

# ZyDoc MediSapien

Dictation → Transcription → Coding → Data Use

① Physician Dictation



② Transcription Platform

Job #	Date	Patient #	Patient Last	Patient First	Status	Date Done	Cycled Status
4042790	09/15/2010	12345678	James	Jean	Completed	Sep 15, 2010	Completed
4042789	09/15/2010	87654321	Ruth	Laura	Completed	Sep 15, 2010	Completed
4042788	09/15/2010	98765432	Hughes	Bern	Completed	Sep 15, 2010	Completed
4042787	09/15/2010	10987654	Johnson	Earvin	Completed	Sep 15, 2010	Completed
4042786	09/15/2010	21098765	Wilford	Earvin	Completed	Sep 15, 2010	Completed
4042785	09/15/2010	32109876	Kane	Clark	Completed	Sep 15, 2010	Completed
4042784	09/15/2010	43210987	Olson	John	Completed	Sep 15, 2010	Completed
4042783	09/15/2010	54321098	Ray	Sally	Completed	Sep 15, 2010	Completed
4042782	09/15/2010	65432109	Henderson	Stephen	Completed	Sep 15, 2010	Completed
4042781	09/15/2010	76543210	Coop	Al	Completed	Sep 15, 2010	Completed
4042780	09/15/2010	87654321	Johnson	Earvin	Completed	Sep 15, 2010	Completed
4042779	09/15/2010	98765432	Webb	Beverly	Completed	Sep 15, 2010	Completed
4042778	09/15/2010	10987654	Little	Lila	Completed	Sep 15, 2010	Completed
4042777	09/15/2010	21098765	Chapman	Charles	Completed	Sep 15, 2010	Completed
4042776	09/15/2010	32109876	Tucker	Bruce	Completed	Sep 15, 2010	Completed
4042775	09/15/2010	43210987	Warner	Corinne	Completed	Sep 15, 2010	Completed
4042774	09/15/2010	54321098	Boyd	Bob	Completed	Sep 15, 2010	Completed
4042773	09/15/2010	65432109	Simmons	Barb	Completed	Sep 15, 2010	Completed
4042772	09/15/2010	76543210	Heath	Barbara	Completed	Sep 15, 2010	Completed
4042771	09/15/2010	87654321	Gamble	Natasha	Completed	Sep 15, 2010	Completed
4042770	09/15/2010	98765432	Bond	James	Completed	Sep 15, 2010	Completed
4042769	09/15/2010	10987654	Adams	Hubert	Completed	Sep 15, 2010	Completed
4042768	09/15/2010	21098765	Stevens	Talitha	Completed	Sep 15, 2010	Completed
4042767	09/15/2010	32109876	Swanson	Wendy	Completed	Sep 15, 2010	Completed
4042766	09/15/2010	43210987	Armstrong	Wendy	Completed	Sep 15, 2010	Completed
4042765	09/15/2010	54321098	Levine	Jill	Completed	Sep 15, 2010	Completed
4042764	09/15/2010	65432109	Reid	Debra	Completed	Sep 15, 2010	Completed

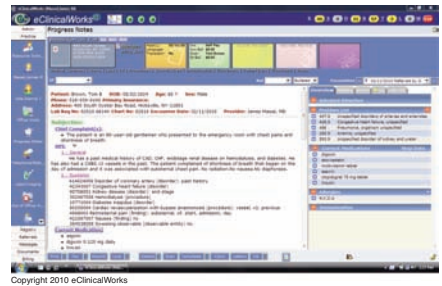
③ Natural Language Processing to extract medical codes and display for meaningful use

Unstructured Patient-Level Data	Structured Patient-Level Codes
<p><b>history of the present illness:</b> The patient is an 80-year-old gentleman who presented to the emergency room with chest pain and shortness of breath. He has a past medical history of CAD, CHF, end-stage renal disease on hemodialysis, and diabetes. He has also had a CABG 3 vessels in the past. The patient complained of shortness of breath that began on the day of admission and it was associated with subsonal chest pain. No radiation. No nausea. No diaphoresis.</p> <p><b>medications on admission:</b> He was on Coreg, aspirin, doxazosin, Plavix, Nexium, multivitamin daily, Lipitor daily, and insulin. He is also on Depo 612.5 mg depot.</p> <p><b>family history:</b> Noncontributory.</p> <p><b>allergies:</b> No known drug allergies.</p> <p><b>social history:</b> He denied tobacco or alcohol use.</p> <p><b>review of systems:</b> Negative except for the shortness of breath and chest pain. He denied any fevers, chills, sweats, or cough.</p> <p><b>physical examination:</b> General Appearance: He was in no acute distress. Vital Signs: He was afebrile. His blood pressure 153/71, pulse 61, respiratory rate 22, and pulse oximetry is 97% HEENT: Normocephalic and atraumatic. Extracranial mucous membranes are intact. Tympanic membranes are within normal limits. Lungs: He had diminished breath sounds bilaterally. Heart: Regular rate and rhythm. He had normal S1 and S2. Abdomen: He had good bowel sounds. Soft, nontender, and nondistended. No hepatosplenomegaly. Extremities: No chabing, cyanosis, or edema. Neurologic: He had no focal neurological deficits.</p> <p><b>laboratory data:</b> On admission, his hemoglobin was 13.6, hematocrit 41.5, and platelets 150,000. WBC count is 7.6. His electrolytes were within normal limits. His BUN was 44 and creatinine 3.65. His CK was 81. APTT 14.6, INR 1.6, troponin I 0.07, troponin T 2, and rheumatoid 41. Thyroid level was 2.5. Elevated Creat. Creatinine</p>	<p><b>history of the present illness:</b></p> <ul style="list-style-type: none"> <li>Disorder of coronary artery (disorder)</li> <li>status: past history</li> <li>Congestive heart failure (disorder)</li> <li>status: end stage</li> <li>Hemodialysis (procedure)</li> <li>Diabetes mellitus (disorder)</li> <li>Cardiac revascularization with bypass anastomosis (procedure)</li> <li>bodycode: vessel</li> <li>status: previous</li> <li>Retrosternal pain (finding)</li> <li>bodycode: subsonal</li> <li>relaxa: of</li> <li>status: start</li> <li>relaxa: admission</li> <li>status: stay</li> <li>Nausea (finding)</li> <li>no</li> <li>Sweating observable (observable entity)</li> <li>no</li> </ul> <p><b>medications on admission:</b></p> <ul style="list-style-type: none"> <li>Aspirin (product)</li> <li>Doxazosin (product)</li> <li>Clopidogrel bisulfate (substance)</li> <li>Metformin preparation (product)</li> <li>frequency: daily</li> <li>Atorvastatin calcium (substance)</li> <li>frequency: daily</li> <li>Insulin measurement (procedure)</li> <li>Doxazosin (product)</li> <li>dose: 0.125 mg</li> <li>status: previous</li> </ul>

