CHAMP
Concurrent and Collaborative Documentation

ANNIE MCGUIRE, MS, LMHC, MHA
CLINICIAN TRAINER AND PRACTICE COACH

UW Medicine

Concurrent Documentation: Common NEGATIVE Reactions

- The computer is an "intrusion" into the therapeutic process

- Documentation "takes up the patient's time" in the session

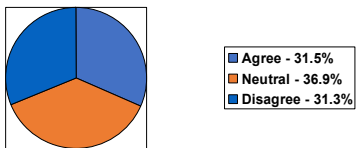- I am afraid of what the patient will think if they know that I write notes about them

UW Medicine

Patient Satisfaction

Case Study: Health Center in Massachusetts

Of 284 respondents whose clinician *did not use* the concurrent documentation process… Did they think the practice would be helpful?

- Agree - 31.5%
- Neutral - 36.9%
- Disagree - 31.3%

UW Medicine

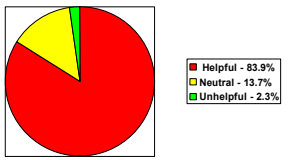## Patient Satisfaction

Case Study: Health Center in Massachusetts

Of 927 respondents whose clinician used the concurrent documentation process…

- Helpful - 83.9%
- Neutral - 13.7%
- Unhelpful - 2.3%

UW Medicine

Time Management Benefits

CHAMP

—

Concurrent documentation supports…

- Improved timeliness of billing and supporting clinical documentation
- Improved clinician quality of life
  - Less time spent documenting
  - Avoid the chronic, "never caught up" model
  - Leave work at work!
  - Less "burnout" and clinicians feeling overwhelmed/anxious

UW Medicine

Clinical Benefits

CHAMP

—

Concurrent and collaborative documentation:

- Focuses both clinician and patient on treatment outcomes
  - Goals are addressed in each session
- Incorporates the computer efficiently as a tool
  - Show changes in scores over time
- Complements use of brief behavioral interventions
- Creates improved quality and usefulness of clinical documentation
- Empowers patients to be more proactive in their own care

UW Medicine

Concurrent Documentation Setup

CHAMP

—

- Scripts – know how you are going to introduce to clients before the session
- Technology – what is needed/available?
- Office Setup – do computers or furniture need to be re-arranged?
- Time – progress notes in last 10 minutes; everything else in real time
- HIPAA – be careful other information on the computer is not seen by the patient
- Clinical judgment – will not work in every situation

UW Medicine

Sample Script

CHAMP

—

"We are going to utilize a new note taking strategy during our session today. Instead of taking notes after the session, we will take notes during the session which will allow us to better focus on and help us to agree on what is being expressed. In doing so, I will allow you to read the notes I take to actively participate in the reflection process. How does that sound?"

UW Medicine

Suggestion: Dictation Approach

Say out loud what you are typing, especially if you think the patient is worried about what you are writing:

"The anxiety symptoms have increased recently, especially at night, do I have that right?"

UW Medicine

Strategies to Increase Efficiency

- Create templates for different visit types
  - Initial Assessment
  - Follow-Up Visits
- Incorporate agenda into documentation template
- Less is more! You do not have to document in a narrative style – use bullet points and brief statements
  - Accessible to PCPs and other members of the treatment team
- Complete BH measure before appointment

UW Medicine

Align Visit Agenda with Documentation

- Sample Documentation Format
  - Symptom Check
    - Presenting Concerns
    - Behavioral Health Measures
  - Treatment Review
    - Medications
    - Behavioral Interventions
  - Assessment/Diagnosis
    - Progress toward goal
  - Treatment Plan
    - Consultation needed?
    - Goal and action plan
    - Next appt

- Agenda Template
- Greeting and agenda setting
- Review and provide intervention
  - Review PHQ/GAD and homework
  - Review medications (if applicable)
  - Brief Behavioral Intervention (BA, CBT, Distress Tolerance, etc.)
- Next Steps
  - Homework: confirm plan and assess for barriers
  - Schedule follow-up visit

UW Medicine

Questions & Discussion