# STATE OF THE NOTE SUMMIT 2021 PRIMARY CARE DO'S AND DONT'S



# **STOP WRITING THIS**

# Our Companies Nating of Parties Blasses Nating

Visia S Measurement
(2004/2021 129) P- Report 76 (80 - Report 16
(2004/2021 129) P- Report 76 (80 - Report 16
(2004/2021 129) P- Report 76 (80 - Report 16
(2004/2021 129) P- Report 76
(2004/

Angeleting does to secondation and generation, to whereas, no case
from a common of the common of th

Ordered: Basic Metabolic Panel

1 Hyperflipidersis ETB.5

Doing well, well controlled. Last lipid gazed reviewed — EDL.4 60

Ordered: Basic Metabolic Panel

Pariser Interactions

Certificate on current medi, diet and exercise regimens. Confinue monitoring in daily. As foreign as BPs.4 (40,109 — to see mits back in 6 months

Cleans Time Speed by yell desired (Cleans Time Speed by yell desired Time speed share) be not included by the clean between the clean of the cle

Procedum Designation of Section 19 Conference on an alterny (SeCT/2011) Conference on an alterny (SeCT/2011) Conference on a section (SeCT/2011) Conference on a section (SeCT/2011) Conference on a section of Section Conference on a section of Section Conference on a section of Section Conference on Section

The collision of the co

variation Lange Bourse Sphrism, Chris Andelstein, Carmons, Chris Populatur, Populatur, Robenstall and Michigan March Ma

examplify repair of committees depressed above medited delivers they done using their design design.

In the committees of the committees of properties of the committees of t

Copyright © 2021, American College of Physicians Electronic Health Record Association. All rights reserved

#### THINGS TO FOCUS ON

### History of Present Illness

A section of pertinent clinical details, relevant to the diagnoses being addressed in the visit is **essential**, **useful**, **and valuable** for many of the notes' recipients.

#### Assessment and Plan

Include **any details that affect the plan for the patient's conditions**, their challenges (both medical and social) and your medical decision making process. The age of narrative notes is now!

#### THINGS TO RECONSIDER

### Chief Complaint

History of present illness will often repeat the chief complaint, or just state it in a clearer way. **Don't repeat it**, and if you keep it, don't use shorthand.

# Relevant Physical Exam Data

There is no requirement to include the entire Physical Exam, including vitals. However, **pulling in the relevant items to the diagnoses** and current state of the patient is important to the clinical utility of the note.

#### Patient Instructions

Generally, your assessment and plan, and instructions have significant overlap, with one written for the patient and the other for yourself. **Consider combining** them and simply writing a more easily interpreted plan.

# Abbreviations

Patients will see your notes, **be thoughtful about when abbreviations will be easily understood**, and when the full phrase is more understandable. Software should help with this!

# Time Spent

Your time in the chart should be **tracked in the EHR**, and you are not required to list your complete time in your note. However, this is an issue that varies by organization and payer.

#### THINGS TO DROP FROM YOUR NOTE

## Complete Review of Systems, Prior Histories, and Clinical Lists

You are no longer required to document the work you did for review as part of medical decision making in the note. **Keep the items that are relevant** to your History of Present Illness, or Assessment and Plan, but let the rest be shown elsewhere.



Discuss at your

organization

# **WRITE THIS INSTEAD**

#### **History of Present Illness**

Patientt is here for follow-up hypertension and high cholesterol, and is feeling well; staying on low salt/low fat diet; taking meds daily without issues or side effects. No need for med renewals. Mean home BP at home for the past three months was 130/70. No home readings > 140/90; no home readings < 100/60. No chest pain, shortness of breath, pedal edema. No other complaints.

#### **Physical Exam**

Height – 185 cm Weight – 81.2 kg BMI = 23.7 BP – 128/78 Pulse - 76 RR – 16 Focused exam: normal, no change

#### Assessment/Plan

- Hypertension I10
   Doing well, well controlled. Last BMP reviewed all normal. Ordered: Basic Metabolic Panel
- Hyperlipidemia E78.5
   Doing well, well controlled. Last lipid panel reviewed LDL
   90 Ordered: Basic Metabolic Panel

#### **Patient Instructions**

Continue current meds (lisinopril 10mg once in the morning, rosuvastatin 20mg once at bedtime), diet and exercise regimens. Continue monitoring BP at home daily. As long as BPs <140/90 – to see me back in 6 months.

### **FIVE RECOMMENDATIONS FOR EHRs**

- 1 Automate writing in SOAP, and reviewing in APSO
- 2 Combine Patient Instructions and A&P
- 3 Expand abbreviations for patient-facing documents
- 4 Allow linking out to data that is elsewhere in the EMR
- 5 Allow for simple inclusion of discrete exam data