Concern Tracking

What is it and why??

Note – this is a slide deck provide by Dr Larry McKnight and used in 2006 when the PCWG Concern project was going thro ballot.
Concern Tracking

I already have observation timing. Why do I need another structure?

Concern: Chest Pain, severe

Problem Observation

Patient Symptoms

Visit

Observation.effectiveTime.low

Observation.effectiveTime.high

Observation.activityTime

WHY?

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Concern Tracking

Concern= A subjective judgment of sameness in the observations reflecting the clinicians understanding of the disease process in the patient.
• Only occurs in physicians mind – must be asserted
• Indication of underlying disease process
• Spans time

A problem list is a list of concerns, not a list of observations

Answer: Need way to track multiple observations with different names and times
For example:
Patient admitted, with R/O MI, Discharged with GERD, then has Follow up EGD where Barretts is found.

Its not the Named/Coded observation recorded in system at a single point in time. It spans time and the name/codes may change.

Concern Tracking Diagram:
- Observation
- Concern
- Patient Symptoms
- Guideline: Aspirin, Heparin
- Guideline: Follow up EGD in 6 weeks
- No MI
- GERD
- Barretts
- Chest Pain

It's not good to assume that the reasons for therapy at one point in time apply to another. But how long does a observation hold?

Concern Tracking:
- Chest Pain
- No MI
- GERD
- Barretts

Answer: Need way to track multiple observations with different names and times For example:
Patient admitted, with R/O MI, Discharged with GERD, then has Follow up EGD where Barretts is found.

Guideline:
- Aspirin,
- Heparin

Guideline:
- Follow up EGD in 6 weeks

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Concern Tracking:
- Observation
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- Patient Symptoms
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Patient admitted, with R/O MI, Discharged with GERD, then has Follow up EGD where Barretts is found.

It's not related to the encounter. It may be completely within an encounter (eg transient hypokalemia) Or across multiple encounters (eg Diabetes)

It's not the disease course Disease may begin long before it is noticed (eg pregnancy), and may be of concern long after the disease is resolved (eg hx of cancer).
Concern Tracking

Other observations may occur at the same patient, but subjectively are not the same concern. Physicians typically think of and follow a single concern separate from another concern.
Concern Tracking

- **Observation**
  - Chest Pain
  - Diabetes, controlled
  - Anxiety
- **Concerns**
  - Diabetes, uncontrolled
  - Anxiety
- **Patient Symptoms**
  - Visit

Concerns May be merged
Concern Tracking

Observation

Concern

Dyspnea

CAD

Diabetes, controlled

Hypokalemia

Asthma

Diabetes, uncontrolled

Patient Symptoms

Visit

Concerns may be split

time
Concern Tracking

Concerns may be Related, or recurrent

- Chest Pain
- r/o MI
- GERD
- Diabetes, controlled
- Hypokalemia
- Diabetes, uncontrolled
- Hypokalemia
- SEQL

Observation
Concern
Patient Symptoms
Visit

time
Concern Tracking

The same concern may have multiple different, related observations for different purposes.

The clinician should not be forced to code or post coordinate at the highest granularity because someone else has a different classification scheme. (ie "aortic stenosis with heart failure not from rheumatic disease.")

Better to pick code for a purpose, where possible. This may be an inferred relationship, or mapped
Patient admitted, with R/O MI, Discharged with GERD, then has Follow up EGD where Barretts is found.

Concern tracking isn’t always problems. Medication Reconciliation has the same problem
Concern Tracking

Patient admitted, with R/O MI, Discharged with GERD, then has Follow up EGD where Barretts is found.

Concern tracking isn’t always problems. Allergy lists -- maybe??