We Need a New Method

An e-article for clinicians
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Summary of This Article

The Problem

- We all have to keep records.
- Paper charts leave a great deal to be desired.
    - You eventually need lots of cabinet space.
    - You must pull and put charts away to use them.
    - Charts aren't easily portable.
    - You need to handwrite them.
    - They often aren't legible.
    - Access to files is slow.
    - They take a lot of energy to use.
    - Templates can't be used efficiently.
- **Handwriting is an inefficient method for record keeping**.
    - (Handwriting is, on average, 20-24 words per minute).
    - Handwriting is nice for personal notes, and communications.
    - It does not have the characteristics needed for rapid record creation.
    - Handwriting often degrades in quality over time.
- So much is asked of you as a clinician it helps to reduce stress as much as possible.
- **We need a new method that has different characteristics than handwriting. One that can address the needs for rapid record creation**.

The Solution

- Using an efficient method for record keeping can lower your stress level and take less energy.
- Typing is efficient.
    - Average typing speed is 50 wpm.
    - Typing skill can be learned with practice.
- Dictation is even more efficient (frequently 100 wpm).
- Combined with typing, computers are really helpful for clinicians.

- o It is commonly designed software programs that are awkward to use.
- Most software programs were designed by programmers.
  - o They don't think like clinicians.
  - o They create programs that are awkward to use.
  - o The programs are inflexible, expensive, and hard to use for the typical clinician.
  - o There is more user-friendly software available for record keeping.
- There are many mental barriers to the use of computers for record keeping.
  - o They can be overcome with education and patience.

- **Consider a new method that can help you reduce a major source of stress in your practice, and help you get efficient**.

Introduction

You are a clinician, in practice, and you have to keep records. They have to be legible, organized, and accessible. You are used to paper charts so you go to an office supply store and get a box of file folders. You may even spring for the heavyweight ones. You have a large file cabinet with heavy suspension that you either bought used, or new for a lot of money. It is near your desk if you have a desk. You are now in business. You buy a dozen Papermate™ pens, a clipboard, and some foam grippers. You can really write things with these implements and you go forth into practice.

Several years go by. You buy another expensive file cabinet. If you are organized you put some old charts in a banker's box under the table or in a locked closet. Pretty soon paper charts start to encroach on your office space. Piled on your desk or credenza, stacked on the floor of your paper office, away from your consultation room they seem to multiply like Topsy. Finally you wonder if you shouldn't do something about it because they are getting unwieldy.

If you

- Can write legibly and fast all day long,
- Have the time to handwrite your records,
- Can read your handwriting,
- Have plenty of cabinet space,
- Have a secure place for a lot of old paper records,
- Have no need for templates to structure recurring data entry,
- Have no piles of charts waiting to be put away, or worked on,
- And you are happy with the way your office record keeping works,

- And don't need access to your files anywhere outside of your office for any reason,

then you don't need to read what I have to say in this document. Read no further.

If, however <u>any</u> of the above pertain to you, and/or you want to find a better, more efficient solution to the above issues and more, then please read on because I have important information for you about record keeping for clinicians. (Judging from initial reports about how many clinicians use computers for record keeping, I believe I am safe in saying that 95-99% of you qualify.

Who am I? I am a practicing psychiatrist who has seen more than his share of paper charts and their foibles in my career. I had to deal with the paper chart tangle in my own office 10 years ago. In this short document I hope to share what I learned in the process and perhaps provide some ideas for you to think about.

The Problem

We all have to keep clinical records. We need to keep them for our own review, and documentation of what we have done. Initial evaluations, history of one sort or another, and the major stages in treatment let alone treatment planning need to be spelled out. Gone are the days when we used to keep a random note or two. Now real documentation is needed.

I know what you may be thinking. I don't really need to do that. I have a good rapport with my patients, and records simply won't be needed. I will remember the details of the case so well I won't need records. It would be difficult to keep detailed records on everyone. I would have to devote far too much time to do it "right" so I won't. This is a good profession and I really like my work. My clients and I have a good relationship and they won't sue me.

