

SNOMED-CT coding in general practice – barriers and opportunities

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Study supported by:  **HealthConnect**
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Background

- GP is one of the cornerstones of health care system
- GP typically
 - Does not have enough critical mass to have dedicated coding support (as compared to hospitals)
 - Has rich mix of patients (as compared to specialists)
- Taking GP on board with implementation of SNOMED-CT as national standard is important

Objective

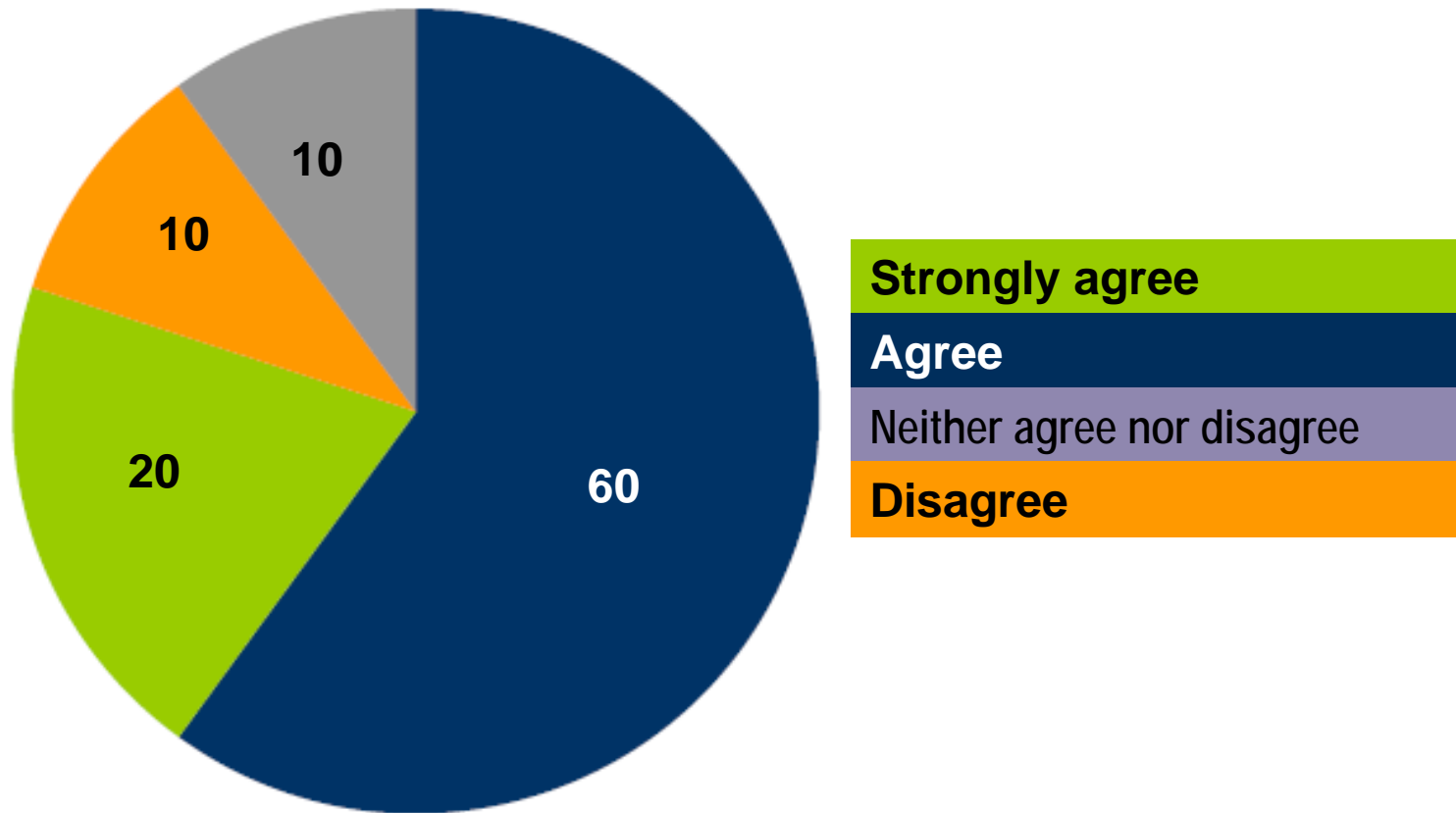
How will general practice cope with
SNOMED-CT ?

