



# Weekly Auditing and Compliance Tip

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## An Introduction to Dr. Lawrence Weed

About seven years ago, I found myself on a consulting trip to a major Midwestern hospital. My task, as you might imagine, was to provide education regarding audits of E/M services that I had conducted. I walked into a room full of specialist surgeons thinking myself to be the be-all and end-all of E/M guidelines and coding. Suddenly, one physician looked at me and stated, "Have you ever heard of Larry Weed? How do these guidelines apply to the creation of a patient-oriented medical record?"

With one sentence, my sense of expertise disappeared, and began a journey that has led me to a completely different view of E/M guidelines and how they apply in today's electronic medical record (EMR) environment.

Dr. Lawrence Weed passed away at the age of 93 a little over one year ago, and left an indelible mark on medical documentation, and by extension the science of medicine. He is the father of the "SOAP" note (Subjective, Objective, Assessment and Plan), which he developed in the late 1960's as a response to what he felt were poor documentation habits by the medical residents he was overseeing. Having come to that position from a background in

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medical research, he began to insist that the medical records being created under his tutelage include all of the following:

- A clear definition of the problem;
- Data to support the definition;
- What is being done to attempt to solve it; and
- That the end product be thoughtful, reliable, analytically sound and efficient.

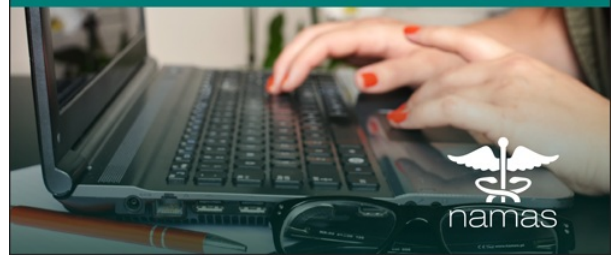
As auditors, we now find ourselves collectively in the age of the EMR. When combined with the current E/M guidelines, a pattern of documenting to the level is beginning to emerge. Dr. Weed taught for the entirety of his career that the EMR is primarily a tool for scientific documentation of the patient's medical condition(s). As auditors and educators, we are often the convenient target for a provider's frustration in attempting to walk the tightrope between these two goals.

Knowing just a little bit about Dr. Weed and his goals for documentation provides an opportunity to assist providers in navigating that tightrope. Each of the four bullet points above corresponds to a portion of an EMR:

- **A clear definition of the problem** - This would be the documentation of the chief complaint, as well as the elements of the history of present illness. This would also include the physician's assessment based on the encounter;
- **Data to support the definition** - This corresponds to the laboratory, radiology, and medical testing that is ordered and/or reviewed in order to support the assessment;
- **What is being done to attempt to solve it** - This equates to interventions that have either been attempted prior to the encounter, or prescribed during the encounter;
- **That the end product be thoughtful, reliable, analytically sound and efficient** - This is the toughest portion of Dr. Weed's mission in the EMR universe. While we as auditors train to the guidelines, we need to make certain that in the end, the documentation that is created is meaningful to the providers involved in the care of the patient.

At this point, it is important to point out that Dr. Weed was not against the use of electronic tools for diagnostic purposes. In his final book,

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"Medicine in Denial", he theorized about using the awesome power of computers to assist providers with diagnostic medicine. Yet he also warned about the trends that were taking medical records from "patient-centered" to "provider-centered". The "SOAP" note format is devolving into the "APSO" note, as younger providers look for shortcuts in determining the patient's status at the time of an encounter. While this is convenient to the provider, what important items in the history and review of systems are possibly being overlooked in this format?

Auditors are not providers, and providers are not auditors, but gaining an understanding of Dr. Weed's goals for scientifically sound documentation can greatly assist in bridging the divide, while making certain that both parties are recognized as an expert in their own idiom.

### This Week's Audit Tip Written By:



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Paul is a Senior Compliance Consultant for our parent organization, DoctorsManagement.

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