SLIPPERY SLOPES OF ELECTRONIC HEALTH RECORD (EHR) SHORTCUTS

EHR Shortcuts can reduce the time to document your patient encounter but beware, this practice could lead to identical or conflicting patient notes and this is A PROBLEM FOR INSURANCE CARRIERS AND GOVERNMENT AUDITORS. Sometimes this practice is referred to as “NOTE CLONING.”

SHORTCUTS WHICH CAN LEAD TO NOTES THAT APPEAR TO BE “CLONED” INCLUDE:
- copying information from a previous note and pasting it into a current note without reviewing and updating the note;
- using templates and macros with auto-populated information without regard to editing or updating; and
- allowing ancillary staff to copy and paste entire notes.

REMEMBER EVERY NOTE MUST STAND ALONE AND MEDICAL NECESSITY COMES IN TO PLAY!
Medical reasonableness and necessity are the overarching criteria for the payment of billed services.

PRACTICES THAT CAN LEAD TO ABUSE OF SHORTCUTS: BE AWARE AND PREVENT!

1-COPYING AND PASTING: If you do so EDIT, EDIT, EDIT.
Copy and paste only the information you need and delete what was not done.
IF YOU DID NOT DO A NECK EXAM, DO NOT INCLUDE IT IN YOUR NOTE.

2-FORWARDING COMPLETE NOTES: If you do so EDIT, EDIT, EDIT.
Only providers are allowed to do so. Only document what you did. DO NOT FORWARD HPI, PHYSICAL EXAMS OR ASSESSMENTS THAT WERE NOT PERFORMED DURING YOUR VISIT. REVIEW AND REMOVE OUTDATED INFORMATION. UPDATE YOUR ORDERS/PLAN OF TREATMENT. Did you order the MRI during the current encounter or the previous encounter?

3- USING TEMPLATES OR AUTO-POPULATED NOTES: If you do so EDIT, EDIT, EDIT.
Only document what you did. IF YOU DID NOT PERFORM A HEMATOLOGIC/LYMPHATIC SYSTEMS REVIEW, DO NOT INCLUDE IT IN YOUR NOTE!

4-Macros: If you do so EDIT, EDIT, EDIT!
EDIT THE VERBIAGE TO REFLECT WHAT TRULY OCCURRED DURING THAT ENCOUNTER, NOT WHAT NORMALLY OCCURS. Did the patient suffering from severe dementia really voice understanding or is the comment “Patient voiced understanding” something that you always document because it is included in your macro?