### **3RD Dimension** of SNOMED-CT

#### Srdjan Prodanovich, MD, FAAD Naples, Florida





# Focus on the Patient and Family







The Doctor - Sir Samuel Luke Fildes (1887)





# Cost of Technology





#### The Cost of Technology







#### The Cost of Technology

ARON, JOHN W	😨 🔞 💦 📊 Male 81 yr(s) 8 mo(s) 100-00-7584 No Known Allergies	Balance: O		
lergy	Dec 21, 2010 (Procedure: New Patient Case: GENERAL 02) QReminder NA			
eneral		C Dashboard		
eason for Visit	General:	Show Link		
2	G Office: SM Gastro Care			
rrent Medication	Provider: Ronald Gastroenterologist, MD	🚩 🛛 🖉 Go To		
S	Encounter Date: Dec 21, 2010	▼ Option		
dical History	Patient: Aaron, John W (9851)	- Print		
rry/Surgical histo	Gender: Male	Fax		
ial History	B DOB: Apr 09, 1929 Age: 81 year 8 month			
nily History	Address: 3456 Maple Street, Clearwater FL 33758	Super Bill		
vious Procedure	B	Follow Up		
ent Labs	Insurance: BC/BS OF KANSAS	Z Letter		
vious Labs	Primary Dr.: Christina WRIGHT	Summary		
cedures	Reason for Visit: [Cnv. Trans. To Note] [Prev. Visit] [Add/Edit Note]	🔒 Sign Off		
al Signs	Reason for Visit: [Add/Edit Note] [Prev. Visit] [Add/Edit Note] [Prev. Visit] [Add/Edit Note] [Reason for Visit] [Add/Edit Note]	Copy From		
amination	abdominal pain and bloating.	* Template		
sessment		* Prv. Visit		
n	HPI: [Cnv. Trans. To Note] [Prev. Visit] [Add/Edit Note]	R Note		
	Patient came in complaining of abdominal pain. Symptom started 2 weeks ago, sudden, usually lasts			
	intermittently. He rates the pain as 8/10 with zero being ho pain and 10 being worst pain possible.	image		
	Pain is located on the pendimbilical region. Pain is described as aching, shooting, squeezing and	Prvt Note		
per Bill	throbbing. It radiates to the right middle back. Associated symptoms include bleeding per rectum. It gets better with antacids, bowel movement, light meals and meditation. No prior consultations were			
		Reminder		
	which did not reveal any significant findings	Analysis		
Colonoscopy Instructio		* Template		
EGD Instructions	Allergy: [Add/EditNote]	* Flowshee		
	No Known Allergies	* Vital		
		* Lab		
	Assessment: [Prev. Visit] [Add/Edit Note] 1. Abdominal lymphangiogram	* PQRI		
	1. Abdommar tympnangiogram	Cupp		
		🔒 CHDP		







#### Survey of Physicians Shows Declining Satisfaction with Electronic Health Records

#### Compared to five years ago, more physicians are reporting being

#### dissatisfied

or

#### very dissatisfied

with their EHR system

- American Medical Association (AMA) based on a survey of physicians (2014)

https://www.acponline.org/newsroom/ehrs\_satisfaction\_survey.htm

http://www.americanehr.com/research/reports/Physicians-Use-of-EHR-Systems-2014.aspx





