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Implementing Collaborative Documentation Making It Happen!

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<http://www.mtmservices.org/>

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Collaborative Documentation

Collaborative Documentation sometimes referred to as Concurrent Documentation, is a process in which clinicians and clients collaborate in the documentation of the Assessment, Service Planning, and ongoing Client-Practitioner Interactions (Progress Notes).

CD is a clinical tool that provides clients with the opportunity to provide their input and perspective on services and progress, and allows clients and clinicians to clarify their understanding of important issues.

The Client must be present and engaged in the process of documentation development.

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Collaborative Documentation

Effective for use in documenting:

- Ç Assessment
- Ç Assessment Updates
- Ç Service (Tx) Planning
- Ç Service (Tx) Plan Updates/ Reviews
- Ç **Progress Notes**
- Ç Individual , Group, Community Based

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Collaborative Documentation

Needed to Support:

- Ç Meaningful Use of electronic records
- Ç Client communication / education and documentation accessibility
- Ç Real time communication with other providers both within and outside the organization (e.g. Physical Health Partners)
- Ç Needed increased capacity / productivity
- Ç Same day access
- Ç Centralized Scheduling and Cancellation Backfill Management

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Implementing Collaborative Documentation

Important Factors to Consider!

- ☞ **Clinician and Service Provider**
 - ☞ Concerns
 - ☞ Traditional views of purpose of documentation
 - ☞ Misperceptions regarding the technique
 - ☞ Need to change writing style
 - ☞ Implementation attitude
- ☞ **Organizational Leadership and Support**
 - ☞ Technology and training support
 - ☞ Acknowledge the learning curve
 - ☞ Supervision

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Collaborative Documentation

Understanding the Multiple Benefits of Collaborative Documentation!

- ☞ saves significant time and creates capacity
- ☞ Offers a solution to reaching increasing performance demands
- ☞ Improves client engagement and client involvement
- ☞ Supports person centered/driven services
- ☞ Help focus clinical work on outcomes
- ☞ Improve quality of work-life for staff
- ☞ Improves compliance (timely, accurate, promotes linkage of assessment - treatment plan - and progress notes)

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Integrating Clinical Practice & Documentation

- Ç Documentation has Become “The ENEMY”
- Ç Clinicians report that documentation competes with time spent with clients
- Ç Count on “no-shows” to complete paperwork
- Ç Clinicians’ “Paper Life” is divorced from their “Clinical Life”
- Ç **Goal is to integrate documentation and the clinical process**

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CD and Service Capacity / Productivity

The right question to ask:

“As a service provider what percentage of your time would you like to spend with clients as opposed to the other things you have to do?”

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CD vs. Post Session Documentation

Time Savings

- Ç Project outcome data demonstrates that transitioning from Post Session Documentation Model to Collaborative Documentation Model can save from 6-8 hours per week for full time staff.
- Ç Up to 20% increase in capacity!

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Common Concerns of Clinical Staff

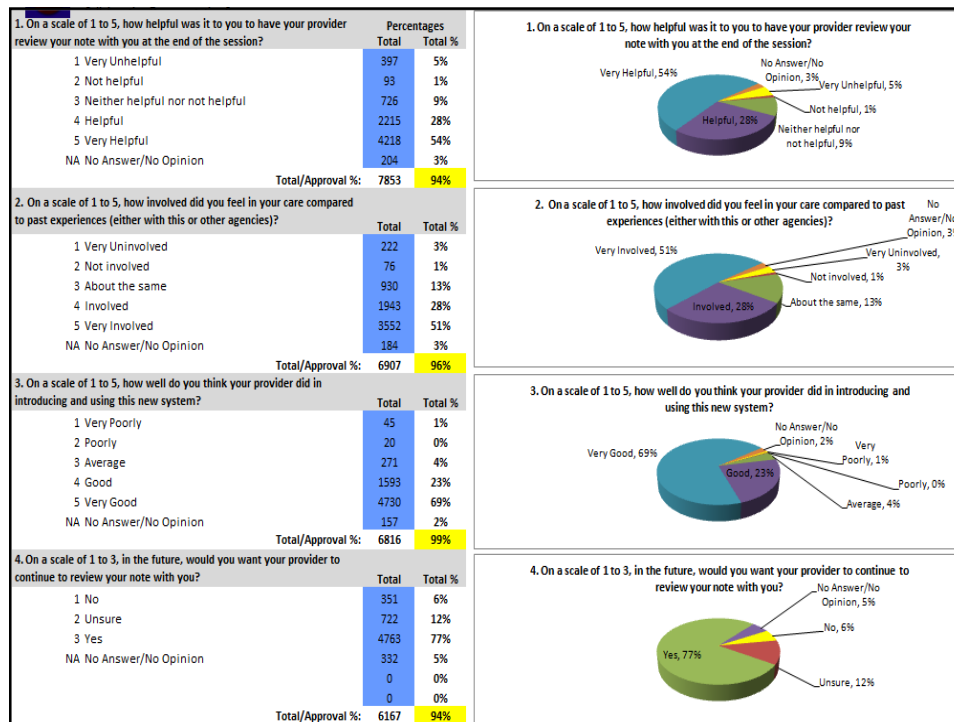
- Ç It's not fair to clients ñ they will resent doing paperwork!ô
- Ç Collaborative documentation takes away from treatment!ô

