disease, Prostate Cancer and less critical but important diagnoses can appear last such as "Elevated Sed Rate", "Hx of Tobaccoism", "Family History of Diabetes", etc./.
- 2. Chart Reviews nurses charged with going through charts:
 - a. Making certain that for important diagnoses that there is history, physical, testing, etc., information to support the diagnoses and calling it to the provider's attention if it is not there .
 - b. Reviewing consultations, procedures, etc., to make sure that all valid and accurate diagnoses have been entered into the chronic problem list so that they can be brought to the attention of the provider.
 - c. Making sure that all diagnoses are entered electronically and not by typing so that they interact with the disease functions of the system.
- 3. **Quality Improvement** healthcare providers reviewing the charts of other providers
 - a. The same kind of review is done by the provider during a patient encounter and the nurse with chart reviews, but it is more focused on the quality of care based on the documentation in the record and the completeness of the chronic problem list. This is most often done with new providers, or with providers having problems with their documentation.
 - b. After these reviews a face-to-face or a written conversation is had with the provider to address deficiencies.

General Principle: Reconciliation of medications or of chronic problem lists is hard work and must be a priority, if it is going to be done well and consistently.

Tutorial for SETMA's Chronic Problem List Reconciliation

1. Electronic Access to a robust list of diagnoses which is intuitively organized.

(**Disclaimer**: For fourteen years, SETMA used a "home grown" ICD-9 Code list. With the advent of ICD-10 and SNOMED, it was necessary to update our system to a proprietary list. SETMA has no financial interest in the company whose product we selected and we are not paid by this company. We have nothing to disclose. There are other vendors which can be used.)

The tool which SETMA employs is integrated with our EMR. This tool has taken the 15,000 ICD-9 codes and expanded them to a list of 100,000 codes by naming each code in multiple fashions to make it easy to access the correct code. This transition will enable SETMA, we think, to utilize the 150,000 ICD-10 codes more efficiently and more effectively.

The following is how we use the tool, by clicking in the Assessment space, the tool is launched. In the space below, outlined in red, you would type a name or abbreviation, such as "CHF."

POM NURSE HISTORIES	HEALTH QUIZE	S HP	I RO	DS P.E.	X-RAY	ASSESS	PLAN	PROCS	;		
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Additional Acute Assessments	Detailed Comments	<u>Use (</u>	Chroni	<u>c</u>	Acu	te RXHCC S	Score		0.0	S	ystem Review
Chronic Conditions Archive Re-Or		нсс	Rx		Tota	al Acute Sco	ore		0.0	F	Physical Exam
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Metabolic syndrome										-	Dian
Chronic renal disease, stage I		Υ	Υ	HPI - 3,4	Chro	onic HCC S	core		0.9400		Plan
CHF (congestive heart failure)		Υ	Y		Chri	onic RxHCC	Score		0.4010		Procedures
Murmur				HPI - 5,6							Chart Note
Irritable bowel syndrome					' Tota	al Chronic S	core		1.341	_	
Incontinence				HPI - 7,8							
Hypomagnesemia								26	0.5300		
Menopause				HPI - 9,10		Not Assse					
Hot flashes					' RxH	ICC Not Ass	ssessed TI	nis Year	0.2930		
Diminished libido				HPI -11,12	Tota	al Not Asses	sed This `	Year	0.8230		
Insomnia											
Rosacea				HPI - 13							

This then launches a list of codes which fit that description.

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-	R No CHF NYHA class IV (symptoms with any physical activity and at rest) (4280) 0.41	
	R R CHF with cardiomyopathy (4280) (specify) 0.41	

Once the correct code is identified, the radial button next to it is marked and the button entitled "select" is clicked (see below).

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powered by IMO Problem(IT)	
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Additional Acute Assessments	Detailed Comments	Use Ch	ronic		Acu	te RxHCC S	core	0.2120	System Review
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Urinary tract infection					Chr	onic RxHCC	Score	0.4310	Procedures
POAG (primary open-angle glaucome		N	Y H	PI - 5,6				2.016	Chart Note
ASD (atrial septal defect)		N	N		Tota	I Chronic S	core	2.016	

This places the code description on the assessment screen.

The tool we selected also notes whether the diagnoses is a HCC and/or an RxHCC and the coefficient assigned to that diagnosis is listed. Each is outlined in red below.

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Select	el

Our tool for ICD-9 Code selection already has ICD-10 and SNOMED cross linked as is seen below. In 2014, when ICD-10 is launched, our use of it will be simply a change at the server level of our EMR. The same will be true for SNOMED.