#### INSANITY: doing the same thing over and over again and expecting different results.

~ Albert Einstein

WWW.SEVENQUOTES.COM

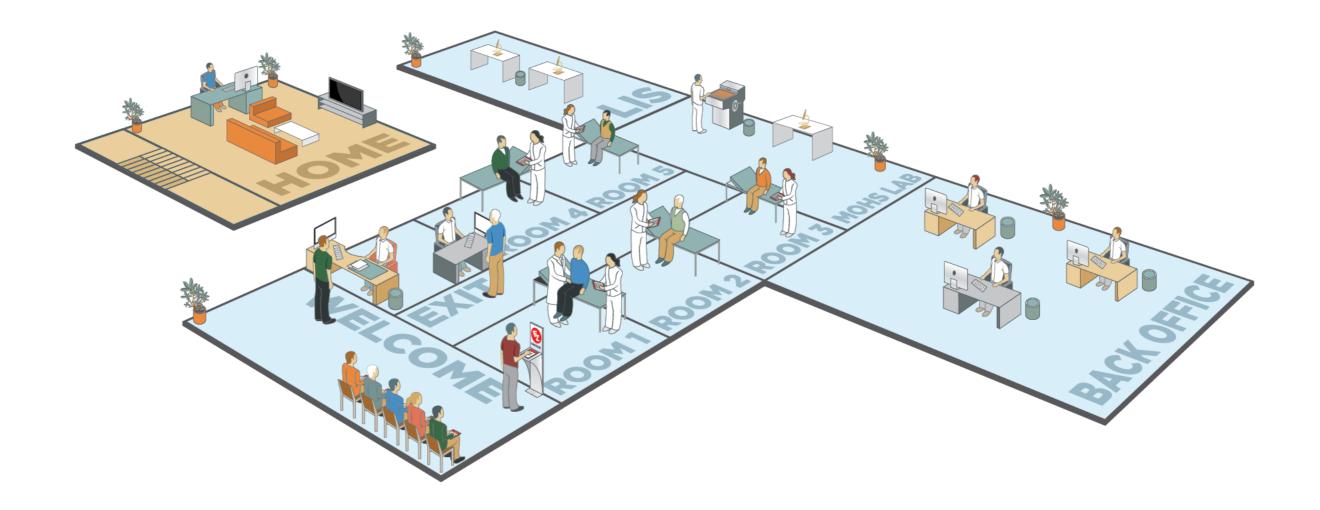






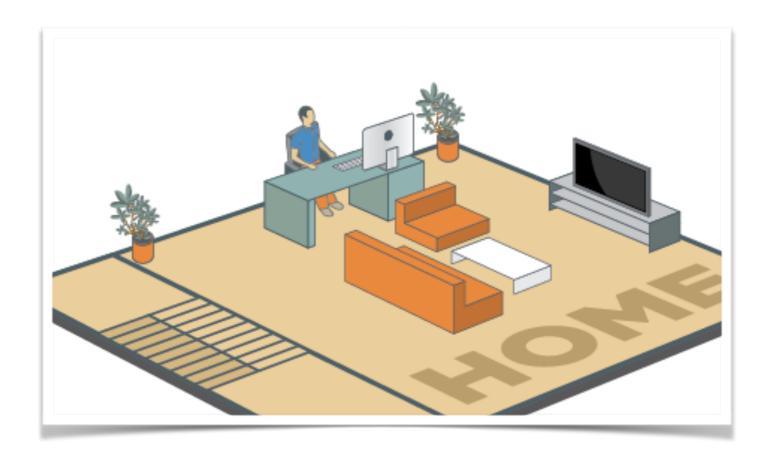






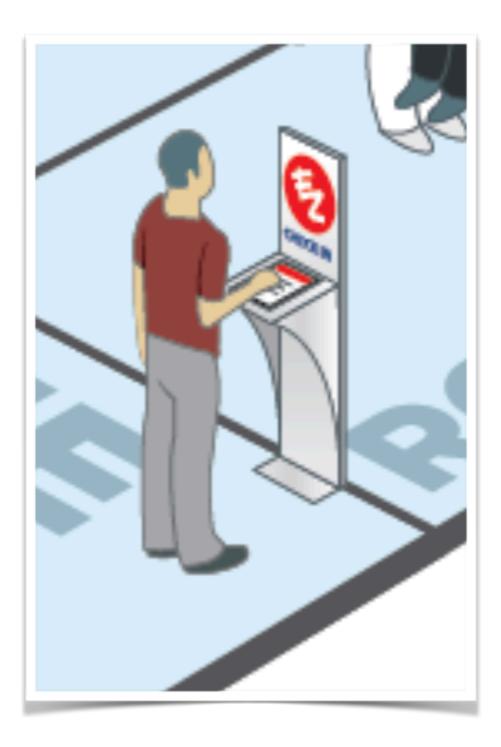














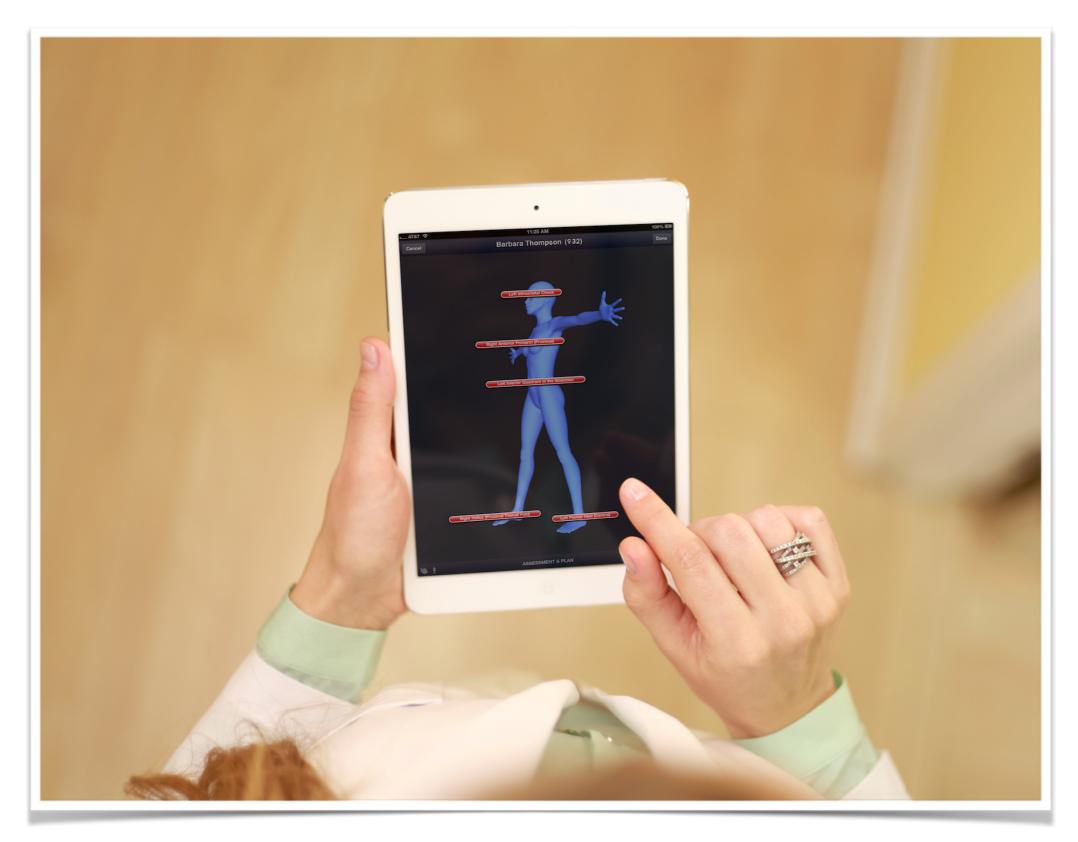








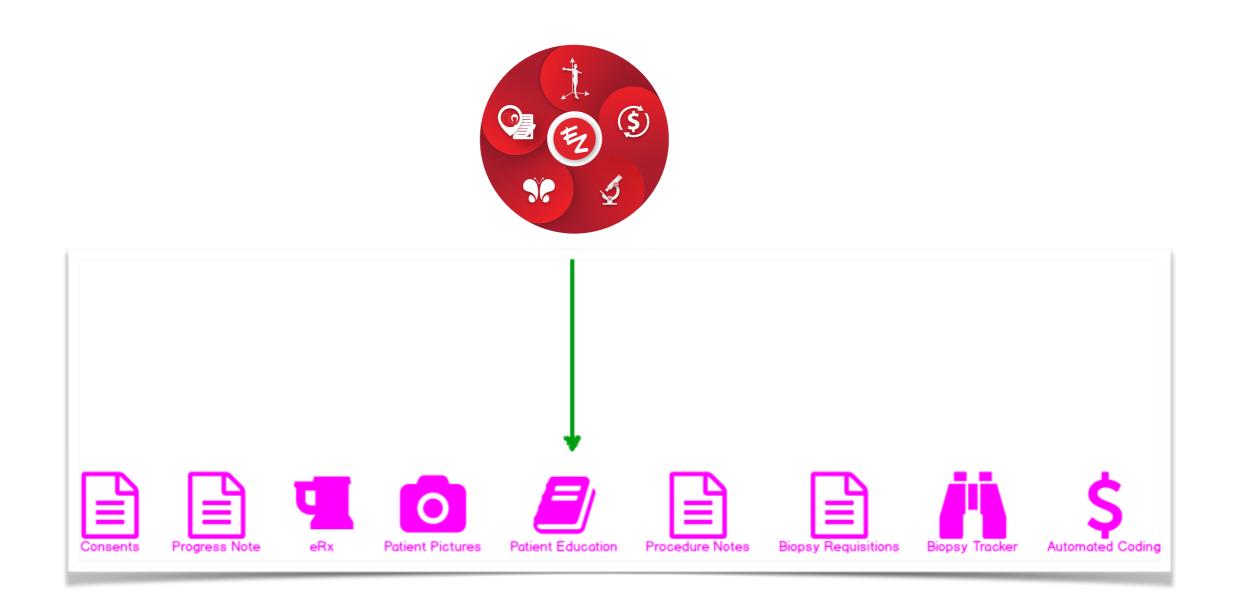
#### **Ease of Use**







### **Real Time Documentation**







### Structured Data

















Roger A. Cote, MD, FACMI





Systemic Nomenclature Of Medicine - Clinical Terminology

#### Over **311,000** clinical concepts

#### "Physician-friendly"

**Logic**-based (clinical-decision support)

Essential for Accurate ICD-10 (ICD-11) Coding

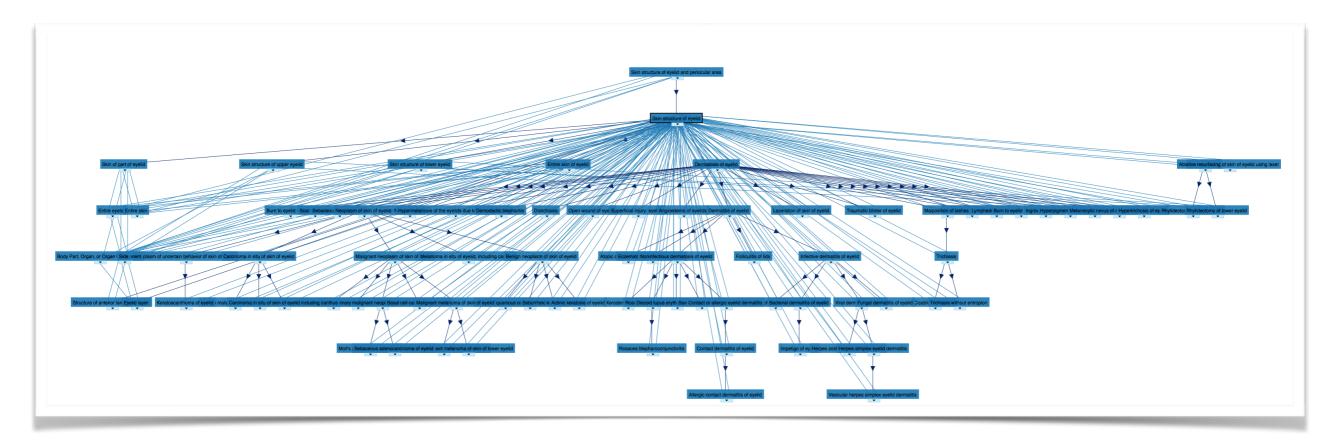






#### **Skin Structure of Eyelid**

(78 Concepts)













(credit to anon)

"Latin is a language, dead as dead can be. It killed the ancient Romans, and now it's killing me."

#1163

latin-student-problems.tumblr.com

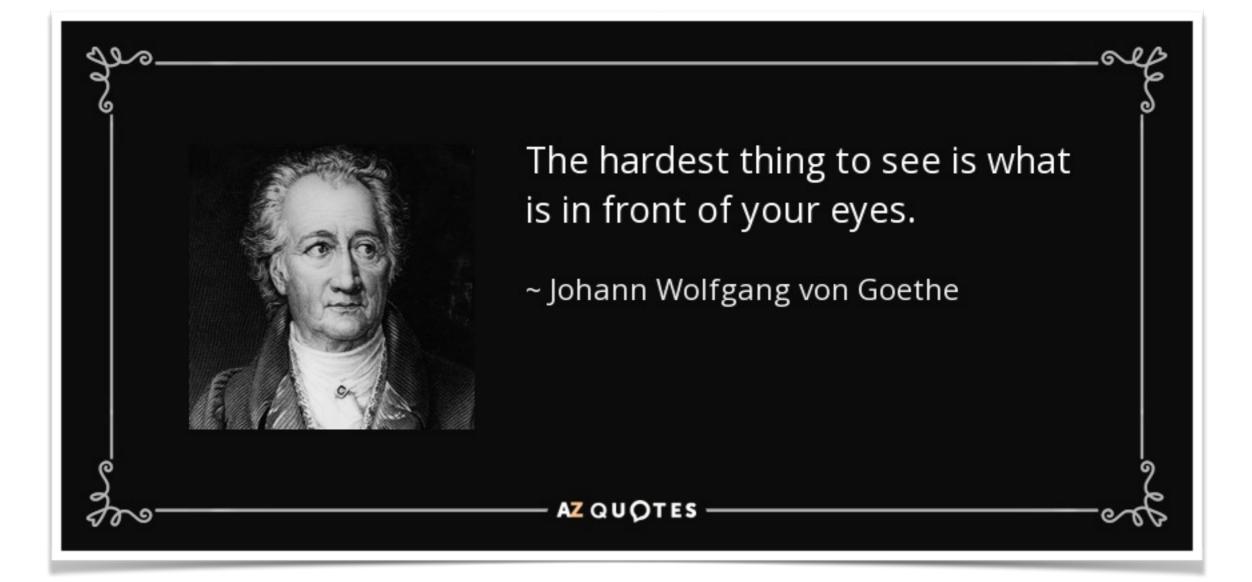




## Where to Start?











#### All diseases are disturbances at the cellular level.



Rudolph Virchow, 1858





9th Conf. int. Soc. geogr. Pathol., Leiden 1966 Path. Microbiol. 30: 826-827 (1967)

Columbia University, College of Physicians and Surgeons, New York, N.Y.

