Standardizing Problem Lists in Physician Practices

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As the healthcare industry moves closer to patient-centered care, one of the most important tools for physicians is a standardized problem list. A well-designed process for capturing patient problems as they are treated and resolved (or not) has dual benefits.

First, the problem list organizes and prioritizes health conditions in an at-a-glance format. Second, it engages the patient in a meaningful dialogue to discover additional problems and update and correct information in the record that may be shared with other physicians or caregivers.

Problem lists are certainly not a new idea. However, today technological advances are available to support their use, keep them current and sharable, and make them more effective than ever for physician documentation.

In standardizing their problem lists, physician practices must take several factors into consideration.

Problem List Standards Enable Secondary Data Use

The meaningful use program provides incentives for physicians who use electronic health records in meaningful ways, including the use of standardized nomenclatures and code sets to describe clinical problems and procedures, medications, and allergies.[1] In order to receive the incentives, physicians must adopt standards for the format and management of problems. Adopting standards allows practices to capture data once, then repurpose it for additional care episodes, even when care is provided by another clinician or even a completely different care setting.

Physician practices can use emerging exchange standards designed to share problem lists with patients and other care providers along with content used for data capture. Privacy and security standards also assure the patient that personal health information stored in these lists is never available to unauthorized parties.

Engaging Patients on Problem Lists

Patient engagement is also necessary in the development and proper use of problem lists. A recent article in the *New England Journal of Medicine* describes a case where the lack of an entry on the problem list affected reminder alerts within the electronic record system, which led to an adverse outcome in the patient. Engaging the patient in a collaborative review of the problem list and updating it often triggers insight into past history or conditions that affect current care.[2,3]

In this unfortunate case technology was available to remind physicians about preventive care and other information pertinent to good care. However, the condition was simply not included in the problem list.

Sharing health records with the patient or caregiver frequently triggers further conversations that may affect future health status.

A good analogy is a visit to an automotive repair shop, where the mechanic reviews with the customer a checklist of the items examined. This clear communication ensures that the mechanic and car owner have the same understanding of the car's condition and informs the car owner exactly what was or was not examined. If trouble was spotted, the review begins a discussion on the options for remedy.

Patient review of problem lists allows the physician to add or remove conditions that are useful for both current and future cases. Lists provided to the patient may also encourage research about the patient's problems and provide an incentive to be compliant with medications or other treatments prescribed, resulting in better outcomes.

Considering Workflow, Content, and Encoding

The development of problem lists must be built into normal clinical workflows for patient assessment and care. Problem lists will be ineffective unless they are fully integrated into other documentation processes and procedures. This takes planning and organization to determine how the information is managed during care visits and how it is prepared for information exchange with others.

Although diagnosing a patient is a physician's responsibility, allied health staff in physician practices play a significant role in the usefulness of problem lists by reviewing entries for consistency with other record entries and updating when transient problems are resolved.

Although there are no authoritative or mandated formats or content requirements for problem lists per se, it is recommended that physicians who frequently share patients (primary care physicians and surgeons, for example) adopt a standardized approach to support information sharing, including facilitating access for the patient or his or her advocate.

Encoding problems supports information retrieval and assists with reporting, billing, and other administrative needs by linking the content to standard terminologies. Discrete data are useful for capturing information once and then repurposing it later.

SNOMED CT is an excellent choice for encoding clinical problems, and linking SNOMED CT terms to ICD and CPT/HCPCS codes can make the billing and claims process more efficient.

The American Academy of Family Physicians offers the "Patient-Centered Medical Home Checklist," which prompts physicians to ensure their care plans reflect an updated problem list, a current medication list, and patient-oriented goals and expectations.[4] This is a recommended standard approach all physician practices should consider adopting to organize patient records for efficiency while establishing an excellent service rapport with patients.

The online version of AHIMA's September 2011 practice brief "Problem List Guidance in the EHR" includes a sample policy and procedure template to help physician practices develop and use effective problem lists.[5] The template provides a policy statement purpose and definitions to standardize the form and content to support information exchange between care providers and the patients they serve.

Standardizing problem lists for physician use is a giant step forward in engaging patients in their care.

Notes

1. Centers for Medicare and Medicaid Services. "CMS EHR Meaningful Use Overview." www.cms.gov/ehrincentiveprograms/30_Meaningful_Use.asp.
2. Gandhi, Tejal K., Gianna Zuccotti, and Thomas H. Lee. "Incomplete Care-On the Trails of Flaws in the System." *New England Journal of Medicine* 365, no. 6 (Aug. 2011): 486–88.
3. Tuchin, Alexander, Maria Shubrina, and Tejal K Gandhi. "NLP for Patient Safety: Splenectomy and Pneumovax." *Proceedings of the AMIA 2010 Annual Symposium*, November 13–17, 2010: 1282.
4. American Academy of Family Physicians. "Patient-Centered Medical Home Checklist."
5. AHIMA. "Appendix B: Sample Policy and Procedure Template." In "Problem List Guidance in the EHR." *Journal of AHIMA* 82, no. 9 (Sept. 2011). Web extra. Available online in the AHIMA Body of Knowledge at www.ahima.org.

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