Copy and Paste in EMR

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EMR Technology

- EMRs allow users to incorporate large volumes of data into clinical documentation quickly

- An unintended consequence is that the systems may not fact-check the data entered or track repetitive entries

- **Copy/paste** and **autofill** increase the risk of bloated records burying relevant data among pages of irrelevant, inaccurate or outdated information

- Inappropriate uses of computer-aided data entry include:
  - ➢ **Whole note cloning**
  - ➢ **Carry or copy forward**
  - ➢ **Autofill or autocomplete**

- These shortcuts increase the risk of inaccurate, data-rich and information-poor notes

- Data-filled notes risk
  - Overloading the busy clinician with useless information and causing them to overlook useful information
  - Harming the patient if the data are wrong

Types of Errors

- **Copy/Paste,** also called
  - Copy forward
  - Cut and paste

- **Cloning** - Record is automatically filled with information not reviewed by the user and might have no relevance to the current patient visit

- **Autofill** - EHR automatically fills in fields for built-in templates or when a system generates "extensive documentation on the basis of a single click of a checkbox"

- **Chart by exception** – Only exceptions to baseline are documented. Baseline can be auto-populated by macro.

Medscape Poll

Medscape poll of more than 250 clinicians

- 207 Physicians
- 66 APRNs
  - Physicians
    - 44% said EHRs *decreased* quality of care
    - 40% believe EHRs *increased* quality of care
  - APRNs
    - 35% believe EHRs *decreased* quality of care
    - 42% said EHRs *increased* quality of care

Medscape Poll

- Increased Quality
  - Ability to locate patient information
  - E-prescribing
  - Access/portability of records
- Decreased quality
  - Added paperwork/charting
  - Entering data during the patient encounter
  - Lack of interoperability with other systems
  - System failures or problems
- Tendency to rely on default, boilerplate text and copy-paste were not noted as major problems

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Copy/Paste

Risks include:

- Copying and pasting inaccurate or outdated information
- Redundant information in the EHR, which makes it difficult to identify the current information
- Inability to identify the author or intent of the documentation
- Inability to identify when the documentation was first created
- Propagation of false information
- Internally inconsistent progress notes
- Unnecessarily lengthy progress notes

Copy/Paste

Common Copy/Paste Errors

- **Temporal Errors** - Time elements of a visit are incorrect
- **Contradictory Errors** - Information in one part of the note conflicts with other information in the note
- **Authorship Confusion** - It is unclear who actually authored which parts of notes
- **Overlooking Material Facts** - Relevant data is buried in long, cut-and-pasted notes

Results

- **Increased Denials** - Just because it's documented doesn't mean it happened!
- **Patient Harm** - Difficult to distinguish critical findings from background data
- **Fraud**
  - Upcoding
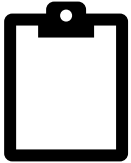 - Reporting services not performed

Auto Coding

- Visit (Evaluation and Management)
    - Information brought in from any method other than free-texting "didn't happen"
    - Doesn't follow AMA/MAC visit leveling expectations
        - Information increases levels without adding value

Copy/Paste

- The use of the copy-and-paste function in healthcare providers' clinical documentation is increasing

- 2014 study

  - ➤ 66% of Northwestern medical students reported copying their own notes frequently or *nearly always*

  - ➤ 83% of dermatology residents reported using copy and paste to insert a prior author's past medical history, family, or social history

  - ➤ 13% of residents and 7% of University of Pittsburgh Medical Center faculty copied from their own prior notes to document outpatient clinic visits

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Source: Tsou, A. Y., Lehmann, C. U., Michel, J., Solomon, R., Possanza, L., & Gandhi, T. (2017). Safe Practices for Copy and Paste in the EHR. Systematic Review, Recommendations, and Novel Model for Health IT Collaboration. Applied clinical informatics, 8(1), 12–34. doi:10.4338/ACI-2016-09-R-0150 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373750/

Clinical Plagiarism

Practitioners copy/paste from another provider without documenting the initial author and date of encounter

Information copied may be

- **No longer relevant**
  - **Incorrect**
  - **Resolved**
  - **Controlled**

Specific elements of the same patient's prior notes that do not change from one encounter to the next during the same clinical episode should be referenced rather than re-entered as copy/paste