Systematized Nomenclature of Pathology

S. C. SOMMERS, New York, N.Y.

The Systematized Nomenclature of Pathology (SNOP) was developed for pathologists and other medical workers, to provide a convenient modern method for the storage and retrieval of labora-

The organization of SNOP involves four fields of information: Topography (T), the anatomical site; Morphology (M), the morbid anatomical lesion; Etiology (E), the causative agent; and Function (F), the pathophysiological change. Any field may be used alone, or any combination of fields may be employed. The topographic

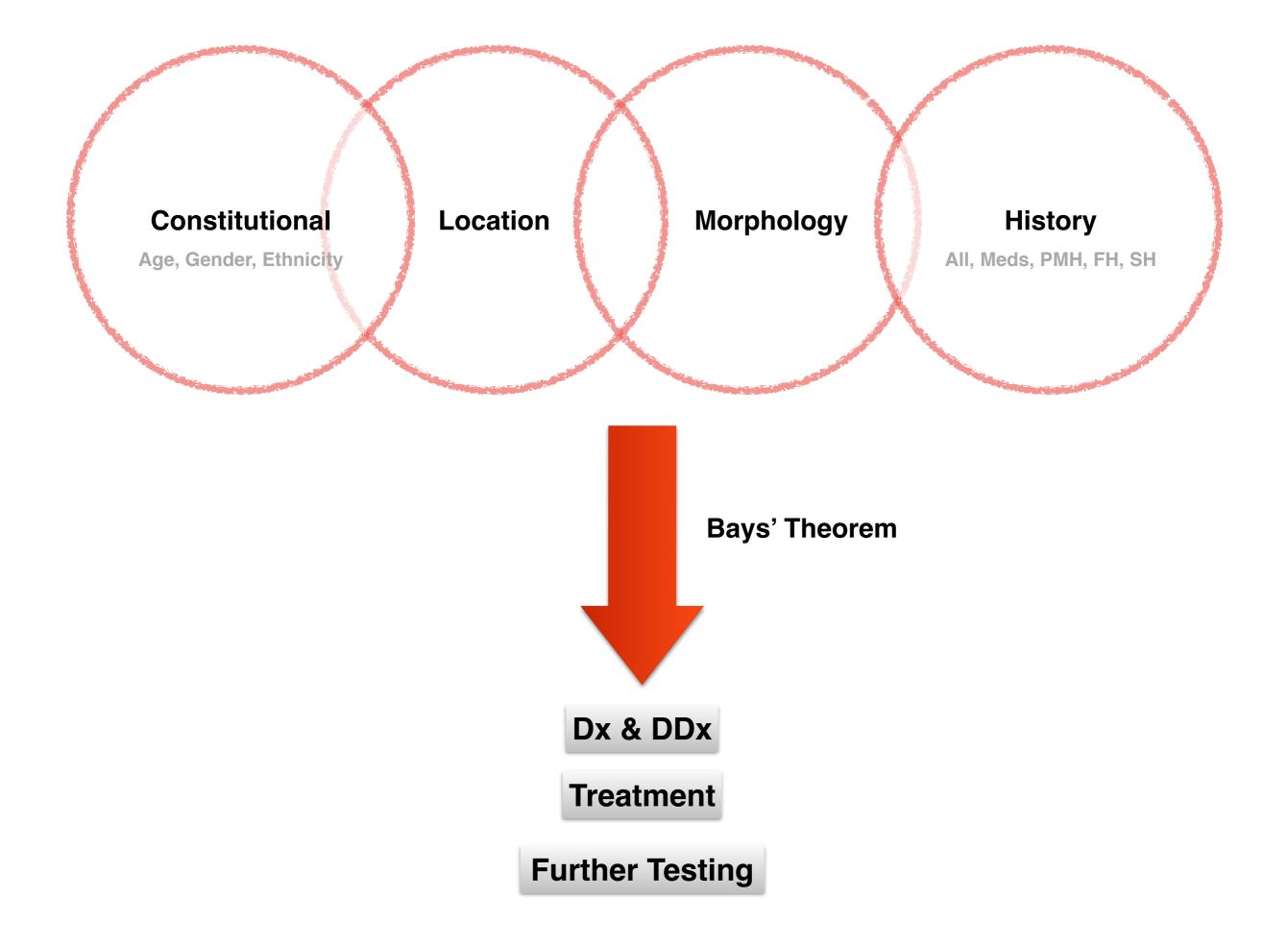
> Topography (T), the anatomical site; Morphology (M), the morbid anatomical lesion; Etiology (E), the causative agent; and Function (F), the pathophysiological change. Any field may be used alone, or any combination of fields may be employed. The topographic field exists in two forms: (1) a two-digit numerical system with a duodecimal base, permitting simplified assignments of anatomic sites, such as T43 for coronary artery; and (2) a compatible expanded four-digit system permitting more anatomical detail, for example T4311 for anterior descending branch of left coronary artery.

> The Morphological field lists anatomic pathology terms in four digits, such as M5220 for arteriosclerosis. For convenience, when a morphologic diagnosis is site-specific, such as arteriolonephrosclerosis, the two-digit topographic code number is listed with it in the indexes, T-71 for kidney in this case. Closely related items







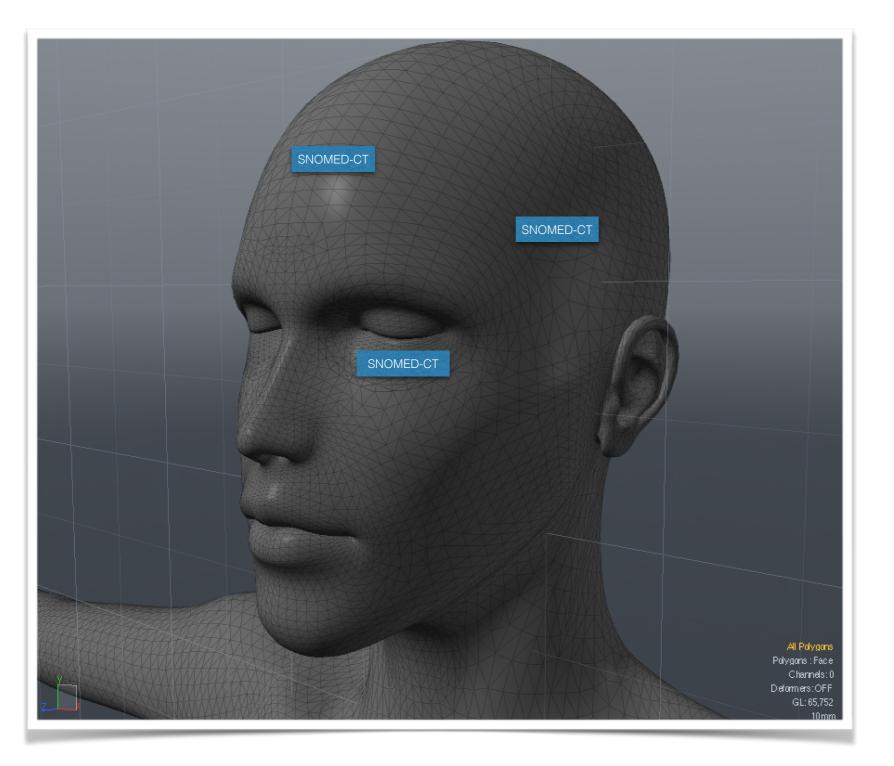


### **SD Location**





#### **3D** Anatomical Human Model



75,000+ Polygons
38,000+ Vertices
2,000+ Anatomical Locations
Built in

Clinical Logic





#### **SNOMED-CT** Morphologies

44132006	abscess
767376003	lentigo
1312007	guttate
64305001	wheal





#### **SNOMED-CT** Anatomical Locations - Disorders

2	Snomed-ID	ICD-10	Condition	Condition (Fully specified name)	Questions	Associated Morphology
3	399992009	L26	Erythroderma (Generalized Exfoliative Dermatitis)	Erythroderma		excoriated, erythematous, scaly, wide-spread, patch
4	254725004	C44	Apocrine Hidrocystoma	Apocrine cystadenoma		red, soft, translucent, dome-shaped, movable, tense, black, shiny, nodule, papule, blue
5	109769000		Necrotizing Sialometaplasia	Necrotizing Sialometaplasia		bilateral, ulcerated, unilateral, tumor
6	402415001		Schnitzler Syndrome	Schnitzler Syndrome		papule, plaque
7	200722003	L98.0	Pyogenic granuloma	Pyogenic granuloma (disorder)	morphologic abnormality exists too RESOLVED-remains Disorder	red, ulcerated, pedunculated, shiny, nodule, papule
8	238706002		Laugier-Hunziker Syndrome	Laugier-Hunziker Syndrome		smooth, hyperpigmented, brown, black, well-defined-border, macule
9	4749004		Nasopalatine Duct Cyst	Naso-palatine duct cyst		translucent, dome-shaped, blue, fistula