If you have ever been sued by a determined attorney you would know that as far as they are concerned if you didn't write it down it didn't happen. I once attended a malpractice course sponsored by Harvard and Thomas Gutheil. He brought in a ringer on the third day and last day of the malpractice course. She was a beautiful woman, dressed immaculately who disarmed us immediately with her charm, but then she quickly frightened all of us in the room by pointing out that she sued doctors, had never lost a case, got very large settlements (and I mean LARGE), and she told us she had a battalion of younger lawyers who screened cases for her. They specialized in looking at the full records of the case. If there were no records or they were sketchy, she simply sued the doctor for not keeping records and won on that basis alone. She never even had to get into the issue of whether the treatment was appropriate, timely, or of good

quality. This has also occurred with much greater frequency for psychologists. We were aghast. You could have heard a pin drop in the large auditorium. It was the end of the two day course and we were shaken. We staggered out for lunch and a chance to ponder what we had been told.

So I hate to burst your bubble, but you need records. They need to be complete, timely, and clear cut. You don't have to make them lengthy, but they do need to be complete. Depending on the statutes in your state you may need to keep them for up to 7 years. In controversial cases it might even be wise to keep them longer. A great deal is asked of clinicians these days and good records seem to be part of that.

This may take some reorienting of your thinking. I know it did for me. Documentation has gotten to be really necessary. I hate to run scared but I know that attorneys view me as having deep pockets. As Willie Sutton the bank robber said when they questioned him about why he robbed banks, "That is where the money is". I much prefer to feel cheerful, and upbeat about life. Until I solved the record dilemma I did have a few sleepless nights. Having solved the problem in my own office I came to realize this was a much bigger issue for other clinicians with whom I talk. In fact it is a huge issue, perhaps the largest area of private practice where simple solutions can make a big difference for the hard pressed clinician.

You can only structure your practice so much. Don't take the cases that you don't work well with. Work out the details of your business practices and have a good method. Get your CME in whatever form you like. Work out meeting in a group for one reason or another like group supervision, breakfast meetings, and get togethers to disseminate ideas and share. Balance work and your personal life so that you feel renewed and refreshed. All these things are eminently doable. I submit that the last great bastion of time and energy-sucking effort is record keeping. Consequently that is where I am putting my mental effort in this article.

Keeping Records

Piles of charts, filing, pulling charts out and putting them back again. Taking charts home with you to work on a report, and buying more and larger file cabinets in which to store them. Storing old records in banker's boxes somewhere dry, and secure. Don't forget the demands of **HIPAA** and record storage. Shredding them after some years. That's a lot of fun.

Frankly paper charts are a big pain for clinicians. With a small practice you can "get away" with it for a few years. Then the enormity of it sinks in. You are in business and are using an antiquated method for dealing with

records. You clearly need a better solution, and wonder what it might be. Please read on.

What is needed for clinical records

Clinical records really aren't that complicated. They consist of the following no matter what your professional persuasion is:

- Contact information, releases, and insurance information if you take insurance.
- Some kind of initial evaluation, formulation, and plan with an outline for it or not as you choose.
- Dated progress notes with or without the use of templates.
- You may also decide to keep psychotherapy notes but to meet the psychotherapy note exemption of **HIPAA** you have to have them separate from the rest of the clinical chart at the start of the case.
- Treatment plans.
  - o It is nice to have <u>individual</u> treatment plans so that you don't have to enter recurring data over and over. Simply edit the one you created and then send that one in.
- Out Patient Treatment Authorization Requests if you work with managed care companies.
  - o Here too, it is helpful to have <u>individual </u>forms that can be re-edited, instead of re-created each time.
- Information about dates of service, procedure codes, receipts of money.
- Billing method and information.
- Various forms you may use in your work.
- Letters, reports, memos and anything else you write about the patient. Might be nice to have a digital copy, especially for those recurring letters and reports that get updated over time.
- A repository of incoming paperwork relating to the patient such as Neuropsych reports, consultations, labs, letters etc.
- Finally for psychiatrists, or those following meds current medications, doses, the Sig, good till date for prescriptions, medication changes and the scripts you write.
- Most of us don't have to be connected to some other entity like a lab. So interactivity with others is usually by phone, letter, fax or e-mail.

That's it. It really isn't so difficult to describe what is needed. The issue is how to get it organized so you can create charts quickly, access and use them easily, and keep from being shoved out the door by paper. Doing it efficiently is the problem.