O Search Plus		
Diagnosis Search		
owered by IMO Problem(IT)		
Back to Search Results		
IMO Term:	CHF (congestive heart failure), NYHA class II	
Preferred ICD-9-CM Code:	C 4280 Congestive heart failure, unspecified	
Secondary ICD-9-CM Code(s):		
Additional ICD-9-CM Mapping(s):		
Preferred ICD-10-CM Code:	I509 Heart failure, unspecified	
Other Preferred ICD-10-CM Code(s):	
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Secondary ICD-10-CM Code(s): Preferred SNOMED-CT: Other SNOMED-CT Code(s): Lexical Definitions: MeSH Maps:	Congestive heart failure - 42343007 (broader than) New York Heart Association Classification - Class II - 421704003 (broader than) Heart Failure Disease or Syndrome	ancel

In this same way diagnoses can be added at many different places in addition to the Acute Assessment, including:

- Chronic Conditions
- Plan
- Referrals
- Disease Management tools

Valid and complete Chronic Problem Lists are critical to excellence of care because if a diagnosis is out of mind, it will not be evaluated. One of the audits SETMA does is to look at all diagnoses which are identified in the hospital medical record. To do this, all of the following are reviewed:

- Daily progress notes
- Procedures
- Laboratory values

- History and Physical examinations
- Consultant notes
- Surgical notes
- Etc.

The Discharge Summary (renamed by SETMA as "The Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan") is reviewed to see how many of those diagnoses are not in this transition of care document. Any diagnoses not in the hospital summary will routinely be overlooked in follow-up.

The great value of documenting hospital history and physical examinations and Hospital Care Summaries and Post Hospital Plan of Care and Treatment Plan in the same EMR data base is that the documentation element of care continuity is seamless. When the hospital record is completed with all admitting morbidities and co-morbidities, the follow-up of the patient is made straightforward and complete.

2. The ability to reorder the display of diagnoses on the chronic problem list.

Because the medical record and the chronic problem list is a longitudinal record, i.e., it is created with the most remote diagnoses first and the most recent last, it is possible to have important and critical diagnoses mixed in with more routine issues. To maintain accurate, complete and valid chronic problem lists, it is important occasionally to "reorder" the diagnoses so that the most important issues appear first. This function is potentially an appropriate means for monitoring and auditing Chronic Problem Reconciliation. Its value in Chronic Problem List Reconciliation is supported by:

- 1. It requires the healthcare provider to review all diagnoses in the Chronic Problem List.
- 2. It can be done in a few seconds.
- 3. Acknowledgement of the Chronic Problem List being re-ordered can be automatically documented when this re-ordering process is done.
- 4. In that the re-ordering would only take place every several years, it will make it nonintrusive to the provider's workflow.
- 5. A check box can be deployed on the Chronic Problem List which allows the provider to indicate that the list has been reviewed at times other than when the re-ordering process is completed.

The following is SETMA's tool for that process.

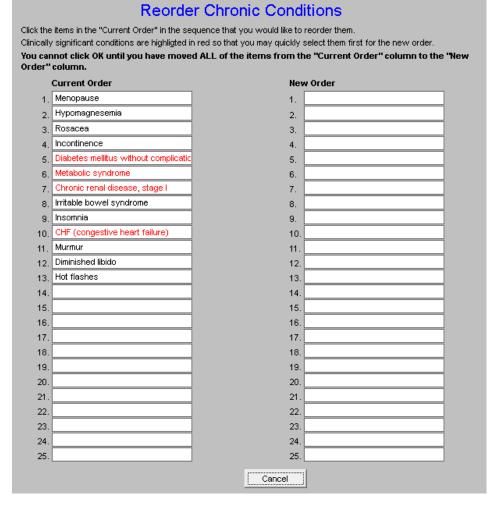
This template is SETMA's Master GP Template. Outlined in red below is the Chronic Problem list. The first line includes the following: "archive, Re-Order, HCC, RxHCC and Last evaluated."

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To initiate the process to re-order the Chronic Problem List, the button entitled "Reorder," which is outlined in red below, should be clicked.

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1								BP			Health
2								Pulse Pressure Temp	0		Lab Results
3								Pulse			Questionnaires
5								Resp Weight (lb)	ŀ		HPI Chief
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1	Menopause			11	HPI	1,2	Ca	rdiac Risk Ratio Fall Risk Asse		04050040	Radiology
2	Hypomagnesemia			11						04/05/2012	
З	Rosacea			11	HPI	3,4		Functional Asse	essment	04/16/2010	Assessment
4	Incontinence			11				Pain Assess	ment	04/16/2010	Hydration
5	Diabetes mellitus without complication	Υ	Υ	11	HPI	5,6		Stress Asses	sment	06/27/2011	
6	Metabolic syndrome			11				Wellness Asse	ssment	11	Nutrition
7	Chronic renal disease, stage I	Υ	Y	11	ны	7,8		Sleep Questio	nnaire	11	Exercise
8	Irritable bowel syndrome			11				Depression S	creen	11	Plan
9	Insomnia			11	HPI-	9,10		Karnofsky/La	ansky	11	
10	CHF (congestive heart failure)	γ	Y	11				Palliative Perf	Scale	11	Procedures
11	Murmur			11	HPI-1	1,12		Braden Sc	ale	11	Chart Note
12	Diminished libido			11				FAST Asses:	sment	11	
13	Hot flashes			11	HPI-1	3,14		Clipic Per	formance	Measures	

When the button. entitled, "Re-Order," is clicked, the following template is deployed.