NCBI Study Copy/Paste

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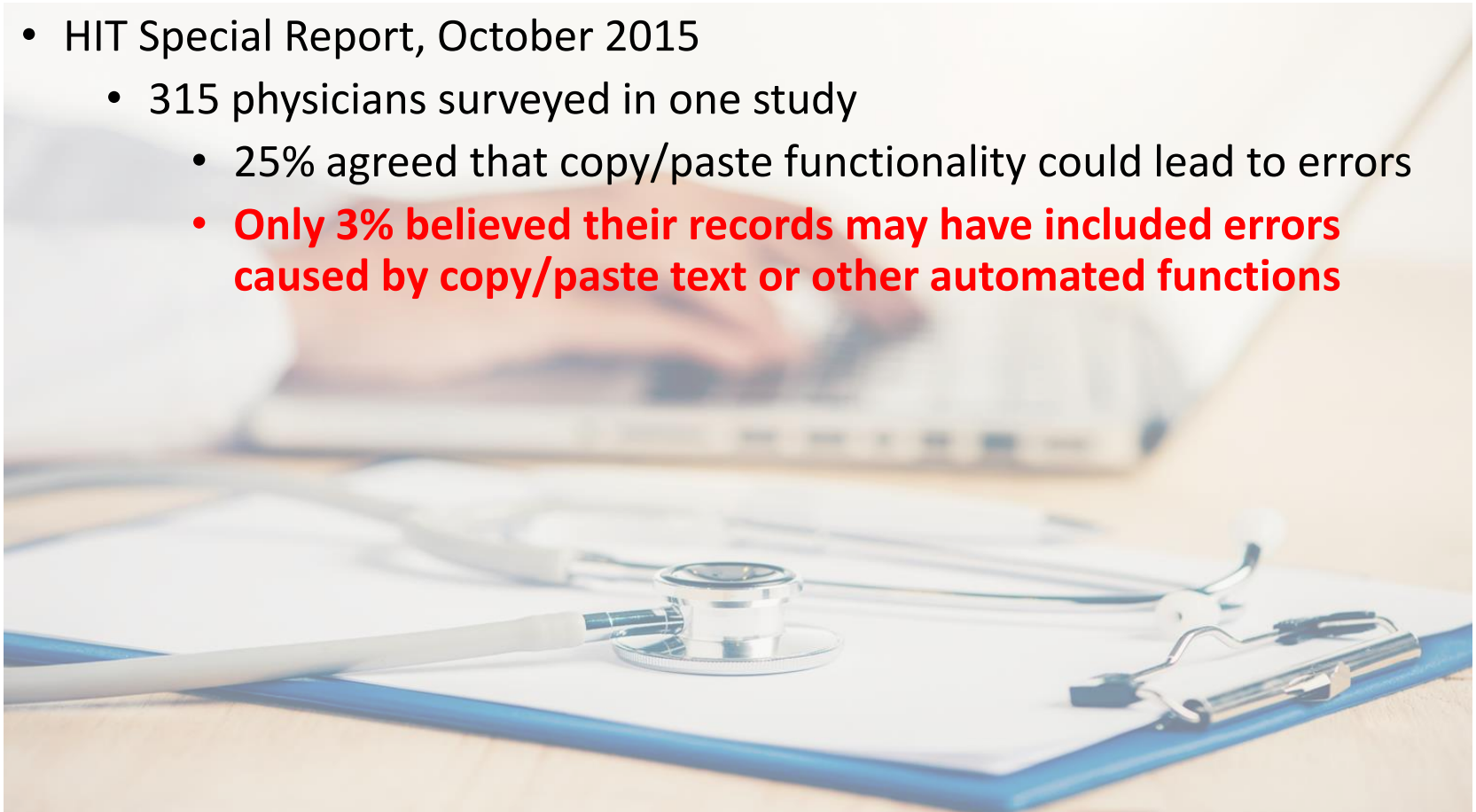*Revenue Cycle Solutions*

January 2017 NCBI

- 66% to 90% of medical students, residents, and attending physicians reported using copy and paste for documentation
- One large physician survey reported that 78% used copy and paste "almost always" or "most of the time" for inpatient documentation
- 82% of residents and 74% of attending physicians copied notes in an intensive care unit
- 10.8% of outpatient primary care, cardiology, and endocrinology notes contained copied and pasted material
- 77% (229/299) of inpatient medicine progress notes contained copied material
- **Copy/paste led to 2.6% of errors in which a missed diagnosis required patients to seek additional unplanned care**

Source: Tsou, A. Y., Lehmann, C. U., Michel, J., Solomon, R., Possanza, L., & Gandhi, T. (2017). Safe Practices for Copy and Paste in the EHR. Systematic Review, Recommendations, and Novel Model for Health IT Collaboration. *Applied clinical informatics*, 8(1), 12–34. doi:10.4338/ACI-2016-09-R-0150 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373750/

