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Copy Paste, Other EHR Shortcuts Threaten Integrity of Chart; CPT Changes May Help

By Nina Youngstrom

When cardiogenic shock appeared in a patient's medical record for 15 days straight, it was obvious that copy and paste, a documentation shortcut in electronic health records (EHRs), was at work, although not in a good way. Cardiogenic shock, which is caused by a severe heart attack and can be fatal, isn't something a patient has more than once, but the physician wasn't editing the previous day's notes. This anomaly turned up in an audit, along with the chart of a patient who ostensibly had fallen out of bed 10 days in a row and another who was extubated every day for five days, said Colleen Dennis, now associate vice president of compliance and audit services at University of Louisville (UofL) Physicians, who said the errors didn't happen at UofL. She was perplexed by the documentation. "Did we put the tube back in? No, we didn't," Dennis said. But the copied and pasted notes made it look that way.

Like other EHR functions, copy and paste may be a time saver, but unless physicians update the notes, they undermine the credibility of the medical record. "If they don't change the note, it makes the entire chart questionable," said Dennis, who spoke at the Health Care Compliance Association's Compliance Institute in Boston April 9. "You have to be able to substantiate your billing." Charts bloated with notes and nonsensical, repetitive conditions and diagnoses raise questions about the medical necessity and quality of care. "I know they did [good quality of care], but how do I prove it?" And everything in EHRs is "time stamped and dated," leaving a trail of evidence for a malpractice lawsuit, said Shelly Denham, senior vice president of compliance and audit services at UofL Physicians.

EHRs, which caught fire because of a match lit by billions of dollars from the Medicare-Medicaid incentive payment program, are supposed to reduce errors and improve clinical outcomes and workflows. "That was a great hope, but it's not always the case," said Denham, who also spoke at the conference. They were developed too quickly, often without input from compliance, physicians and other stakeholders, and "we didn't do a great job with training in EHRs," Denham explained. There's been fallout with some of the EHR functionality, including copy paste, templates and drop-down menus, introducing new risks. "It's created something of a quagmire," she said.

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