Paper Charts

Let's talk about paper clinical records for a minute. People create them in various ways. The basic elements are things that reflect the functions noted above. There might be a contact information sheet. The clinical material would start with an initial evaluation, and then subsequent progress notes. These would be on numbered pages, in a sequential fashion. Psychotherapy notes would be a separate file sequentially numbered. Treatment plans would be a fourth set of papers. Authorizations from managed care companies would be a fifth set. Consultation reports, labs, incoming paperwork would be a sixth set. You could organize each chart so that each set of papers would be in the same place for each chart. Then you would know where to look to find what you needed.

You may also have a clever strategy to summarize things within a chart. Margin notes, colored highlighters, and pens, and various hieroglyphics are useful.

The charts go in file cabinets, hopefully near your desk so you can reach over and get them out or put them away. You want to have the charts available if you have to call someone because the information in the chart is what you may talk about. Unless you write notes during sessions, you do it afterward or at the end of the day or at other times. Been there, done that.

Piles of charts are the rule. Some practitioners are able to have a clean desk but all too often there are piles because someone calls on the phone and asks about something you need the chart for. Pulling charts out and putting them away gets to be a big hassle for most of us. The disorganization of it all can get to you. Know what I mean? So if there were a way to dispense with all of this it would certainly be welcome.

Even if your desk is clean, and everything is put away, you have worked hard to create the charts by hand, and file them. To access them you have to pull them out of a filing cabinet. At the end of the day you have to put them back. It is labor intensive. You get the picture.

Most of us are able to handwrite reasonably efficiently. If you write a lot it is harder and harder to read your handwriting because in the effort to speed up you use less and less detail in your writing. That is often why doctor's handwriting is so abysmal. It is simply the product of years and years of trying to do more with less time. In this relentless process first you cut the words you use down to the bare minimum. You say less. This takes mental effort. Then you start to alter your handwriting without even knowing it. Small details of letters get dropped off. It is only when

pharmacists start calling to clarify the details of the prescriptions you write, that you realize that your handwriting has gone beyond legibility. Your head nurse or office manager won't tell you because she has been with you for a long time, and can still read your handwriting but others have an increasingly difficult time.

Let me gently introduce an idea here. We clinicians need a new method that is not handwriting of our records. Handwriting is wonderful for notes to people, and special communications. For clinical record keeping, however it is archaic. It is not efficient with the volume of work we have to do. It is increasingly less legible and it has many other characteristics that make it unsuitable for what we are asking it to do. We clinicians simply need a different method. If our records were just for us, it would be one thing. Our records are not, however, just for us. They are documents that may need to be shared with other people and they have to be legible.

I can hear the groans from here. We have used pencils from early grades in school to write things down. Then we used pens. We wrote for years with various implements in all kinds of notebooks and on all kinds of paper. This took place all through school. Even laboratory notes were handwritten in your lab book. Many people hand write papers and then type it only at the end. Hand writing is a method we are used to, that is familiar to us, and we are loathe to give it up. Again, I say that we clinicians need a new method whether it is convenient, unfamiliar, or would require us to do something different or not. Handwriting simply does not have the characteristics that are needed for record keeping.

So even if this is painful, and initially inconvenient, and new, and different, and you can feel some resistance to it, we need something new in order to match our need for efficiency with a method that can help us adequately. The new method that I am suggesting is typing.

Why typing? Because typing has the characteristics that we need. With practice it is much more efficient than handwriting. It is certainly more legible. It can be printed, faxed, spell checked, stored, retrieved, accessed viewed, edited and filed much more quickly than handwriting on paper. It is a method that measures up to the task of record keeping and we need a new method, remember?

One millisecond after you read the word "typing" your defenses went up. I'll bet if we did a galvanic skin test it would indicate there had been a change. Unless you type a lot, objections came to your mind. "I can't type". "I can't type and pay attention to anything else". "I never learned to type". "I feel like a klutz when I type". "Typing was never my forte". "I hated

my typing teacher, Miss Eliza McGillicuddy". Etc, etc, etc. Try to hold still long enough to address this idea, and not run from it.

It is true that there are people whose neurological wiring prevents them from typing. They are never able to learn it no matter how hard they try. They represent a very small percentage of the population. In addition there are people who need to write things down because they process things better that way. (There is a solution even for them however which I will mention later in this article). For the majority of clinicians however typing offers the possibility that you could boost your efficiency in creating records by a large amount. That might be worth some effort to achieve.