What are the opportunities and barriers in
coding at the GP level ?

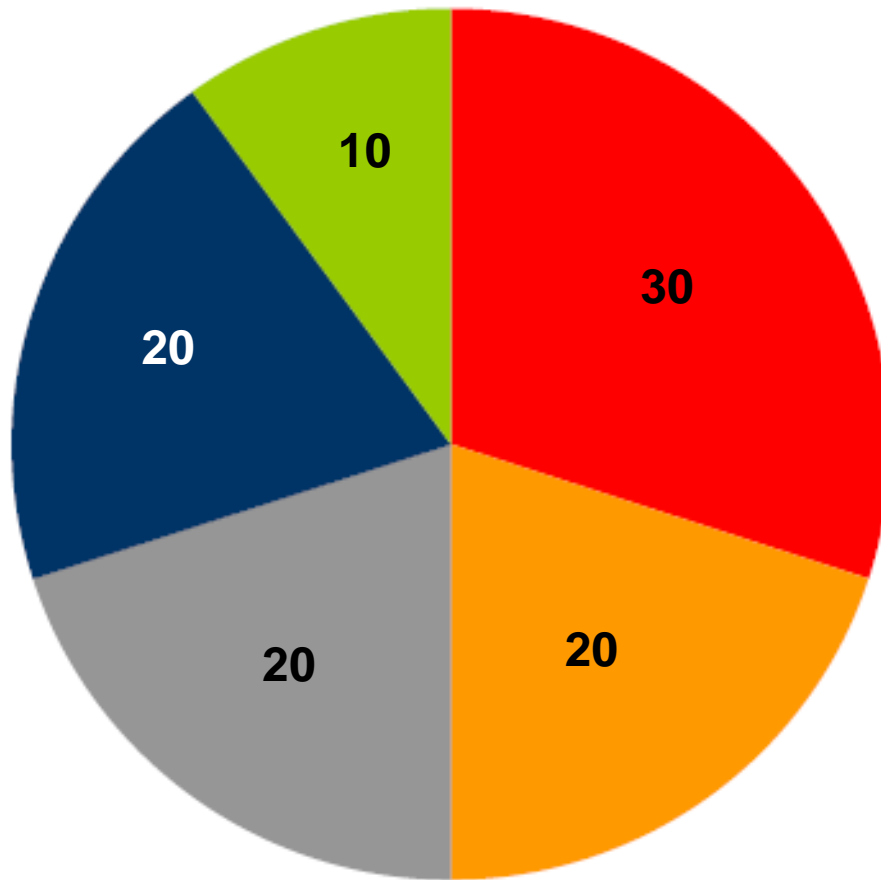
Study design

- 10 metropolitan GP using VIP software
- Minimalistic training (10 minutes intro)
 - Typically GPs receive very little user training for any software they use
- Lickert scales and interview in 2 phases:
 - Collect opinion on coding in general
 - *(do coding as part of daily routine)*
 - Collect opinion on SNOMED-CT experience and its perceived utility in the practice
- Measuring speed of coding
 - 2 sets of problems
 - 3 runs
 - SNOMED-CT on VIP
 - SNOMED-CT on CliniClue
 - “Usual” coding on VIP (6/10 GPs use “Custom”, 4/10 ICPC)

“Entering a diagnostic code is useful for my practice”



“Entering a diagnostic code is difficult”



