An Integrated Family-Oriented Problem-Oriented Medical Record

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A charting system has been developed that integrates in one place the master problems of individual members of the family whether they be physical, psychological, or socioeconomic. In addition to the Family Problem List, there is a geneology as well as a family profile. The use of the INFO-POMR helps the clinician approach the family as a unit by providing family information at the provider-patient interface.

Since the inception of the Problem-Oriented Medical Record by Lawrence Weed in 1968,[1] that record has been modified by many practitioners and authors. Bjorn and Cross[2] and Rakel[3] added a Temporary or Self-Limited Problem List in addition to the Master Problem List of Weed.

In 1977, Grace, Neal, and their colleagues reported a family-oriented medical record.[4] In their modification, a common page listed all of the master problems of the individual members of the family with an additional space entitled, "Family Problems."

The Integrated Family-Oriented Problem-Oriented Medical Record (INFO-POMR) has combined the master problems of individuals in the family on a single page using a matrix format. Two of the authors (S.R. and D.B.) have used it in an active family practice for two years. The INFO-POMR has been found to be a worthwhile instrument to help integrate information on the family at the provider-patient interface without additional chart entries or duplication of information.

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Description

The INFO-POMR requires a family chart that encloses individual folders for each member of the family. It cannot be used when charts are filed separately. The Family Master Problem List is attached to the inside of the family folder and is of heavier than usual stock (60 pound stock) as shown in Figure 1.

The Master Problem List and the Temporary Problem List of Rakel and Bjorn and Cross have been separated. The master problems of all members of the family are kept on the Family Master Problem List in a matrix format (Figure 2). This is the only master problem list in the entire chart.

Rather than using problem numbers assigned chronologically as initially described by Weed, the INFO-POMR uses numbers assigned by the International Classification of Health Problems in Primary Care (ICHPPC).[5] Any classification of health problems would accomplish the same purpose (ICDA-8[6] or RCGP[7] or CR Alpha[8]). The numbering of health problems using a classification system lends itself well to chart audit, disease registry, research, as well as computerization to facilitate all of these.

Included on the family problem page is a family profile to provide the opportunity for secondary providers of care to gain insight into a patient's milieu that a primary provider could know without

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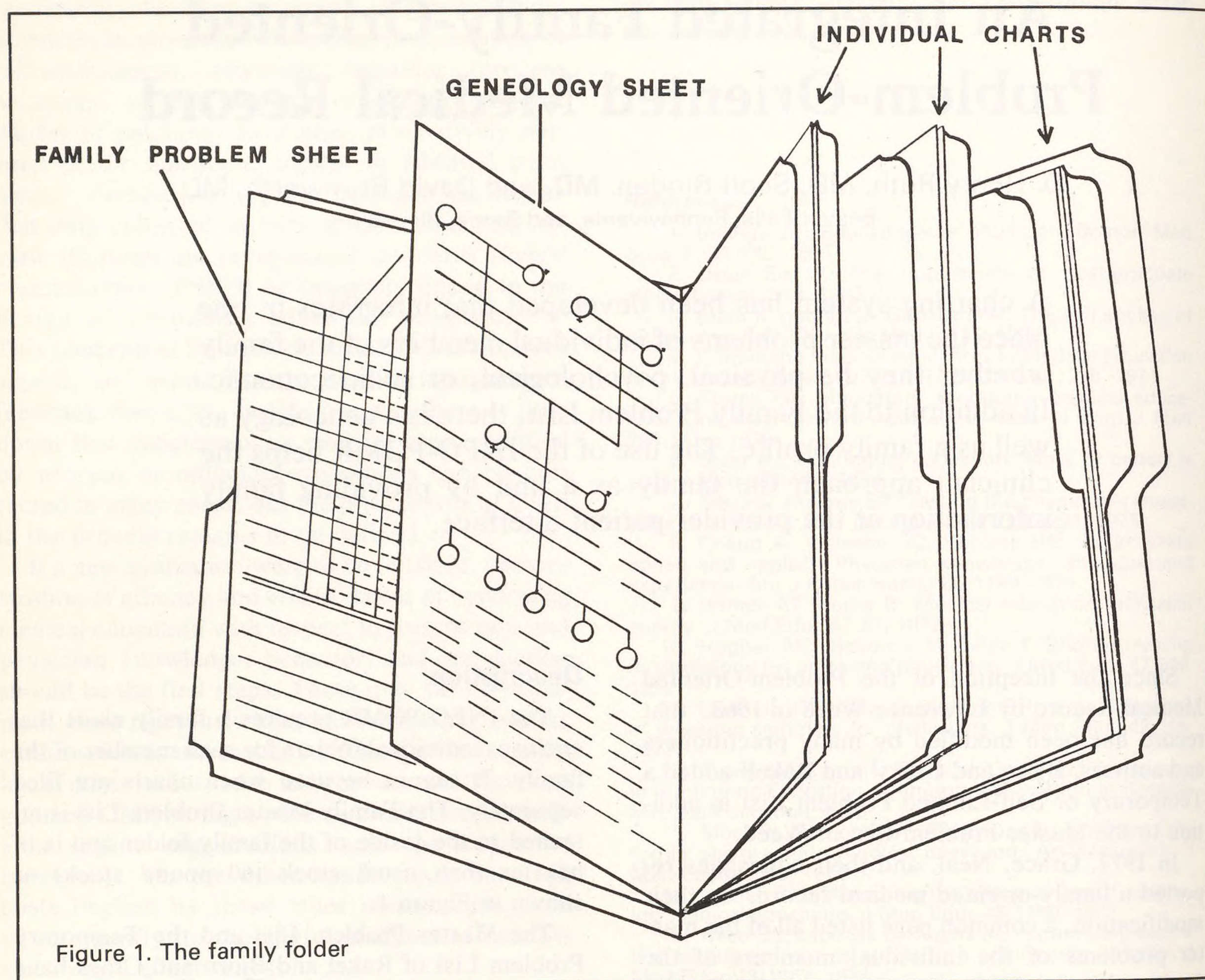