JAMA Study: Copy/Paste

- Journal of American Medicine (JAMA) study at University of California San Francisco Medical Center (UCSFMC)

- Eight-month study of 23,630 inpatient progress notes written by 460 clinicians
    - Hospitalists
    - Residents
    - Medical students

- Less than 20% of medical record content was manually entered
    - **46% copied and 36% imported**
    - **Medical students entered 16.2% of the text manually and copied 49.0%**
    - **Residents manually entered less than 11.8% of the text and copied more than 51.4%**
    - **Direct care hospitalists entered 14.1% of the text manually and copied 47.9%**

HIT Study

- HIT Special Report, October 2015
    - 315 physicians surveyed in one study
        - 25% agreed that copy/paste functionality could lead to errors
        - **Only 3% believed their records may have included errors caused by copy/paste text or other automated functions**

https://www.ecri.org/Resources/HIT/HTAIS_Copy_Paste_Report.pdf

Additional Studies

Table 1. Prevalence of Copy/Paste

Reference	Prevalence, Context
Self-reported Use of Copy/Paste	
O'Donnell et al. (2008)[4]	90% of physicians (residents and attendings) using electronic notes reported using copy/paste to write daily inpatient progress notes. 78% used copy/paste almost always or most of the time.
	81% of copy/paste users frequently copied notes from other physicians or prior admissions.
Heiman et al. (2014)[2]	66% of Northwestern medical students reported copying their own notes frequently or nearly always.
Swary et al. (2014)[3]	83% of dermatology residents reported using copy/paste to insert a prior author's past medical history, family, or social history.
Tilstra et al. (2014)[15]	13% of residents and 7% of University of Pittsburgh Medical Center faculty copied from their own prior notes to document outpatient clinic visits at a large academic center
Chart-based Studies	
Edwards et al. (2014)[5]	10.8% of outpatient primary care, cardiology, and endocrinology notes contained copy/pasted material.
Turchin et al. (2011)[10]	5% of diet counseling, 5.1% of exercise counseling, and 5.2% of weight-loss counseling documentation by primary care physicians for adult patients with diabetes were copied.
Zhang et al. (2013)[7]	12.3% of primary care notes documenting lifestyle counseling were considered copied from prior notes (by the same author).
Thornton et al. (2013)[6]	82% of resident and 74% of attending notes in the intensive care unit contained copied text (≥20% copied text from another document).
Chang et al. (2012)[16]	77% (229 of 299) inpatient medicine progress notes contained copied material.
Hammond et al. (2003)[12]	9% of all notes (Veterans Affairs [VA] Health System) contained copied text, and 63% of these "copy events" were due to human copying.
Thielke et al. (2006)[11]	25% of patient charts in a Veterans Affairs (VA) health system contained at least 1 copied exam, with the majority of copying performed by a relatively small fraction of authors. For 11% of patients, charts contained an exam copied from another author.

Source: Health Technology Assessment Information Service, *Copy/Paste: Prevalence, Problems, and Best Practices,* ECRI Institute, October 2015 https://www.ecri.org/Resources/HIT/CP_Toolkit/CopyPaste_Literature_final.pdf

Disclaimers - The Reality

- Providers are responsible for completing accurate medical records

- Disclaimers do not reduce risk of liability and may *increase* risk of liability

- *Quite often unanticipated grammatical, syntax, homophones, and other interpretive errors are inadvertently transcribed by the computer software. Please disregard these errors. Please excuse any errors that have escaped final proofreading."*

- Provider signatures attest the information is complete and accurate

- Providers should verify all information is complete and accurate prior to attaching their signature

OIG Disclosure Settlements

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- April 2019
  - Vicksburg Clinic, LLC d/b/a Merit Health Medical Group (Merit), Mississippi, agreed to pay $2,022,904.96
  - Medical record did not support medical necessity, or the level of care billed
  - Documentation cloned for multiple dates of treatment for the same patients and for multiple patients on the same dates of treatment