In the left hand column, the Chronic Problem List, as it currently exists, is displayed. In the right hand column, the re-ordering list will be developed. The provider must click on each diagnosis in the "Current Order," in the order she/he desires for the diagnoses to be displayed. As each diagnoses is clicked, it will appear in the "New Order" list.

On the screen shot below, the Re-order Chronic Conditions List is from a real patient. As can be seen, the principal diagnoses are not at the top of the list. Chronic Problem List Reconciliation requires that providers have an effective and efficient means for moving diagnoses around in the list.

	Reorder Chronic Conditions										
Clinically You car	Click the items in the "Current Order" in the sequence that you would like to reorder them. Clinically significant conditions are highligted in red so that you may quickly select them first for the new order. You cannot click OK until you have moved ALL of the items from the "Current Order" column to the "New Order" column.										
	Current Order	New	v Order								
1.	Menopause	1.									
2.	Hypomagnesemia	2.									
З.	Rosacea	3.									
4.	Incontinence	4.									
5.	Diabetes mellitus without complicatio	5.									
6.	Metabolic syndrome	6. [
7.	Chronic renal disease, stage l	7. [
8.	Irritable bowel syndrome	8. [
9.	Insomnia	9. [
10.	CHF (congestive heart failure)	10.									
11.	Murmur	11.									
12.	Diminished libido	12.									
13.	Hot flashes	13.									
14.		14.									
15.		15.									
16.		16.									
17.		17.									
18.		18.									
19.		19.									
20.		20.									
21.		21.									
22.		22.									
23.		23.									
24.		24.									
25.		25.									
		Cancel									

To re-order the list, the provider clicks on each diagnosis in the order the provider wishes for the diagnoses to be displayed in the Chronic Problem List. This process is illustrated in the screen shot below. As each diagnosis is clicked, it is removed from the "Current Order" and moved to the "New Order."

Reorder Chronic Conditions

Click the items in the "Current Order" in the sequence that you would like to reorder them. Clinically significant conditions are highligted in red so that you may quickly select them first for the new order. You cannot click OK until you have moved ALL of the items from the "Current Order" column to the "New Order" column.

	Current Order	Nev	v Order
1.	Menopause	1.	Diabetes mellitus without complicati
2.	Hypomagnesemia	2.	Metabolic syndrome
З.	Rosacea	3.	Chronic renal disease, stage I
4.	Incontinence	4.	CHF (congestive heart failure)
5.		5.	
6.		6.	
7.		7.	
8.	Irritable bowel syndrome	8.	
9.	Insomnia	9.	
10.		10.	
11.	Murmur	11.	
12.	Diminished libido	12.	
13.	Hot flashes	13.	
14.		14.	
15.		15.	
16.		16.	
17.		17.	
18.		18.	
19.		19.	
20.		20.	
21.		21.	
22.		22.	
23.		23.	
24.		24.	
25.		25.	

When all diagnoses have been clicked, a button entitled "OK" will appear. That button is outlined in red on the screen shot below.

Reorder Chronic Conditions

Click the items in the "Current Order" in the sequence that you would like to reorder them. Clinically significant conditions are highligted in red so that you may quickly select them first for the new order. You cannot click OK until you have moved ALL of the items from the "Current Order" column to the "New Order" column.

Current Order	Ne	w Order
	1.	Diabetes mellitus without complication
2.	2.	Metabolic syndrome
3.	3.	Chronic renal disease, stage I
4.	4.	CHF (congestive heart failure)
5.	5.	Murmur
3.	6.	Irritable bowel syndrome
7.	7.	Incontinence
3.	8.	Hypomagnesemia
э.	9.	Menopause
).	10.	Hot flashes
	11.	Diminished libido
2.	12.	Insomnia
3.	13.	Rosacea
4.	14.	
5.	15.	
3.	16.	
r.	17.	
3.	18.	
).	19.	
).	20.	
	21.	
2.	22.	
3.	23.	
ŀ	24.	
5.	25.	
	ov la orrest	1
	OK Cancel	

When that button is clicked the new order of Chronic Conditions will be displayed on the Master GP Template.