It is surprising how much people improve their typing when they do it regularly. Programs like those found at http://www.typingsoft.com (I like Stamina as a program) can help a lot but the biggest factor is simply practice. A good keyboard always helps. Screens that are visible and large enough help a lot. Controllable font size is also really useful especially as you age. After about 6 weeks of regular typing people notice that their error rate goes down and their speed increases. After 2-3 months they are really practiced and do it easily. They overcome their initial reluctance and develop a method that is much more efficient. It takes some effort, but clinicians tell me that they think it is well worth the effort looking back on it from the perspective of having learned it. When you take all the combined characteristics of the new method into consideration, you will see that typing a digital record is really a great leap forward in record keeping. It is to that that I now turn.

Another idea here, nothing radical. I am suggesting the use of computers and typing for record keeping. We all learned to use the single party line phone, voice mail, the copier, the fax machine, and personal digital assistants as each came into the marketplace. They are all just tools that are part of our lives these days. Computers can be also. They are just a tool and they are supposed to help us. We just have to wrestle them to the ground and make them behave for us. Why would one consider the use of computers for record keeping? I am glad you asked that question!

- "Computers, in the future, may weigh no more than 1.5 tons."
    -- Popular Mechanics, forecasting the relentless march of science, 1949.

- "I think there is a world market for, maybe, five computers."
  Thomas Watson, chairman of IBM, 1943.

- "I have traveled the length and breadth of this country and have talked with the best people. I can assure you that data processing

is a fad that won't last out the year". – The editor in charge of business books for Prentice Hall 1957

- "There is no reason anyone would want a computer in their home" Ken Olson President, Chairman and Founder of Digital Equipment Corporation 1977

Why keep records on a computer, anyway?

Computer records are:
- Created by typing.
  - Computers offer the promise of much greater efficiency.
- Legible-
  - Electronic records are more legible than hand written notes.
  - Legible notes protect you better than handwritten ones.
  - It is always nice to be able to read the notes you wrote!
  - It is especially nice when others who have a legitimate purpose can read your records.
- File able
  - When you create the note it is already filed.
  - You don't have to pull or put charts away.
  - This is a big help for clinicians. A BIG help.
- Portable
  - Created in a laptop or put on a USB drive they can be taken anywhere.
  - Write things at a time and place of your choosing.
  - I don't believe everyone confines all their work to their office.
- Easily created and accessed. (You don't believe me yet but hear me out).
- The records are printable.
- They are faxable.
- They can be saved quickly and easily.
  - Safer than paper records if you do proper but speedy backups.
  - Off site storage is quick and easy. Try that with paper records!
  - A flood in Augusta Maine in the summer of 1987 ruined a lot of records for people.
  - A fire is also devastating to a practice if all their records are paper.
- Compact
  - Your entire records are in a computer with a backup on a USB drive the size of your thumb!
  - Fewer filing cabinets. Did I say **fewer filing cabinets**? That would be a big relief!

- Efficient and easy to use.
  - Typing, especially with practice is <u>much</u> faster than handwriting. Why not use a faster method? You then wouldn't take as much time.
  - Time is of the essence when it comes to creating records.
- Secure.
- Organized.
  - It would be nice to have organized records.
  - Even better to have each record organized within itself, automatically.
- Editable
  - A lot of time can be saved if you can simply edit something and then send it out again.
- Templates can be used to structure recurring data entry.
  - Templates can't really be used in paper records with anywhere near the same degree of proficiency.
  - Much of what we write is similar. A template can really help to speed up the process of data entry and make access faster.
- Finally dictation can be used to speed up the process greatly.
  - Think about dictating into your program at 100 words per minute. Do you think that might help your efficiency?

So I am building a case here for you. Computers and typing are really very helpful for the functions that records require. They are a powerful new method that is up to the need for efficiency which we have in our practices. They could help us out of the dilemma we now find ourselves in and how to pare down the time we spend creating, accessing and filing our records.

Let's talk about software for a minute. What do we need? We need a program to hold our records. One that is simple to understand, easy to use and which organizes all the things we ask clinical records to keep. We also need functions to help us write letters, reports, fax records, etc. The records in the software need to be clearly visible, secure, printable, faxable, and the controls of the program needs to be such that it can be used easily.

Computers and Clinicians

Computers are really helpful for the kinds of things that clinicians ask of them. It is primarily the software, the actual programs that run on the computer that are the things that have been the most difficult. We have all heard of stories of software problems and some of them are huge.
In my state a $50 million program created just a few short years ago has to be scrapped because it is unusable and can't do what it was created to do. Those $50 million came out of the taxes that hard pressed Mainer's

earned. Don't think there isn't some bitterness among those who know the money was wasted. That $50 million would have gone a long way to help any other program you could name.

