



THE
PROBLEM LIST
TOOLKIT

INTRODUCTION

In the days of the paper medical chart, what served as a ‘problem list’ was fairly unstructured. Clinicians would often flip through a patient’s record before an appointment and jot down pertinent information on a piece of paper or index card to quickly get up to speed. These notes-to-self were easy to generate, and they held high-yield data points – perfect for the busy schedule of a provider.

But the rise of electronic health records (EHRs) made this system obsolete. EHRs, after all, were designed for billers and coders, and this starting point meant that optimizing the *digital* problem list was, at least initially, a low priority.

Successfully adapting the EHR so that it also worked for clinicians required – among other things – the integration of a foundational clinical terminology* into the overall system. Indeed, the right terminology, accurately mapped to the right standardized codes, is what allows doctors to “speak doctor” – or, put simply, the ability to find and select the term *broken leg* in the chart instead of typing in the code *S82.90XA*.

And while a foundational clinical terminology helps much of today’s EHR work for the many stakeholders who use it each day, the problem list still doesn’t always function as well as it could. Despite ongoing efforts, challenges like organizational and integration issues; a dearth of problem list governance strategies; and frustration with HCC capture continue to plague the modern problem list.

With this toolkit, we get to the heart of these concerns and provide resources to help practices and health systems of all sizes make their problem lists far less problematic.

***FOR BONUS RESOURCES ON
CLINICAL TERMINOLOGY,
FLIP AHEAD TO PAGE 6**



CHAPTER 1

INFORMATION INTEGRATION

THE PROBLEM

When indoors, we mostly rely on electrically powered lights to make our way around. But every now and then – like during a power outage or when searching in a dark cupboard or under the sink – we need a little extra light to find what we need. Thankfully, (if we know where we've stored them), flashlights are there to help.

Similarly, clinicians, can sometimes find themselves in the dark when searching through the patient record. If important information about a patient's diagnosis – like recent test results or related medications – isn't integrated into the problem list, it means providers must hunt through other parts of the EHR to get up to speed on a patient's condition. And without a figurative flashlight, it can be hard to find your way.



THE FIX

When the problem list is also problem-oriented, information is more complete and robust. Providers can see not only diagnosis or disease information, but also the important data associated with a patient's condition. Put simply, knowing that a patient has diabetes is a start. But knowing what medications they're currently taking to manage their disease – along with current test results – opens the aperture, arming clinicians with the right tools for the job before they enter the clinic or exam room.

ENHANCE YOUR TOOLKIT

[Making the medical problem list problem-oriented](#) | *Article*

Take a closer look at how to improve problem list management with tools that help clinicians to organize information and filter for the most important material first.