Strongly agree

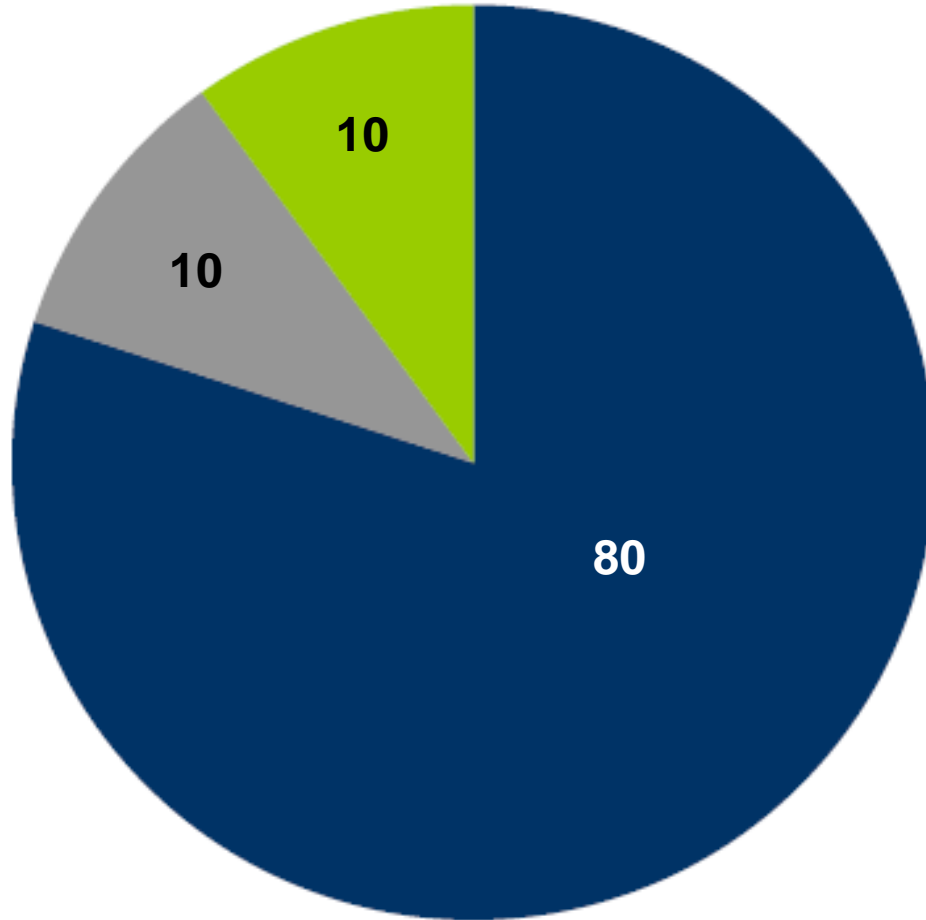
Agree

Neither agree nor disagree

Disagree

Strongly disagree

“Coding as such is important”