PDM NURSE	HISTORIES HI	EALTI	нс	UIZES	HPI	ROS	P.E.	X-RA		PLA		ROCS	Home
		52	2 Year	′s F		Visit	туре		Facility		Pay	ife Insurance Co	<u>N</u> ursing
Chief Complaints	Comment						P	СР 📃	<u> </u>				Histories
1									BI				Health
2								!	Pulse Pressure Temp		0		Lab Results
3									Puls	- I.		1	Questionnaires
5									Resj Weight (lb				HPI Chief
6									BN Death S			-	System Review
Chronic Conditions	Arobius - Re Order	нос	Bu	Loot Eur	- 1 +	,			Body Fa BMf			-	
	without complication	-	κx Υ	Last Eve	aluatec	1 HPI-1,2	. 1	Car	diac Risk Rati		10	-	Physical Exam
2 Metabolic syndro	•	<u> </u>	<u> </u>	$\frac{1}{11}$	-	nrei,	-		Fall Risk Ass		nt	04/05/2012	Radiology
3 Chronic renal dis		Y	Y	$\frac{1}{11}$	-	HPI-3,4	+		Functional As:	sessm	ent	04/16/2010	Assessment
4 CHF (congestive		Y	Υ	11					Pain Asses	ssment		04/16/2010	Hydration
5 Murmur				11		HPI-5,6	3		Stress Asse	essmer	nt	06/27/2011	
6 Irritable bowel sy	ndrome			11	ĺ				Wellness Ass	sessme	ent	11	Nutrition
7 Incontinence				11		HPI-7,8	3		Sleep Quest	ionnair	e	11	Exercise
8 Hypomagnesemi	a			11			_		Depression		_	11	Plan
9 Menopause				11		HPI-9,1	0		Karnofsky/	Lansky		11	Duese shares
10 Hot flashes				11					Palliative Per	rf Scal	е	11	Procedures
11 Diminished libido				11		HPI-11,1	2		Braden S	Scale		11	Chart Note
12 Insomnia				11					FAST Asse	ssmen	t	11	
13 Rosacea				11		HPI-13,1	4		Clinic Pe	erforma	ance l	Measures	
1.1				11					500000				

This process takes less than one minute and is an important issue in "chart maintenance" and should be done by the healthcare provider, or by a highly trained assistant.

3. A means for archiving, in a retrievable fashion, a diagnosis in the Chronic Problem List, which, while it is no longer needed, may need to be accessed in the future.

- a. This function allows the archiving in a retrievable fashion of any diagnoses which will then disappear from the Chronic Problem list but which can be restored to the acute assessment and/or to the Chronic Problem list with the click of a button
- b. The archived Chronic Problem List needs to be accessible by the click of a button.
- c. The date on which the problem was archived needs to be stored also.
- d. With the expansion from 15,000 ICD-9 codes to !50,000 ICD-10 codes, it is possible that the number of codes which appear in the Chronic Problem List could increase significantly.
- e. The ability to archived diagnoses in a retrievable function will be helpful in maintaining Reconciled Chronic Problem Lists.

Clicking the "Archive" button launches the archive function. The Master GP Template is shown with the "Archive" button outlined in red.

GP Master Template

MUR	SE HIETORIES HE	EALT	H -0	NUCCES HIP	ROB RE	K-RAY ASSESS P		HOCH	Home.
Grep	Testur	8	2 1100	m M	Visit Type	Facility	Pay	Ided Heathcare 1	Burning
ther Complaints	Consent			calor -	-10°.	CP William Ge	orge		Histories
1						BP Puter Pressure		1	Beath
						Terp			Lab Results
						Pullek Resp			Guestionnare
1						Weight (b)			HPI Chief
-						BMI Body Fat	30		System Review
hranic Candidon	Autom a-Order	HCC	Rx	Lost Evaluate	et .	DNR			Physical Exam
Retal Stage N	the second second	Ϋ́	Y.	01/25/2012	HFL12		0.83		Radiology
Angina pectori		Y.	Y.	11		Fail Ran. Annen		08/22/2012	
Chronic renal d	fisease, stage I	Y	Y.	11	9171-3.4	FunctionalAase	sement	06/11/2012	Assessment
DM type 2 (dat	betes meiltus, type 2)	Y.	. Y	11		Pain Assesse	tert.	08/11/2012	Hydraten
Ear congester		10		11	HPIES	Strass Assess	ment	06/12/2012	
lift, old		Y	Y	11	50 13	Welness Asses	transi	05/12/2012	Nutrition
Depression		1	Y	11	HE17.8	Sleep Question	intere	07/18/2012	Exercise
	ta C	Y	Y	11	and a second	Depression Sc	reen	11	Plan
Chranic hepath			V.	11	HH1-0.10	Kamofsky/La	nsky	05/11/2012	
Chronic Repatt		1.4						A ROAD AND A ROAD	Procedures
and the second second second		Y	Ŷ	11		Pallative Perf 1	Scale	06/11/2012	
Convulsions Atrial fibrilation	pect with open angle	<u></u>	_	11	HP5-11:12	Pallative Pert Braden Sce	and a second	06/11/2012	Chart Note

The "archive" button also appears on the Assessment Template as is shown below. Having multiple avenues for performing the same function increases the probability of it being done.

