

Problem Lists Across Organizations: Implications for Design and Implementation

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Background Information

- Can we all agree on a definition?
 - Ongoing management issues
 - Undiagnosed Symptoms / Results
 - Why is a problem list content so debated?
 - Different approaches between EHRs
 - Who owns and manages the problem list? IP vs Amb.?
 - What do we know about problem list content?
 - Filled with non-problems
 - Missing key problems
- Very
Controversial**

EHRs Approach Problem Lists Different

	Encounter Dx		Problem List		PMHx
Epic	DM	→ <i>Manual</i>	DM	→ <i>Manual</i>	DM
Cerner	DM	→ <i>Manual</i>	DM	→ <i>Automatic, only when resolved</i>	DM
GE	Encounter = Problem List DM				Free text DM <i>Manual Retype</i>
eCW	DM	→ <i>Automatic & Manual</i>	DM	→ <i>Automatic & Manual</i>	DM

Does PMHx mean problems which were in the past (i.e. everything) or problems which are passed (i.e. resolved)?

Data and Analysis

	Cedars-Sinai Amb.	Cleveland Clinic Amb. & IP	Memorial Hermann Cerner(IP) GE(Amb)						
			<table border="1"><tr><td>92%</td><td>74%</td></tr><tr><td>} 8%</td><td>24%</td></tr><tr><td>(Cerner IP)</td><td>2% GE(Amb)</td></tr></table>	92%	74%	} 8%	24%	(Cerner IP)	2% GE(Amb)
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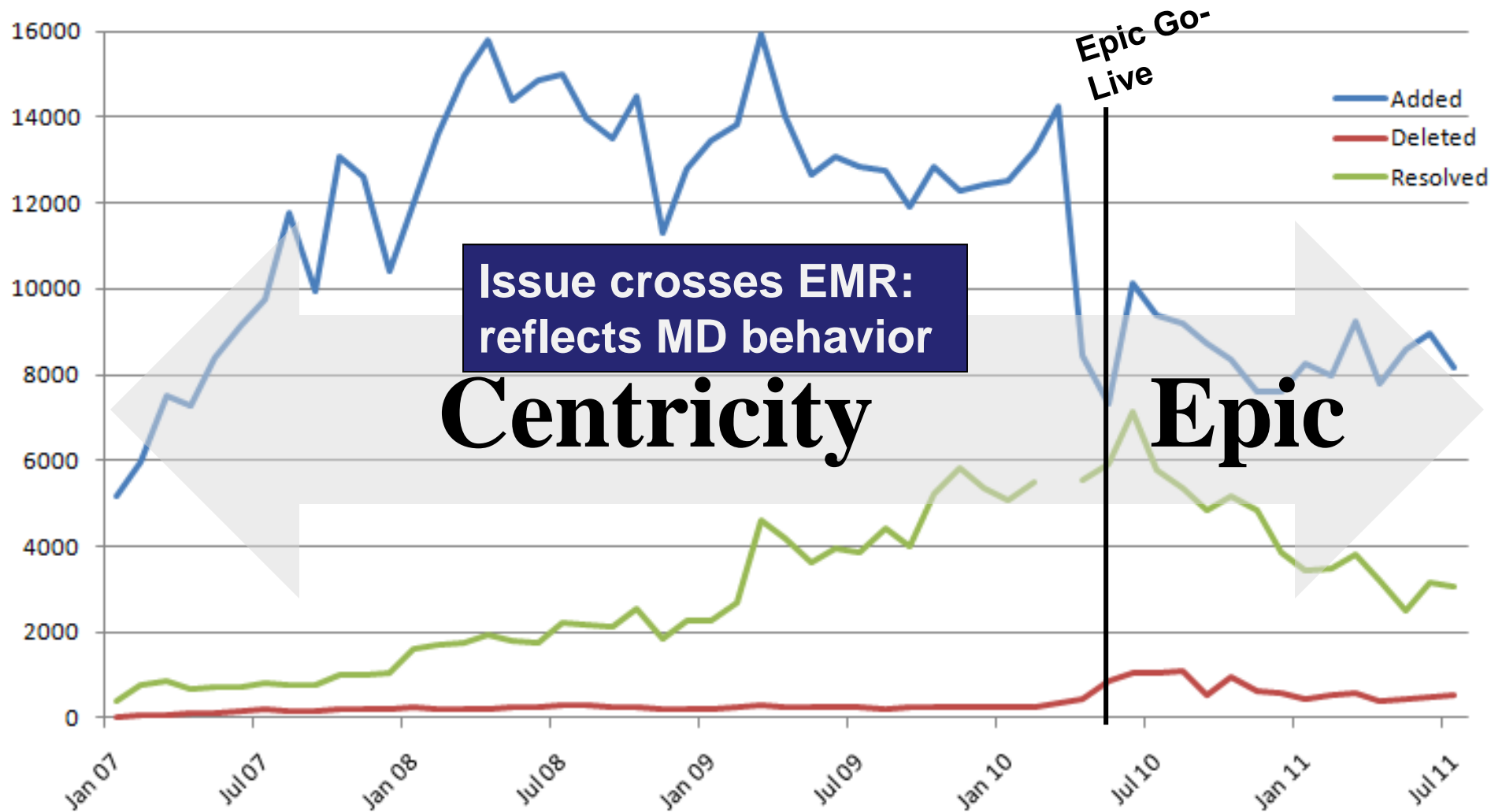
Problem List Clean-Up (GE to Cerner)

