

Defining the “Chief Complaint” to Maximize Vision

Diane F. Drake, LDO, ABOM, NCLEM, FNAO



Course Description:

- While patients/customers may come to an Optical office for any number of reasons, it is incumbent upon us to determine the particular reason/reasons and address them in particular. Part of a patient history is identifying the “Chief Complaint” from your patient. Whether it is visual, emotional, or something else, satisfaction is depending upon finding the source of the complaint to maximize vision. This course will help to identify the standard history “chief complaint” as well as digging to uncover any other concerns.

Introduction

- Definition of Chief Complaint
- Importance to history taking
- Communicating chief complaint/complaints to the Optical Dispensary
- Communicating with the patient during dispensing
- Working together as a team to ensure patient's vision is maximized

“Chief” Complaint

- Exam
- Optical
- Also termed “Presenting Problem” or “Presenting Complaint” in UK

Definition

Chief Complaint - CC - Subjective

- A subjective statement made by a patient describing the most significant or serious symptoms or signs of illness or dysfunction that caused him or her to seek health care.



Definition

- The primary symptom/symptoms that a patient states is the reason for the visit
- Short statement from the patient “in their own words” about why they presented for treatment





Type of questions to ask to get accurate information

- To get patient to discuss chief complaint
 - Ask open ended questions
- Good communication is critical

CPT recognizes 5 levels of presenting problems

- Minimal
 - Self-limited or minor
 - Low severity
 - Moderate severity
 - High severity
-
- CC can be problem-oriented or preventative
 - Preventative may be based upon another condition – Diabetic patient - checking for diabetic retinopathy

History of Present Illness

HPI - Subjective

- Description of development of current illness – date of onset
- Patient describes HPI
- Provider must personally document each encounter

Four elements of a History

- Chief Complaint – CC
- History of Present Illness – HPI
- Review of Systems – ROS
- Past, Family or Social History - PFSH

History

- Chief complaint
 - Reason for visit
- History of present illness
 - Detailed information on chief complaint
- Medical History
- Ocular History
- Family History
- Social History (age appropriate)
 - Alcohol, smoke, occupation, live alone

4 History Levels

- Problem focused – PF
- Expanded problem focused – EPF
- Detailed – D
- Comprehensive - C

Importance of History Taking

- Correct information in history is important in coding
 - Many third-party payer audits result due to inadequate history to support the level of documentation billed — particularly in a new patient exam

Importance of History Taking

- Should be in patient's own words
 - However, a short synopsis may be acceptable as long as it doesn't interpret patient's words



Chief complaint

- In the patient's own words
 - Identifies the reason for visit
 - Along with primary Dx, CC helps determine who is responsible for payment
- Documented in medical record for each encounter

CC and HPI

- Not the same
- CC is reason for visit
- HPI details the CC
- CC directs the questioning in the HPI and ROS



Chief Complaint for Routine Eye Exam

- “I broke my glasses”
- “I need a new prescription (for glasses)”
- “Routine eye exam”
- “My contact lenses need replacement”
- “I’m here for my annual eye exam”

Chief Complaint for Medical Exam

- CC: Watery eyes Dx: Keratitis sicca
- CC: Diabetic eye exam Dx: IDDM, controlled
- CC: IOP re-check Dx: COAG
- CC: Can't read fine print Dx: AMD
- CC: Headache Dx: UL ptosis, OU
- CC: Failed DMV test Dx: Cataract

8 dimensions of a medical problem

- **OLD CARTS**

- **O**nset
- **L**ocation/radiation
- **D**uration
- **C**haracter
- **A**ggravating factors
- **R**eliving factors
- **T**iming
- **S**everity

Importance of History Taking

- Drives the exam
- Key elements of the HPI (history of the present illness)
 - Identify the eye(s) in which the problem is located.
 - How long this has been a problem?
 - Is it associated with any activity?
 - Is there anything that makes it better or worse?

Importance of History Taking

- Chronological description of the development from first sign or symptom to present
- Why today?
 - Long standing symptoms/complaints
 - Is there something new/different?
 - Is there a gradual worsening?
 - Did they speak to someone who mentioned that it should be checked out?
 - Other agenda?