Acute Assessment Template

PDM NURSE HISTORIES	HEALTH QUIZE	S HPI	ROS	6 P.E.	X-RAY	ASSESS	PLAN	PROCS	\$	
Acute Assessments	Status						Chief Co	omplaint	ts	
		Use C	hronic							Master GP
		Use C	hronic							Nursing
		Use C	<u>hronic</u>							Histories
		Use C	hronic							Health
		Use C	hronic				<u> </u>			neaim
	<u> </u>	Use C	<u>hronic</u>							Questionnaires
		-	hronic		Acu	Ite HCC Sco	ore		0.0	HPI Chief
Additional Acute Assessments	Detailed Comments	_	<u>hronic</u> :		Acu	ite RxHCC S	Score		0.0	System Review
Chronic Condition: Archive e-O	rder Status	нсс	Rx		Tota	Acute Sco	ore	-	0.0	Physical Exam
Renal Stage IV Chron Disease		Y	Y	HPI - 1,2						Radiology
Angina pectoris		Y	Y							
Chronic renal disease, stage I		Y	Y	HPI - 3,4	Chr	onic HCC S	core		2.3520	Plan
DM type 2 (diabetes mellitus, type 2)		Y	Y		Chr	onic RxHCC	Score		0.9930	Procedures
Ear congestion				HPI - 5,6	T -4-	al Chronic S		-	3.3450	Chart Note
MI, old		Y	Y		1018	ai Chronic S	core		3.3430	
Depression			Y	HPI - 7,8						
Chronic hepatitis C		Y	Y		нсо	C Not Assse	essed This	Year	0.9170	
Convulsions		Y	Y	IPI - 9,10		ICC Not Ass			0.4630	
Atrial fibrillation		Y	Y		RXII	ICC NOLASS	acased II	ins real		
Glaucoma suspect with open angle			H	IPI -11,12	Tota	al Not Asses	sed This `	Year	1.3800	
IHSS (idiopathic hypertrophic subaor										

When either of the "archive" buttons is clicked – on the Master GP or the Assessment templates – the following template is deployed. It is entitled, "Archived Chronic Conditions."

As can be seen below, the Archived Chronic Conditions template displays:

- 1. The Current Problem List
- 2. The Archived Chronic Problem list
- 3. The Date Archived
- 4. The New/updated Problem List

	elect as entry from the Carriert Problem elect as entry from the Archived Proble		
	8 will turn red price selected. Then, u		
	The mail summaries and here on the right of		
Current Problem List	Archived Problem List	Date Archived	Rewlipdated Problem List
Diabetes molitus without complicate	191	1 17 1	Debotes melitus without complicat
liefabolic syndrome		11	Netabolic syndrome
Chiptic retail disease, stage i		17	Chronic renal disease, stage 1
CHF (congestive heart failure)		377.5	CHF (congestive heart failure)
ULTIN		11	Matther
Htable bowel systemme.		111	mitable bower syndrome
incontinence		11	Incontinence
Hyperagnegena		11	Pypomagnesexia
Venopause		17	Metspaune
Hut Flaatists		11	not fashes
Devinated Mido	POR A DECEMBER OF	The second se	Diminished Holds
kieorinia	Archite >>>	FFF Unandhive PF	napreie
Rosscen			Rosacea
			1. C

This allows the provider or nurse to review the diagnoses which have previously appeared in the Acute Assessment or the Chronic Problem List but which have now been archived and to know the date on which it was archived. If a diagnosis in the Chronic Problem List no longer applies, it may be archived. The invalid or resolved problem is highlighted by clicking on it whereupon it is automatically moved to the archived list.

	A second s		the second s
	I will turn red once selected. Then, a Ds. net american will dent on the right of		
rrent Problem List	Archived Problem List	Date Archived	New Opdated Problem List
dottes militue without complicate			Debetes melitus without complica
tahdic syndrome		11	Metabolic syndrome
rond renal disease, stage I	T	11	Chronic renal disease, stage (
F (congostive heart falure)		111	CHF (congestive heart failure)
PDA .		11	hummer.
tabe bowel syndrome		1 11	infatte towel synthese
onlinence		11	incontinence.
porta precenta		11.	Hypottagnesettia
ingani -		71	Netspause
f fastes			Hot fushes
minished libido	Archive see	sos iltiarchive 202	(Diminished little
LETTIN .	-ACCENT 141	200 GUBICEIVE 200	Inazonia
34158			Respons
			-
			-
			-
			1
			7
			1

The archived diagnosis is this moved from the Chronic Problem List to the Archived List.

2.5	elect an entry from the Current Problem elect an entry from the Arctived Problem	what in the middle and move it is	to the New/Updated Problem List
	It will turn red once selected. Then, an Ou nut usanching and term on the right a		
arrent Problem List	Archived Problem List	Date Archived	RewUpdated Problem List
Dabetes melitus without complication	Rypomagnesema	12/11/2012	Dabetes melitus without complica
Metabolic syndrome	- A Contraction		Itetabolic syndrome
Chronic renal disease, state i		11	Chronic renal disease, stage (
CHF (congestive heart takine)		11	CHF (congestive heart failure)
Number		11	Iherar
infable bowel syndrome		11	infable bowel syndrome
hourtzence		11	incentivence
Hypomegneseme		11	
Menopause		11	Bencoause
Hot fashes		11	Hot fashes
Desvished libelo		11	Cremished library
nasenia 337	Archive see	eso Unarchive eso	Insomia
Rasacea			Rosacea
			-
			-
			-
			-
			-
(a)			
			1 I I I I I I I I I I I I I I I I I I I

If a previously archived diagnosis becomes valid again, it may be moved back to the Chronic Problem List by clicking on it in the list of archived diagnoses.