- Removed 30-40% of problems
- Physicals, Acute problems (URIs), Family Hx

Problem Lists Changes

Added, not resolved or deleted; lists get longer

Cedars-Sinai Outpatient Problem List Changes



Issue crosses EMR:
reflects MD behavior

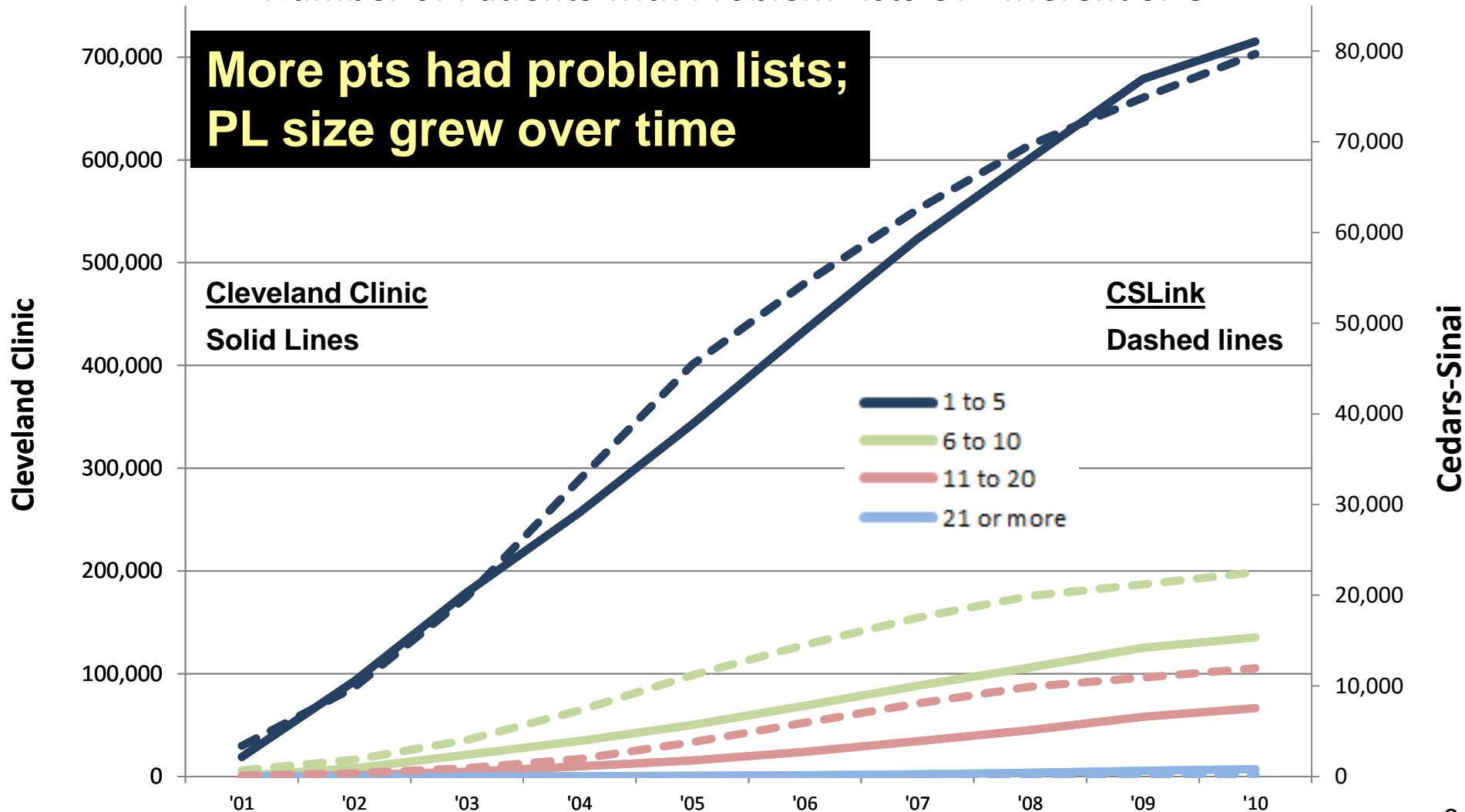
Centricity

Epic

Epic Go-Live

Problem List Size Over Time

Number of Patients with Problem Lists Of Different Size



Issues Affecting PLs

- Non Problem V-Codes
- Acute Problems
- Duplicate ICD-9s
- Expired ICD-9s
- Two Active, Same Med
- Symptoms to Diagnosis
- NOS/NEC on List
 - Longer lists have more issues
- Similar ICDs
 - Longer lists are
 - ICD-10 will make

Physical Exam

169,000 Patient Lists

Sinusitis, UTIs

Problem
List Size

HTN twice

1 to 5

BPH (expired)

6 to 10

HIV & h/o HIV

11 to 20

Colon CA

21 or more

Screen for Colon CA

HTN, NOS & NEC

Basic ICD-9: First 3 numbers

Ex: - 477 is all allergies

- 477.2, 477.8, 477.9 on list

Measles Outbreak at Memorial Hermann

(In the EHR only)

Is this practice good or bad?

Measles (4) Chickenpox (4)
Mumps (4) ADHD (3)

Hemorrhoids (6)
Prostatitis (6)

B12 Def. (4) Hypothyroidism (4)

Hypothyroidism (6) ADHD (3)

Erectile Dysfx (6)

Mood D/O (6) Chest Pain (6)
ADHD (3)

Positive ANA (4)

Hyponatremia (6)

Opiod Dep. (6)

High Risk Sex Beh. (6)

Strep. Throat (6)

ADHD (4)

Prediabetes (6)

CRF III (6)

Prediabetes (6)

Measles (4)
Mumps (4)
Chickenpox (4)
Hashimoto's (4)

CRF III (6)

CRF III (6)

Strep. Throat (6)

Erectile Dysfx (6)

B12 Def. (4)
Hypogonadism (4)

Hypothyroidism (4)

ADHD (4)
B12 Def. (4)

Neuropathy (6)
Mood D/O (3)

High Risk Meds (6)

