Challenges with delineating and combining some SMD and Roles

Background

Terms Requested by VA (SMD + Role):

- Note Find Pt {Setting} Doc Primary care.social worker
- Note Find Pt {Setting} Doc Mental health.social worker
- Note Find Pt Outpatient Doc PM&R.social worker
- Note Find Pt Hospital Doc PM&R.social worker
- Note Find Pt {Setting} Doc Palliative care.social worker
- Note Find Pt Long term care facility Doc Palliative care.social worker
- Note Find Pt {Setting} Doc Multi-specialty program.Social worker

Alternate Modeling approach (multiple roles)

- Note Find Pt {Setting} Doc Primary care+Social work
- Note Find Pt {Setting} Doc Mental health+Social work
- Note Find Pt Outpatient Doc PM&R+Social work
- Note Find Pt Hospital Doc PM&R+Social work
- Note Find Pt {Setting} Doc Palliative care+Social work
- Note Find Pt Long term care facility Doc Palliative care+Social work
- Note Find Pt {Setting} Doc Multi-specialty program+Social work

Review Discussion

[Reviewer comments] We previously decided social work is an SMD and are unclear why this combo is needed. We think you can use a general hospital social work note term in this case.

[Submitter response] Hospital and Social work is certainly appropriate, but we also want the specification of PM&R. Combine SMDs?

[SA Comment]

Social work doesn’t make sense as an SMD because people in different roles can’t specialize in social work – e.g., there’s no social work physician or social work pharmacist.

Role

Profession or occupation, where each role represents a particular level of education and training, for example, physician, registered nurse, pharmacist. Role does not include specialty training in a particular field of study.

SMD
A field of study or a branch of knowledge. People in (almost) any professions may specialize in a given field of study, for example, critical care nurses, pediatric pharmacists, and emergency medicine physicians.

[DV Comment]

Need to review our precedents here (e.g. PT, OT, etc) and consider the various levels/categories of licensure: Registered Social Work Assistant (SWA), Licensed Clinical Social Worker (LCSW), Certified Advanced Practice Social Worker (CAPSW), Certified Independent Practice Social Worker (CIPSW), Licensed Advanced Practice Social Worker (LAPSW), etc.

For the role of Nurse, we have delineated many related roles:

- CRNA
- Certified nursing assistant
- Clinical nurse specialist
- Nurse midwife
- Nurse practitioner
- Licensed practical nurse
- Registered nurse

And, we already have several combinations of SMD/role for Social work:

- Social work.case manager
- Social work.interdisciplinary
- Social work.interdisciplinary
- Social work.nurse
- Social work.team

Summary of Issues

1. It isn't clear whether Social Work is better modeled as SMD or Role
   If we stay with SMD, is the meaning/significance of the proposed terms consistent with other terms that combine SMDs.

2. Some SMDs have implied or nearly exclusive roles [HOLD for next discussion topic!]
   Examples: PT, OT, SLP, Recreational Therapy, Chiropractic Medicine, Social Work, etc

3. We have not fully handled licensure aspects in SMD/role combinations
   Some of the fields that we have designated as SMD are legally governed by licensure boards (which of course vary a bit across jurisdictions). Social work falls into this category, but there are some others.

Examples of this issue:

We use Counseling as a Type of Service generically (with subtypes of individual and group), but we also have Counselor as a Role and there are many its specific legal/licensure contexts (e.g. Licensed Professional Counselors...a licensure for mental health professionals in some countries). Typically, when there is a licensure “board” exam, we take that as evidence that the domain meets the criteria of a SMD. But these are tangled areas. Recent requests highlighted this issue. Can there be Physical Therapy Group Counseling Notes?
We also some newly created terms that seem to violate conventional approaches in other ways:

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</table>

Committee Decision

Who knows?
DISCUSSION: Use of “Physician*” for non-MD specialties

Background and Issues

Shortnames
Recent proposals have asked for terms with a Role of Physician with SMDs that would be potentially confusing. This is especially true because LOINC uses MD in the short name for the role Physician, which would be confusing to use for non-MD specialties.

Some SMDs have implied or nearly exclusive roles
Many of the SMDs for the requested terms are in the category of those where the primary role is understood:

- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Speech–language pathology
- Psychology
- Dentistry
- Podiatry

While there may be other roles (e.g. PTA, PT student, etc) who author notes, in practice, these documents are typically co-signed before they are finalized, so there isn’t really a need to distinguish them as such. We have not created terms like Physical therapy.therapist.

Should we make such “defaults” explicit or would we violate our parsimony principle too much (e.g. the Cardiologist's Cardiology Note). If we were to create new terms with the attending role, they would have the same meaning as existing terms.

Specific Term Requests (from VA) and Proposals

Dentistry

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<tr>
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<td>{Setting}</td>
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</table>

Proposal
Create Role for Dentistry resident; recommend using Dentistry term for “Dentistry.physician attending”

Alternate Proposals
Create Roles for Dentistry resident and Dentistry attending
Create Roles for Attending and Resident to use for all non-MD specialties
Change existing Physician attending and Physician resident Roles to Attending and Resident to use for all domains

Committee Decision
Physical Therapy

Note Find Pt {Setting} Doc Physical therapy.physician
Note Find Pt {Setting} Doc Physical therapy.physician resident

[RI comments] What is meant by “Physical therapy.physician”? Should “Physical therapy” actually be “PM&R”? Physical Therapy is a protected term in most jurisdictions such that only licensed PTs/PTAs can perform it.

