



Interface Terminology to Facilitate the Problem List Using SNOMED CT and other Terminology Standards

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Audience

The listeners to whom this presentation would be of direct value are Physicians/Nursing Leaders working in the field of Medical Informatics & IT Executives leading implementations and different Information Technology projects. It would benefit anyone with an interest in or working with electronic medical records (EMRs), problem list terminologies (PLT's), unified medical language systems (UMLS), clinical interface terminologies, and enterprise data warehouses (EDWs).

Objectives

To identify the issues and challenges in mapping the International Classification of Disease, 9th and 10th editions, Clinical Modification (ICD-9-CM) encoded legacy data in the Problem List in an inpatient Electronic Medical Record (EMR) to Systematized Nomenclature of Medicine (SNOMED) in a large (31 Hospitals) Independent Delivery Network (IDN), Adventist Health System (AHS), with the headquarters based in Altamonte Springs, FL.

Abstract

Many Healthcare sanctioning bodies (Joint Commission, Centers for Medicare and Medicaid Services, Institute of Medicine etc.) and medical information standards organizations (American society for Testing and Materials, Health Level Seven, etc.) in the United States consider "Problem List" as a cardinal clinical parameter to be documented and maintained by licensed care providers in an EMR. Besides having a strong clinical documentation value, the problem list is also useful in generation of billing codes and clinical decision support in an EMR. To drive the best value of these functions, an encoded, as opposed to data entered by free text problem list is required in the EMR. These are key elements of the U.S. government's Meaningful Use Requirements, which are intended to encourage use of EMRs that support capture of information with standard terminologies. Some examples of the incorporated controlled vocabularies are ICD-9-CM, ICD-10, SNOMED CT, LOINC, DSM-IV, etc.

This workshop and discussion will seek to elicit and categorize strategies for overcoming the complexities and issues in migrating and mapping the problem list documentation and management within clinical workflow from one UMLS vocabulary (ICD-9) to another (SNOMED CT) in a large IDN in their inpatient EMR (Cerner). To begin the discussion presenters will describe many usual contentious situations faced by other organizations in such transformations. Following this discussion, the presentation will converse with the real life issues faced at AHS during this transformation and how Intelligent Medical Objects (IMO) recommended solutions helped the organization overcome these challenges. Learning objectives for the session will include attendees being able to understand several propositions likely to transcend these situations for better management of mapping of problem lists from ICD-9-CM to SNOMED CT within electronic medical records.

All references to SNOMED Clinical Terms should refer to "SNOMED Clinical Terms" or "SNOMED CT". DO NOT use other forms like: "SNOMED-CT" (avoid the hyphen), "SCT" (not a valid abbreviation).