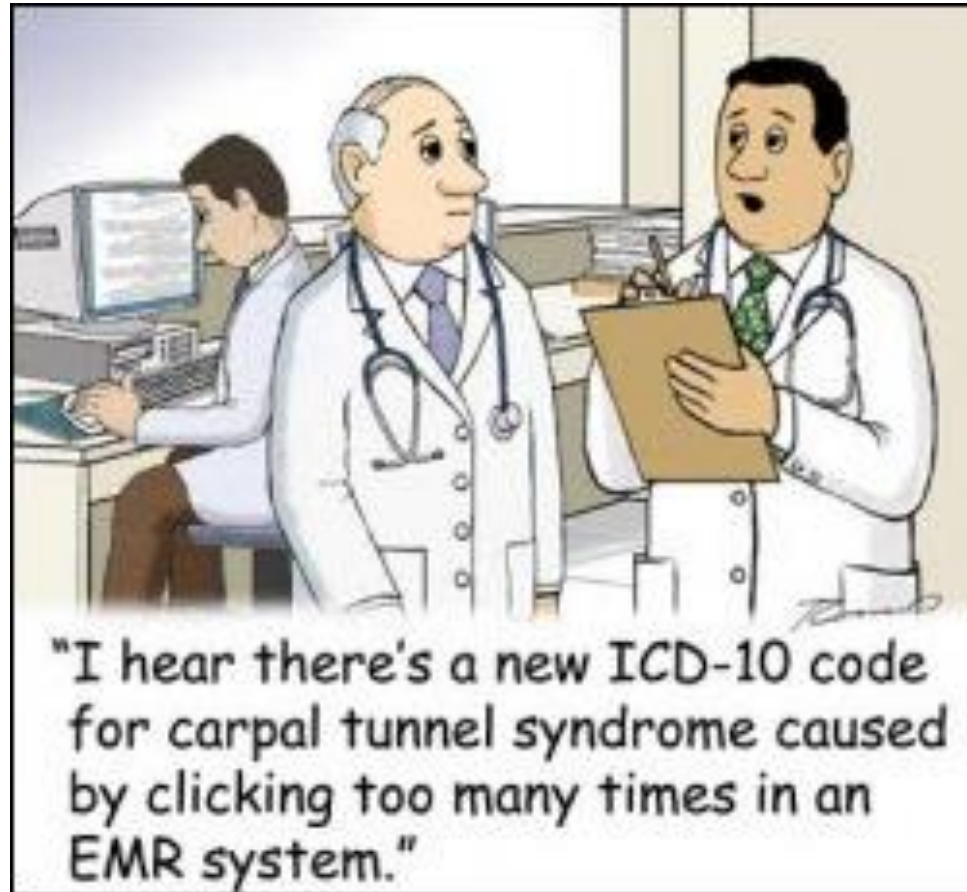
SVT (6) Positive ANA (3)

Parentheses are the number of standard deviations above the mean

Conclusions and Questions

- Variable EHR designs & providers use is corrupting PLs
- Results in long, increasing useless lists (& outbreaks)

