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Dr. Mossman: How to reduce malpractice risk with better documentation
ONLINE ONLY

Successfully navigating the 15-minute 'med check'

Douglas Mossman, MD

Dear Dr. Mossman:
Where I work, I'm required to see patients in 15 minutes or less. How can I possibly attend to patients' needs, be empathic, listen actively, and still produce proper documentation? Should I just use a documentation template, cutting and pasting all my progress notes so I can keep pace? Should I simply refuse to do 15-minute "med checks" and change jobs?

Submitted by "Dr. J"

If you're like most psychiatrists, you do not provide formal psychotherapy for most of your patients.[1] You spend a substantial portion of your practice doing "med checks" and probably experience some or all of the pressures—and liability worries—that Dr. J describes.

In this article, we'll explore these challenges and ideas on how to deal with them. Specifically, we'll ask:

- Are brief medication visits acceptable practice?
- Is doing med checks right for *you*?
- When do med checks work best?
- What can you negotiate?
- How should you document med checks?

Med checks: Standard of care?

In medical malpractice cases, the jury decides "whether the physician's actions were consistent with what other physicians customarily do under similar circumstances."[2] Even psychiatrists who deplore 15-minute med checks recognize that they have become standard care in psychiatry.[3-5] (To see for yourself, just Google "psychiatry med check.") Doing brief med checks is not malpractice, even if psychiatrists criticize them.

No scientific evidence shows that med checks are inadequate or inferior to other forms of psychiatric care. Anecdotes about missed problems and ignored emotions abound,[6] but what constitutes good psychiatric care varies among settings and between patients. In fact, practices that are structured to allow brief visits may have distinct advantages ***(Table 1)***.[7]

Several writers think psychiatrists can enhance med checks by being aware of psychological principles (such as transference), even when the thrust of a brief

Table 1

Potential advantages of brief patient visits

Potential advantages of brief patient visits
You can see more patients each day
Providers can more easily accommodate patients who need several brief appointments in a week
Urgent appointments are easier to fit in
A brief visit makes sense for established patients who need only medication monitoring
Physicians lose less time when patients miss appointments or cancel with little notice
When several brief visits are clustered together, no-shows allow more attention for patients who do show up

Source: Adapted from reference 7

DO YOU HAVE A QUESTION ABOUT POSSIBLE LIABILITY?

- Submit your malpractice-related questions to Dr. Mossman at douglas.mossman@qhc.com.
- Include your name, address, and practice location. If your question is chosen for publication, your name can be withheld by request.

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patient encounter is providing medication rather than psychotherapy.[8,9] Yet few psychiatrists receive thorough psychodynamic training during their residencies, and no studies show that psychodynamically informed med checks are better than those performed by biologically oriented psychiatrists.

Psychotherapy studies *do* show that what contributes most to good therapeutic alliances and treatment success isn't knowledge of psychological principles, but personal qualities such as warmth, openness, interest, and flexibility.[10] Psychiatrists of any theoretical persuasion can display these qualities during brief patient encounters. Patients are less likely to sue doctors with whom they have a good treatment alliance.

Make med checks more efficient

Capable and effective psychiatrists vary enormously in how quickly they can gather patient data. Psychiatrists also differ in the type of practice settings they find comfortable, the illnesses they treat best, and the types of patients whom they can best help.

If you want to work in a setting that expects you to see 3 to 4 patients an hour, you may want to improve your skills in managing clinical encounters efficiently and effectively. Advice from colleagues may prove useful; psychiatrist Frederick Guggenheim's *Primetime: Maximizing the Therapeutic Experience–a Primer for Psychiatric Cinicians*[11] is devoted to helping psychiatrists master skills used in brief patient encounters.

When med checks work best. Although psychotherapy is crucial for some patients with severe mental disorders,[12] other patients benefit more from practical assistance—case management, reminders to take medication, and help with housing and disability payments. For such patients, med checks are part of a larger package of services and treatments.

