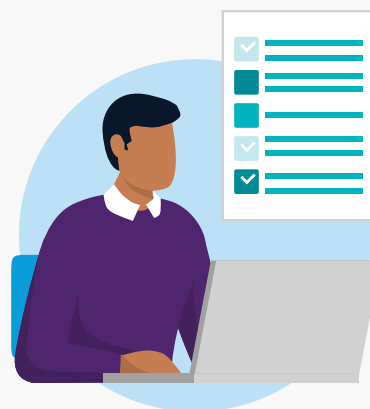


# Is updating the problem list a physician-only task?



## DEBUNKING THE MYTH

There is no federal regulation prohibiting care team members from assisting physicians in maintaining an accurate, up-to-date problem list. A report funded by the Office of the National Coordinator for Health Information Technology provides guidance regarding how clinical staff and ancillary care team members can help update information in the problem list based on the decision-making of the physician or other licensed independent practitioner caring for the patient.<sup>1</sup> Physicians and care team members should adhere to applicable state scope of practice regulations.

## BACKGROUND

The maintenance of an accurate problem list is essential to making informed decisions about a patient's treatment, identifying risks and care gaps, and ensuring continuity of care. The problem list should include current, active diagnoses in addition to past diagnoses relevant to the patient's on-going care.<sup>2</sup> In many EHRs, the problem list has become a repository for more information than just an ICD10 code. There may be critical historical information about the progression of an illness as well as details about consulting physicians.

As the number and variety of clinicians included in the care of any single patient continues to grow, the responsibility for curating the problem list should be shared by physicians and care team members. However, given the ever-growing use of the problem list in clinical decision support (alerts, etc), reporting, and EHR logic driving functionality such as automated patient questionnaires and automated health maintenance reminders, it is imperative that the problem list be as accurate and granular as possible. Organizations can benefit from providing guardrails around who can edit the problem list and how they can edit it, such as the example below.

Role	Appropriate updates to problem list		
MA	Resolve past acute problems	Resolve completed pregnancies	
RN	Resolve past acute problems	Resolve completed pregnancies	Add dx based on consult or discharge notes
CDI Team	Adjust code to more specific one based on provider documentation		
Ancillary Providers (RT,PT, etc)	Resolve past acute problems	Resolve completed pregnancies	Add or edit problems based on their evaluation

## KEY TAKEAWAY

Shared responsibility among physicians, non-physician practitioners, and carefully identified clinical staff to maintain an up-to-date, accurate problem list can help enhance care coordination and improve patient care while reducing clerical burden for physicians.

## Resources

- AAFP “Taming the Problem List” [article](#). Accessed January 2025.
- AMIA “Problem Management Module” [article](#). Accessed January 2025.

## References

1. Hummel J, Evans P. *Standardizing the Problem List in the Ambulatory Electronic Health Record to Improve Patient Care*. AHRQ; 2012. Accessed January 8, 2025. <https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/tools-and-materials/ehr-problem-list.pdf>
2. Centers for Medicare & Medicaid Services (CMS). Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures: Measure 3 of 11 Stage 1. Published online May 2014. Accessed January 8, 2025. [https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/3\\_maintain\\_problem\\_list.pdf](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/3_maintain_problem_list.pdf)