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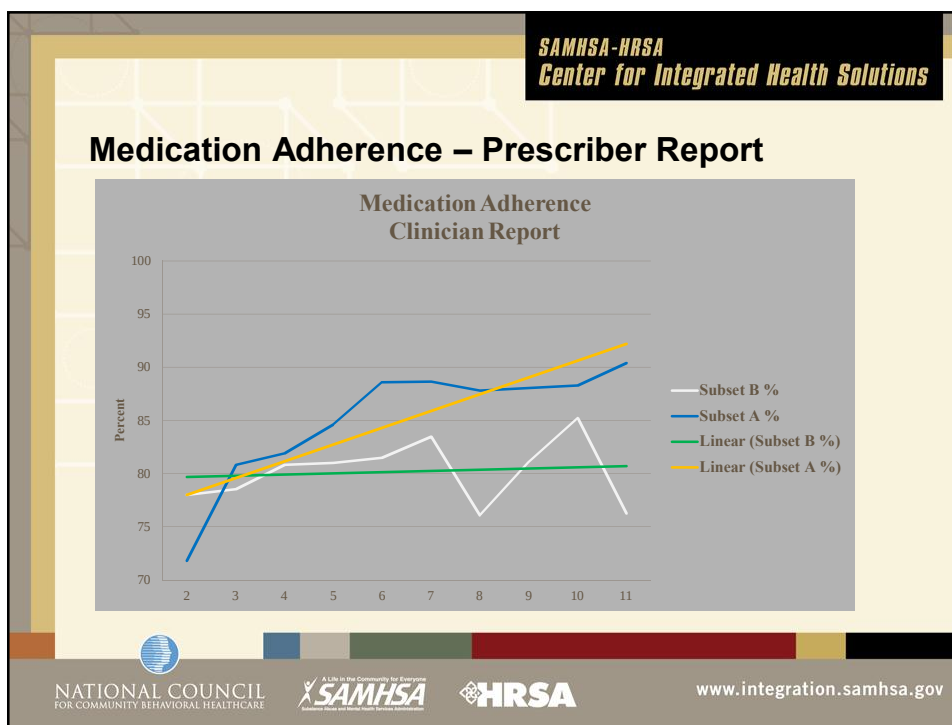
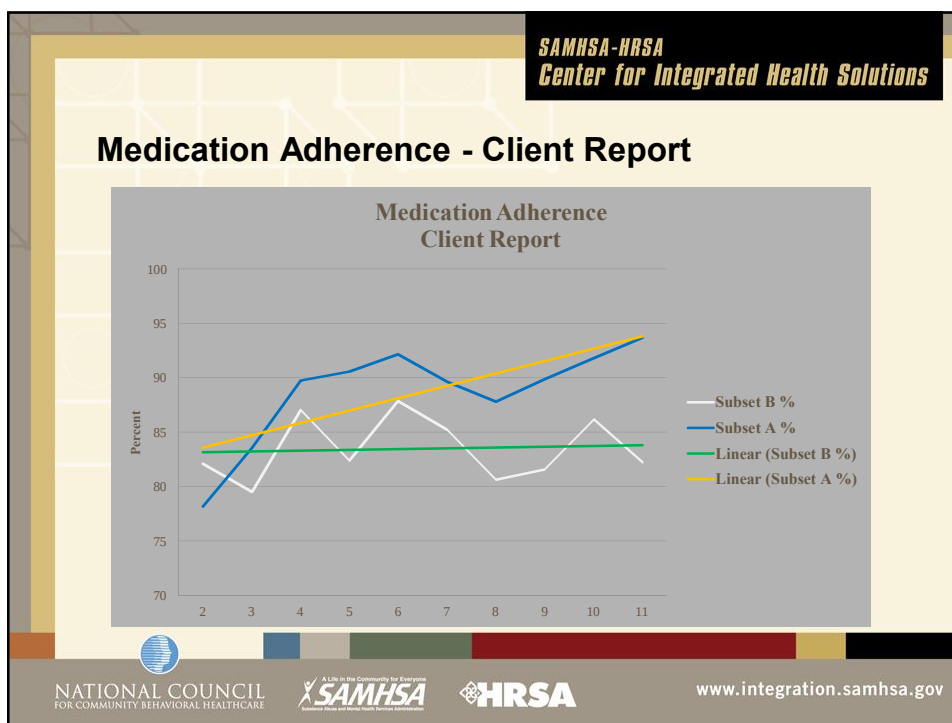
10 Center Access and Engagement Project