Importance of History Taking (HPI)

- CPT guidelines recognize the following **eight** components of the HPI:
 - **Location.** What is the site of the problem? Is it unilateral or bilateral?
 - **Quality.** What is the nature of the pain? Is it constant, acute, chronic, improved or worsening?
 - **Severity.** Describe the pain or redness, for example, on a scale of 1 to 10, with 10 being the worst.

Importance of History Taking (HPI)

- CPT guidelines recognize the following **eight** components of the HPI:

Duration. How long has the problem been an issue?

Timing. Is the problem worse in the morning or evening, or is it constant?

Context. Is it associated with any activity?

Importance of History Taking (HPI)

- CPT guidelines recognize the following **eight** components of the HPI:
 - **Modifying factors.** What efforts has the patient made to improve the problem? Heat? Artificial tears? Other?
 - **Associated signs and symptoms.** Is the problem causing blurred vision? Headache? Twitching? Excessive tearing

Importance of History Taking

- Two common types of HPIs
 - The HPI is *brief* if one to three elements are documented
 - The HPI is *extended* if four to eight elements are documented.

Importance of History Taking

- If more than one chief complaint, list them in order of importance. Don't leave them out, or your history will be incomplete
 - Good technician will ask some questions to ensure proper pre-tests are done
 - Saves Doctor time later

Importance of History Taking

- Negative responses count when they are pertinent to the chief complaint
- Negative responses *don't* count when they are not pertinent to the chief complaint and/or are often cloned from exam to exam



Communicating chief complaint/complaints to the Optical Dispensary

- While Opticians may not discuss true “Chief Complaint”, knowing it helps with vision recommendations
- Ensure HIPAA is upheld

Optical Dispensary

- Identify “Chief” complaint
- Different from reasons prior to exam
- Maybe not so different

Communicating with the patient during dispensing

- Questioning styles
- Visual lifestyle
- What to recommend





Troubleshooting

Visual Concerns or Cosmetic Concerns?