Figure 1. The family folder

referring to a chart. It could also enable the provider to be more aware of whether the "dis-ease" is in the family itself or in the individual. Included in the family profile could be SCEEM items as described by Smilkstein,[9] such as educational background, present marital status, previous marriages, length of marriage, length of time living in the area, employment, family hobbies, family interests, as well as any other information the primary provider thinks would be helpful to communicate the family style (Gestalt).

The reverse side of the family problem page contains a typical geneology, with some variation (Figure 3). Note that members of the family whose charts are included in the family folder do not have their medical problems listed since that information is available in the Family Master Problem List. This is consistent with the philosophy of not making duplicate entries.

The Temporary Problem List and the Chronic Medication List (Figure 4) are found on the inside of the front page of the individual chart. The removal of the usual problem list normally found on this page allows more room for the Temporary Problem List and the Chronic Medication List. The Temporary Problem List can be an index for self-limited problems that are written in the progress notes in the usual manner or, in the style of Bjorn and Cross, they can be included in a separate place in the chart either by using pre-printed, acute self-limited illness forms[2] or by writing them out.

A decision was made not to include the Temporary Problem List or the Chronic Medication List

FAMILY MASTER PROBLEM LIST

Date Entered
Date Resolved

PROBLEM

ICHPPC #→
DOB↓

Family Member

FAMILY PROFILE

Figure 2. The family master problem list

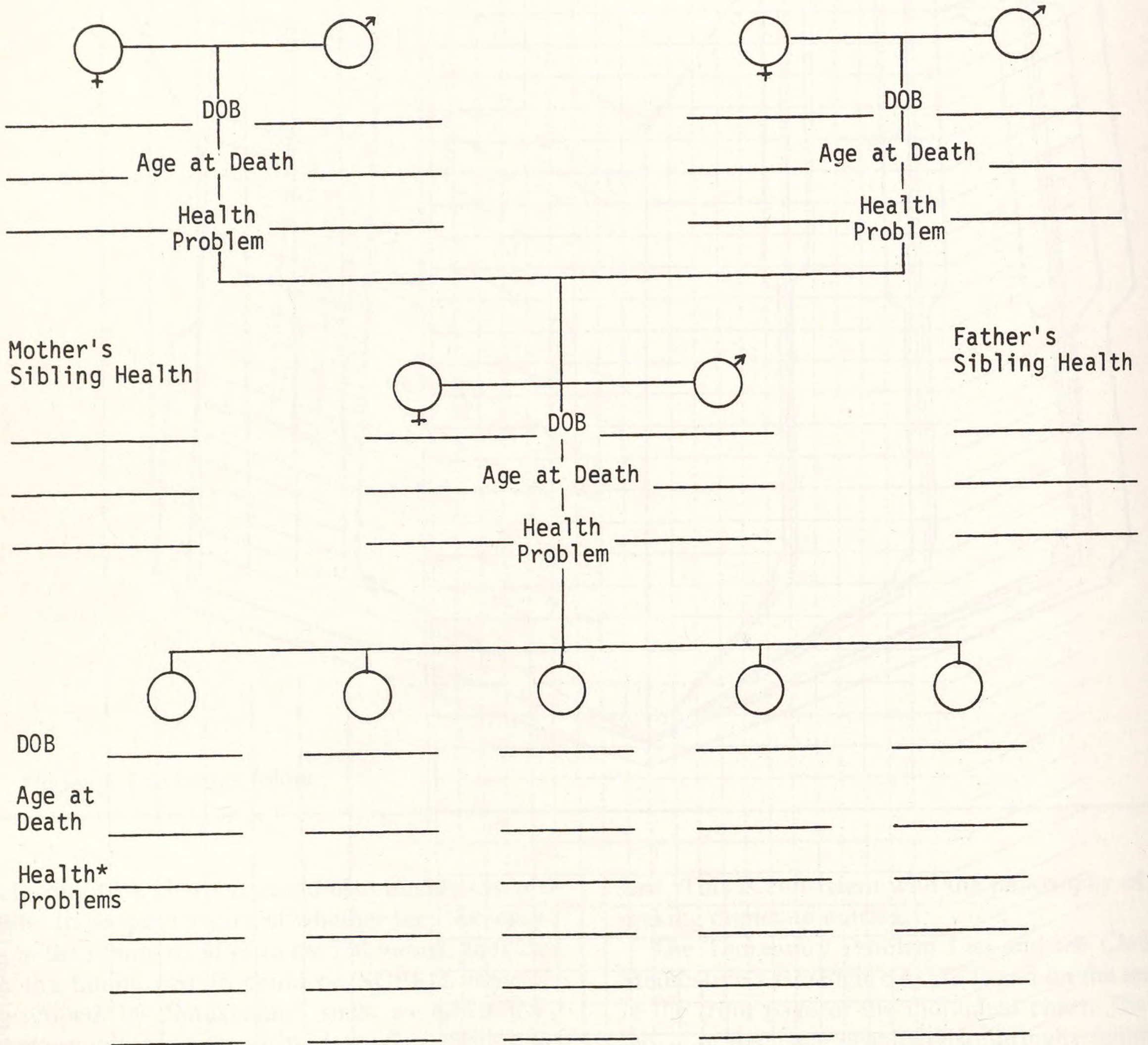

Figure 3. Family tree

TEMPORARY PROBLEM LIST

ICHPPC #	PROBLEM	DATE	RESOLVE	ICHPPC #	PROBLEM	DATES OF OCCURRENCES
	Incomplete data base					
	Incomplete immunization					
	PROBLEM	DATES OF OCCURRENCES				

ALLERGIES BY Hx: ______________

CHRONIC MEDICATION LIST

ICHPPC #	DRUG NAME	SIZE/STRENGTH	#	X	DATES

DOB: ______________

PT: PT. NO.: ______________

Figure 4. Temporary problem and chronic medication lists

on the Family Master Problem List because the added complexity would negate any advantage.

Discussion

