TOOL 05

Six kinds of work that go undocumented

KEY INSIGHT

The problem with internalized decisions

Physicians make dozens of complex, high-risk decisions during a typical clinic day. Because these decisions become second nature, they are often internalized rather than documented. Under current E/M guidelines, if the cognitive work is not visible in the note, it cannot be credited toward the complexity of Medical Decision Making. **[1]**

Reviewing outside records

You read a specialist's note to ensure your plan would not conflict with theirs.

USUALLY WRITTEN

"Records reviewed."

MAKE THE WORK VISIBLE

"Reviewed Dr. Smith's cardiology note from 10/12; confirmed EF is stable, allowing us to proceed with..."

Data May contribute to the data element when it meets current unique-source and category criteria.

Deciding not to prescribe

You considered a medication but decided against it due to a potential interaction or side effect.

USUALLY WRITTEN

"Plan: continue current meds."

MAKE THE WORK VISIBLE

"Considered adding [Medication X], but deferred due to risk of interaction with the patient's current [Medication Y]. Will monitor."

Risk Documents clinically relevant management reasoning; it does not automatically establish a risk level.

Six kinds of work that go undocumented, continued

Consulting a colleague

You called a specialist or the ER to discuss the patient's presentation before deciding on a plan.

USUALLY WRITTEN

"Referred to ER."

MAKE THE WORK VISIBLE

"Discussed case directly with Dr. Jones (ER attending) regarding the patient's atypical presentation; agreed on direct admission."

Data May contribute through a documented discussion of management or test interpretation with an external physician or other qualified health professional.

Managing social barriers

You altered your ideal treatment plan because the patient could not afford the medication or lacked transportation.

USUALLY WRITTEN

"Gave samples."

MAKE THE WORK VISIBLE

"Patient unable to afford prescribed inhaler (SDOH: economic barrier). Provided samples today to prevent acute exacerbation; social work consult placed."

Risk Diagnosis or treatment significantly limited by social determinants of health.

Six kinds of work that go undocumented, continued

Using an independent historian

You had to rely on a parent, caregiver, or spouse for the history because the patient was unable to provide it.

USUALLY WRITTEN

"Patient presents with..."

MAKE THE WORK VISIBLE

"History of present illness obtained from the patient's daughter, as the patient's dementia precludes a reliable history."

Data May contribute when an independent historian is required for the assessment.

Ordering tests to clarify a concerning problem

You ordered a targeted test because the presentation requires clarification of a potentially serious condition.

USUALLY WRITTEN

"Order CT."

MAKE THE WORK VISIBLE

"Ordering CT to clarify the cause of [specific symptom] and evaluate for [clinical concern] given [pertinent finding]."

Problems / Data Documents an undiagnosed problem with uncertain prognosis when supported by the facts; test ordering itself may also contribute to the data element.

THE TAKEAWAY

You do not need to write longer notes. You need to write clearer ones.

Focus your documentation on the why behind your decisions, not just the what.

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Sources: [1] CMS, Evaluation & Management Services. [2] AAPC, Evaluation and Management Coding, E/M Codes.
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