There are PT residents who are doing subspecialty training in a credentialed program. But, they are licensed as PTs (don’t need a co-signer) and it is not typical that they would sign/author notes with that role designated.

Alternate Proposals

Only if the VA distinguishes Physical therapy residents, create new role of Therapy resident. Clarify meaning of Physical therapy.physician but do not create such terms.

Alternate Proposals

Create role for Resident to use for all non-MD specialties
Change existing Physician resident Role to Resident to use for all domains

Committee Decision

Podiatry

Note Find Pt {Setting} Doc Podiatry.physician attending
Note Find Pt {Setting} Doc Podiatry.physician resident

[RI comments] The word “Physician” may be appropriate in this case based on AACPM’s use (http://www.aacpm.org/becoming-a-podiatric-physician/), but isn’t the role of “podiatrist” implied in the SMD “Podiatry”. This would make “Podiatry.physician attending” and “Podiatry” redundant in nearly all cases.

Proposal

Use Physician resident in this case, based on AACPM. Recommend using Podiatry term instead of creating Podiatry.physician attending.

Alternate Proposals

Use Physician attending and Physician resident and create two new terms
Change existing Physician attending and Physician resident Roles to Attending and Resident to use for all domains

Committee Decision

Psychology

Note Find Pt {Setting} Doc Psychology.physician intern
Proposal
Add new Role of Psychologist intern (or should it be Psychology intern?).

Alternate Proposals
Create role for Intern to use for all non-MD specialties
Change existing Physician intern and Role to Intern to use for all domains

Committee Decision

Optometry
Note Find Pt {Setting} Doc Optometry.physician resident

Proposal
Add new Role of Optometrist resident (or should it be Optometry resident?)

Alternate Proposals
Create Role for Resident to use for all non-MD specialties
Change existing Physician resident Role to Resident to use for all domains

Committee Decision
PROPOSAL: Add "Long-term opioid therapy for pain consent" as a new KOD under Consent

Term requested by VA:

Consent for long-term opioids for pain  Find  Pt  {Setting}  Doc  {Role}

Background

Existing types of consents in the KOD axis:

- Abortion consent
- Anesthesia consent
- Hysterectomy consent
- Organ donation consent
- Procedure consent
- Release of information consent
- Sterilization consent
- Surgical operation consent

Recall our prior discussion about using "Agreement" as a KOD, with this definition:

Patient agreement documents contain statements to help patients understand their role and responsibilities regarding their treatment (e.g., how to obtain refills, conditions of medication use), the conditions under which their treatment may be terminated, and the responsibilities of the health care provider. Such documents can help facilitate communication between patients and healthcare providers and resolve any questions or concerns before initiation treatment. For example, they can be used with patients who are beginning long-term treatment with a controlled substance.

There are many such examples of Opioid Consent forms:

- [VA](https://www.va.gov)
- [American Academy of Pain Medicine](https://www.aapm.org)

Interestingly, I found one example called “Informed Consent / Agreement” from a Canadian site.

[Committee Decision]
PROPOSAL: Add "Cardiopulmonary resuscitation" as a new TOS under Procedure

Terms requested by VA:

Cardiopulmonary resuscitation flowsheet  Find Pt  {Setting}  Doc  {Role}
Cardiopulmonary resuscitation note  Find Pt  {Setting}  Doc  {Role}

A few examples of such flowsheets (which presumably could also be organized as notes):

- [Human example](#)
- [Vet example](#)

[Committee Decision]
PROPOSAL: Add "Fluid management" as a new TOS under Evaluation and Management.

Update LOINC 61148-3 to align with Document Ontology model, and create new term with Nurse as the Role.

Term requested by VA:

```
Intake & output note Find Pt  {Setting} Doc Nurse
```

Existing LOINC:

```
61148-3   Intake and output    Find Pt  ^Patient  Nar
```

Term description:

The description of fluids taken in and put out during the course of an encounter.

Propose updating LOINC 61148-3 to:

```
Fluid management note Find Pt  {Setting} Doc  {Role}
```

61148-3 is a child of LOINC 82811-1, Nurse summary note - recommended sections, which contains the section terms used in the IHE eNursing Summary.

Example documentation/resources:

- [Cook Children’s I&O Monitoring and Documentation](#)
PROPOSAL: Add “Discharge checklist” as a new Kind of Document under Checklist

Term requested by Canada Health Infoway:

```
Discharge checklist         Find Pt   {Setting}  Doc   {Role}
```

Submitted term description: A document containing the list of tasks to be completed. The purpose of this document is to ensure that no step is missed or forgotten.

Background

Existing KOD:
Discharge instructions (under Instructions)

Existing TOSs:
Discharge teaching
Discharge summary
Discharge notification

Examples:
https://www.mylvad.com/content/heartware%C2%AE-patient-discharge-checklist
https://nursekey.com/19-discharge-planning-and-transition-to-home-care/
HOLD FOR MORE INFO: Sedation

Terms requested by VA:

Sedation note    Find Pt   {Setting}   Doc   {Role}

Background

Is this a “conscious sedation procedure note” or a “chemical sedation” for purposes of restraint? Both could be considered for inclusion, but we’d want to distinguish them.

Might this be too specific for inclusion in the Document Ontology?

Possible alternatives:

70006-2  Medication management note
34750-0  Anesthesiology Note
28570-0  Procedure note
70007-0  Restraint note

[Committee Decision]