## eStar Problem List: Definition and Expectations

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## Date: May 17, 2019

## The Problem List is an essential component of each patient’s medical record that all providers caring for a patient are expected to update and manage. An accurate Problem List in *e*Star will support excellent clinical care and documentation.

## Definitions

## Problem List: the electronic list of diagnoses and conditions that have an impact on current and future medical care.

**Past Medical History (PMH):** a comprehensive catalog of all significant historical medical problems.

**Past Surgical History (PSH):** a comprehensive list of all past procedures and surgeries.

**Visit Diagnosis:** any diagnosis addressed during an ambulatory encounter, which may or may not have an impact on future medical care.

**Problem List Management**

1. Providers in ambulatory, perioperative, and hospital settings should actively manage the Problem list.
2. Problem List management includes adding, changing, deleting, and resolving problems.
	1. **Add**: updating the Problem List to include a new or missing problem.
	2. **Change:** refine an entry on the Problem List to a more specific and accurate problem or diagnosis.
	3. **Delete:** removing an entry from the Problem List that may have been entered in error or as a duplicate.
	4. **Resolve:** updating the status of a problem that is no longer active or not expected to impact future medical care; these problems will be removed from the Problem List but may be accessed and reactivated if clinically appropriate.
3. Other clinical staff may add medical diagnoses that have been made and documented by a provider in *e*Star or communicated directly from a provider or patient to other clinical staff. Clinical staff should not change, delete or resolve a problem that has been previously added by a provider.
4. Providers should update the Problem List as follows:
	1. Ambulatory settings
		1. When a visit diagnosis represents a problem (i.e., a diagnosis or condition that impacts future medical care), it should be added to the Problem List. Billing diagnoses that do not have clinical relevance (e.g., encounter for occupational therapy) should not be added to the Problem List.
		2. A problem does not have to be submitted on a billing claim as a visit diagnosis in order to be added to the Problem List.
		3. When a clinically significant problem is identified through a diagnostic test (e.g., a biopsy, endoscopy, radiology study), it should be added to the Problem List.
	2. Hospital settings
		1. The provider who writes the admission note should reconcile the Problem List. This should be performed on the day of admission, or no later than 24 hours after admission.
		2. The provider who discharges the patient should reconcile the Problem List (i.e., add, change, delete, resolve problems) at the time of discharge.
		3. Providers who are consulted on a patient’s care should update the Problem List (i.e. add, change, delete, resolve problems) within their scope of practice.
5. Self-limited problems should not remain on the Problem List. Problems specific to a hospital stay, procedure, or clinic encounter should be marked as resolved if no ongoing follow-up care for the problem is necessary.
6. When abstracting history, clinically significant problems that are not actively being managed or monitored and do not impact current or future medical care should be added to the PMH but not the Problem List.
7. New problems should be added to the Problem List by the provider making the diagnosis or reviewing outside documentation of a problem.
8. Surgical procedures may be included in the Overview section of the corresponding diagnosis.
	1. Surgical procedures should also be listed in the PSH.
	2. In acute situations, a surgical procedure may be listed on the Problem List and then marked as resolved upon completion of post-operative care.
	3. Significant post-surgical states (e.g., transplant status, heart valve replacement, amputation) should be permanently included on the Problem List.
9. Providers should change the problem to the most specific diagnosis supported by clinical indicators and clinical judgment.
10. Every effort should be made to be specific and complete with relevant dates and comments when available, particularly when updating the PMH and PSH.
11. The Overview section should be used to provide historical highlights, status of evaluation, or additional key information for each problem.
	1. Providers should not delete information entered by a provider of another specialty who is managing that problem.
	2. The Overview section should not be used for a daily assessment and plan note.

**Using the Problem List, PMH/PSH, and Visit Diagnosis**

Each list serves a purpose, but there will be overlap between lists for certain diagnoses and conditions. All lists should be maintained, and all providers are responsible for ensuring accuracy and completeness. Appropriate use and differentiating features are as follows:

1. The Problem List is used for ongoing patient management, both inpatient and outpatient.
2. Evaluation and management services require documented review of the PMH, rather than the Problem List.
3. Prior medical diagnoses that are no longer active and are unlikely to impact current or future medical care are included in the PMH and not the Problem List.
4. Active medical diagnoses should be recorded in the Problem List. Active, chronic conditions may also be included in the PMH at the provider’s discretion.
5. The PMH should not include self-limited and temporary problems, symptoms, insignificant problems, or remote historical problems without continued importance.
6. The Visit Diagnosis list should include any diagnosis addressed during an ambulatory encounter which will be used for billing purposes or ordering of tests/procedures.