④ Coded documents stored in Clinical Data Repository



⑤ SNOMED-CT, CPT-4®, and ICD-9 coded data inserted in client EMR



⑥ Coding with ICD-9 and CPT-4® for billing

<p><b>chief complaint:</b> The patient came to the hospital because of chest pain and physicians noted that the appeared to be not flourishing well at home. I was asked to do an evaluation to see if it is competent to make medical decisions.</p> <p><b>history of the present illness:</b> The patient is a 70-year-old widowed female who is brain stroke in her home. She came to the hospital because of chest pain and physicians noted that she was in a deplorable state. She was bedridden and was covered with feces on her clothing. She was delirious and confused. She was very unsteady in gait and was severely hard of hearing. It also appeared that her vision had been greatly compromised. She could hardly open up her eyes to see. Review of the medical record indicated that she had a similar set of circumstances last year. At that time, she was because of brain vision loss deficits and difficulties existing here at home. She was medically treated and sent to a short-term rehabilitation program where she was reorganized and apparently returned home. She is now admitted because of the chest pain as well as her present physical and mental state. I was asked to interview her and come in to see her in the early evening. I observed her beforehand and so that she was lying in bed quietly, hardly moving at all, although it was only 8:00 pm. When I started to speak to her, she apparently thought I was talking on the phone and asked me to give the phone and spoke into the phone for several minutes, even though I was in the room talking to her. When I asked her about her hearing, which was clearly diminished, she stated, QUOTATION-MARK: I cannot afford to get hearing aid or get food or take care of her personal needs. Her vision was also greatly affected. Her right eye hardly opened ever at all during the interview and when I did it appeared to be wide and squar. Her left eye was not much better. She states she can see a little bit out of that eye. She complained as much as possible during the interview because of the difficulty in hearing. I had to speak in a very loud voice about the point where I was told that our conversation was disturbing many of the other patient APOSTROPHE in other rooms in the hallway. I informed her that I would be performing a physical examination and she agreed to continue with the assessment. In that way, she was cooperative and friendly. Even though, she was extremely hard of hearing, she made sure I was able to get as much information about her present life circumstances, and her wishes. When not distracted by a question, she started talking about her previous life when she was living in Main County. She talked on about her friends and the physicians and other people and social connections in the community. She seems really really much about her present medical state.</p>	<p><b>chief complaint:</b></p> <ul style="list-style-type: none"> <li>786.50 Unspecified chest pain</li> </ul> <p><b>history of the present illness:</b></p> <ul style="list-style-type: none"> <li>786.50 Unspecified chest pain</li> <li>296.9 Unspecified psychosis</li> <li>298.9 Unspecified hearing loss</li> <li>degree: high degree</li> <li>298.9 Unspecified hearing loss, unspecified</li> <li>status: chronic</li> <li>298.9 Unspecified chest pain</li> <li>296.4 Other abnormal clinical findings</li> <li>298.9 Unspecified hearing loss</li> <li>bodycode: hearing</li> <li>frequency: I</li> <li>status: unspecified</li> <li>298.1 Hallucinations</li> <li>298.9 Unspecified paranoid state</li> <li>298.9 Unspecified psychosis</li> <li>298.7 Other and unspecified psychotic symptoms or syndromes, not elsewhere classified</li> <li>298.99 Other specified specific disorder</li> <li>bodycode: mood</li> <li>311 Depressive disorder, not elsewhere classified</li> <li>298.9 Other and unspecified anxiety disorders, not elsewhere classified</li> <li>298.1 Hallucinations</li> <li>298.9 Unspecified paranoid state</li> </ul>
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⑦ Semantic Search & Reporting for POA, SOI, ORYX® incentives



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