Increased discussion in family practice literature reflects the concern of many providers of putting the "family into Family Practice."[9-12] The integration of the master problems of all individuals of the family acknowledges that no one in the family can have a problem without it affecting every other member in some way. For example, marital stress reported by the wife can be missed entirely when dealing with a teenage daughter's acting out when the daughter is being seen by other than the primary provider of health care. The INFO-POMR can involve the family in the presence of organic disease, such as diabetes mellitus. In the past, the involvement of family usually revolved around the person with the disease, eg, the wife who provided meals for the diabetic. The INFO-POMR can increase the sensitivity of the providers of health care to the effect of diabetes directly on other members of the family in areas such as sexual and genetic counseling, pregnancy, and prenatal care.

The INFO-POMR can include the family in whatever way the practice defines it (ie, only the people who live in one household, or the larger family whenever these members interact and relate with one another closely). In small towns where the population tends to be very stable and families frequently remain in the area for generations, there could be advantages to having other members of a family included in one family folder.

It is very important that the Family Master Problem List be the only place in the entire chart where master problems are listed. This accomplishes two purposes. It reduces the duplication of entries and, more importantly, forces the POMR-trained physician to look at the integrated Family Master Problem List. This tends to enlarge the focus from the individual to the family itself. Integrating the problems in a matrix circumvents the difficulty of deciding to which member a specific problem belongs or whether it is a "family" problem.

The authors have found that when the Family Master Problem List was included in addition to a Master Problem List in each patient's chart in the manner of Bjorn and Cross[2] and Rakel,[3] the individual Master Problem List was kept up, but the integrated Family Master Problem List was filled out only sporadically.

No medical record, problem oriented or not, can help improve health care unless it is used properly. The Family Problem List must be scanned prior to any interaction. The rapid reading of the family profile and the geneology can provide infrequent providers of health care an important insight into the family.

The original Problem-Oriented Medical Record (POMR) has evolved into the INFO-POMR, an instrument that can help an active family physician close the gap between the concept and the actual practice of *family* care, thereby responding to Carmichael's challenge "to turn the family into the object of care."[11]

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