Questions



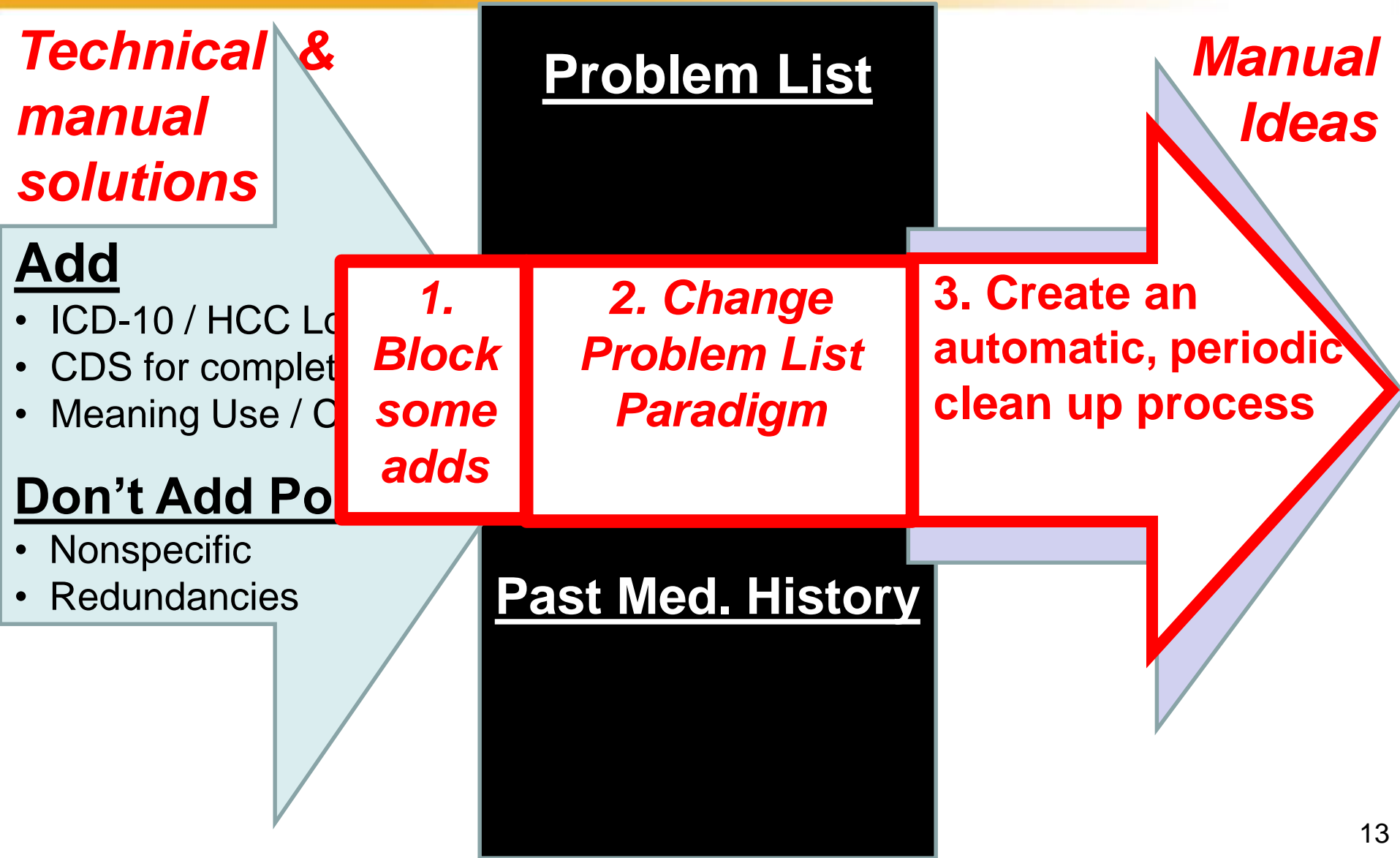
Thanks to the Cleveland Clinic, Cedars-Sinai and Memorial Hermann for allowing me to share their data

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Additional Slides if Needed

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Solutions: Better Approach



Incomplete Problem Lists

- What percent of problem lists capture issues?
 - 78.5% Breast Cancer
 - 61.9% Diabetes
 - 50.7% Hypertension

A Wright et al., 2012

CDS can assist to add missing problems
- Memorial Hermann ambulatory problem lists
 - 9% of pts are obese (>50% in Texas)
 - 50% of pts taking Phentermine are not Obese on PL
 - 50% of pts taking insulin are missing Diabetes
 - 60% of pts taking Adderall are not listed as having ADHD

Effect of ICD-10 on Problem Lists

Cleveland Clinic Duplicates or Similar Codes Placed on Problem Lists

Examples: 250.00 on list 2x or HTN NOS & NEC

ICD-9 to IMO: 13,000 to 60,000 diagnoses

ICD-9 to ICD-10: 13,000 to 68,000 diagnoses

Expect ICD-10 (and IMO) to cause problem lists to greatly increase in size.