National Council for Community Behavioral Healthcare

1. **AtlantiCare Behavioral Health** - Egg Harbor Township, NJ
2. **Avita Community Partners** - Flowery Branch, GA
3. **Carlsbad Mental Health Center** ñ Carlsbad, NM
4. **Cascadia Behavioral Health** ñ Portland, OR
5. **Colorado West Regional Mental Health** ñ Glenwood Springs, CO
6. **Counseling Services of Eastern Arkansas** ñ Forest City, AR
7. **The H-Group, Inc. (Franklin-Williamson Human Services)** ñ West Frankfort, IL
8. **Northside Mental Health Center** ñ Tampa, FL
9. **Ozark Guidance Center** ñ Springdale, AR
10. **The Consortium, Inc.** ñ Philadelphia, PA

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Strategies that Support Collaboration

Key is to develop a meaningful "clinical narrative" that follows the Golden Thread so that Collaborative Documentation can support:

- A natural, meaningful conversation
- Medical necessity and compliance
- Efficiency

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Medical Necessity and the Golden Thread

Assessment Data:

Diagnoses ñ Strengths ñ Personal Goals -
Assessed Needs (Problems/Challenges)

Service Plan Goals

Service Plan Objectives

Interventions and Services

Interventions Directed by Service Plan- Recorded in Progress Notes

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Assessment

The customer of the Assessment is whoever is developing the Treatment Plan

They Need:

- Clearly identified and prioritized Behavioral Health Need/ Challenge areas that can be used to establish Goals
- Symptoms, Behaviors, Skill and Functional Deficits stated as ~~baselines~~ ^{baselines} whenever possible in order to develop objectives.

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Collaborative Documentation: Intake/ Assessment

Know your assessment instrument !

Take one content section at a time

- Ç Presenting Problem
- Ç Psychiatric Hx
- Ç Family Hx, etc .

Discuss the section with the client/ family

Enter into system allowing client to see and comment/clarify

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Collaborative Documentation: Intake/ Assessment

Diagnoses:
Talk with client about what diagnoses really are and then share your current conclusions and document with client.

Interpretative/Clinical Summary
Say “OK, let sum up what we’ve discussed” Document with the client.

Identified Needs/ Problems
Say, “So the areas that we’ve identified that we should work on together are 1: “ , 2:“ , etc.”If the client doesn’t want to work on one or more of these record that with the client.

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Collaborative Documentation: Treatment (Service) Plan

Goals:

- ☑ Start with discussing previously identified problems, current need/challenge areas
- ☑ Select one identified need/ challenge area and ask, “What do you want the outcome to be as we work on this issue? Discuss and enter a collaborative statement.
- ☑ Ask “if we accomplished that what would you have or be able to do that you can’t now?”(i.e. personal goals)? Or “do you know you said you’d like to live on your own. Would achieving this goal help you to do that?”Then add this to the goal statement.
- ☑ Example “I don’t want to feel less depressed and get my energy back so I can go back to school”

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Treatment / Service Planning

Objectives:
Think of Objectives as “milestones” not as things a client will do!

Three Kinds of Changes from Baseline:

1. Changes in Level of Understanding of an Identified Need
2. Changes in Competencies, Skills, Information
3. **Changes in Symptoms, Behaviors, Functioning, Conditions (e.g. level of Supports)**

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Collaborative Documentation: Treatment (Service) Plan

Objectives

Attempt to develop a measurable change that:

- ☞ Will be apparent to the client
- ☞ Meaningful to the client
- ☞ Achievable in a reasonable amount of time
- ☞ Can be assessed in an objective way

Objectives are important to allow you and the client to tell if the work you are doing together is working!

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Progress Notes: Interventions/ Interactions

Importance of Service Plan Awareness !

