Problem List Job Aide and Best Practices

What is the Problem List?
- The Problem List is the central place for clinicians to obtain a comprehensive and concise view of all the patient’s medical problems.
- It is the primary means in the Electronic Medical Record (EMR) for communicating important aspects of the patient’s ongoing care across all areas of patient care and is a central part of their care plan over time.
- The problem list is shared by all ambulatory and inpatient care team members. However, it should be thought of as belonging to the patient.

Who should use the Problem List?
- Any clinician who is a member of the patient’s care team as long as this is within their area of expertise and scope of practice
- The patient’s attending physician or designee (e.g., resident, fellow, PA, CRNP) during the inpatient admission and discharge processes
- Specialists and Primary Care providers during the course of an ambulatory visit
- Any Trainee while in consultation with the patient’s attending physician

How should the Problem List be used?
- Clinicians who have access to Epic are responsible for:
  - Adding active problems missing from the problem list
  - Changing or Modifying problems (refining from generic to more specific)
  - Deleting duplicative or inaccurate problems
  - Resolving active problems
  - Moving resolved problems to patient history

What are the benefits of using the Problem List?
- Compliance with regulations such as Meaningful Use
- Best Quality Care
- Highest measure of patient safety

What are some general Guidelines that can be used to develop policies and procedures for the Problem List?
- Problem lists are not optional (Required for meaningful use)
- Problem lists must be accurate
- Problem lists must be standardized to ensure that clinical decisions can be made during the patient encounter
- Problem lists must be updated during every encounter
- Problem lists must detail the appropriate diagnoses and/or symptoms or findings that warrant current or future encounters
- Problems must be refined from generic to more specific as problems become more specific and a diagnosis is made
- Problem lists must include active problems
- Duplicative or inaccurate problems must be deleted from the problem list.
- Ownership for updating the problem list must be established
What are some Best Practices for updating the Problem List?

- **Best Practices for Adding Problems**
  - Any problem or condition that has an active plan of care should be added to the problem list.

  - Examples of problems that belong on the Problem List:
    - **Chronic medical problems** including behavioral health
      - (e.g., Diabetes Mellitus Type I, G6PD Deficiency, Cerebral Palsy and Depression)
    - **Recurring acute medical problems** requiring evaluation or treatment
      - (e.g., Recurring Urinary Tract Infections)
    - A condition that does not require treatment, but may have an impact on treatment decisions and result interpretation
      - (e.g., “asplenia”)
    - Risk of a disease that confers significant health risk to the patient
      - (e.g., Family History of Malignant Hyperthermia)
    - Any problem requiring the ongoing use of scheduled or PRN medications
      - (e.g., Migraines, Lower Back Pain)
    - **Positive screening tests** that will have an impact on continuing care, medications ordered/prescribed or disease risk
      - (e.g., Prolonged QTC discovered on an ECG)
    - **Disabilities** that require ongoing assessment, therapy, or management
      - (e.g., Hearing and/or visual impairment, cognitive impairment)
    - An acute symptom while under active evaluation for a diagnosis
      - (e.g., Headaches, abdominal pain)
    - **Inpatient short-term problems**, which can often be resolved before or at discharge
    - Problems that would be documented as an Encounter/Visit Diagnosis in the Ambulatory setting may be appropriate as a hospital problem when admitted, with potential resolution on discharge
      - (e.g., fever, UTI)
  
  - Examples of problems that **DO NOT belong** on the Problem List:
    - **Acute minor ambulatory problems** which are likely to be resolved by the next visit
      - (e.g., URI, AOM)
    - Learning barriers/education needs
    - Parent/caregiver concerns
    - Custody issues
    - Procedures
    - Health maintenance topics (e.g., well child care)

- **Best Practices for Resolving Problems**
  - Acute problems that have resolved and do not impact future care should be “Resolved” with no further action taken.
  - Problems that continue to require follow up care should NOT be resolved.
  - Resolving hospital problems at the time of inpatient discharge is at the discretion of the discharging clinician.
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- It is acceptable to resolve a hospital problem at the time of discharge even though full clinical resolution is anticipated, but has not yet taken place
  - (e.g. status asthmaticus, UTI, vaso-occlusive crisis)
- Click on the Resolve button to resolve a problem or enter a Resolved Date in Details window

**Best Practice for Moving Problems to History**

- Acute problems that have resolved but are significant events (e.g. requiring hospitalization) or have an impact on future care should be resolved and filed to Past Medical history
- Click on the symbol, then select “Move to Past Medical History” or click on the button in the Details window to move a problem to history

**Best Practices for Changing or Modifying Problems**

- Changes to an existing problem within the problem list should be modified with a change in name to reflect the new problem
  - (e.g. “recurrent splenic sequestration” becomes “asplenia” after resection)
- If diagnosis refinement (generic to more specific) is needed, use the button to modify the problem
  - For example, a patient with a Problem List diagnosis of “heart murmur” who then undergoes echocardiography and is diagnosed with a VSD no longer has an uncharacterized heart murmur. Therefore, the problem of “heart murmur” should be changed to “VSD”.
- Changes to a patient’s problem or treatment plan received from outside consultant letters or lab/radiology results should be modified to reflect the new information
- Significant changes to a problem that is co-managed by multiple providers (i.e. a primary care physician and specialist) should be communicated to the Service/Provider who primarily manages the problem
- By modifying or changing a problem instead of deleting and adding you can maintain other elements that may be unchanged such as Overview comments

**Best Practices for Deleting Problems**

- Deleting is NOT equivalent to resolving a problem
- A problem should be deleted:
  - if it was entered in error
  - if medical workup reveals a patient does not have the problem in question
  - in the event of duplication or confusing overlap between problems (e.g. heart murmur & VSD)
- Deleted problems are identified in Epic by a strikethrough line through the problem name
Best Practices for viewing and organizing Problems in Epic

- Use **List View** and **Show** Options to sort, filter and view additional information in the Problem List view.

- **Select** in the upper right hand corner of the Problem List to view a patient’s **Past Medical History** (PMH).

- By Selecting the **button** located in the upper right hand corner next to the **Show Past Problems** box, more options are available to help organize the Problem List view.

- The problem list view can be **filtered** by problem type or status by selecting the Hospital or Status filter box:
  - **Hospital**: View problems treated during the current admission
  - **Status**:
    - **Active**: View current problems for the patient
    - **Resolved**: View problems that are no longer an issue for the patient
    - **Other**: View problems found in a patient’s Past Medical History (PMH)

- Additional information can be viewed in the Problem List by selecting the following filter boxes:
  - **Deleted problems**: View problems that have been deleted such as duplicative problems or problems entered in error
  - **Non-hospital Problems**: View problems that are not being treated during the current admission
  - **Multidisciplinary**: View interdisciplinary interventions such as safety, along with associated goals. These issues appear only for the duration of the inpatient stay and do not crossover to other episodes of care.
• Best Practices for documenting Overview comments and Details in Epic

- Use the Overview section in the Problem List to document additional details about the problem such as:
  - information about a problem that came from an outside source
  - the current active care plan for that problem
- Use the Details section to:
  - document additional details in the Display Field
  - document the Resolved date
  - select Hospital and Principal Problem

• Best Practices for using Epic SmartTools to document Problems within a note
  - Use the following Epic SmartPhrases to document Problems within a note:
    - Type .HPROB to list Active Hospital problems within a note
    - Type .PROBR to list Active and Resolved Hospital problems within a note
    - Type .PROBL to list Hospital and Non-hospital problems within a note