# History





#### **History Elements & Synonyms**

Cancel	HPI - Rash 🛩	$\oplus$	$\bigcirc$ (	? (	Done
Onset Duration: 🕖					
Timing					
•					
Context Related to Conditions (PMH)				C	)ptions~
🕂 Actinic keratosis	Allergic reaction to animal				
Allergic reaction to drug	<ul> <li>Allergic rhinitis due to animals</li> </ul>				
Allergic rhinitis due to pollen	<ul> <li>Allergy to animal hair</li> </ul>				
Asthma	+ Atopic dermatitis				
	Crohn's disease				
SYNONYMS	Diabetes mellitus				
Airway hyperreactivity	<ul> <li>Disorder of thyroid gland</li> </ul>				
Asthma	<ul> <li>Environment contains animals</li> </ul>				
Asthmatic	Foreign travel history finding				
	◯ HIV positive				
BHR - Bronchial hyperreactivity	Herpes labialis				
Bronchial asthma	Herpes zoster				
Bronchial hyperreactivity	Hospital patient				
Bronchial hyperresponsiveness	Hypothyroidism				
Bronchial hypersensitivity	◯ Insect bite				
C Kidney disease	<ul> <li>Lives in a nursing home</li> </ul>				
C Long stay hospital inpatient	C Low nickel diet				
C Lupus erythematosus	🕂 Malignant melanoma				
Non-Hodgkin's lymphoma (clinical)	O Nut-free diet				
O Previous multiple hospital admissions	O Psoriasis				
Released from prison	Rheumatoid arthritis				
Seasonal allergic conjunctivitis	<ul> <li>Sickness in the family</li> </ul>				
Travel abroad	◯ Ulcerative colitis				
○ Viral hepatitis C	•				





#### **Medications**







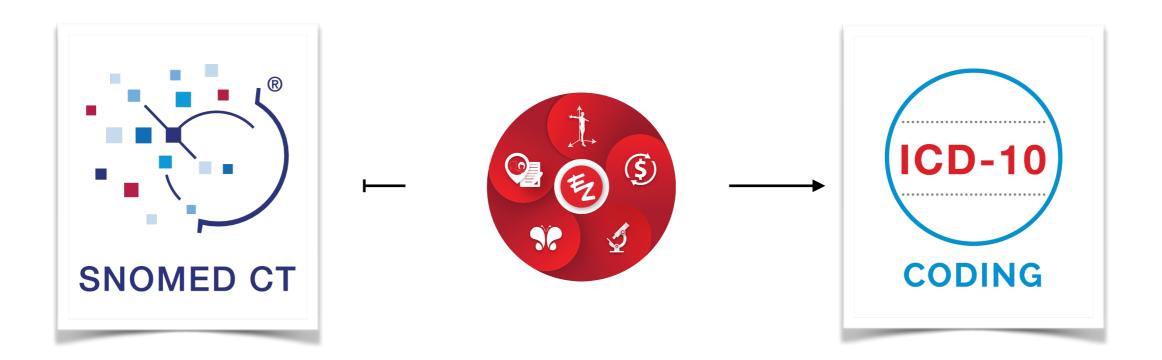
#### **TNM Cancer Staging**

Conditions		
Diagnosis	LM - Lentigo maligna ( )	
Presence	Yes >	
Onset Date	Sep 23, 2013 📎	
TNM Cancer Staging	Stage 0 - TisN0M0 >	



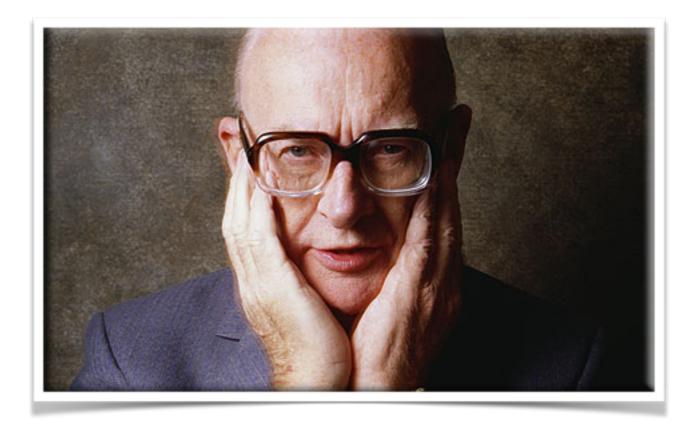


# **Automated Coding**









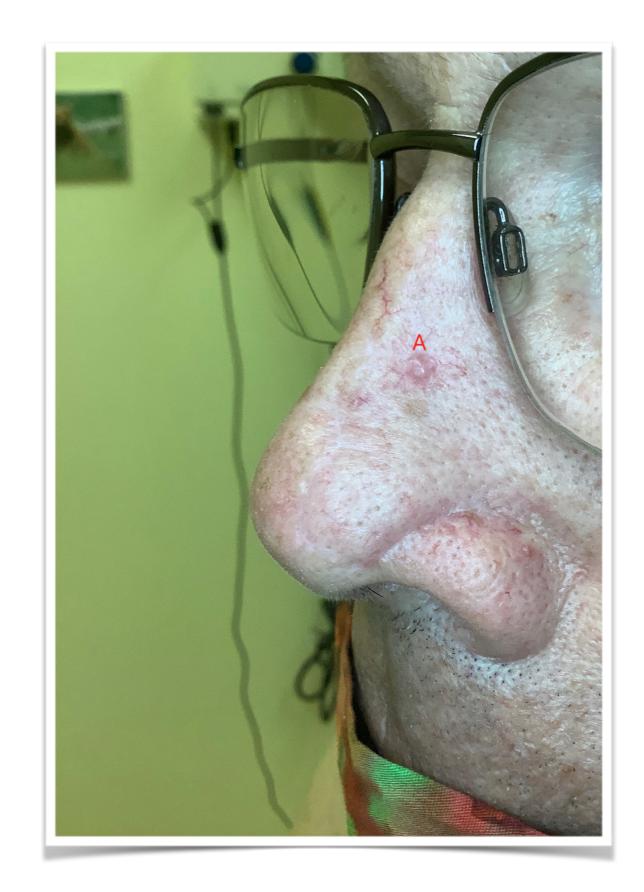
## Any sufficiently advanced technology is indistinguishable from magic.

Third Law of Prediction - Arthur C. Clarke

# Examples











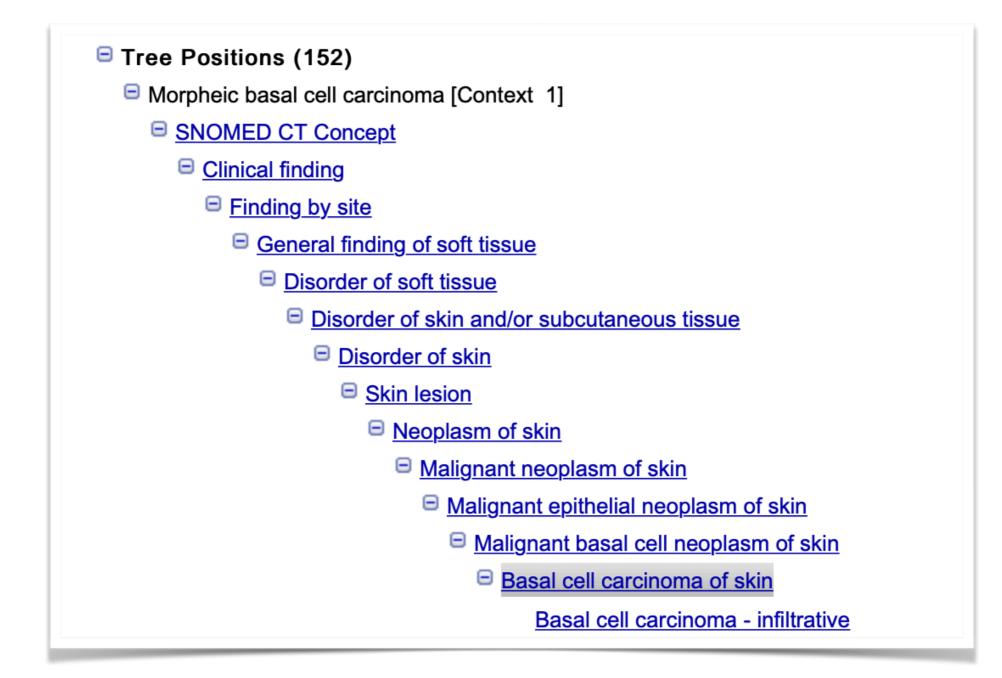
#### DIAGNOSIS:

Skin biopsy, nose left nasal sidewall NODULAR BASAL CELL CARCINOMA WITH SCLEROSIS; EXTENDING TO PERIPHERAL AND DEEP MARGINS





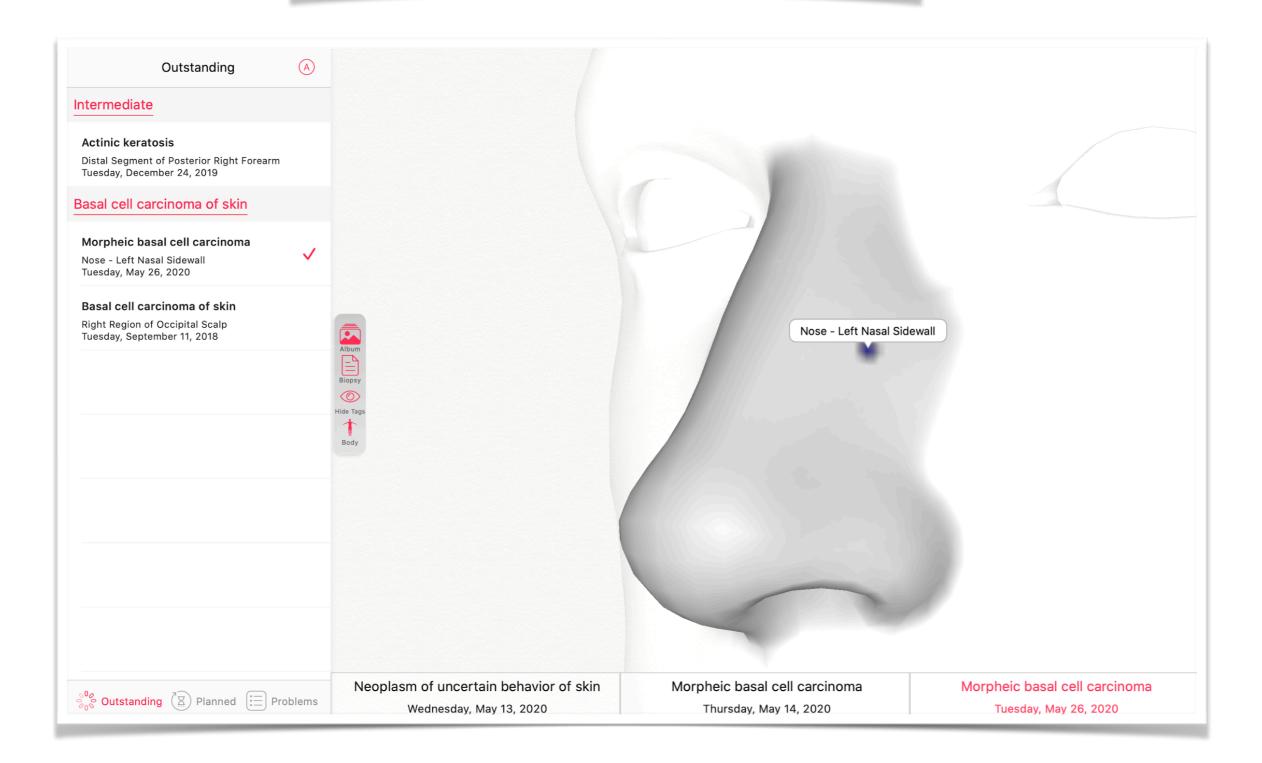
#### Concept: [403913006] Morpheic basal cell carcinoma







#### Concept: [403913006] Morpheic basal cell carcinoma







## **Mohs Micrographic Surgery**







## **Bilobed Transposition Flap**







## **Automated Coding and Billing**

Concept: [403913006] Morpheic basal cell carcinoma

#### **Nose - Left Nasal Sidewall**

**BILLING CODES** 

C44.311 - Basal cell carcinoma of skin of nose

#### PROCEDURES

14060 - ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/< 1 Unit(s) ICD(s): C44.311

17311 - MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS 1 Unit(s) ICD(s): C44.311











	Collected: 06/25/19 Received: 06/25/19 Reported: 06/28/19
	DERMATOPATHOLOGY REPORT PHOTOMICROGRAPH(S)
	RESULTS
Note: Immuno highlights sca	UPPER ARM - AND SUPPURATIVE INFLAMMATION. operoxidase stains are negative for HSV1, HSV1, VZV and p63. Immunoperoxidase for CD30 ttered cells. The PAS stain is negative for fungi. Deeper sections performed. The ignosis could includes an ulcerated dermal hypersensitivity reaction to an arthropod bite of erma gangrenosum. If the lesion persists or fails to resolve, additional sampling with





## Pyoderma Gangrenosum?







#### DIAGNOSIS:

Skin biopsy, central region of right anterior thigh NECROTIZING GRANULOMATOUS DERMATITIS WITH SMALL VESSEL VASCULITIS, HEMORRHAGE, EPIDERMAL AND FOLLICULAR NECROSIS, POLYMORPHOUS DERMAL INFILTRATE CONTAINING FREQUENT EOSINOPHILS AND DERMAL EDEMA SEE COMMENT

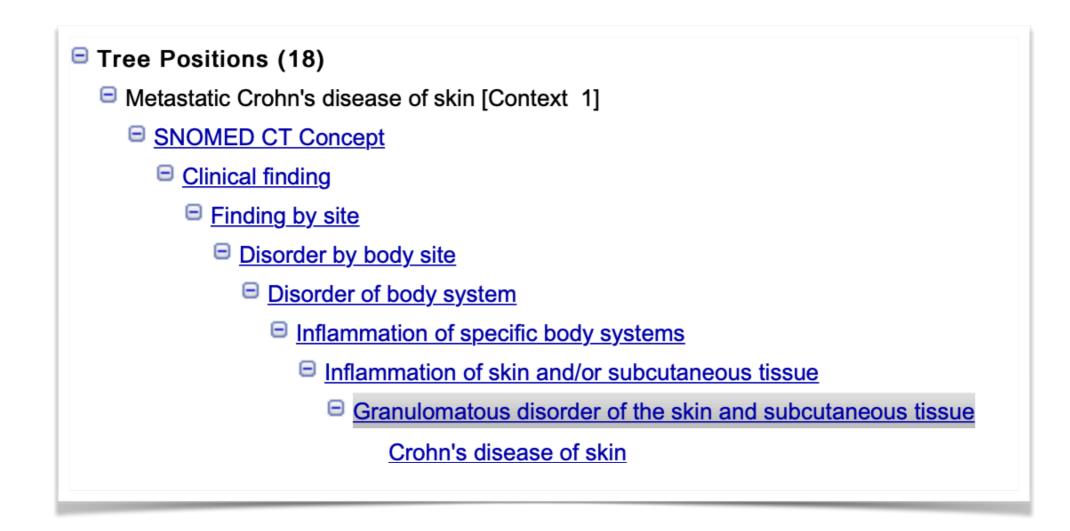
COMMENT:

THESE FINDINGS ARE NOT ENTIRELY SPECIFIC, HOWEVER, MOST LIKELY REPRESENT A CUTANEOUS MANIFESTATION OF CROHN'S DISEASE (e.g., METASTATIC CUTANEOUS CROHN'S DISEASE), ALTHOUGH, AN UNUSUAL HEMORRHAGIC ARTHROPOD ASSAULT CANNOT BE ENTIRELY EXCLUDED. THE VASCULITIS NOTED MOST LIKELY REPRESENTS A SECONDARY COMPONENT ASSOCIATED WITH THE NECROTIZING GRANULOMATOUS INFLAMMATION, NEVERTHELESS, A FULL VASCULITIS WORK UP SHOULD BE CONSIDERED. SPECIAL STAINS (GRAM, PAS, AFB) ARE NEGATIVE, THEREBY, MILITATING AGAINST A PECULIAR INFECTIOUS PROCESS