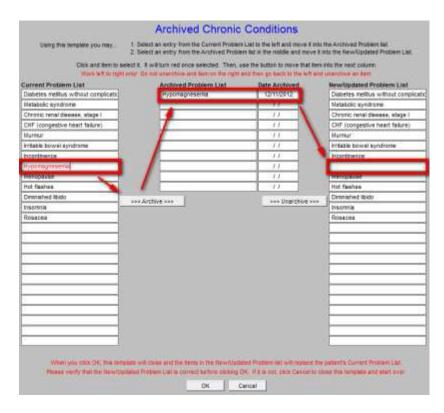
oblem List without complicat re uses, stage (neart failure)
oblem List without complicat re usse, stage (
without complicat ne usse, stage (
ne usse, stage i
isse, stage i
and the second second second second
heart faikure)
and set of the set of
ndrome

Click and item to select it	elect an entry from the Archived Proble It will turn red ance selected. Then, a	se the button to move that	ten into the next column.
work eff to right ante	Do not unarchive and item on the right of Archived Problem List	Date Archived	NewUpdated Problem List
Diabetes melitus without complicatio	Hyppmagnesemia	12/11/2012	Disbetes melitus without complic
Vetabolic syndrome		Contraction of the local division of the loc	Metabolic syndrome
Chronic renal disease, stage i	1.5	11	Chronic renal disease, stage i
CHF (congestive heart failure)	3	11	CHF (congestive heart failure)
Vurmur		11	Murmur
mtable bowel syndrome.	8	11	kritable bowel syndrome
ncontinence		1	Incontinence
Venopeuse	3		Menopeuse
Hot fashes			Hot flashes
Diminished libido		11	Diminished Ibido
nsomnia	Archive >>>	see Unarchive a	insomnia
	vill close and the items in the flew/Upda Problem Lief is current before closing (

The diagnosis will be restored to the Chronic Problem List.

	elect 2. It will turn red unce selected. Then, use th Larly! On roll unwithing and turn on the right and t		
urrent Problem List	Archived Problem List	Date Archived	New-Updated Problem List
Dabeles melitus without complicate	A Way and the second second	11	Diabetes melitas without complica
letabolic syndrome	1.	11	Netabolic syndrome
Stronic renal disease, stage		11.	Chronic renal disease, stage I
HF (congestive heart failure)		1.17	CHF (congestive teart fakure)
lume		11	Narmar
ribible bowel syndrome		11	Intable bowal synchone
ncertinence		11	Incontinence
lencpause		11	Menopause
fot fashes		1775	Hot flashes
Devisianted Rolde		11	Evenated libdo
The Provide			Tacrona
lokacea		+++ Unarchive >>>	Rosacan

The complete process is shown on the following Archived Chronic Conditions template. A diagnosis is moved from the Chronic Problem List to the Archived List and then is moved back to the Chronic Problem List from the Archived List.



4. The Chronic Problem List needs the ability for each diagnosis to be highlighted if it has not been reviewed in a pre-determined amount of time.

- a. For instance, those diagnoses which are HCC and/or RxHCC diagnosis must be reviewed annually, if payment is to be received.
- b. The Chronic Problem List highlights those diagnoses in red until they have been evaluated to alert the provider that the diagnosis needs to be reviewed.
- c. Of course, any other reason for alerting the provider to review a Chronic Problem can be coded into the system. In fact, a color coded system can be built to where one need is highlighted in red while another purpose can be highlighted in another color.