OD -2.00 – 2.00 X 180

OS - 2.00 – 2.00 X 090

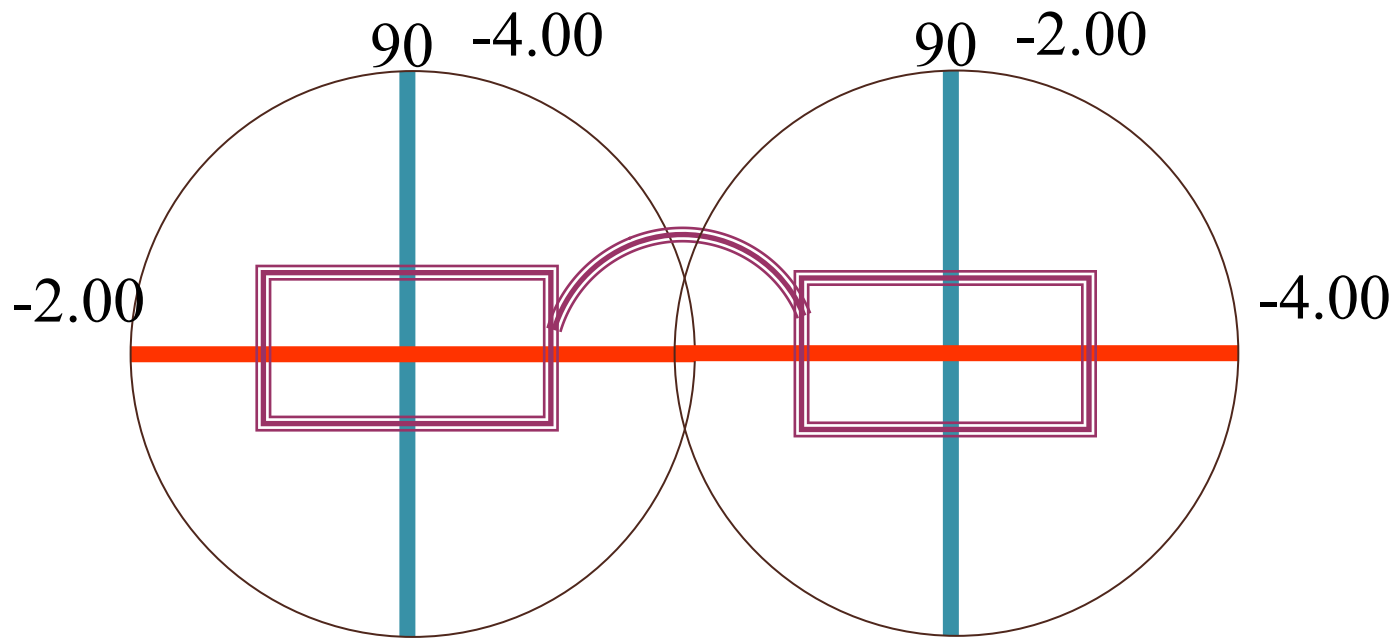
Add OU + 2.50

Cosmetic Concerns

-2.00 – 2.00 X 180

-2.00 – 2.00 X 090

Add OU +2.50

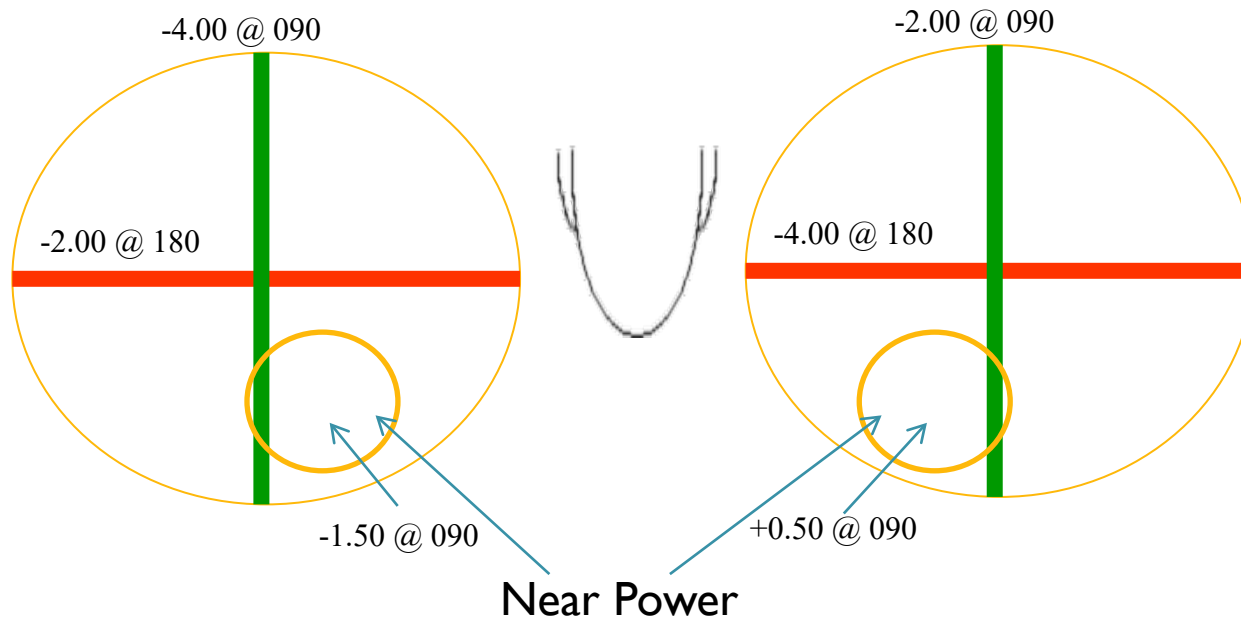


Visual Concerns