Table 2

7 strategies to make med checks more effective

Have a psychotherapist or case manager present to facilitate communication, identify pertinent topics, and coordinate solutions
When a patient truly needs more time, apologize and promise to make the best use of the time you have
Convey interest, respect, understanding, and empathy (doing so does not take much time)
Provide med checks in settings with nursing and psychotherapist support
Establish protocols for common management tasks (eg, metabolic monitoring for patients taking second-generation antipsychotics)
Have nonphysicians help gather collateral information
Use patient questionnaires to elicit detailed, systematic data

Source: Adapted from references 7 and 17

Having psychiatrists do med checks works best when other personnel provide important support services—preparing forms, receiving lab test results, checking vital signs, obtaining old records, scheduling follow-up, monitoring compliance, and arranging for transportation to appointments. ***Table 2*** lists arrangements that let psychiatrists make optimal use of their limited time with patients and that help patients get the most from their psychiatrists' expertise. These types of work arrangements give psychiatrists more time to provide and document good care.

What to negotiate and when

Many mental health centers desperately need psychiatrists. The best time to negotiate your work conditions may be *before* and *as a condition of* accepting a job that requires med checks. You can insist on seeing no more than 3 patients an hour, scheduling longer appointments for new patients, and having some built-in time to return phone calls, do paperwork, review charts, and complete progress notes.

continued

Clinical Point

No evidence shows that med checks are inadequate or inferior to other forms of psychiatric care

Table 3

Keys to better documentation

Technique	Benefits
Time and date your notes	After an adverse event, establish when you saw the patient, recorded findings, wrote orders, reviewed lab results, or discussed problems with others can make a big difference in how your care is viewed
Sooner is better	Charting completed long after an adverse event occurred is vulnerable to accusations of fabrication
Brief quotes	Verbatim statements ('I've never considered suicide') quickly convey key factors in your therapeutic decision
Dictate or use speech recognition software	You speak faster than you write allowing you to document more
Provide handouts	Patients often do not remember or understand much of medication instructions doctors tell them
Use rating scales	Record more information in a scientifically validated format
Try macros and templates	These reduce documentation time and help you remember to cover everything you should

Source: Adapted from reference 18

Clinical Point

Having psychiatrists do med checks works best when other personnel provide support services

Psychiatrists also can negotiate for more time to spend with patients by pointing out that most psychotropic medications are prescribed by primary care providers,[13,14] whose typical outpatient encounter lasts 21 minutes.[15] This estimate comes from physician reports and may be a bit high.[16] But it suggests that patients who see psychiatrists for only 15 minutes get less physician attention per visit than those who see primary care providers.

Improving documentation

For many psychiatrists, worrying about documentation expresses anxiety about malpractice liability. For those of us who prepare progress notes electronically, it's tempting to save time by just copying and pasting the previous note. In the unlikely event that you get sued, this will look worse than a terse, old-fashioned, handwritten SOAP (subjective, objective, assessment, plan) note. However, using a template to start an individualized note can be a smart step toward thorough and efficient charting.

In an earlier Malpractice Rx column "Tips to make documentation easier, faster, and more satisfying" (Current Psychiatry, February 2008, p. 80-86), I discussed documentation techniques at length. ***Table 3*** reprints principles that may be especially helpful in practices that consist primarily of med checks.

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Bottom Line

Brief medication visits—also known as 15-minute 'med checks'—have become standard care in psychiatry. This form of practice does not suit all psychiatrists. But if you chose to spend some or all of your time doing med checks, you can learn ways to improve efficiency, document care satisfactorily, and assist many patients.

Clinical Point

Using a documentation template to start an individualized note is a step toward thorough, efficient charting

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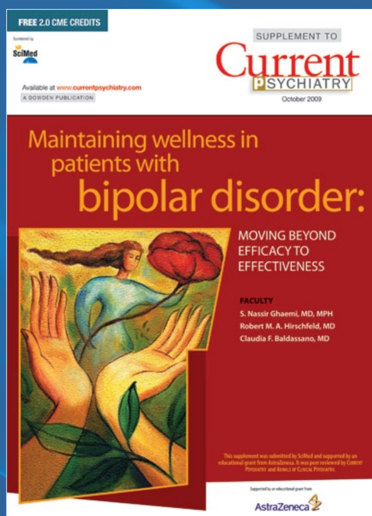

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