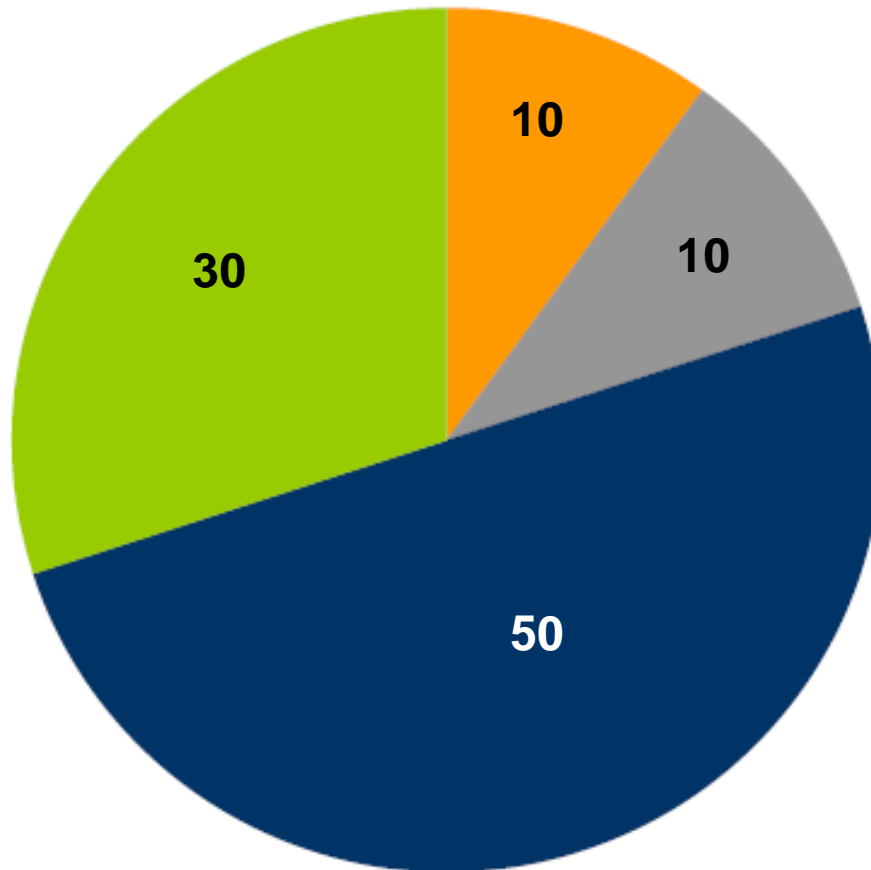


Strongly agree

Agree

Neither agree nor disagree

“Learning SNOMED-CT was easy”



