

# Gaps in Care; Documentation Tips

Your patient Bob Smith calls into your front desk and schedules a New Patient Consultation with your office. The front desk determines that the reason for the visit is to get help with injuries this patient sustained six months ago in an automobile accident.

The patient arrives fills out the initial patient intake forms (COMPLETELY), gives your front desk their automobile insurance and any forms of health insurance coverage that they have (very important and often missed). {Do not let your staff miss this point as it minimizes your perceived service value when they do. No patient goes to their medical doctors without their insurance information...they never would get past the front desk without it, or if they do, they have the patient call it in right away when they get home. This sets the tone of importance, so do not get soft on this point. YOU DESERVE TO BE PAID FOR YOUR SERVICE LIKE ANY OTHER DOCTOR}

Mr. Smith is then escorted back to your consultation room. He is a twenty nine year old male who is a loan officer at the local bank, married with two kids; eight and six, both boys. You look at the specifics before you walk into the room, notice the patient has been in an auto accident six months ago, went to the emergency room, was examined, given the standard whiplash sheets, a prescription for an anti-inflammatory medication, some icing instructions, and shows no other treatment or visits to any other provider. In your mind you are thinking gap in seeking care, aren't you? So would I, we all would and we all would be thinking about the potential insurance problems associated with this gap in seeking care.

You enter the consultation, room, greet the patient, and the consultation begins. You find that the patient was in a rear-end auto accident. He pushed hard on the brake to avoid rear-ending the car in front of him and the pick-up behind him smashed into him at 20+ miles per hour. He was sore in the ankle (right brake foot), had soreness in his chest from the seat belt, he felt tightening in his neck and was sore all over, went to the local ER, was checked out and told he had whiplash, given a prescription, instructions on icing, and told to see his family physician.

He goes on to say that he did not see anybody due to a busy work schedule, children had football, then soccer and he just got busy. Now he has headaches 2-3 per week (never had any before), his neck gets sore at the end of his day. He gets mid-back and lower back pain, which he never had before, his right shoulder gets sore intermittantly, which he really noticed when he began to play weekly men's league softball. He gets intermittent arm pain (right) usually at night when he sleeps, especially after he stresses it (softball) and there is really no other pattern to it. It is not bad but it does concern him. You also get from him that when he gets the headaches he also gets some stiffness into his jaw. He does not recall hitting anything in the car, he was looking straight ahead as he recalls because he was worried about hitting the car in front of him, and right away he was hit from behind pretty hard. You notice on the family history that he and his dad both

are insulin dependant diabetics, and he also had a auto injury about eight years ago, which he tells you was bad, but he was not really injured and has not suffered any ill effect from it that he can tell.

YOU PRODUCE NOT ONLY GREAT INITIAL NOTES BUT YOU SEND IN A SUPPLEMENT INTIAL VISIT REPORT THAT CONTAINS ALL OF THE PATIENT INJURIES AND COMPLAINTS IN ICD-9 FORMAT, EVEN THE CONDITIONS YOU MAY NOT BE TREATING AND YOU ALSO LIST OUT THE COMPLICATING FACTORS, I.E., DIABETES, DEGENERATIVE DISC DESEASE IN ICD-9 FORMAT. WHICH YOU LEARNED FROM OUR PREVIOUS NEWSLETTER

Pretty typical really, except there is this lingering thought of the gap in seeking care. You ask him why he did not seek care from anyone else earlier and he replies that he just got real busy and that he thought it would eventually go away.

Now if you go onto the next step, exam, x-rays ECT, you are stuck right there and you have a gap in care to contend with, so what should you do instead? First of all you must get real clear on two definitions;

- a. Active Care---Which is care that the patient does for themselves?
- b. Passive Care---Which is care that someone applies to the patient?

You need to be clear on these definitions as active care is just as valid as passive care for documenting no gaps have occurred in the patient's care.

Here is how this works; and I will state first that many patients try to mitigate (reduce) their insurance company's exposure to the cost of treating injuries they may have received as a result of the accident. Said differently, many patients try to save their insurance companies money by trying to take care of their own injuries through active care. So in your consultation you must spend some time to document this correctly (an extra 2-3 minute's maybe). Through careful questioning you will usually find out that the patient continued to ice (active care), they continued medication beyond their prescription by usage of over-the-counter medications such as aspirin, Tylenol Ect., (more active care), they stretched when they were uncomfortable (active care), they bought a cervical pillow to use off of E-Bay (active care), they may have used sleep aids (active care), they may avoid or reduce activities that increased the pain (active care procedure), they had their spouse give them massage (active care) and the list could go on and on with imagination. The bottom line is that the patient did undergo active care immediately and continued to try to achieve correction of the problem with active care; found that it was not working, so they now are now seeking passive care. When you document the active care and explain that the patient gave this a trial and it was no longer working so they came in for passive care, THERE IS NO GAP in their care regardless of how long went by between active and passive care procedures! I hope you get this as it is very important to the service of your patient.

The other gap that we sometimes will come across is a gap in treatment once passive care is established. What this looks like is simple and we all have experienced it. Patient Smith is under care for two months and is feeling great, however the care plan that you established is not complete, nor are your correction goals for the patient. The patient begins to miss visits (clue that they are feeling like they are done with care) which we remind them are necessary for full correction and full stability of the condition, i.e., so they get a longer or permanent result with care. Patient Smith then just drops from care and three months later he shows back up complaining of the same problems that were corrected, apologizes for missing and wants to resume care...treatment gap right...WRONG. Wrong, if you handle it correctly. Mr. Smith was given stretches to do at home as part of his care plan, so when he comes back you ask him if he performed those stretches, which he says yes, but only when he was sore. You document patient went on trial of active care without passive care to test the stability of the correction, active care failed and patient now back for passive care to regain stability. No GAP in treatment. Incidentally a trial of no care is an active care plan as well if you think about it. You just have to document it as such.

This is how you properly document and avoid gaps in care. Now that being said I want to say one last thing regarding this. In some cases you may indeed have an actual gap due to delayed onset of the symptoms. Under this circumstance you will need to put your hat on as a clinician and explain delayed onset. Know this difference and do not apply active care scenarios to it, as it is a factor of a different color.

I hope this information was useful for you. Please feel free to pass it on to your colleagues and if you have any questions regarding this e-mail me at: [drcronk@diagnosticimagingofwisconsin.com](mailto:drcronk@diagnosticimagingofwisconsin.com) .

Continue to update and educate yourself on our services at [www.diagnosticimagingofwisconsin.com](http://www.diagnosticimagingofwisconsin.com) and I thank you for your attention.

Sincerely,

Jeffrey A. Cronk, DC

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