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Newsletter December 2011

Season's greetings providers, referrers, and friends:

As the year comes to an end, many of us are taking time to reflect on the year and begin to focus on ways to improve in 2012. In this month's newsletter, I found it fitting to include an article entitled "Looking Over Your Shoulder in Healthcare: Documentation." With the new year quickly approaching, I found this article helpful by showing how simple, precautionary measures could avoid conflict and inconvenient situations in 2012.

Also included in this newsletter, is the article "Abortion doesn't raise mental illness risk," an interesting piece about a study that finds that women who have undergone an abortion are no more likely to have mental health problems than those who give birth.

As always, I hope you find this newsletter both interesting and informative.

Wishing you all a safe and happy holiday season,

Irving M. Feldkamp IV, MD
President

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Looking Over Your Shoulder in Healthcare: Documentation

By Carolyn Buppert, NP, JD

Medscape, December 1, 2011 <medscape.com>

Editor's Note: Healthcare is serious business, and the repercussions of deficiencies in medical documentation can be considerable. Nurse attorney Carolyn Buppert examines the landscape of medical record auditing – for a variety of purposes – and offers practical suggestions to improve your documentation in this 3-part series. Part 1 illustrates the potential consequences of even the slightest, but critical, omissions in medical record documentation.

Hospitals and medical practices rarely analyze documentation unless an unfortunate incident occurs. When that happens, records are scrutinized with a critical eye.

This author has audited documentation at hospitals and found medical record entries with these problems:

- Large illegible sections, including signatures. If Medicare audits a record and an entry or signature is illegible, they will demand repayment of money already paid. Furthermore, if the note becomes evidence in a malpractice case, poor handwriting damages the credibility of the writer.
- A clinician stated that a hospitalized patient's chief complaint was "Doing well." Payment for hospitalization and for physician services is contingent on medical necessity. If the patient is "doing well," why does he need to be hospitalized? The note should indicate why the patient needs to be in the hospital each day. Rather than writing "doing well," the clinician should state something like: "Breathing is improved over yesterday, although patient is still struggling during exertion."
- Clinician described an assessment or impression as "doing well." This vague comment can create the same problems as when used for "chief complaint."
- Components of the necessary elements of medical work for the billed Current Procedural Terminology (CPT) code were missing. If all required components of medical work -- history, examination, and medical decision-making -- are not documented, payers will pay only the CPT code for which the documentation meets requirements. If one of the required elements -- examination, for example -- is omitted from a new patient visit, the visit cannot be billed as a new patient visit.

The problems noted above can lead to denial of payment for the daily visit, denial of payment to the hospital for the stay, confusion among subsequent caregivers, and difficult defense if a lawsuit is filed or a complaint is made to a professional board.

Documentation:What Is the Purpose?

Medical record documentation has 4 objectives:

- 1.To show that the service was medically necessary;
- 2.To justify billing the service at the level billed;
- 3.To demonstrate that the standard of care was met, if needed, to defend against an action for malpractice; and
- 4.To assist clinicians who follow in performing subsequent care.

Full article can be found at <http://www.medscape.com/viewarticle/754374>

Abortion doesn't raise mental illness risk

Women who have abortion are no more likely to have mental health problems than those who give birth, research finds

By MARIA CHENG

Associated Press, December 8, 2011 <msnbc.com>

LONDON — Abortion does not increase a woman's chance of developing mental health problems, according to a British health agency's review of dozens of studies worldwide over 20 years.

Among women with unwanted pregnancies, those who had abortions were no more likely to suffer from problems including anxiety or depression than women who gave birth, the analysis by the U.K.'s National Collaborating Centre for Mental Health found. The research shows the "reassuring news" that abortion does not cause mental health problems, but raises a warning that officials must address the problem of unwanted pregnancy, said Dr.Tim Kendall, the centre's director.

The study is likely to be met by skepticism by those opposed to the practice and believe that terminating a pregnancy can trigger depression or other mental illnesses. Kendall said mental health problems seemed to be linked specifically to unwanted pregnancies rather than abortion.

About 11 to 12 percent of women in general suffer from mental health issues like anxiety or depression, but among women with unwanted pregnancies that figure rises to about one third, he said. For women who later had an abortion, there did not appear to be any further increase in their rate of mental health problems.

"We should be looking at what it is about the unwanted pregnancy stage that is so problematic," he said. "We need to try to get those women help sooner so they're not put at greater risk."

Full article can be found at http://www.msnbc.msn.com/id/45603029/ns/health-mental_health/

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