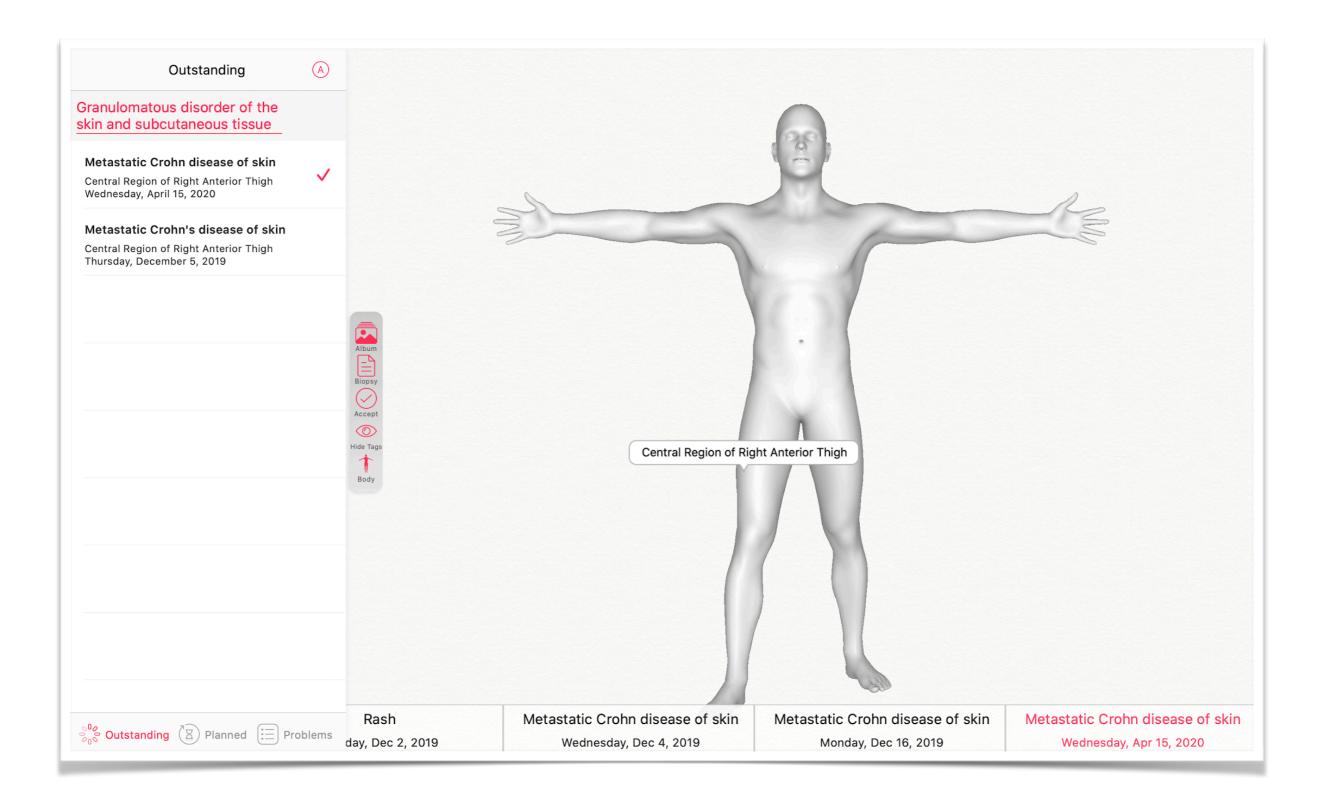


Concept: [402378006] Metastatic Crohn's disease of skin













GASTROENTEROLOGY 2012;142:1102-1111

## **CLINICAL—ALIMENTARY TRACT**

## Adalimumab Induces and Maintains Mucosal Healing in Patients With Crohn's Disease: Data From the EXTEND Trial

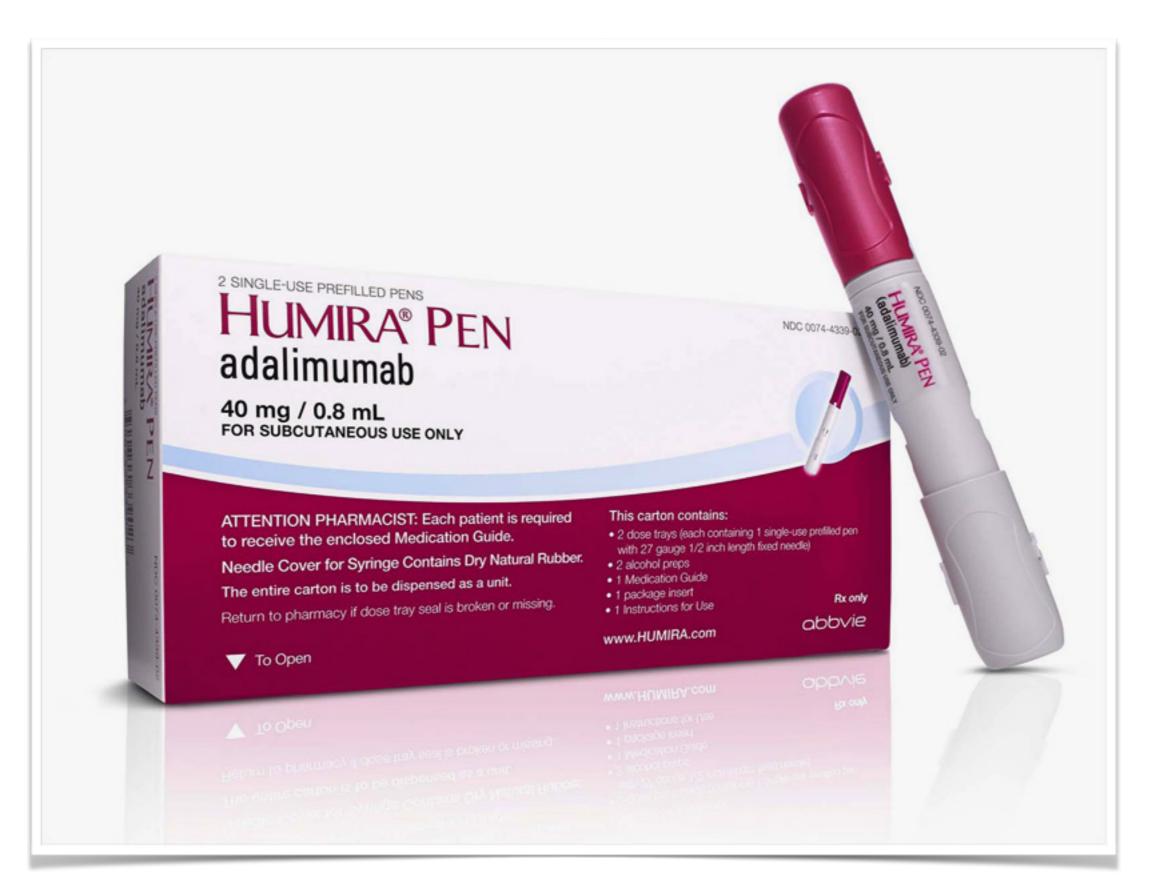
PAUL RUTGEERTS,\* GERT VAN ASSCHE,\* WILLIAM J. SANDBORN,<sup>‡</sup> DOUGLAS C. WOLF,<sup>§</sup> KAREL GEBOES,<sup>|</sup> JEAN-FRÉDÉRIC COLOMBEL,<sup>¶</sup> WALTER REINISCH,<sup>#</sup> for the EXTEND Investigators, ASHISH KUMAR,<sup>\*\*</sup> ANDREAS LAZAR,<sup>‡‡</sup> ANNE CAMEZ,<sup>‡‡</sup> KATHLEEN G. LOMAX,<sup>\*\*</sup> PAUL F. POLLACK,<sup>\*\*</sup> and GEERT D'HAENS<sup>§§,|||</sup>

\*Department of Gastro-Enterologie, University Hospital of Gasthuisberg, Leuven, Belgium; <sup>‡</sup>University of California San Diego, La Jolla, California; <sup>§</sup>Atlanta Gastroenterology Associates, Atlanta, Georgia; <sup>II</sup>Department of Pathology, University Hospital, KU Leuven, Leuven, Belgium; <sup>II</sup>Hôpital Claude Huriez, Centre Hospitalier Universitaire de Lille, Lille, France; <sup>#</sup>Medical University of Vienna, Vienna, Austria; \*\*Abbott Laboratories, Abbott Park, Illinois; <sup>‡‡</sup>Abbott GmbH & Co. KG, Ludwigshafen, Germany; <sup>§§</sup>Academic Medical Centre, Amsterdam, The Netherlands; and <sup>III</sup>Imelda GI Clinical Research Center, Department of Internal Medicine, Bonheiden, Belgium