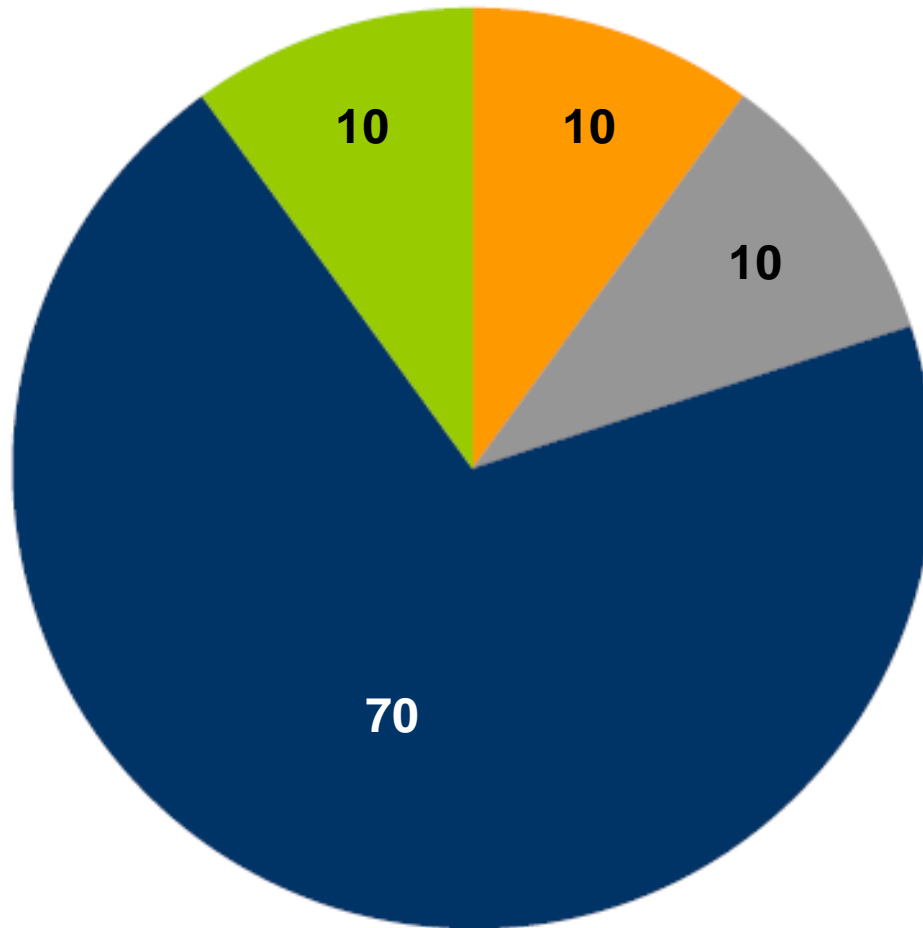
Strongly agree

Agree

Neither agree nor disagree

Disagree

“I am able to use SNOMED-CT in my practice”



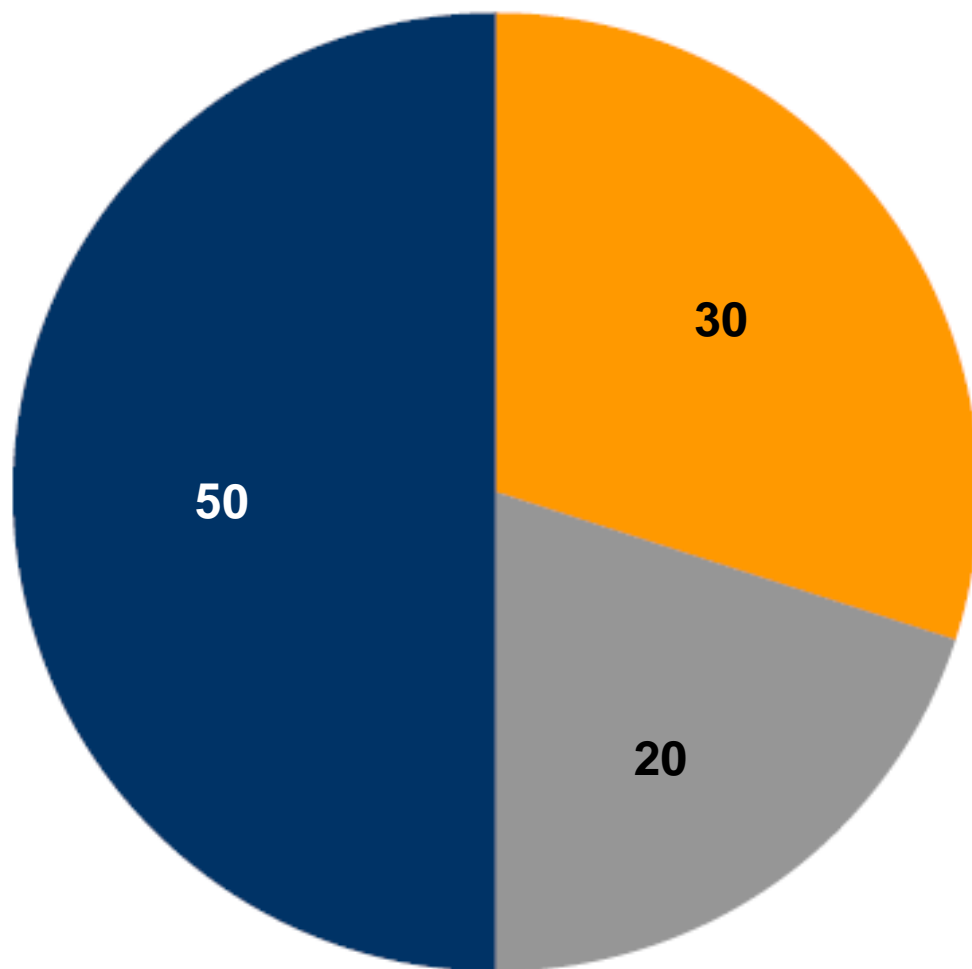
Strongly agree

Agree

Neither agree nor disagree

Disagree

“SNOMED-CT is easy to use”