Fast forward to software.
Question: If computers can be so helpful, then why is there such unhappiness in the land about the computer programs that exist in the marketplace?
Answer: Because the existing computer programs were designed by technologically oriented programmers who knew how to write code. Did they think like clinicians? Of course not. They were being paid to write code and organize things the way that they thought of them. Hence all of the major programs have been created in a manner that is not user-friendly, fast or easy to use. The majority of software used in clinical offices today was created around accounting and billing functions. Record keeping was definitely secondary and it shows. They aren't oriented to the clinician.

The Structure of Programs

As an aside, most of the programs running today are relational databases. What that means is that when you put in the patient's name once, it goes to all the other places in the program where the name might be needed. By the way this is how technologically oriented people think. This method is definitely handy. The only problem with this is that they also organize things in libraries, all over the program. Nothing is seen together. You have to access things in different places. This is not especially conducive to your work, creates very complicated navigation within the program, and it frequently is not how clinicians think. It is great for the accounting function but very unhelpful for the record keeping part of things. There are other types of organization but they aren't commonly used.

Some clinicians like to use templates to structure recurring information. Then parts of every record are similar so that access is easier and faster. You know where to look. Entering the information gets to be routine. No surprises. Predictable. The templates however are often very specific to the practitioner. An adoption worker will have a complicated initial evaluation. So will a neuropsychologist. So templates are handy, but they have to be flexible and may need to be changed to reflect the way someone works. Templates, if used, can actually speed up your work. For our work, they beat fields you tab between hands down in my opinion. Fields? You know, those are the little boxes you tab between when you enter data into a relational database. The big office management programs use them.

If for any reason you are someone who can't type well, (and there are such people who are actually unable to learn typing) and even if you can type, consider the use of **Dragon Naturally Speaking Preferred™** (obtained separately for about $180-200). Dictation software has made huge improvements in the last few years and is now much more accurate than before. With a headset on you can dictate your records without even typing much. This is a Godsend for busy clinicians who simply want to get their records done. I use Dragon almost daily and find it really helps for reports and letters. With a cup of tea and an hour I am astounded at what I can get done. I routinely dictate at about 100 words per minute which is faster than most of us can type by a good margin.

How patients/clients might feel

Another issue that vexes practitioners is how will my patients/clients feel if I have a computer in the room, even if I access it after the session has ended for a note? The answer is that most of them will have the same feelings about it that you do. Does anyone mind that you have a phone in your office if you don't talk during sessions and it is turned off? Is anyone put out you have a fax machine? or a copier? A PDA? It really depends on how you feel about it. Patients often have their own PDA's and cell phones. We aren't so different. We have all gotten used to using these tools because they are so helpful. Computers are no different. They are just a tool to help us in our work.

Case in point. I put a painting on the wall of my consultation room about a year ago. People are still coming in and asking, "Has that been there for long"? They simply aren't focused on that when they come into my office and my computer is in the same category. I am sure you have heard the same story in your office too.

- **In short, the bottom line is that we need a new record keeping method which will help solve the paper chart tangle, make us much more efficient, and make it possible for us to go home at the end of the day with our charts done, and some energy left for the rest of our life.**

Am I making a good case for electronic records here? Are you getting the picture here? We simply must have a new method that works better than the old one to meet the challenge of record keeping in the 21st century.

Barriers to keeping computer records

- You may not know how to do it. You need good directions that show you how, step by step.
- It is unfamiliar to you and you are worried about what learning about it might mean.
- You think your patients might object.
  - I have studied this and asked a lot of questions. I have good news for you. They don't mind. (Another resistance down the drain!).
- You have seen other programs that look scary in their complexity.
  - You need an uncomplex, unscary program.
- Your inertia. I can't help you there except to say that achieving greater efficiency does take some effort.

So grab your fears and throw them out the window. Consider the use of typing and computers for your record keeping, and let that sink into your consciousness for a while. It'll do you good and you will then be in a position to go forward into a method that is much more efficient for the work we do,
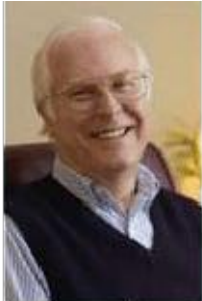
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