**Recommended Documentation of Diagnoses and Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | ***Active* Medical Diagnoses** | ***Prior* Medical Diagnoses** | **Surgical Procedures** |
| **Problem List** | **YES** | NO, unless impacting future medical care |  SOMETIMES 1. Major surgical procedures that require lifelong monitoring should be listed in the Problem List.2. During a hospitalization, a surgery may be listed as a hospital problem. Typically this would be resolved at discharge or upon completion of post-operative care.3. Otherwise, surgical procedures should not remain on the Problem List.  |
| **Past Medical History** | **YES at Provider Discretion**  | **YES** | NO |
| **Past Surgical History** | NO | NO | **YES** |

#### Flow of Documentation Across Lists

|  |  |  |
| --- | --- | --- |
| **Task** | **Tool #1** | **Optional Tool #2** |
| **Problem List to PMH** | In the Problem List, right-click on the problem, and select *Add to Medical History.* | In the Problem List “Details” dialog box, click on the *File to History* button. |
| **PMH to Problem List** | Select the diagnosis in the PMH section. Then click on the *Add to Problem List* button. |  |
| **Problem List to Visit Diagnosis** | Under Dx and Orders, copy a problem to the Diagnoses List by selecting the problem and clicking the left arrow. |  |
| **Visit Diagnosis to Problem List** | Under Dx and Orders, copy the diagnosis to the Problem List by selecting the diagnosis and clicking on the right arrow. |  |
| **Problem List to PSH** | There are no shortcut tools for moving items to/from the PSH section, because the Problem List vocabulary is *ICD-10* and the Past Surgical History vocabulary is *CPT*.  |
| **PSH to Problem List** |

#### Examples of Appropriate Problem List Entries

|  |  |
| --- | --- |
| **Problem Type** | **Example Entry** |
| Chronic medical problems that require continued treatment, screening or monitoring | * Diabetes mellitus
* Glaucoma
* Dyslipidemia
* Hypertension
 |
| Recurring acute medical problems requiring evaluation or treatment | * Osteomyelitis
* Paroxysmal atrial fibrillation
 |
| Any problem requiring the prescribing of scheduled or PRN medications chronically | * Chronic back pain
* Migraine headaches
* Allergic rhinitis
 |
| Medical problems requiring laboratory testing for monitoring | * Long term use of anticoagulants for atrial fibrillation
 |
| An acute symptom while under active evaluation for a diagnosis | * Unstable balance
 |
| Active or relapsing chemical dependency or abuse | * Alcohol Use Disorder
* Tobacco Use Disorder
 |
| Family history of disease that conveys a significant health risk upon the patient | * Family history of colon cancer in father
 |
| Positive screening tests that will impact on continuing care or disease risk | * Positive PPD
* Abnormal mammogram
 |

#### Examples of Inappropriate Problem List Entries

|  |  |  |
| --- | --- | --- |
| **Problem Entry** | **Example** | **Proper Approach** |
| Inactive or historical medical problems | * Bacterial pneumonia: should *not* remain on the Problem List after resolution.
 | Transfer to PMH and resolve from the Problem List. |
| Inactive or historical completed surgeries | * Status post lumbar spinal fusion: could be placed temporarily on the problem list during peri-operative period, but should not be permanently on the Problem List.
 | Surgical procedures should be listed in the PSH. The procedure can also be listed in the Overview note for the medical problem corresponding to the surgical indication (e.g., Degenerative Disc Disease). |
| Minor, self-limited illnesses or complaints  | * Acute urinary tract infection
* Bronchitis
 | May use as a visit diagnosis, but not appropriate for the Problem List unless future medical care is expected. |
| Non-problems  | * Physical exam
* Encounter summation
* Counseling
 | Do not add to Problem List. |
| Family history of limited or no significant health risk to the patient  | * COPD
* Mother deceased in an accident
 | Do not add to Problem List. |
| Encounter for screening study | * Screening for breast cancer (mammogram)
 | May use as a visit diagnosis, but should not be added to the Problem List. |
| Symptoms, when a diagnosis exists | * Chest pain (due to coronary artery disease)
* Abdominal pain (due to pancreatitis)
 | Enter diagnosis with as much specificity as known. |