Collaborative Documentation: Reducing the Time Burden for Clinical Documentation

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August 20, 2020

AIMS Center Introductions

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Zoom Housekeeping

• This call is being recorded
• Mute when not speaking
• Audio & video controls in lower left corner

Defining Collaborative Documentation

• Completing and sharing documentation in the presence of clients in a collaborative way
• Usually this means doing the documentation together
• “Concurrent Documentation” doesn’t clarify the emphasis on a shared process
**Problems with Clinical Documentation As Usual:**

- Staff time spent documenting expands the work day unnecessarily
- Accuracy of documentation: memory is treacherous
- Retrieval/documentation take longer when done later
- Notes become vague and generic
- The MH clinical record notoriously useless

**Integrating Clinical Practice and Documentation**

- Clinician’s “Paper Life” is divorced from their “Clinical Life”
- Documentation competes with time spent with clients
- Have to depend on “no-show” time to complete paperwork

**Work Shouldn’t Take Up All Your Time**

- How much time do you spend charting
  - At the end of the day?
  - At home after hours?
- The right question to ask yourself:
  - How much time do I want to spend with clients as opposed to other things I have to do?

**Upsides to Collaborative Documentation**

- Saves significant time and creates capacity
- Improves client engagement and client involvement
- Helps focus clinical work on outcomes
- Improves quality of work-life for staff
- Improves compliance (promotes linkage of assessment - treatment plan - and progress notes)
Time Savings

• Transition from Post Session Documentation Model to Collaborative Documentation Model can save from 6-8 hours per week for full time staff

Common Concerns of Clinical Staff

• “It’s not fair to clients – they will resent doing paperwork!”
• “Collaborative Documentation takes away from treatment!”

Client Experience Data

<table>
<thead>
<tr>
<th>Percentages</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>1 Very Unhelpful</td>
</tr>
<tr>
<td>2 Not helpful</td>
</tr>
<tr>
<td>3 Neither helpful nor not helpful</td>
</tr>
<tr>
<td>4 Helpful</td>
</tr>
<tr>
<td>5 Very Helpful</td>
</tr>
<tr>
<td>NA No Answer/No Opinion</td>
</tr>
<tr>
<td>Total/Approval %: 28,743</td>
</tr>
</tbody>
</table>

Provider Tips: Change is Good!

• Start thinking about documentation as a tool for organizing clinical work
• It is almost always possible to become more transparent as a provider
• Allow clients to surprise you
• Doing things the same way will lead to the same results
How to Introduce Collaborative Documentation

- This is your care
- This is your chart
- I want to accurately capture what you are saying
- I want to know what you are getting from our time together versus what I think or hope you are getting
- This helps me do a better job

Omit Needless Words!

- Keep notes succinct and useful
- Summarize rather than transcribe the session
- A great note does not mean a long note!

William Strunk: “A sentence should contain no unnecessary words, a paragraph no unnecessary sentences, for the same reason that a drawing should have no unnecessary lines and a machine no unnecessary parts.”

More Writing Tips

- Don’t abandon your clinical style, but incorporate more collaboration
- Avoid technical jargon, labeling, or judgmental language
- Don’t fear clients resenting or disagreeing with your documentation
- Clients will accept providers’ observations if the clients’ perspectives are also documented

It Is OK to Document Disagreements!

- Necessity for tactful language keeps clinicians in therapeutic stance, motivates us to think/speak/write clearly
  - “Client is upset about changes in meds” vs “Client continues to be impossible to please”
  - “We discuss issue of my diagnosis of schizophrenia, client believes that this is incorrect and that in fact, he has ADHD”
Driving Focused Treatment

- “Plan” section of treatment plan is more powerful when completed with the client
- Tasks or skills that the client agrees to try are noted and reviewed at the beginning of the next session
  - What is the client going to do between now and next time?
- Tasks that the clinician agrees to complete are noted and reviewed at next session as well
  - What is the staff going to do?
- Topics are noted here that were not addressed, due to time
  - What are we going to do together at the beginning of the next session?

Logistics

- Scripts
  - Know how you are going to explain the process to your clients before your session
- Office setup
  - Do you need to move computers, screens, office furniture?
- Technology
  - Telehealth will work well with a shared screen
- Do as much as you can
  - Completing a portion of the notes in session as you are starting out is okay; simply move to do more each time
  - Try mostly listening in the beginning of the session, typing your pithy note closer to the end
- Clinical judgment
  - Collaborative Documentation will not work with every client in every situation. In my hands: 85% of the time

Move the Furniture If You Need To

Sample “Office” Setup

- Can your client see your screen?

One Implementation

- Began October 2004
- Implemented for all staff by March 2006
- 7 psychiatrists (and dozens of non-MD therapists)
Acceptance by Staff

- **Carrots**
  - Go home early
  - Be caught up all day
  - Actually be present
- **Adoption varied**
  - All staff concurrently document to some degree
  - Those that do less, go home later
- **Obstacles**
  - Lack of fluency with computer
  - “Too many things at once” for recent hires

Effects on Practice Style

- Briefer and more focused sessions
- Less time spent searching for data, labs, old session notes, etc
- Obvious implications for center – waiting list went down from hundreds to close to zero

Effects on Documentation Completeness

- March 2005: 143 missing progress notes
- March 2006: 4 missing progress notes

Client Acceptance

- “It must be important if it is being written down”
- “Make sure you also say so-and-so”
- “Look up how I was doing on Seroquel that time last year…”
- Not a single complaint after thousands of sessions
- Data from other centers
Questions and Discussion

• Is Collaborative Documentation happening at all in your organization? Tell us about it!
• What barriers do you see?
• What else would you like to know about Collaborative Documentation?

Resources

• AIMS Center Handouts
  – “30-Minute Follow-up Appointments”
  – “30-Minute Follow-up Appointments – Client Handout”
  – Telehealth Tips for Behavioral Health Providers: https://aims.uw.edu/resource-library/telehealth-tips-behavioral-health-providers
• Behavioral Health Institute: https://bhi-telehealthresource.uwmedicine.org/

Upcoming Events

• Patient Activation for Depression Webinar
  – September 2 1-2:30 PM
  – Register: https://www.eventbrite.com/e/patient-activation-for-depression-webinar-tickets-115896661033?ref=estw

How Are We Doing?

• Complete brief poll questions
  • We rely on you to let us know how we can best support your work!
Thank You!