MORE RESOURCES

[Problem-oriented filtering with IMO Core](#) | *Video*

[Best practices for improving clinical workflows in your EHR](#) | *Webinar*



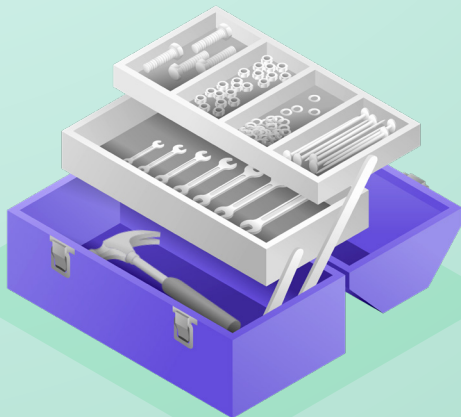
CHAPTER 2

AN ORGANIZED LIST

THE PROBLEM

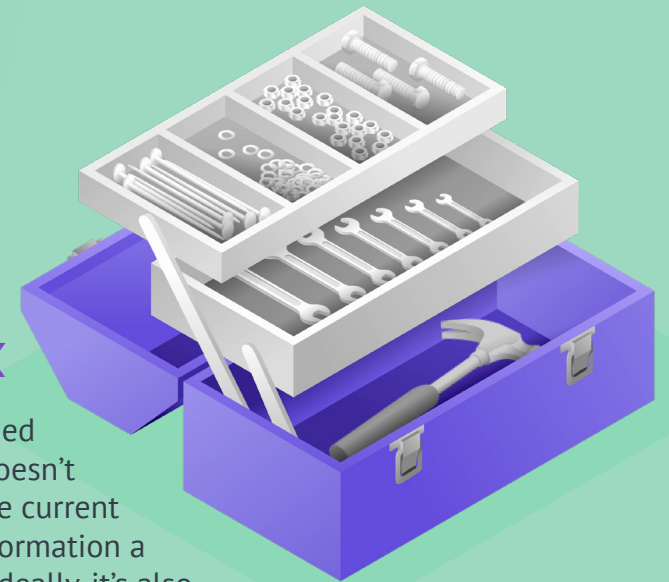
One of the key features of a healthy and useful problem list is the ability to present information in a way that makes relevant data easy to find. But the obstacles to achieving this goal are two-fold. First, the problem list is often cluttered with outdated and redundant entries, forcing clinicians to hunt for the information that really matters. Secondly, the problem list is often just that – a list – presented without regard for the purpose of the visit or the specialty of the clinician.

Think of the problem list like the jumble of items at the bottom of a toolbox. Sure, if you need a screwdriver, nail, or Allen wrench it's probably in there somewhere. But it would be so much easier to find if a tray with discrete compartments kept those items neatly grouped and organized.



THE FIX

A well-managed problem list doesn't only include the current and relevant information a clinician needs. Ideally, it's also arranged and categorized to help providers see the diagnoses relevant to their specialty in a streamlined way. When all the dermatology-specific diagnoses or orthopedic-only visits are grouped together within the problem list it's a tool working for, not against, clinicians.



ENHANCE YOUR TOOLKIT

[Making the problem list an effective clinical tool](#) | Webinar

Learn about best practices for problem list maintenance, which can positively impact the physician experience, clinical workflows, and patient care.

MORE RESOURCES

[An unlikely remedy: How technology can alleviate the clinician HIT burden](#) | eBook
[Problem list management IMO Core](#) | Video

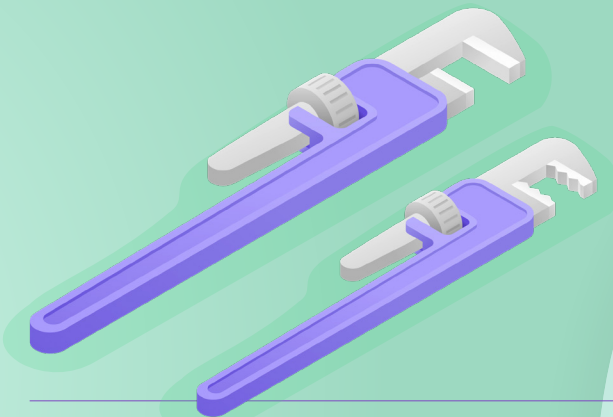
CHAPTER 3

ACCURATE HCC CAPTURE

THE PROBLEM

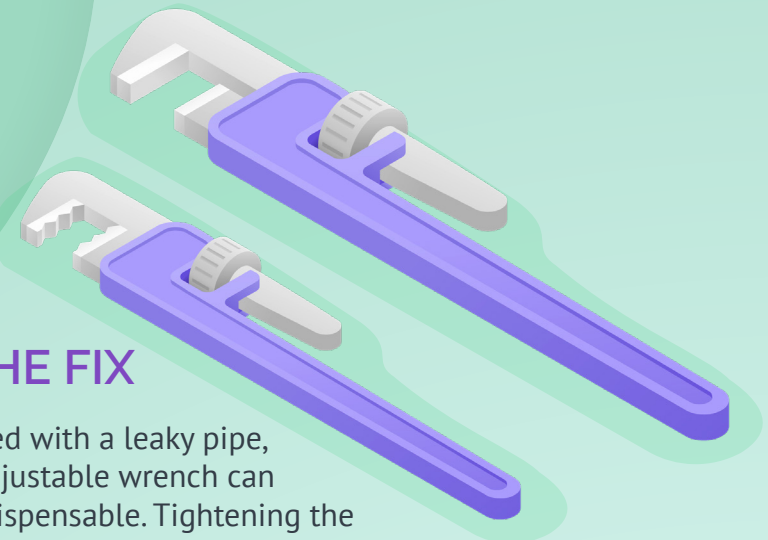
Accurate medical code capture is an essential part of securing proper reimbursement. It begins with the ability to document in the problem list with specificity, then – with the help of a robust clinical terminology – connects the clinician’s words to the right billing codes behind the scenes. It’s a process that’s important not only for discrete patient problems, but also when calculating reimbursement for Hierarchical Condition Categories (HCCs), where care is more complex and inter-related.