OD -2.00 -2.00 x 180

OS -2.00 -2.00 X 090

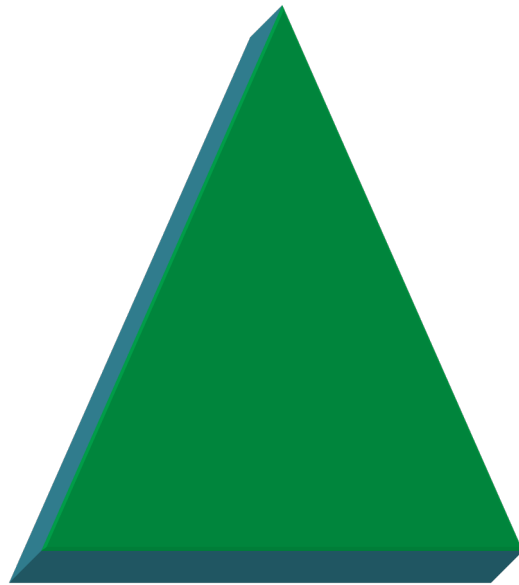
Add OU + 2.50





**Consider Decentration
Vertical as well as Horizontal**

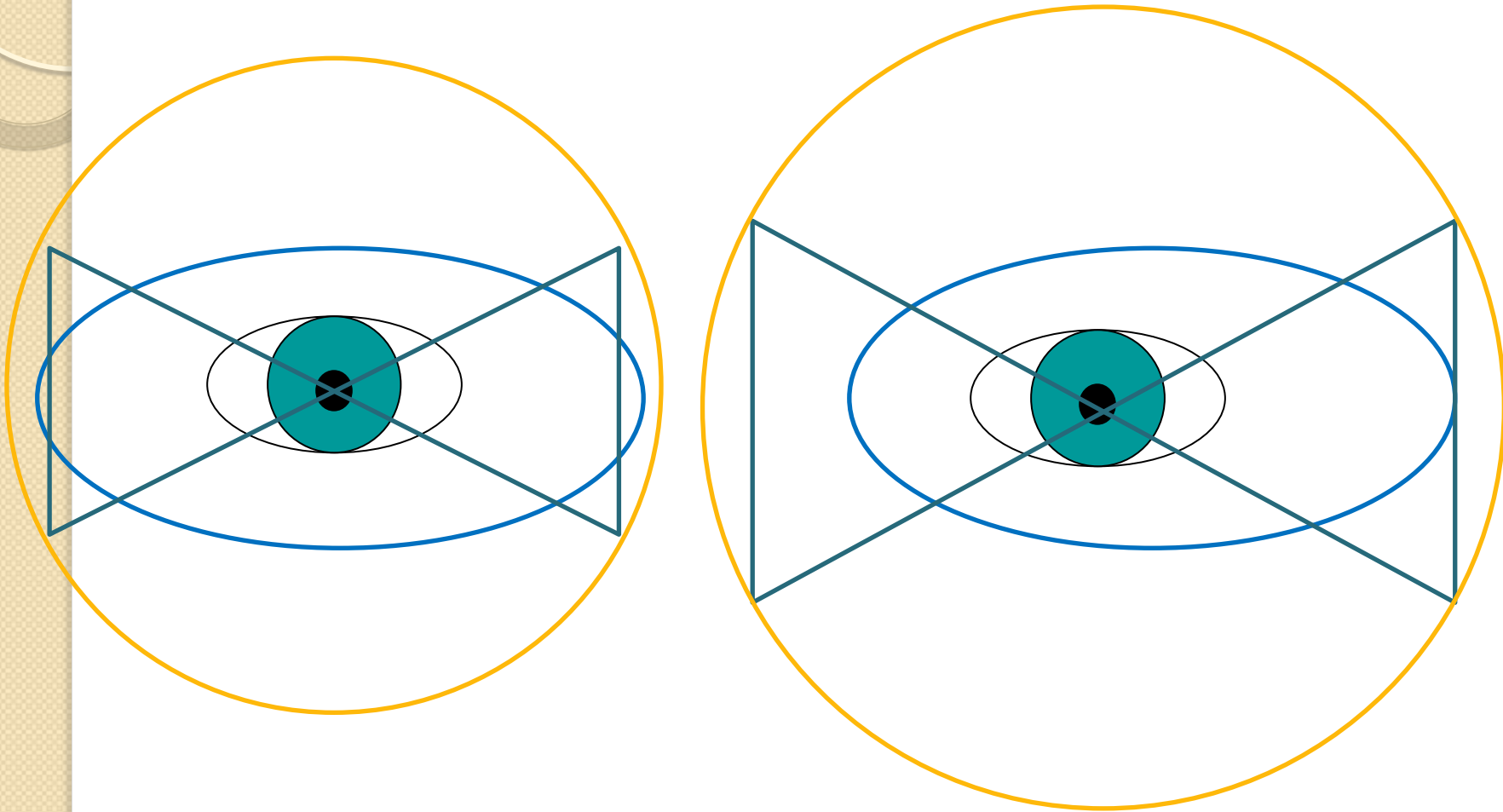
Prism