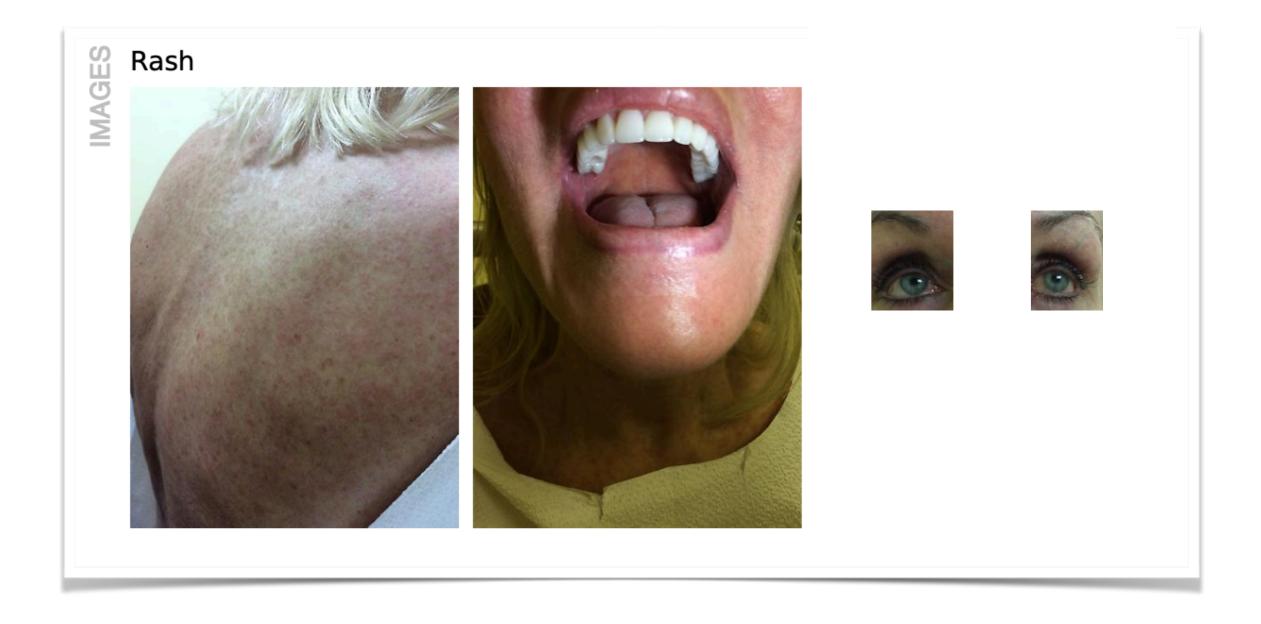
CLINICAL AT







## Exanthem, Enanthem, Injected Conjunctivae







#### DIAGNOSES:

- 1. Skin biopsy, central region of left gluteal area POLYMORPHOUS DERMATITIS WITH EOSINOPHILS SEE COMMENT
- 2. Skin biopsy, central region of right gluteal area INTERFACE DERMATITIS WITH POLYMORPHOUS DERMAL INFILTRATE SEE COMMENT

#### COMMENTS:

 PART 1 (central region of left gluteal area): THE HISTOLOGIC FEATURES FAVOR A DIAGNOSIS OF DRUG ERUPTION BUT GIVEN THE CLINICAL CIRCUMSTANCES, THE POSSIBILITY OF AN UNUSUAL VIRAL INFECTION CANNOT BE EXCLUDED
 PART 2 (central region of right gluteal area): THE HISTOLOGIC CHANGES FAVOR A DIAGNOSIS OF INTERFACE DRUG ERUPTION BUT GIVEN THE CLINICAL CIRCUMSTANCES, THE POSSIBILITY OF AN UNUSUAL VIRAL INFECTION CANNOT BE EXCLUDED





#### H

The patient is 65-year-old female who presents with the following complaint(s):

Rash (Chief Complaint): The complaint involves right lower extremity, pelvis, right cheek, right upper extremity, abdomen, left lower extremity, neck, forehead, left cheek, back, chest and left upper extremity. The patient reports bright redness and itching of skin. The severity is rated as moderate (Itching). Onset: 2 day(s). Modifying factors include daily multivitamin (currently not taking). The patient started the vitamins 3 days ago.

Two weeks ago (Sat, Oct 8, 2016), the patient went on a one week cruise and visited several islands in Spanish Caribbean. The patient did not see any sick contacts, did not have interaction with animals and does not remember being bitten by mosquitos. She was "excellent health" and did not have any skin findings until 2-3 days ago. The patient also reports starting Nutrilite Women's Pack MVI 3 days ago. She has stopped this yesterday.

Pertinent positive(s) include: muscle weakness. Pertinent negative(s) include the absence of: chill and cough.

The patient denies been pregnant. No history of procedure.



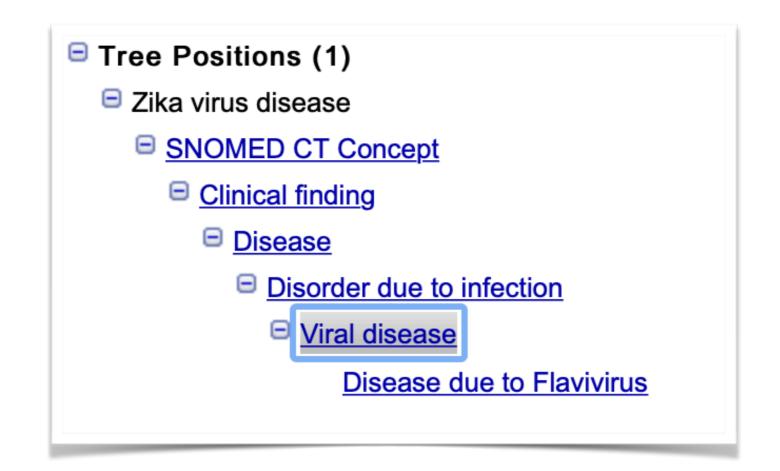


	sitive	Abnormal		Negative	02
		Abnormal		Negative	02
C-Reactive Protein, Quant	5.5	High	mg/L	0.0 - 4.9	01