Yet despite the importance of documenting HCCs, doing so can be a challenge. Without a mechanism to identify these conditions, HCCs are easy to miss – leading to a drain on reimbursement. Think of it like a leaky sink that allows HCC dollars to simply drip, drip, drip away. (Time to grab that flashlight from chapter one and take a closer look at the pipes.)



THE FIX

Faced with a leaky pipe, an adjustable wrench can be indispensable. Tightening the joints may be all it takes to save the day – and the expense of hiring a plumber. For providers struggling to stem the costly trickle of unidentified HCC codes, a third-party tool built to recognize and flag potential HCCs in the problem list can be equally invaluable. Leveraging such a solution can help clinicians and health systems to get paid in a timely manner and keep reimbursement dollars flowing – in the right direction.



ENHANCE YOUR TOOLKIT

[Get the right reimbursements for high risk patients](#) | *White paper*

Gain a better understanding of the importance of documenting HCCs; how to best capture HCCs in your EHR; and how to make Medicare Advantage a profitable part of your organization.

MORE RESOURCES

[How to better identify HCCs in the EHR](#) | *Webinar*

[A guide to HCCs for CMS and HHS](#) | *Guide*

[Undercoded and underpaid: Making it easier to document to optimize reimbursement](#) | *Webinar*

CHAPTER 4

A GOVERNANCE PLAN

THE PROBLEM

Once solutions that integrate, organize, and identify important patient information have been implemented, making the most of the problem list should be straightforward. However, just like the most elegant of homes can get messy without maintenance, regular additions and revisions to the problem list can clutter that space as well.

Since caring for a patient often requires the involvement and input of multiple providers, keeping track of that activity is bound to get complicated. For example, busy clinicians may not consider it a priority to double-check if new notes or entries are repetitive. Similarly, they might not have the time to tackle the disorder of old, outdated, or irrelevant data. But even when these important tasks are top of mind, just who is responsible for the work is often unclear.

In short, given all the people who work in the problem list, even the best technological solutions will fall flat without clear rules of engagement.



THE FIX

Much like a vacuum used to tidy the disarray of daily living, the problem list requires a thoughtful governance plan to keep it in tip-top shape. While the development of such a strategy can be time consuming and – at times – challenging, it is a worthwhile endeavor for the many stakeholders involved. After all, knowing who is accountable for specific review and cleanup tasks – and assigning them in kind – ensures that the well-kept problem list is also a sustainable one.



ENHANCE YOUR TOOLKIT

[Creating a problem list governance strategy](#) | *Guide*

The problem list is everyone's problem, but whose job is it to fix? Explore four key considerations when formulating a governance strategy for your organization.

MORE RESOURCES

[Stop running from your problem list](#) | *Webinar*

[What lies ahead for the EHR's problem list](#) | *Webinar*

CONCLUSION

For many who spend their days using EHRs and point of care systems, the problem list presents its fair share of problems. While frustrating, it's important to know that solutions exist to help address systemic issues, simplify workflows, and save time and money in the long run.

IMO has spent decades building and refining solutions that make problem lists work for a wide range of providers – from complex health systems to small physician groups.

Learn how [IMO Core](#) can help your organization, or for related on-demand webinars, articles, and other resources, visit the [IMO Ideas blog](#).

BONUS!

CLINICAL TERMINOLOGY RESOURCES

[A different kind of Rosetta Stone: The pivotal role of clinical interface terminology in healthcare](#) | *White paper*

[Specificity is the new black: A guide to getting greater reimbursement](#) | *White paper*

[The clinical terminology behind the health IT curtain](#) | *Article*

Intelligent Medical Objects

Intelligent Medical Objects is a healthcare data enablement company that ensures clinical data integrity and quality—making patient information fit-for-purpose across the healthcare ecosystem, from hospitals to health information exchanges to payers, and beyond.

IMO's vast footprint in EHRs powers our ability to capture and preserve clinical intent at the highest level of specificity. Our secure technology platform and products then help our clients to transform and extract the greatest value from their data.

In short, IMO is the catalyst that enables accurate documentation, precise population cohorting, optimized reimbursements, robust analytics, and better care decisions to optimize patient outcomes.

Contact us at sales@imohealth.com or **847-272-1242**.



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