PDM NURSE HISTORIES	HEALTH QUIZE				X-RAY <u>ASSESS</u>	PLAN PROC		
icule Assessments	Status		Chron	ie		Chier Compian	ns	Master GP
	<u></u>	_	Chron			i		Nursing
	[_	Chron			í –		- Histories
		Use	Chron	ic				
		Use	Chron	ic				Health
		<u>Use</u>	Chron	ic				Questionnaires
		<u>Use</u>	Chron	<u>iic</u>	Acute HCC Sco	re .	0.0	HPI Chief
			Chron	ic	Acute RxHCC S		0.0	Custom Deview
dditional Acute Assessments	Detailed Comments		_	_	Acute RXHCC S	core		System Review
hronic Conditions Archive Re-C	order Status	нсс	1		Total Acute Sco	re	0.0	Physical Exam
CHF Diastolic Chronic		Y	Y	HPI - 1,2				Radiology
Renal Stage II Chron Disease		Y	Y				2.2080	Plan
Hyperten Benign Essential		_ Y	Y	HPI - 3,4	Chronic HCC So			
Lipid Hyperchol Pure Type Ila		-	Y	un col	Chronic RxHCC	Score	1.1700	Procedures
DM II Renal Manifestat Control		- <u>Y</u>	Y	HPI - 5,6	Total Chronic So	core	3.3780	Chart Note
Angina Pectoris Stable		- <u>Y</u>	Y	HPI - 7.8				
Metab Cardiometabolic Risk Syn		- Y Y	Y	HPI - 7,8				
Esophagitis Reflux Amputation Above Knee Uncompli			Y	HPI - 9,10	HCC Not Assse	ssed This Year	2.2080	
Cardiac PTCA Stent			ľ	HF1 - 3,10	RxHCC Not Ass	sessed This Year	1.1700	
CAD Ischemic Heart Dis Chronic			Y	HPI -11,12	Total Net Assess	and This Mana	3.3780	
Anemia Unspecified			<u>⊢</u>		Total Not Asses	sed This Year	3.3700	
CAD Angioplasty PTCA Stent			Y	HPI - 13				
Zenker's Diverticulum	i		Ý			and into D	the state of the	
Hypomagnesemia	[1		HPI - 15	Assess	ments into Prol	biem List	
					General C	omments		
	1							
					Chronic C	ondition Comm	ents	

As you can see below, once the diagnoses in red are assessed, the red alert color designation is removed.

cute Assessments	Status				Chief Complain	te -	
CHIF Diastolic Chronic		Used	Chron	us:			Master GP
Renal Stage I Chron Disease		Use	Chron	ile .			Nuraing
Hyperten Benign Essential		Use	Chron	15			Histories
Lipid Nyperchol Pure Type Ita		10000	Chron				Heath
DM & Renal Manifestat Control			Chron				
	-	-	Chiron	100		-	Questionnaires
		- Carlos and and	Chron		Acute NCC Score	1.288	HPI Chief
ddtonal Acute Assessments	Detailed Comments	Use	Chron	115	Acute RxHCC Score	0.7280	System Review
hronic Conditions Author Be-	Status	HCC	-Rx		Total Acute Score	2.0140	Physical Exam
CHF Diastolic Chronic		Y	Y	HPI - 1.2			Radiology
Renal Stage I Chron Disease	1	Y	Y	- S.		14 14	Plan
Hyperten Benign Essential		19	Y	HPI-14	Chronic HCC Score	2.2080	0.0000000000000000000000000000000000000
ipid Hyperchol Pure Type Ita			Y		Chronic RxHCC Score	1.1700	Procedures
M I Renal Manifestat Control		Y	Y.	HPI-AB	Total Chronic Score	3.3780	Chart Note
Selected States	-	Y	Y	100000	THE COURT OF A		
Metab Cardiometabolic Risk Syn		Y	Y.	HP1-7,8			
Esophagitis Reflux		Y	Y		HCC Not Assassed This Year	0.9220	
Amputation Above Knee Uncompli		Y	Y	HP1 - 9.10	RoffCC Not Assessed This Year	0 ##2	
Cardiac PTCA Stent		<u> </u>		Distances 1		The second se	
CAD Ischemic Heart Dis Chranic		-	Y	HFI-11.12	Total Not Assessed This Veor	1.3640	
Anemia Unspecified		-	Y	HP1-12			
CAD Angloplasty PTCA Stent Zoniter's Diverticulum		-	Y	HP1 - 13			
fypomagnesemia		-	-	HP1-15	Assessments into Prob	lem List	
nypomagnesema		-		19911-12	General Comments		
		1		1			
		-					
	1	1	-				
		1					
		1	-		Chronic Condition Comme	and a	
	-	1		1	Chironac Conditions Commit	HILD.	
		-				1	
		-	-	f			

5. A means for copying a diagnosis from the Chronic Problem List to the Acute Assessment List for the current visit

- a. Once an accurate diagnosis has been established in the Chronic Problem List. a robust ICD-9 code list and certainly an ICD-10 code list with 150,000 options, can require unnecessary review to make sure that the diagnosis in the Acute Assessment correlates with the diagnosis in the Chronic Problem List. Therefore. must be a means for moving diagnoses from the Chronic Problem List to the Acute Assessment for the current encounter.
- b. SETMA accomplished this by placing buttons next to each space of the acute assessment. When the button is deployed, the Chronic Problem List appears in a new window. When the Chronic Problem being evaluated is highlighted by the provider, a copy of it is moved to the Acute Problem. This allows for consistency in what is being evaluated thus preventing the duplication of diagnoses, or the changing of a precise diagnoses to a more generic one.
- c. As we migrate to ICD-10 in 2014, accessing Acute Assessment diagnoses will be more complicated when you are drawing from a 150,000 element list. Being able to move an establish Chronic Problem from the Chronic Problem List to the Acute Assessment will make sure that you don't have multiple codes with slightly different meaning for the same condition.