Copy and Paste Patient Error Examples

- Ebola Patient released into the community in Dallas
    - Copied note failed to update fever of 103
    - Ebola was not considered as a diagnosis despite other symptoms and travel history
- Patient information copied from biopsy containers without changing "Left" to "Right" led to inconclusive results
- Physician used "PE" to abbreviate physical exam
    - Information copied into another note led providers to believe the patient had a Pulmonary Embolism
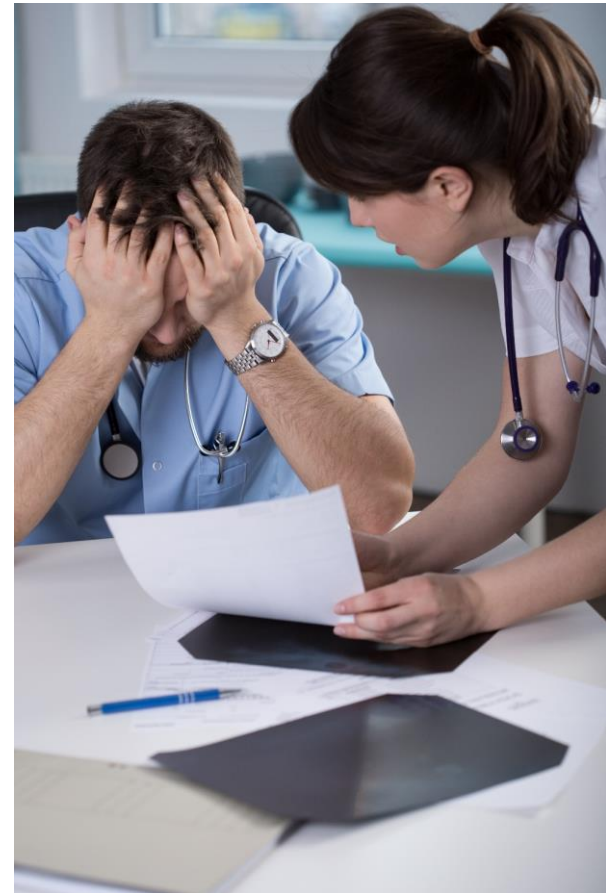
Autofill

An elderly female patient presented to an otolaryngologist for sinus complaints

The physician intended to order Flonase nasal spray, but the EHR misinterpreted "FLO" in the medication order screen as Flomax, a medication for enlarged prostates in men

A side effect of Flomax is hypotension, and the patient went to the emergency department (ED) 2 weeks later because of dizziness

An ED physician discovered she was taking the wrong medication

EHR should not autofill unless nothing else matches

Where should this have been caught?

Improvement Actions

Get buy-in of senior leadership

Ensure adequate staff training and education

Create Policies and Procedures

Ensure copy and paste practices are regularly monitored, measured, and assessed

Update software to identify copied or auto-filled references

Include original author and date

Train coders/CDI to identify copied/pasted phrases in records and empower staff to call out this behavior

Track negative behavior by provider

Improvement Actions - Practitioners

- Policies and Procedures
  - Prohibit abuse of copy or autofill behavior
  - WVUPC:
    - *Providers must use the utmost caution when utilizing copy and paste functionality within Epic or any other EHR system*
    - *Do not copy documentation from another author without proper notation and attribution to the original author*
    - *Refrain from copy/pasting entire notes from a prior encounter*
    - *Cite and summarize applicable lab data, pathology and radiology results, rather than copying such reports in their entirety into progress notes and documentation*

Improvement Actions - Coders

- **Coders should be trained and empowered to identify**
  - **Copy/paste and cloning**
  - **Autofill**
- **Coding process should include query to validate repetitive documentation**
- **Periodic Audits should include review of copy/paste behavior**

Improvement Actions - EHR

- Provide a mechanism to make copy and paste material easily identifiable

- Prohibit text from being replicated in the EHR without noting the original author, date and time of entry

- Ensure the provenance of copy and paste material is readily available and accessible

Questions ?

References

- https://www.healthcareitnews.com/news/ehrs-are-overflowing-copy-and-paste-records-jama-study-shows

- https://bok.ahima.org/PdfView?oid=300306

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf

- https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/documentation-matters

- https://www.medscape.com/today

Thank You

- Stroudwater Revenue Cycle Solutions was established to help our clients navigate through uncertain times and financial stress. Increased denials, expanding regulatory guidelines and billing complexities have combined to challenge the financial footing of all providers.

- Our goal is to provide resources, advice and solutions that make sense and allow you to take action.

- We focus on foundational aspects which contribute to consistent gross revenue, facilitate representative net reimbursement and mitigate compliance concerns. Stroudwater Revenue Cycle Solutions helps our clients to build processes which ensure ownership and accountability within your revenue cycle while exceeding customer demands.

- **Contact us to see how we can help.**

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