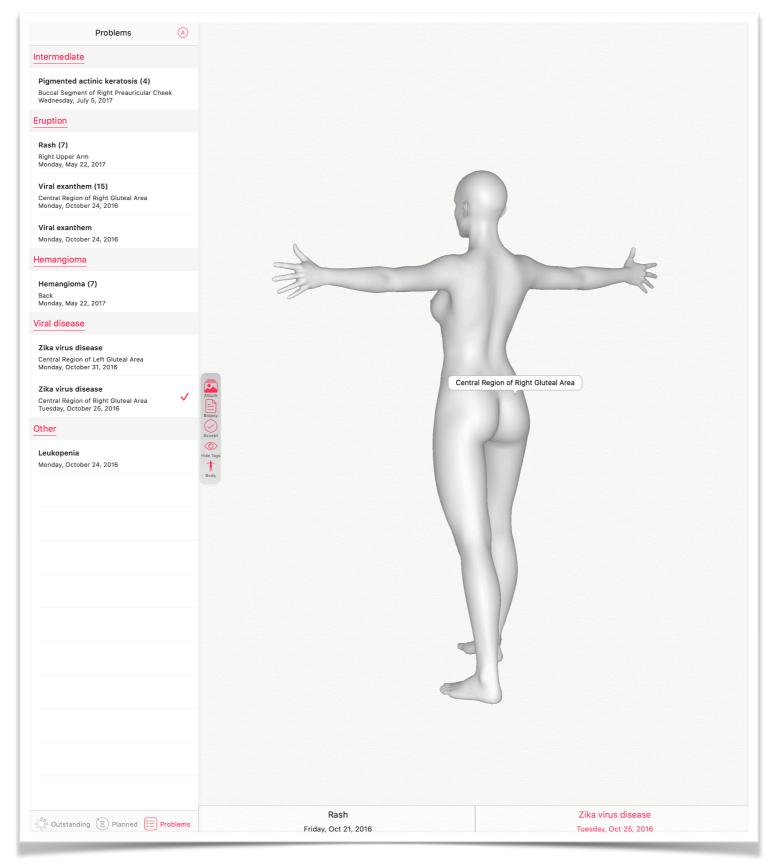
Concept: [3928002] Zika virus disease







## Zika Virus



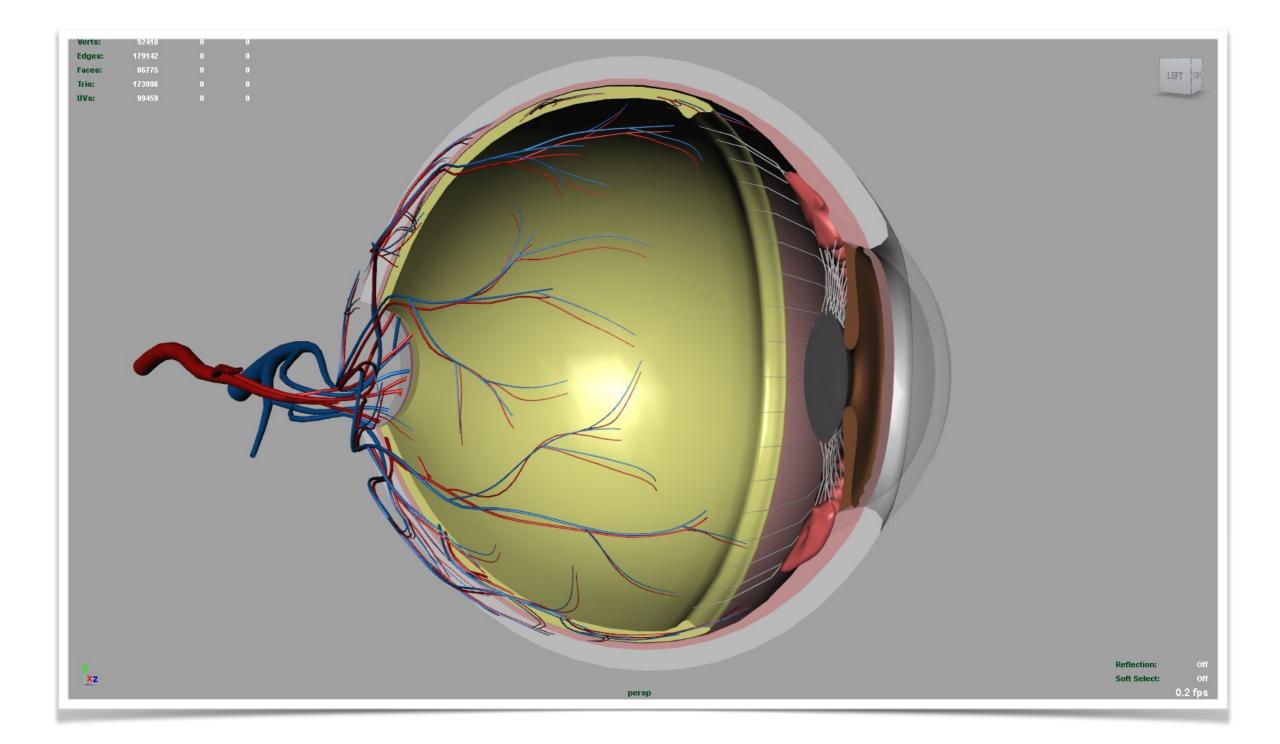




# EZDERM Concept is Universal

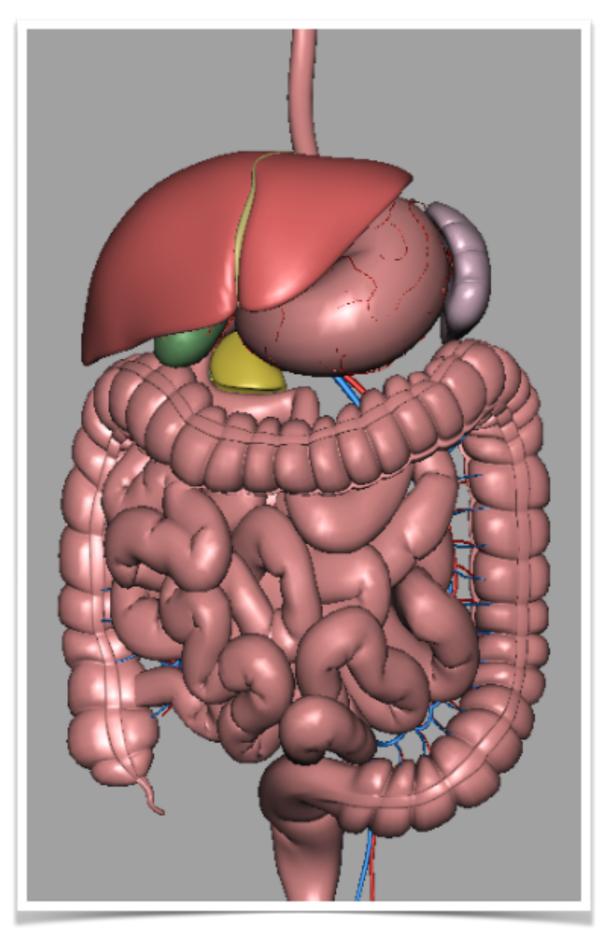






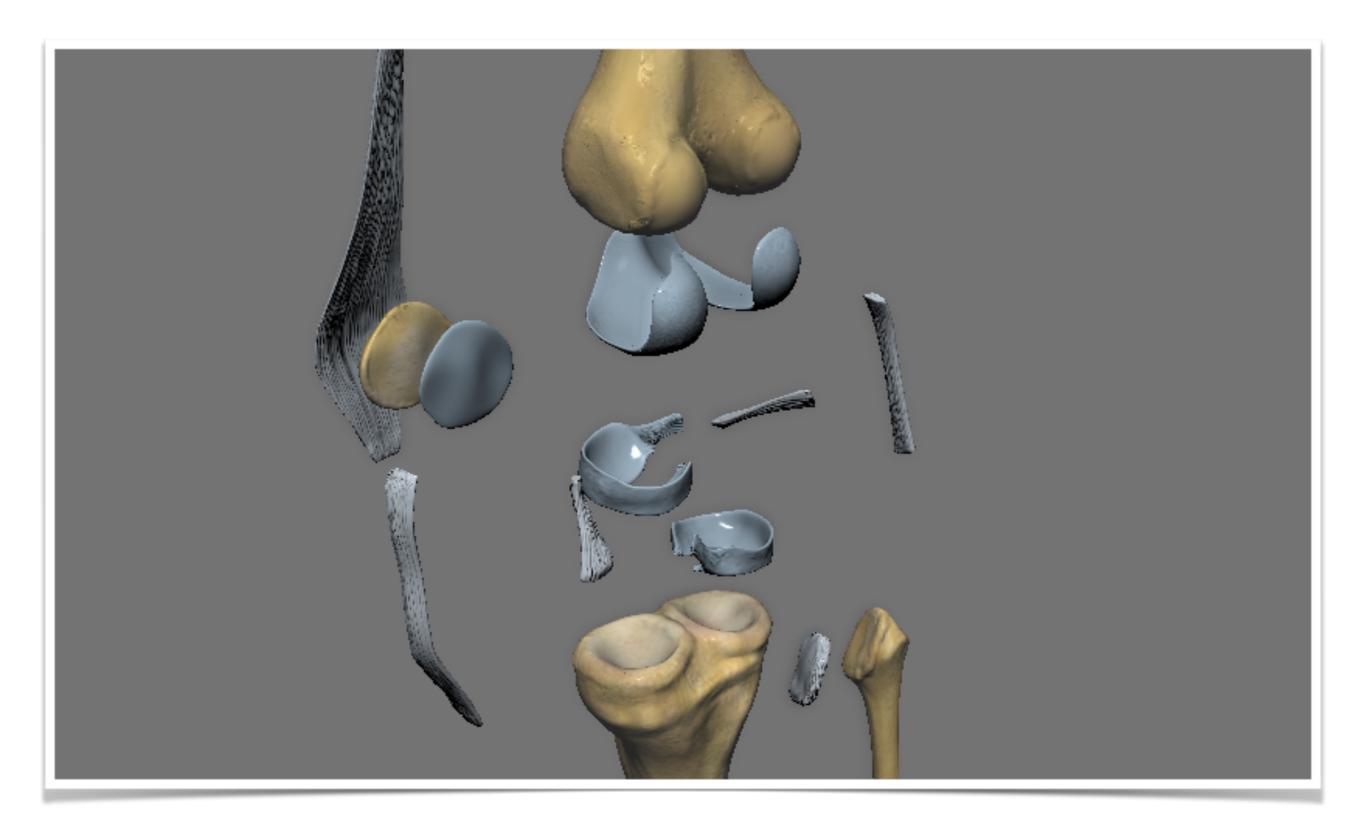






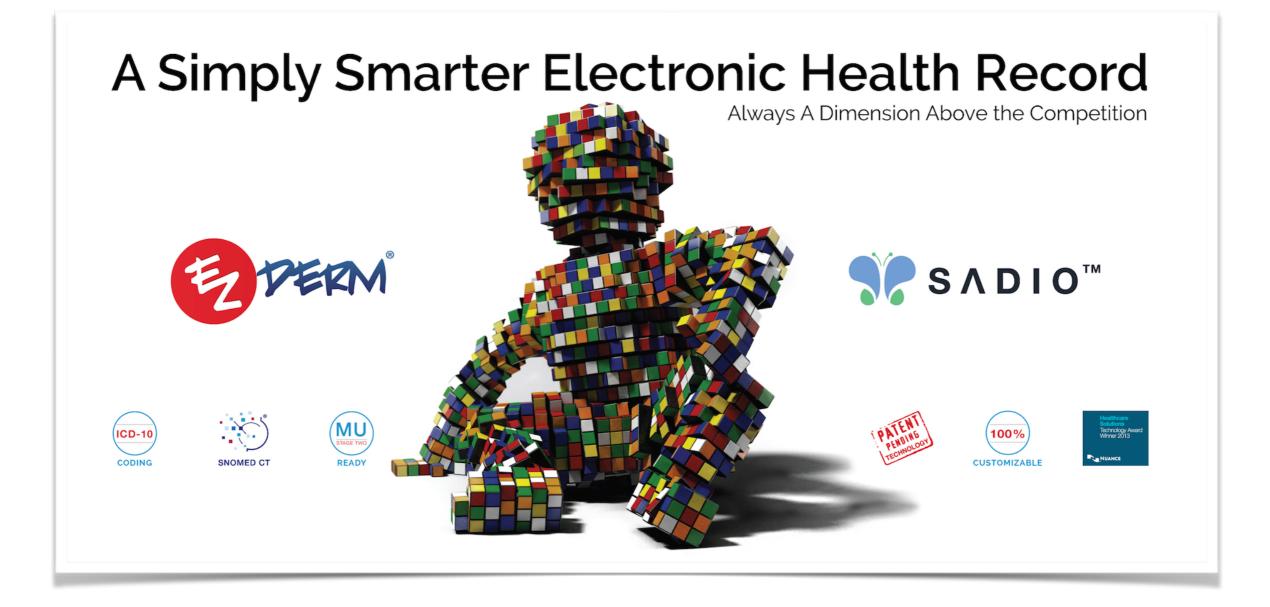
















#### All diseases are disturbances at the cellular level.



Rudolph Virchow, 1858









Roger A. Cote, MD, FACMI



## **Renaissance of HealthCARE**





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The Doctor - Sir Samuel Luke Fildes (1887)



