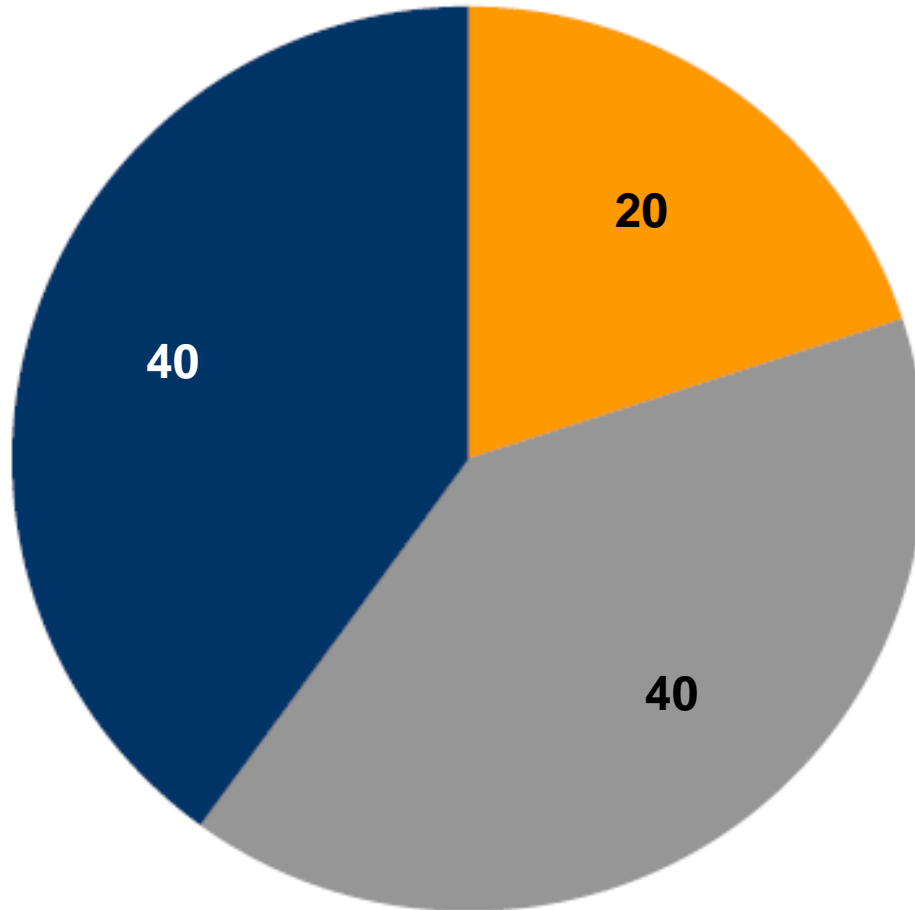


Agree

Neither agree nor disagree

Disagree

“SNOMED-CT is useful for my practice”