- ☑ Be Aware of the Service Plan BEFORE the session and know what Goal(s) Objectives you plan to work on with client
- ☑ Your plan may need to change but you should have a plan.
- ☑ Focusing on the Service Plan reinforces the value of the plan.
- ☑ If the plan becomes irrelevant ñ change it.

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Interventions/ Interactions

How are You Doing?

- ☑ When you ask “How are you doing?” people will generally answer the question “How is the world treating you”
- ☑ This can often move the focus of a session to a discussion of recent events, mini crises, etc. (meandering with the client)
- ☑ By preparing for interventions you can keep the focus on “How are you Doing?” (e.g. “How are you applying what you’ve learned to this new situation)
- ☑ This will focus the session and result in progress notes that link to the treatment plan

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Interaction/Progress Notes

Session Review Outline

1. New or pertinent information provided by client
2. Notable Changes in mental status
3. Goal(s) and Objective(s) addressed
4. Intervention provided (should be consistent with prescribed intervention(s) from Svc. plan)
5. Client's response to intervention
6. Client's progress re the goal/ objective being addressed
7. Plan for continuing work

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Collaborative Documentation: Progress Notes

- Interact normally with the client during session taking notes on pad saying don't go to jot down some notes so we'll remember them when we write our note at the end of the session
- At end of session (Time usually used for wrap up) say "Let's review and write down the important parts of our session today."

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Progress Note – Changes in Style

Write Less .. Communicate Better

- Ç We don't get paid by the pound
- Ç What we write should be succinct and helpful in supporting the clinical process.
- Ç When we truly collaborate we don't need to rely on numerous client quotes to demonstrate involvement.
- Ç We can summarize and state only what is significant.

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Progress Note – Changes in Style

Focus is on Session Content and Collaborative Understanding

- Ç Medical records will become increasingly accessible and transparent to clients.
- Ç Clinicians are used to providing their analysis of session content without an expectation that the client will ever view this.
- Ç Collaborative Documentation forces us to process with the client and be more transparent.
- Ç Progress notes are intended to provide information to the client and authorized others involved in care and to support billing.
- Ç Traditional DAP and SOAP note formats are giving way to GIRPP formats (Goals, Intervention, Response, Progress, Plan).

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Questions and Discussion

Common Questions:

- Ç What if a client says I don't want to document during the session?
- Ç What if I have a different perspective than the client?
- Ç What if a client says they don't want me to record something in their chart?
- Ç How do I document something I don't want the client to see?
- Ç What if a client is too cognitively impaired to participate in CD?

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Clinician Attitude

- Ç View collaborative documentation as an essential element of the therapeutic process that you are learning to integrate into and consistently use in all of your direct service sessions.
- Ç **If you project CD as an valuable interactive process your clients will perceive it this way also.**
- Ç Setting routine is one of the best ways to get into habit.
- Ç Implementation experience shows that collaborative documentation will become a habit within 6 weeks.

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Implementing Collaborative Documentation

Technology Needed - What technology is needed/available?

EHR – Assess your EHR's support for CD

Office Setup – Do you need to move computers, screens, office furniture?

Peer Support Pilot Program – Identifying a group of staff to pilot CD and be leaders in transition.

Training – Prepare pilot staff with the basic strategies

Scripts – Know how you are going to explain the process to your clients before your session.

Do as much as you can - Completing a portion of the note in session as you are starting out is okay; simply move to do more each time.

Clinical Judgment - Collaborative documentation will not work with every client in every situation.

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Collaborative Documentation

Sample Introductory Script for Existing Clients

“As you know I normally write notes about our sessions afterward in my office. We now believe that there is value in making sure that you contribute to what is written in your notes. Also, I want to be sure that what I write is correct and that we both understand what was important about our sessions.”

“So from now on at the end of the session we will work together to write a summary of the important things we discuss”

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Mid Western Colorado: Collaborative Documentation Guidelines

Transitioning to CD In the session

Ç Use the traditional wrap up at the end of the session to try and transition to the documentation. This is something that many clinicians are used to doing as they try to synthesize what was done during the session and bring some closure to the process. You might say "We're getting close to the end of the session. Let's stop here and review what we talked about." The only difference is that instead of just doing a verbal recap we write it down on paper or it's done directly on the computer ECR. Generally takes 4 - 7 minutes.

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Collaborative Documentation

Implementing a Pilot

- ñ Select pilot "Volunteers"
- ñ Collect baseline documentation time data (Optional)
- ñ Train
- ñ Pilot process
- ñ Collect client and clinician feedback
- ñ Debrief Pilot Staff as a Group
- ñ Address Barriers
- ñ Kickoff Organization-wide
- ñ Supervise/Coach

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Questions?

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