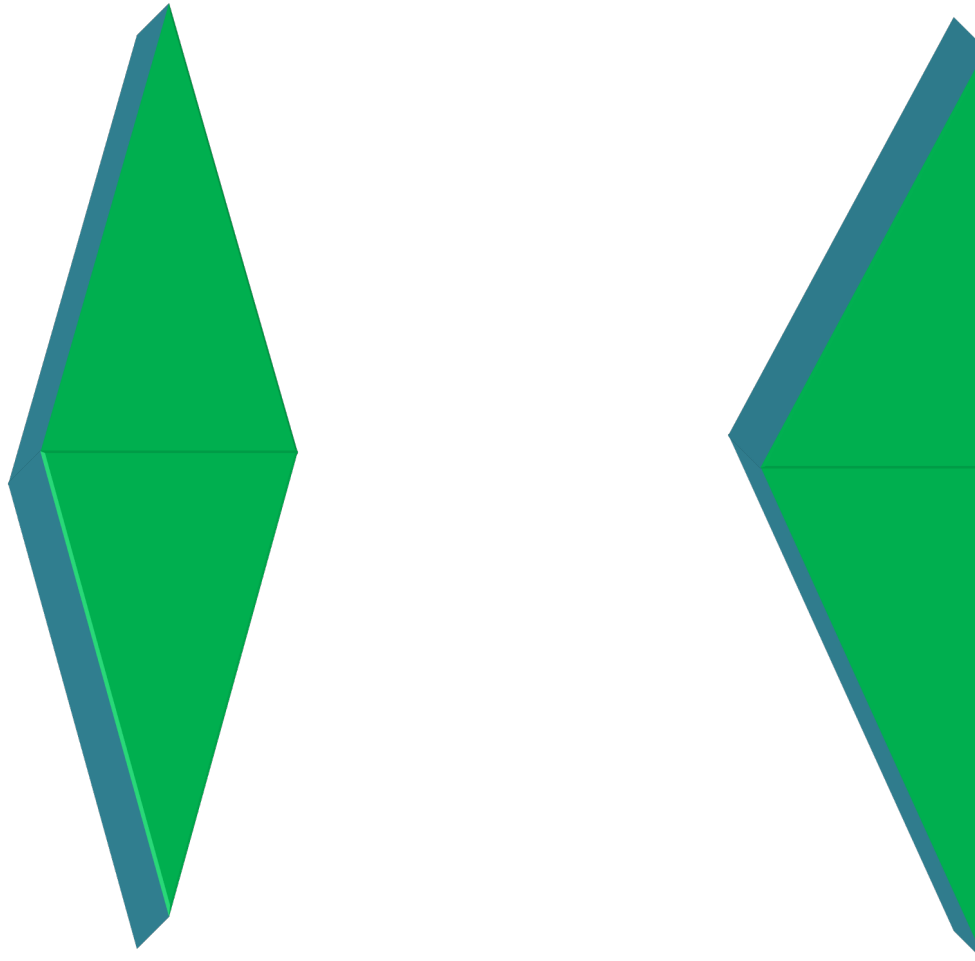
Properties of minus lenses



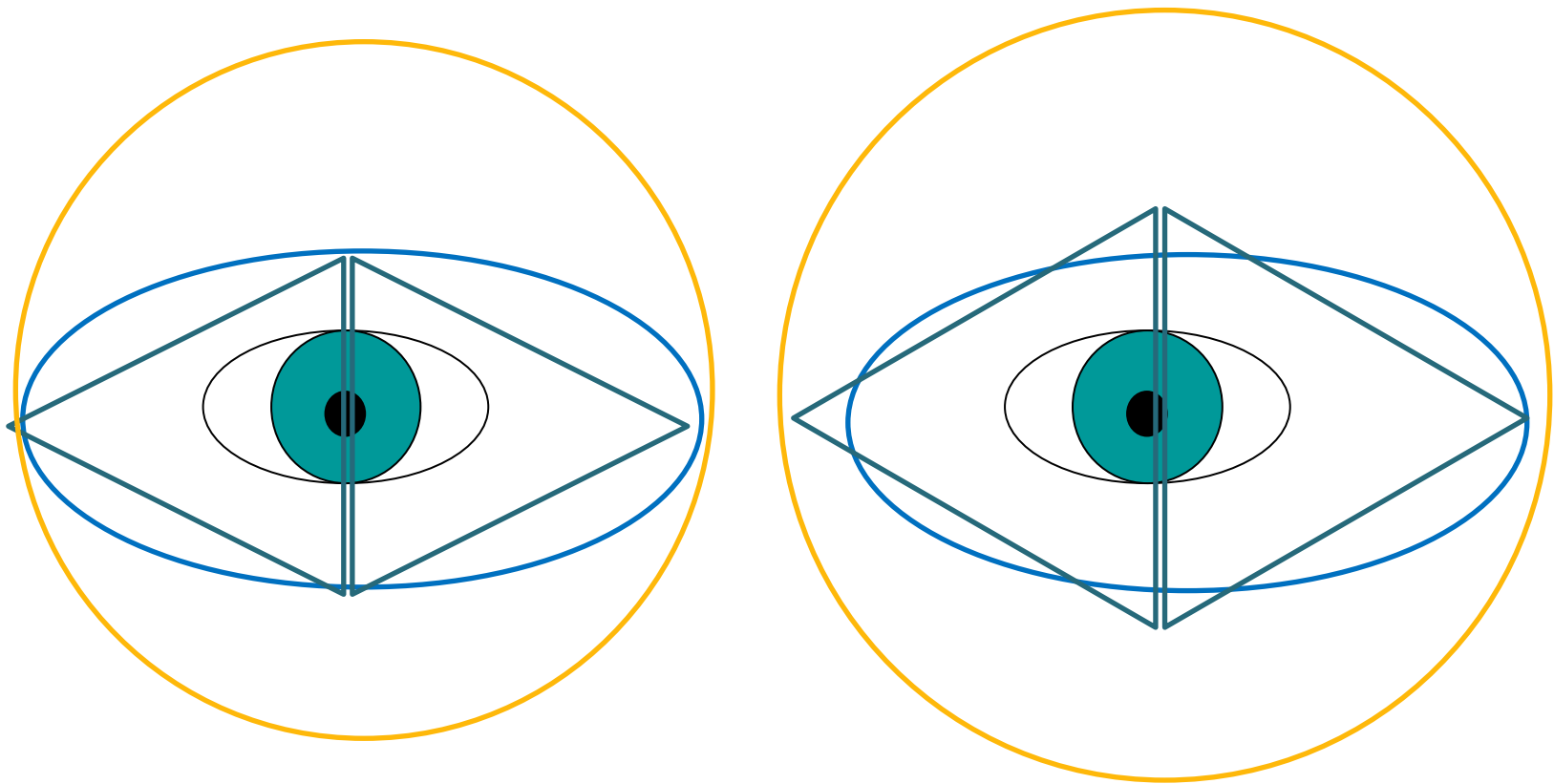
Decentration of minus lenses



Properties of plus lenses



Decentration of plus lenses



Identifying Lenses

- SV
- Multifocal
- PAL's
- Combinations
- How will the eyewear be used?



Working together as a team

- **To ensure patient's vision is maximized**
- Everyone has to do their part
- Communicate



**Conclusion/Question/Answers/
Comments/Thank You**