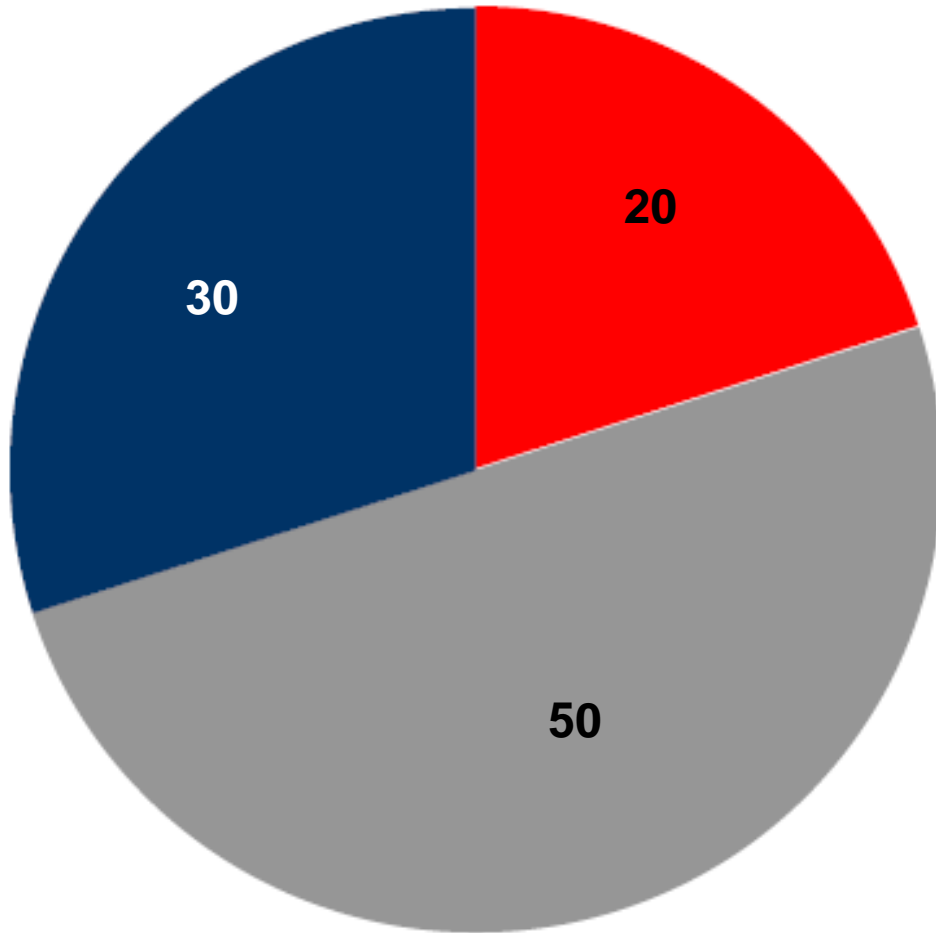


Agree

Neither agree nor disagree

Disagree

“I intend to use SNOMED-CT in future”



Agree

Neither agree nor disagree

Strongly disagree

Speed of coding

	N	Mean [s]	Std.Dev [s]	Min [s]	Max [s]
SNOMED-CT in VIP	79	38.1	26.6	7.6	158.3
“Usual” coding in VIP	80	22.0	19.8	4.9	143.0
SNOMED-CT in CliniClue	69	21.2	16.5	5.3	84.5

Barriers

- Lack of **time** (so far the time and effort spent on coding not outweighed by incentives)
- Lack of **incentives** (quality of care, q. of patient management, DSS... payment)
- Terminology is **too rich** (ambiguity, search time, deciding on level of detail...)
- Terminology is **too narrow** (missing codes – e.g. “testing for driving licence”...)
- Very few tools available to utilise the codes entered

What GPs expect?

- Services (DSS...) linked to codes
- Better quality of patient care (codes related to alerts, scenarios, care plans ...)
- Summarising the consultation
- Comprehensive transfer of information, improved quality of referrals, continuity of care
- Better (or quicker) standardised overview of patient documentation (e.g. codes related to case records)
- Statistical overview on the case-mix of problems seen by the practice

Opportunities

- Provide incentives
 - Provide tools to make coding quicker and mentally easier
 - Attach additional services to codes
 - Provide tools to search for codes or groups of codes (statistics, quick identification of groups of patients)
 - Decision support systems (e.g. guidelines)
 - Code-specific templates
 - Financial reimbursement for time spent
- User interface to reflect GP workflow
- Synonyms (e.g. “sore thumb” → “thumb pain”)

Conclusion

- GPs can use SNOMED-CT without too many problems
 - Time needed to code in SNOMED-CT does not differ too much from what is needed for coding in the system GPs currently use
 - GPs see coding as important activity
- BUT**
- GPs are not ready to do coding on a routine basis without an additional incentive – mostly in form of improved care or care management

More detailed report on this study can be found on the  **HealthConnect** site:
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<http://healthconnectsa.org.au/Portals/0/SNOMED-CT coding diagnosis in General Practice FINAL.pdf>