When a provider wishes to move a Chronic Condition to the Acute Assessment, the "Use Chronic" button is clicked. Then the diagnoses is found on the Chronic Condition List. By clicking that diagnoses a copy, with all electronic functions attached, is moved from the Chronic Problem List to the acute assessment while leaving the Chronic Problem List unchanged.

PDM NURSE HISTORIES	HEALTH QUIZE	S HP	I RO	S P.E.	X-RAY	<u>ASSESS</u>	PLAN	PROCS		
Acute Assessments	Status	Use (Chronic				Chief C	omplaint	s	Master GP
		030	smome							Nursing
			Chronic				<u> </u>			Histories
) 		<u>Chronic</u> Chronic				l			Health
	ĺ		Chronic							Questionnaires
			Chronic		Acı	ite HCC Sco	ore		0.8090	HPI Chief
Additional Acute Assessments	Detailed Comments	<u>Use (</u>	Chronic		Acı	ite RxHCC \$	Score		0.2120	System Review
Chronic Conditions Archive Re-O	rder Status	нсс	Rx		Tota	Acute Sco	ore	Ī	1.0210	Physical Exam
COPD (chronic obstructive pulmonar		Y	Υ	HPI - 1,2						Radiology
CHF (congestive heart failure), NYHA		Y	Y						1 0050	Plan
AA Urea Cycle Metabolism Distubanc			Y	HPI - 3,4	Chr	onic HCC S	core		1.9950	
Urinary tract infection					Chr	onic RxHCC	Score		0.4660	Procedures
POAG (primary open-angle glaucoma			Y	HPI - 5,6				-	2.4610	Chart Note
ASD (atrial septal defect)					lota	al Chronic S	core		2.4010	l
Flapping tremor		Y		HPI - 7,8						

When "Use Chronic" is clicked the following pop-up appears. When a diagnosis is clicked it is copied to the Acute Assessment. This keeps the provider from having to search the ICD-9 or ICD-10 data base to find the same diagnoses.

Use Cł	nronic Condition for Acute Assessment
Click anywhere on the	chronic assessment you would like to use as an acute assessment for today's vis
	COPD (chronic obstructive pulmonary disease)
	en (congestive neart failure), in this class to
	AA Urea Cycle Metabolism Distubance
	Urinary tract infection
	POAG (primary open-angle glaucoma)
	ASD (atrial septal defect)
	Flapping tremor
	Hot thyroid nodule
	Askin's tumor
	OK Cancel

PDM	NURSE H	ISTORIES	HEALTH	QUIZES	HPI	ROS	P.E.	X-RAY	<u>ASSESS</u>	PLAN	PROCS		
Acute Asse COPD (chro	essments	e pulmonar,	Stat		Use Cl	nronic				Chief Co	omplaints		Master GP
					Use Cl								Nursing
					Use Cl					<u> </u>			Histories
I					<u>Use Cl</u> Use Cl					H			Health
			Í		Use Cl								Questionnaires
					Use Cl			Acu	te HCC Sco	re	0	.8090	HPI Chief
Additional A	cute Assessme	ents	Detailed Co		Use Cl	nronic		Acu	te RxHCC S	core	0	.2120	System Review
Chronic Co	nditions Arc	hive <u>Re-Or</u>	der Stat	us	нсс	Rx		Tota	IAcute Sco	re	1	.0210	Physical Exam
COPD (chro	onic obstructive	e pulmonar _.			Υ		PI - 1,2						Radiology
	estive heart fai		_		Y	Y					4	.9950	Plan
	cle Metabolisn	n Distubanc	<u> </u>			Y H	PI - 3,4		onic HCC So				
Urinary trac								Chr	onic RxHCC	Score	0	.4660	Procedures
POAG (primary open-angle glaucoma ASD (atrial septal defect)					Y HPI - 5,6		PI - 5,6	Total Chronic Sco			2.4610		Chart Note
								Tota	Total Chronic Score				
Flapping tre	mor				Y	н	PI - 7,8						

The Chronic Condition then appears in the Acute Assessment for that visit.

6. Rules for creating and using an effective Chronic Problem List

- a. Diagnoses cannot be typed into the Chronic Problem List, they must be chosen from an electronically created list which then interacts with other parts of the EHR particularly the billing and coding functions.
- b. The list must be reviewed periodically for accuracy. Generally, that periodicity will be at each encounter.
- c. Duplications and particularly contradictions in the problem list must be corrected, i.e.., if the patent has an above knee amputation on the right and the record says that it is on the left, that must be corrected. This is what we call "chart maintenance." It is no shame for an imprecise or incorrect diagnosis to be in the record; the shame is if the record is not regularly reviewed in order for such errors to be caught and/or for the record not to be corrected when the error is discovered.
- d. The reality is that because it is a function of human effort, medical records are only asymptotically approaching perfection. That is the goal and it should be continually pursued as the ideal. Imperfection must never be accepted or tolerated, even though we know that perfection is rarely achieved.
- e. The creation, maintenance and reconciliation of a complete, valid and current Chronic Problem List is a team effort.